

## Inpatient/Crisis Unit Follow-up within 7 Days

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#### Report Description:

##### Measure: Inpatient/Crisis Unit Follow-up within Seven Days of Referral

The information provided in this report reflects the number of inpatient/crisis service events that were followed-up by either outpatient or housing services within seven days of referral. A monthly reporting period begins seven days before the first of the month and ends seven days before the last day of the month. As an example, 'January 2008' reflects the number of inpatient/crisis unit events between December 24, 2007 and January 24, 2008 that received a follow-up outpatient or housing service within seven days. To be included, the client must be referred to a CMHC or active at a CMHC at the time of admission. If the client is seen at a CMHC other than the primary referral, the CMHC that serves the client receives credit. A follow-up service that occurs on the same day as the inpatient/crisis unit event is counted.

**Establishment of Benchmark:** The intent of this report is to identify the benchmark and present a summary of the data that determined the different levels of the benchmark.

**Benchmark Comparison:** The intent of this report is for providers to compare their performance on the set measure for any six month period to the benchmark as determined in the six month period between 01/01/2008 and 4/30/2009. The report shows data for the past six months from the end date entered.

#### Exclusion:

1. PACT clients
2. Discharge code 68 (Death)
3. Discharge code 65 (Incarcerated)
4. Persons under 18 years of age on the date of service
5. Data that are missing, invalid, or do not fit the criteria

#### Definitions:

**Received Follow-up within 7 Days:** Individual received outpatient or housing services within seven days of having received inpatient/crisis unit services. Drug screening, inpatient services, and crisis services do not qualify as follow-up service.

**Percent:** The number of inpatient/crisis unit services that were followed by outpatient or housing services within seven days divided by the provider's total number of inpatient/crisis unit services x 100.

**Average:** The arithmetic mean of the data. In a data set, the mean is the sum of the data divided by the number of data points.

**Standard Deviation:** A measure of the dispersion or spread of the data. One standard deviation above and below the average determines the upper and lower limits.

**Upper Limit:** Average plus one standard deviation.

**Lower Limit:** Average minus one standard deviation.

**Benchmark:** A standard by which providers may be measured or judged.

#### How the Benchmark is Determined:

The benchmark is determined by the distribution of data from all 15 Community Mental Health Centers for a period of six months (05/01/2008 - 10/31/2008). From these data points, the average and standard deviations were calculated. These statistics were then used to establish the benchmark. The benchmark is utilized to assess monthly performance.

Benchmark categories are based on the average and upper and lower limits, as established in this report:

**None:** No points are awarded to an agency with a percentage below the lower limit.

**One Point:** An agency will receive one point when its monthly performance percent falls below the average but on or above the lower limit.

**Two Points:** An agency will receive two points when its monthly performance percent equals or exceeds the average.

**Bonus:** Bonus points will be awarded to providers whose monthly percentage equal or exceeds the upper limit.

#### Report Information:

**Frequency of update:** Claims are updated weekly. CDCs are updated weekly.

**Last updated:** Last paid claim is through 4/27/2016, CDCs are through 5/3/2016.

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