DMHAS EQMI

MONTHLY (February 2015) PROVIDER

DATA QUALITY NEWSLETTER

Length of Stay Outliers

As you are aware, in an effort to continue to communicate to DMHAS funded and state operated providers data quality issues that greatly affect DMHAS' ability to report accurate information to providers, federal, state authorities and legislative committees, DMHAS EQMI will continue to send a **Monthly Provider Data Quality Newsletter** that will inform providers of important data quality issues that have been identified and that will need provider's immediate attention to review and correct.

To that end, February's newsletter addresses a data quality issue as it relates to some providers NOT discharging consumers when they are no longer active in a program. EQMI has identified consumers who fall outside of the "typical" length of stay rage for acute care services. Generally, we have established thresholds for consumers in the continuum of care that are generally regarded as short term care or acute care.

Length of stay thresholds are as follows (This report is available for your review in the EDW):

Detoxification Programs 3.7 & 4.2 (SO & PNP) - maximum average length of stay (LOS) = 10 days

Intensive Outpatient Programs (I OP) (MH & SA) - avg LOS = 30 days

Partial Hospital Programs (PHP) (MH & SA) = 30 days

Acute Care Contracted Beds (ACC—MH SO & PNP) = 15 days

Intensive Residential Program 3.7 (SO & PNP) = 30 days

Intensive Residential Programs 3.8 (SO & PNP) = 45 days

The result of not discharging non-active consumers in these levels of care are as follows:

1) DMHAS EQMI is unable to calculate human service contract performance outcome measures for contract monitoring and provider quality reports purposes resulting in provider poor performance evaluations in these areas.

2) DMHAS Federal reporting requirements, for example, TEDS data reporting, is greatly affected and if the federal data quality standard of 90% or better is not attained then federal funding levels for programs could be negatively affected.

3) Established Freedom of Information Requests, which are legislatively mandated, for accurate aggregate performance outcome data becomes negatively impacted.

4) The Legislative level Program Performance, Review and Investigation (PRI) Committee regularly review and evaluates DMHAS impact on program impact on consumer outcomes. Poor data affects DMHAS' ability to report accurate information to the committee.

5) Ongoing DMHAS System Analysis and Performance that determine "best practices" initiative impact on consumer's behavioral health outcomes is difficult when data is unreliable.

Please make every effort to ensure that non-active consumers are discharged in a timely fashion.

Still have Questions? Please e-mail Mark McAndrew, EQMI Project Manager, at:

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