Day Kimball Hospital
Putnam, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2016 - September 2016   (Data as of Jan 06, 2017)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %
	Unique Clients	76	80	-5%
	Admits			
	Discharges			
	Service Hours	122	252	-52% ▼

▲ > 10% Over 1 Yr Ago	▼ > 10% Under 1Yr Ago

Clients by Level of Care

Program Type	Level of Care Type	#	%
Mental Health			
	Outpatient	76	100.0%

Consumer Satisfaction Survey   (Based on 24 FY16 Surveys)

	Question Domain	Satisfied % vs Goal%	Satisfied %	Goal %	State Avg
✔	Quality and Appropriateness		96%	80%	93%
✔	Respect		96%	80%	91%
✔	Overall		92%	80%	91%
✔	Participation in Treatment		88%	80%	92%
✔	General Satisfaction		88%	80%	92%
✔	Access		88%	80%	88%
✔	Outcome		82%	80%	83%
🔴	Recovery		71%	80%	79%

Satisfied %	Goal %	0-80%	80-100%	✔ Goal Met	🔴 Under Goal

Client Demographics

Age

Age		#	%		State Avg
18-25		1	1%	▼	12%
26-34		10	13%		22%
35-44		14	18%		19%
45-54		21	28%		23%
55-64		16	21%		18%
65+		14	18%	▲	6%

Gender

Gender		#	%		State Avg
Female		55	72%	▲	42%
Male		21	28%	▼	58%
Transgender					0%

Ethnicity

Ethnicity		#	%		State Avg
Non-Hispanic		63	83%		75%
Unknown		13	17%	▲	6%
Hispanic-Cuban					0%
Hispanic-Mexican					1%
Hispanic-Other					7%
Hisp-Puerto Rican				▼	12%

Race

Race		#	%		State Avg
White/Caucasian		68	89%	▲	65%
Unknown		7	9%		3%
Black/African American		1	1%	▼	16%
Am. Indian/Native Alaskan					1%
Asian					1%
Multiple Races					1%
Hawaiian/Other Pacific Islander					0%
Other				▼	13%

Unique Clients	State Avg	▲ > 10% Over State Avg	▼ > 10% Under State Avg

Pomfret St-1st Init-OP414-210X
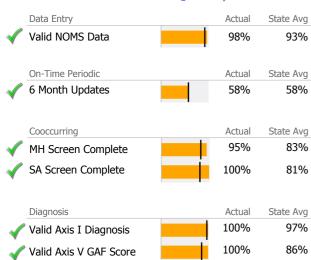Day Kimball Hospital
Mental Health - Outpatient - Standard Outpatient

Connecticut Dept of Mental Health and Addiction Services
Program Quality Dashboard
Reporting Period: July 2016 - September 2016 (Data as of Jan 06, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	76	80	-5%
Admits	-	-	
Discharges	-	-	
Service Hours	122	252	-52% ▼

Data Submission Quality

Data Entry	Actual	State Avg
✓ Valid NOMS Data	98%	93%

On-Time Periodic	Actual	State Avg
✓ 6 Month Updates	58%	58%

Cooccurring	Actual	State Avg
✓ MH Screen Complete	95%	83%
✓ SA Screen Complete	100%	81%

Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	100%	97%
✓ Valid Axis V GAF Score	100%	86%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	% Months Submitted
Admissions				0%
Discharges				0%
Services				33%

1 or more Records Submitted to DMHAS

Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	50%	42%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Improved/Maintained Axis V GAF Score		65	86%	75%	45%	11% ▲
● Social Support		43	57%	60%	64%	-3%
● Employed		7	9%	30%	19%	-21% ▼
● Stable Living Situation		51	67%	95%	80%	-28% ▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		47	62%	90%	69%	-28% ▼

Service Engagement

Outpatient	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● 2 or more Services within 30 days		0	0%	75%	64%	-75% ▼

▲ > 10% Over   ▼ < 10% Under

Actual | Goal   ✓ Goal Met   ● Below Goal

* State Avg based on 94 Active Standard Outpatient Programs