Day Kimball Hospital
Putnam, CT

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard
Reporting Period: July 2016 - March 2017 (Data as of Jun 08, 2017)

Provider Activity

Monthly Trend	Measure	Actual	1 Yr Ago	Variance %
	Unique Clients	77	80	-4%
	Admits	1		
	Discharges		3	-100% ▼
	Service Hours	129	681	-81% ▼

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

Clients by Level of Care

Program Type	Level of Care Type	#	%
Mental Health			
	Outpatient	77	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	#	%	State Avg
18-25	1	1% ▼	14%
26-34	11	14%	24%
35-44	14	18%	20%
45-54	21	27%	22%
55-64	16	21%	16%
65+	14	18% ▲	5%

Gender	#	%	State Avg
Female	56	73% ▲	40%
Male	21	27% ▼	60%
Transgender			0%

Ethnicity	#	%	State Avg
Non-Hispanic	64	83%	74%
Unknown	13	17% ▲	6%
Hispanic-Cuban			0%
Hispanic-Mexican			1%
Hispanic-Other			7%
Hisp-Puerto Rican		▼	12%

Race	#	%	State Avg
White/Caucasian	69	90% ▲	65%
Unknown	7	9%	3%
Black/African American	1	1% ▼	17%
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 - March 2017 (Data as of Jun 08, 2017)

Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	77	80	-4%
Admits	1	-	
Discharges	-	3	-100% ▼
Service Hours	129	681	-81% ▼

Data Submission Quality

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

On-Time Periodic	Actual	State Avg
6 Month Updates	43%	64%

Cooccurring	Actual	State Avg
✓ MH Screen Complete	99%	82%
✓ SA Screen Complete	100%	80%

Diagnosis	Actual	State Avg
✓ Valid Axis I Diagnosis	100%	97%
✓ Valid Axis V GAF Score	100%	88%

Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Months Submitted
Admissions						■				11%
Discharges										0%
Services			■			■				22%

■ 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%	41%	N/A

Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Social Support		63	82%	60%	68%	22% ▲
✓ Improved/Maintained Axis V GAF Score		65	86%	75%	53%	11% ▲
✓ Stable Living Situation		73	95%	95%	85%	0%
● Employed		11	14%	30%	22%	-16% ▼

Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Clients Receiving Services		49	64%	90%	85%	-26% ▼

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 93 Active Standard Outpatient Programs