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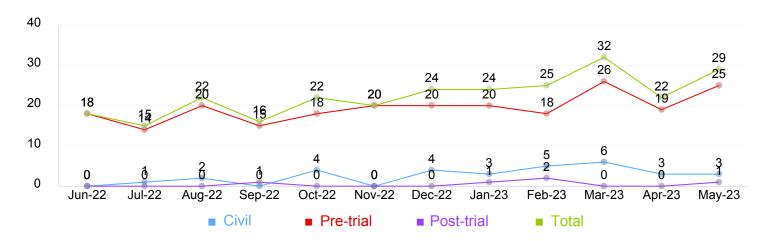
#### **Data Disclaimer**

The primary source of data extracted and analyzed herein is Avatar, the Saint Elizabeths Hospital's electronic medical record system. Additional data sources include, but are not limited to, the Hospital's Unusual Incident Database and SiteFM. Data reflect information as entered in each system by users. Data and Performance Management (DPM) has made reasonable efforts to ensure that data and its accompanying information are as accurate and up-to-date as possible at the time of analysis and publication, but does not guarantee the accuracy, reliability, or completeness of data. DPM is not liable for any misinterpretation or misuse of the data. Use of any information from PRISM must be fully acknowledged and/or cited. Use of PRISM data for anything other than patient care determinations or management of the services provided within the hospital (including external publications, research papers, presentations, etc.) is prohibited without written permission from the Chief Quality and Data Manager Officer at the Saint Elizabeths Hospital

As of May, 2019 a new platform, Microstrategy, was implemented for producing PRISM. At that time, two charts were removed from the report. Admissions vs Patient UI rate was removed because it showed two data points that already existed in other charts and put them together. Percentage of SiteFM Work Orders Completed within 3 Days was removed because it related to internal operations. Data from the appendix tables were integrated into the relevant charts.

Microstrategy is a visualization tool that is linked to the data sources for each chart, so the information is not static. If new information is added for a month that has already been reported on, that update will be reflected in the next month's report.

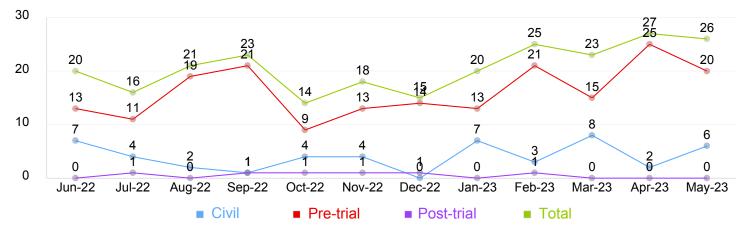
### 1. Admissions



Metrics							Admissi	on Count						
Legal Status Group	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Avg	Total
Civil	0	1	2	0	4	0	4	3	5	6	3	3	3	31
Pre-trial	18	14	20	15	18	20	20	20	18	26	19	25	19	233
Post-trial	0	0	0	1	0	0	0	1	2	0	0	1	0	5
Total	18	15	22	16	22	20	24	24	25	32	22	29	22	269

<sup>\*</sup> Number of admissions to SEH inpatient program, including transfers from forensic outpatient to inpatient program.

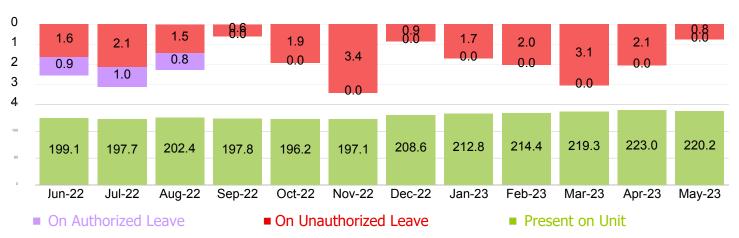
# 2. Discharges



							Dischar	ge Count						
Legal Status Group	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Avg	Total
Civil	7	4	2	1	4	4	0	7	3	8	2	6	4	48
Pre-trial	13	11	19	21	9	13	14	13	21	15	25	20	16	194
Post-trial	0	1	0	1	1	1	1	0	1	0	0	0	1	6
Total	20	16	21	23	14	18	15	20	25	23	27	26	21	248

<sup>\*</sup> Number of discharges from SEH inpatient program, including transfers from inpatient to forensic outpatient program.

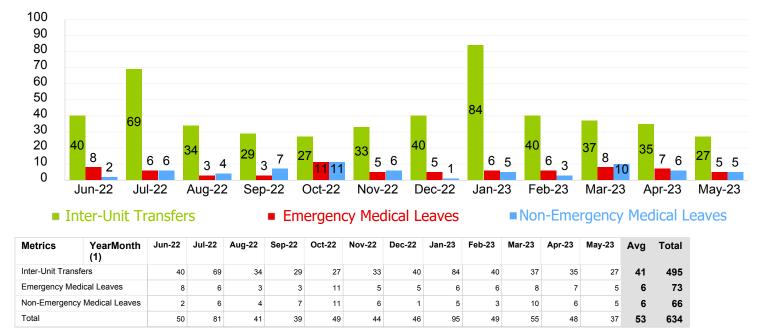
### 3. Average Daily Census



Census_Status	Metrics						Pa	tient Cou	nt					
	YearMonth (1)	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Avg
a. Present on Unit		199.1	197.7	202.4	197.8	196.2	197.1	208.6	212.8	214.4	219.3	223.0	220.2	207.4
b. On AL		1.6	2.1	1.5	0.6	1.9	3.4	0.9	1.7	2.0	3.1	2.1	0.8	1.8
c. On UL		0.9	1.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Total		201.7	200.8	204.6	198.4	198.1	200.5	209.5	214.5	216.4	222.4	225.0	220.9	

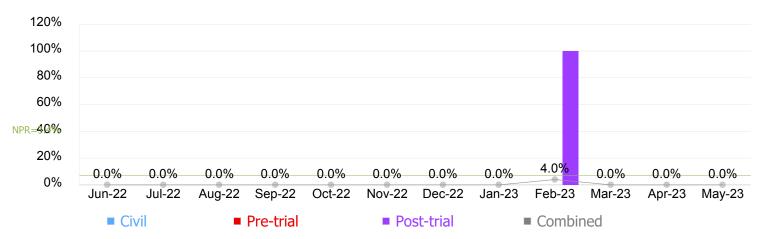
<sup>\*</sup> Data above is the daily average number of individuals counted at 11:59 PM every day during each month. Census data is tracked via the AVATAR database.

### 4. Transfers



<sup>\*</sup> Number of inter-unit transfers that occurred during month and number of emergency medical leaves that were initiated during month. Challenges related to the COVID-19 pandemic required the hospital to transfer individuals in care to assure proper cohorting based on acuity and COVID status (positive, negative, PUI). The marked increase in transfers April 2020 and onward reflects the change to manage suspected and confirmed COVID-19 cases.

### 5. 30-Day Readmission Rate

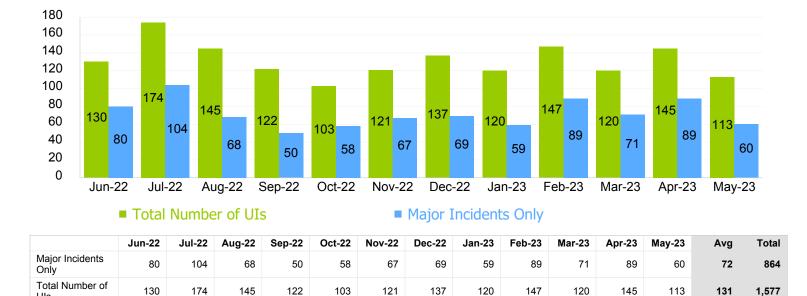


						Rea	dmission R	late					
Legal Status Group	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Avg
Civil	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Pre-trial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Post-trial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	16.7%
Combined	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	0.3%

<sup>\*</sup> Percent of discharges that returned to SEH within 30 days of discharges. It does not include those who may have been re-hospitalized at another psychiatric facility. This measure requires 30-day observation following discharge.

### 6. Unusual Incidents

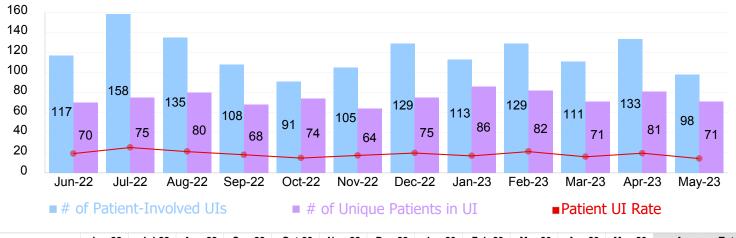
Uls



<sup>\*</sup> A Major Unusual Incident is any adverse even that can compromise health, safety, and welfare of individuals in care and/or staff. An Unusual Incident is any significant occurrence or extraordinary event deviating from regular routine or established procedure, but does not rise to the level of MUI.

<sup>\*\*</sup> The post-trial denominators (discharges) per month range only between one and six, making the monthly re-admission rate high when there is any. For example, in December 2014, there was only one post-trial discharge, which was readmitted within 30 days. Thus, the 30-day readmission rate for post-trial discharge at that time was 100%.

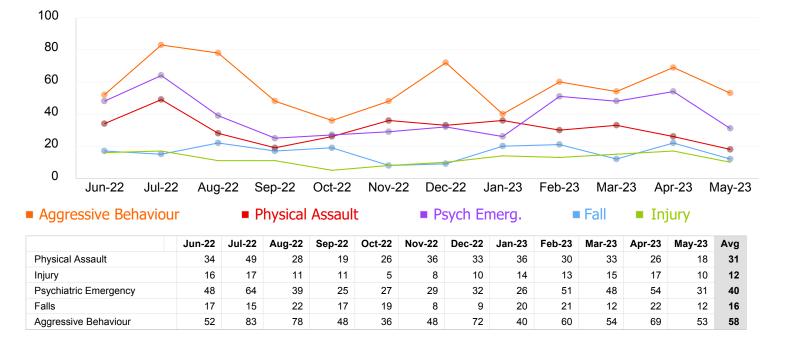
#### 7. Patient-Involved Unusual Incidents



	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Avg	Total
# of Unique Patients in UI	70	75	80	68	74	64	75	86	82	71	81	71	75	897
Patient Involved UI	117	158	135	108	91	105	129	113	129	111	133	98	119	1,427
Patient UI Rate	19.24	25.26	21.18	18.05	14.75	17.39	19.77	16.92	21.19	16.03	19.61	14.24	18.64	18.59

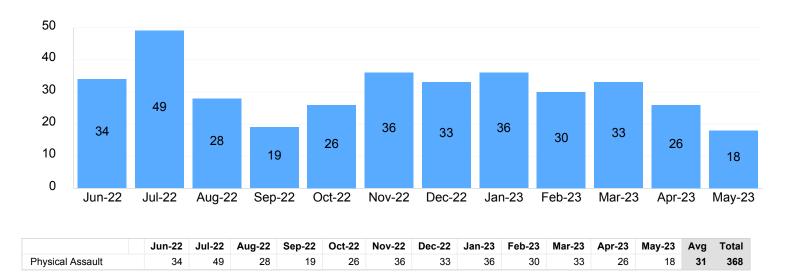
<sup>\*</sup> The patient UI rate is the number of patient-involved unusual incidents reported for every 1000 inpatient days.

## 8. Selected Types of Incidents

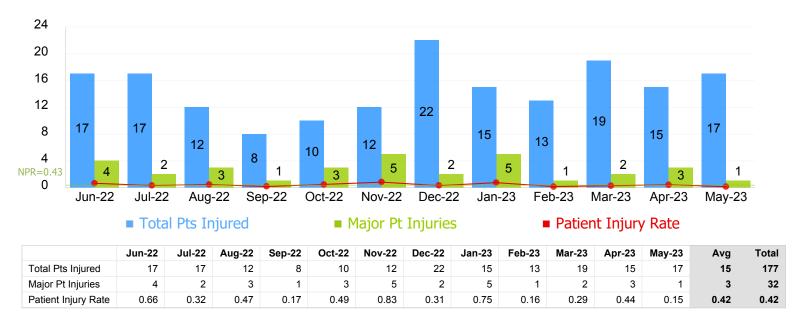


<sup>\*</sup> These are incident types that are frequently reported. Some incidents may be counted in multiple categories. For example, a physical assault incident that accompanied psychiatric emergency and injury is counted under psychiatric emergency and injury as well as under physical assault. Injury is broadly defined to include any type of injury, regardless of the cause or severity level.

## 9. Physical Assaults

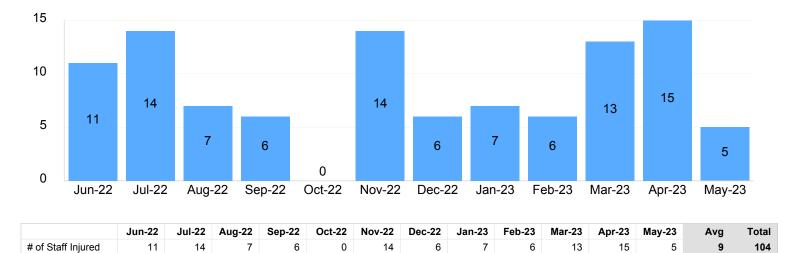


## 10. Patient Injuries



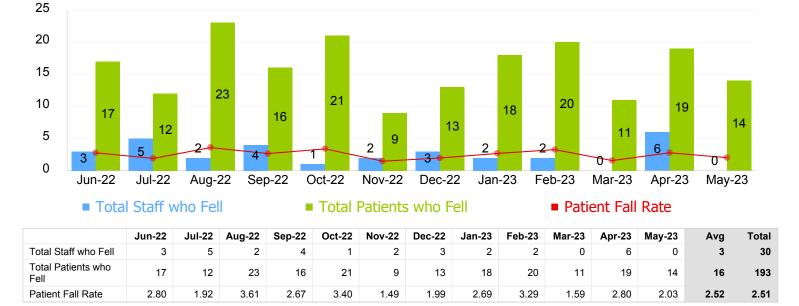
<sup>\*</sup>Injury is broadly defined to include any type of injuries regardless of the cause or severity level. The total number of patients injured represents all of the reported injuries including minor injuries treated with first aid alone. However, the patient injury rate considers only the number of patient injuries that required treatment for minor injuries based on the NRI definition. The patient injury rate is the number of 'major' patient injuries per every 1000 inpatient days.

# 11. Staff Injuries



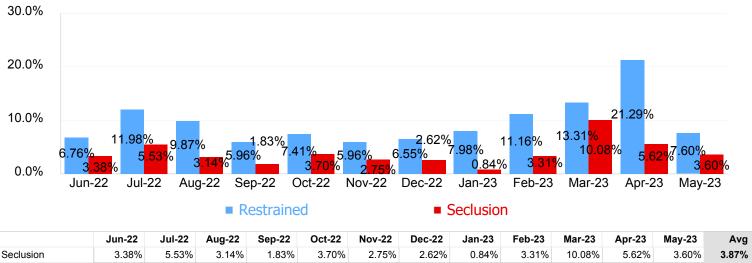
<sup>\*</sup>Injury is broadly defined to include any type of injuries regardless of the cause or severity. The total number of staff injured represents all of the reported staff injuries including treatment for minor injuries.

### 12. Patient and Staff Falls



<sup>\*</sup> The patient fall rate is the number of patient falls per every 1000 inpatient days.

#### Percent of Patients Restrained or Secluded



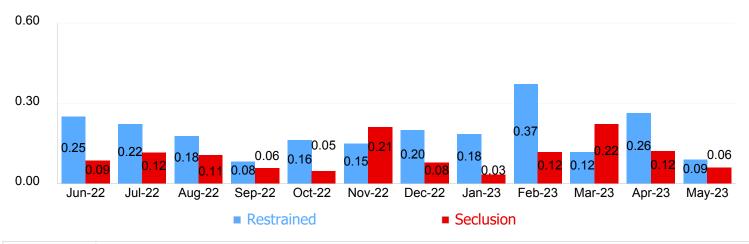
Seclusion Restraint 6.76% 11.98% 9.87% 5.96% 7.41% 5.96% 6.55% 7.98% 11.16% 13.31% 21.29% 7.60% 9.65%

As of January 2022, the National Public Rates (NPR) Weighted Averages are as follows: % of Patients Restrained NPR = 5.768 and the % of Patients Secluded NPR = 2.445.

Percent of unique patients who were restrained at least once and percent of unique patients who were secluded at least once. The denominator includes all individuals who were served in care 1+ day during month.

\*\*\*As of May 2019, SEH refined the logic of this calculation to count patients who were restrained via a physical hold and a mechanical restraint only once. Previous logic counted the same person twice if they received both a physical hold and mechanical restraint in the same month.

#### 14. Restraint Hours Rate & Seclusion Hours Rate



Event Type							Hour Rate						
Event Type	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Avg
Restraint	0.25	0.22	0.18	0.08	0.16	0.15	0.20	0.18	0.37	0.12	0.26	0.09	0.19
Seclusion	0.09	0.12	0.11	0.06	0.05	0.21	0.08	0.03	0.12	0.22	0.12	0.06	0.10

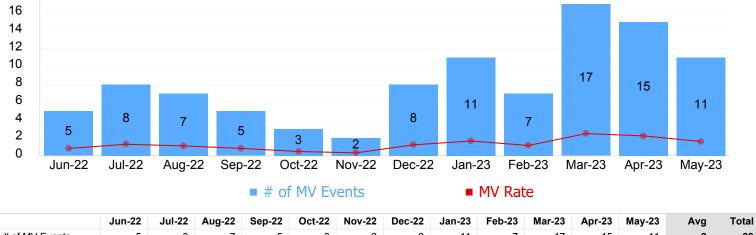
As of January 2022, the National Public Rates (NPR) Weighted Averages are as follows: Restraint Hours Rate NPR = 0.779 and the Seclusion Hours Rate NPR = 0.332.

<sup>\*</sup> Restraint/Seclusion Hours Rate: Number of hours spent in restraint/seclusion for every 1000 inpatient hours.

<sup>\*\*</sup> The duration of each physical hold event is counted as 1 minute as a physical hold is ordered and used only as a temporary intervention that lasts less than a minute to break up any physical conflicts or to administer emergency medications.

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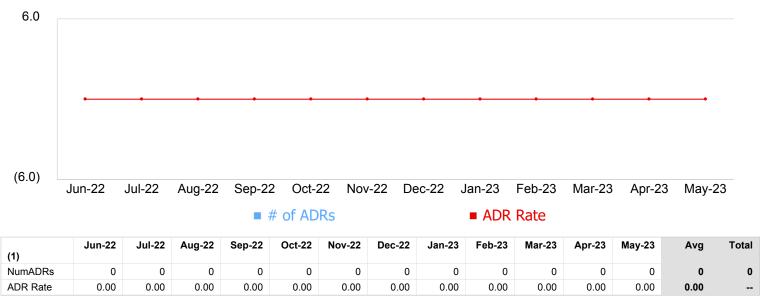
## 15. Reported Medication Variance Events & Rate



	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Avg	Total
# of MV Events	5	8	7	5	3	2	8	11	7	17	15	11	8	99
MV Rate	0.84	1.31	1.12	0.84	0.49	0.34	1.24	1.67	1.17	2.50	2.24	1.61	1.28	15.36

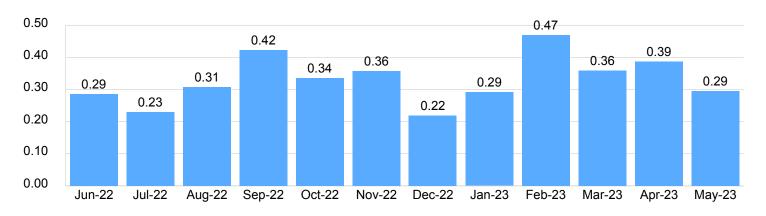
<sup>\*</sup> MV Rate: Number of reported medication variance events that occurred for every 1000 inpatient days.

### 16. Reported Adverse Drug Reactions & Rate



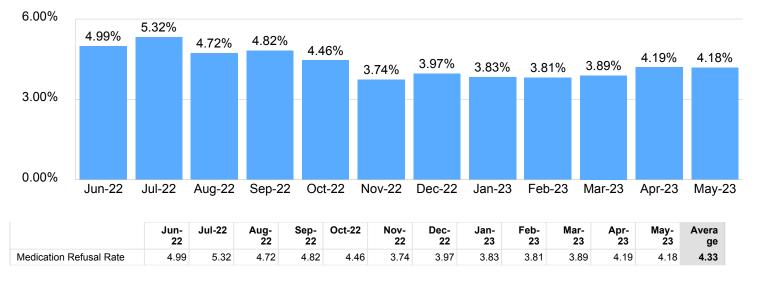
<sup>\*</sup> ADR Rate: Number of reported adverse drug reaction events that occurred for every 1000 inpatient days.

## 17. Percent of Missing Documentation on Med-Administration



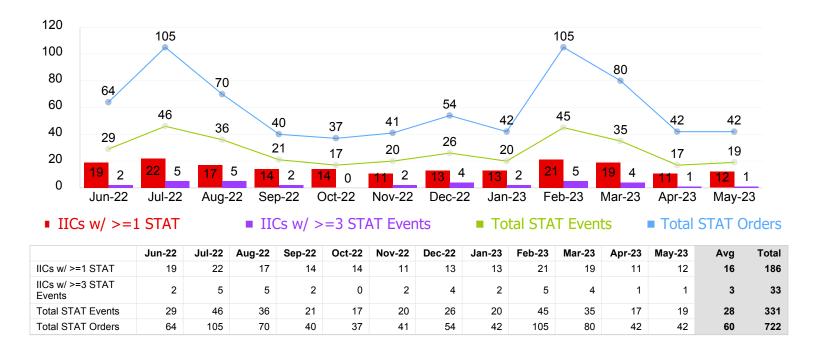
Event Type							Rate						
Event Type	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Avg
PercOfMissingDocumentation	0.29	0.23	0.31	0.42	0.34	0.36	0.22	0.29	0.47	0.36	0.39	0.29	0.33

### 18. Medication Refusal Rate



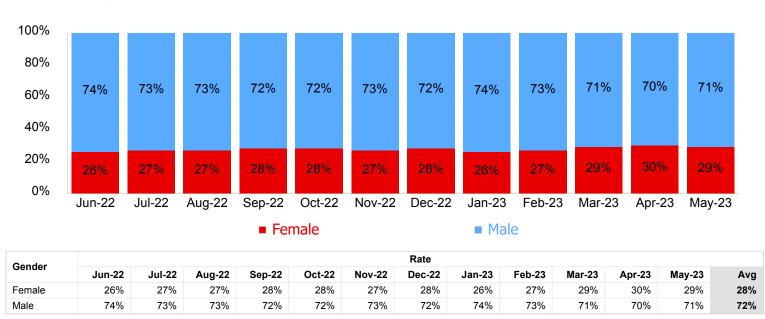
<sup>\*</sup> Medication Refusal Rate: the number of refused medication doses divided by the total number of doses scheduled for administration.

#### 19. Number of STAT Events and Individuals Involved

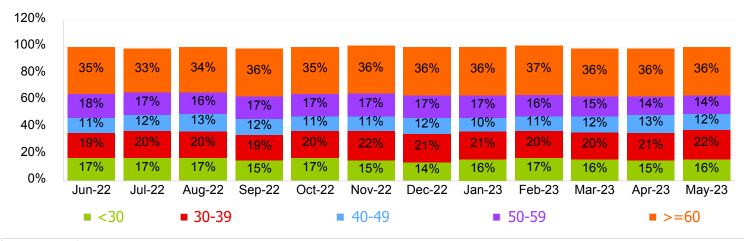


<sup>\*</sup> A STAT event is an emergency medication prescribed and administered to a person involuntarily.

## 20. Demographics - Trend of Gender Distribution

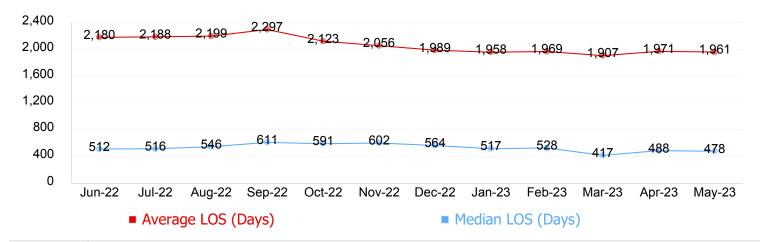


## 21. Demographics - Trend of Age Distribution



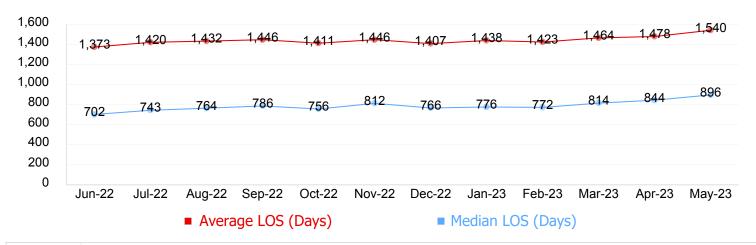
Age Group							Rate						
Age Group	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Avg
<30	17%	17%	17%	15%	17%	15%	14%	16%	17%	16%	15%	16%	16%
30-39	19%	20%	20%	19%	20%	22%	21%	21%	20%	20%	21%	22%	20%
40-49	11%	12%	13%	12%	11%	11%	12%	10%	11%	12%	13%	12%	12%
50-59	18%	17%	16%	17%	17%	17%	17%	17%	16%	15%	14%	14%	16%
60+	35%	33%	34%	36%	35%	36%	36%	36%	37%	36%	36%	36%	36%

# 22. Length of Stay - Average and Median Length of Stay for Individuals in Care



Tuna						Individual	s In Care					
Туре	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Average LOS	2,180	2,188	2,199	2,297	2,123	2,056	1,989	1,958	1,969	1,907	1,971	1,961
Median LOS	512	516	546	611	591	602	564	517	528	417	488	478

# 23. Length of Stay - Length of Stay for Individuals in Care with Civil Legal Status



Tyme						Civ	ril .					
Туре	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Average LOS	1,373	1,420	1,432	1,446	1,411	1,446	1,407	1,438	1,423	1,464	1,478	1,540
Median LOS	702	743	764	786	756	812	766	776	772	814	844	896