#### **Natchaug Hospital**

Mansfield Center, CT

Reporting Period: July 2022 - December 2022 (Data as of Mar 20, 2023)

Provid	ler	Act	<b>iv</b> i	ity	
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Monthly Trend	Measure	Actual	1 Yr Ago	Variance %
	Unique Clients	19	4	375%
	Admits	4	4	0%
	Discharges			
	Service Hours		-	
$\sim$	Bed Days	3,369	136	2377%
-				

# ▲ > 10% Over 1 Yr Ago ▼ > 10% Under 1Yr Ago Clients by Level of Care

Program Type	Level of Care Type	#	%
<b>Mental Health</b>			
	Inpatient Services	19	100.0%

					5 1			
Age		#	%	State Avg	Gender	#	%	State Avg
18-25 📙		1	5%	9%	Male 🗾	11	58%	58%
26-34	•	5	26%	20%	Female	8	42%	42%
35-44		4	21%	24%	Transgender			0%
45-54 <mark>-</mark>		2	11%	18%				
55-64		6	32%	<b>▲</b> 20%				
65+	-	1	5%	9%	Race	#	%	State Avg
					White/Caucasian	15	79%	<b>▲</b> 62%
Ethnicity		#	%	State Avg	Black/African American	2	11%	17%
Non-Hispanic		17	89%	▲ 69%	Other <mark> </mark>	2	11%	13%
Hispanic-Other	•	2	11%	8%	Am. Indian/Native Alaskan			1%
Hispanic-Cuban				0%	Asian			1%
Hispanic-Mexican				1%	Multiple Races			1%
· ·					Hawaiian/Other Pacific Islander			0%
Hisp-Puerto Rican				▼ 11%	Unknown			6%
Unknown				▼ 11%				
	U	Jnique C	lients	State Avg	▲ > 10% Over State Avg	> 10% l	Jnder S	tate Avg

**Client Demographics** 

## Survey Data Not Available

Variances in data may be indicative of operational adjustments related to the pandemic.

#### **189 Storrs Rd. AIP 849-110** Natchaug Hospital Mental Health - Inpatient Services - Acute Psychiatric

# **Program Activity**

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	1		
Admits	-	-	
Discharges	-	-	
Bed Days	184	-	

# Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	95%	74%	N/A
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
No Re-admit within 30 Days of Discharge		N/A	N/A	85%	94%	N/A
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Follow-up within 30 Days of Discharge		N/A	N/A	90%	62%	N/A

#### Bed Utilization

	12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal	
Avg Utilization Rate		2	241 days	1.0	50%	90%	89%	-40%	
	< 90% 90-110%	b D	>110%						

# Data Submitted to DMHAS by Month

		Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions	S							0%
Discharges	5							0%
		1 or mo	re Recor	ds Subn	nitted to	DMHAS		

	▲ > 10% C	over 🗸 < 100	% Under	
Actua	l Goal	V Goal Met	Below Go	bal

\* State Avg based on 11 Active Acute Psychiatric Programs

## **Program Activity**

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	0		
Admits	-	-	
Discharges	-	-	

# Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	N/	A NaN
Valid TEDS Data	N/	A N/A
On-Time Periodic	Actu	al State Avg
6 Month Updates	N/	A N/A

# Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	% Months Submitted
Admissions							0%
Discharges							0%
	1 or mo	ore Recor	rds Subn	nitted to	DMHAS		



\* State Avg based on 0 Active Observation Bed Programs

Reporting Period: July 2022 - December 2022 (Data as of Mar 20, 2023)

**Program Activity** 

Measure	Actual	1 Yr Ago	Variance %	
Unique Clients	19	4	375%	
Admits	4	4	0%	
Discharges	-	-		
Bed Days	3,185	136	2242%	

# Data Submission Quality

Data Entry	Actual State Avg		
Valid NOMS Data		N/A	NaN
On-Time Periodic		Actual	State Avg
✓ 6 Month Updates		0%	0%
Diagnosis		Actual	State Avg
Valid Axis I Diagnosis		100%	100%

## Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		N/A	N/A	95%	100%	N/A
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
No Re-admit within 30 Days of Discharge		N/A	N/A	85%	100%	N/A
	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Follow-up within 30 Days of Discharge		N/A	N/A	90%	56%	N/A

### Bed Utilization

		12 Months Trend	Beds	Avg LOS	Turnover	Actual %	Goal %	State Avg	Actual vs Goal
$\checkmark$	Avg Utilization Rate		3	296 days	0.1	577%	90%	196%	487%
	< 9	0% 90-110%		>110%					



	> 10% 0	ver 🔻 < 109	% Under	
Actual	Goal	V Goal Met	Below Goal	

\* State Avg based on 2 Active Acute Pyschiatric - Intermediate Programs