

**REPORT OF THE
JOINT COMMISSION ON HEALTH CARE**

**DEVELOPMENT OF A
REPORTING SYSTEM FOR
ACUTE PSYCHIATRIC BEDS**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



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Preface

The Behavioral Health Care Subcommittee of the Joint Commission on Health Care (JCHC) voted to include the development of a bed-reporting system in its 2006 workplan. The system would allow for real time reporting on the availability of acute psychiatric beds. The need for such a system was identified as early as 2001 thereby, predating JCHC involvement in behavioral health care issues.

JCHC staff convened meetings of a stakeholder workgroup to establish the bed-reporting system parameters. The workgroup ultimately recommended that the Department of Mental Health, Mental Retardation, and Substance Abuse Services contract with Virginia Health Information to develop and operate the system. A budget amendment for \$50,000 was introduced on behalf of JCHC, in order to fund the development and operation of the proposed bed-reporting system. Funding of \$25,000 was included in the approved budget for FY 2008.

On behalf of the Joint Commission and its staff, I would like to thank the numerous individuals, agencies and associations who participated in the workgroup. Workgroup members included representatives of community services boards; private psychiatric facilities; Commission on Youth; Department of Medical Assistance Services; Department of Mental Health, Mental Retardation, and Substance Abuse Services; Office of the Secretary of Health and Human Resources; Psychiatric Society of Virginia; Virginia Commonwealth University; Virginia Department of Health; Virginia Health Information; and Virginia Hospital and Healthcare Association.

Kim Snead
Executive Director

May 2007

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Executive Summary

September 14, 2006 Slide Presentation (*revised*)

Update on Development of a Reporting System for Acute Psychiatric Beds

Executive Summary

Background

In 2001, a committee comprised of members of the Joint Commission on Behavioral Health Care (JCBHC), the Virginia State Crime Commission and the Commission on Youth made a recommendation to determine the feasibility of developing a web-based reporting system on the availability of acute psychiatric beds for children and adolescents.

The 2002 Appropriation Act directed the Department of Mental Health, Mental Retardation and Substance Abuse (DMHMRSAS), in conjunction with Virginia Hospital and Healthcare Association (VHHA) and private providers, to determine the feasibility of such a reporting system and to report findings and recommendations to the chairmen of the House Appropriations and Senate Finance Committees.

A recommendation was proposed for the Virginia Health Information (VHI) to develop a web-based reporting system at an estimated development cost of \$23,350 with on-going annual cost of \$8,700. Funding was not appropriated for the system.

In July 2003, the Joint Commission on Health Care (JCHC) assumed the responsibilities of JCBHC and established the Behavioral Health Care (BHC) Subcommittee. The BHC Subcommittee voted to revisit the reporting system issue and workgroup meetings were held during the fall of 2004. In January 2005, JCHC submitted a budget amendment for \$75,000 in GFs requiring DMHMRSAS to issue an RFP and select a vendor to develop a reporting system. The requested funding was not included in the approved State budget.

Efforts in 2006 to Develop a Reporting System

During the review of the 2006 workplan, the BHC Subcommittee voted to develop a reporting system. Early interest in a reporting system focused on the length of time to find an available bed for a child or adolescent in crisis. In the five years that have passed, both public and private acute psychiatric beds have been closed, exacerbating the difficulty in obtaining a bed in a timely manner. Providers of beds and professionals seeking to access beds have voiced frustration. Discussion regarding a reporting system now includes the value of collecting data to assist in answering the question of what is the right number and type of inpatient psychiatric beds for the Commonwealth.

Workgroup Meetings Held in 2006

May 26th, chaired by Senator Martin

The workgroup established the following reporting system parameters:

- The reporting system should be easy and convenient to record information in order to encourage frequent updating on bed availability.
- Information to be included in the system (at a minimum).
 - Number of available beds by type
 - Child, adolescent, adult
 - Male, female
 - Secure or non-secure unit
 - Restrictions – such as no aggressive patients, no sex offenders, etc.
- Location of available beds to be displayed.
 - Closest
 - Within region
 - Statewide
- Contact information for the reporting hospital/unit.
- Optional report function for individual searching for a bed to report on whether a bed was located and/or how long it took to find.
- Optional report function for hospital/unit to report on discharges – date attempted, date arranged, date discharged, etc.
- Additional agreed-upon parameters for the reporting system include:
 - State hospitals will report on their civil psychiatric beds
 - Private hospitals will report on their acute psychiatric beds
 - Community services boards will report on acute psychiatric beds in crisis stabilization units
- Data on bed availability will be updated frequently; preferably on a daily basis at a minimum.
 - Reporting system will indicate when the data was last updated for each reporting entity.
- Data will be captured regarding the patient's home locality as compared to the location in which a facility placement was secured.

July 27th meeting, chaired by Senator Houck

The workgroup meeting involved demonstrations of three potential reporting systems. It was determined only two of the systems were likely to meet the necessary system requirements. The systems included one developed by the Health Planning Region V (HPR V) and one proposed by Virginia Health Information (VHI).

HPR V CSBs in the Hampton Roads area used some of their reinvestment funds to purchase acute psychiatric beds in private hospitals.

- A web-based system was developed to allow authorized CSB staff to check on the availability of a purchased bed and to track the use of purchased beds; and,
- DMHMRSAS officials are examining the system to see if it could be converted for reporting system use.

VHI could develop a system designed specifically for the reporting system.

October 26th meeting

The workgroup meeting involved selecting and finalizing the plan for a bed-reporting system. The workgroup members agreed with the proposal that VHI should develop the system. The proposal to have DMHMRSAS develop a system presented several potential problems. The most significant concern involved the priority that the bed-reporting system would be given when compared with the other information technology projects planned for DMHMRSAS.

Once the decision to plan for VHI to develop the system was made, the design of the system was discussed at some length. The outcome of the reporting system parameters as set out during the May 26th meeting generally did not change. However, it was noted that it will seldom be possible to capture data comparing the patient's home locality to the location of the hospital placement as part of the reporting system. While the reporting system will provide a list of potential placements, reporting on the details of the actual placement will be optional. The system is not designed (nor could it be) to allow for patient placements into a facility.

One reporting system feature that could not be resolved involved whether access to the reporting system information will be open to anyone or be restricted in some way.

After some discussion, the workgroup indicated a preference for allowing open access to the information. This would simplify the system significantly as VHI and system users would not be required to establish and track access codes. (Certainly, hospitals and crisis stabilization units will need to restrict staff access related to entering bed availability data.) A disclaimer will be included within the reporting system to inform users that the system simply gives a point-in-time assessment of bed openings to facilitate the search for a placement. The VHHA representative agreed to contact affected hospital administrators regarding their positions on the issue of access.

The VHI executive director submitted estimates for the cost of developing and maintaining the system given its agreed-upon configuration.

- \$50,000 for development and operation in the first year
- \$10,000 per year for on-going operation of the system

Legislative Options

Option I - Take no action.

Option II - *Adopted*

Introduce a budget amendment (language and funding) for \$50,000 to fund the development and operation of the bed-reporting system during FY 2008. The amendment would provide funding for the Department of Health, Mental Retardation, and Substance Abuse Services to contract with Virginia Health Information to develop and operate the reporting system.

JCHC Staff for this Report

Kim Snead
Executive Director

Update on Development of Reporting System for Acute Psychiatric Beds

Behavioral Health Care Subcommittee Joint Commission on Health Care

Kim Snead



September 14, 2006
Richmond, Virginia



History of Reporting System Efforts

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- In 2001, a recommendation was made to determine the feasibility of developing a web-based reporting system on the availability of acute psychiatric beds for children and adolescents
 - The recommendation was made by a Committee made up of members of the Joint Commission on Behavioral Health Care (JCBHC), the State Crime Commission and the Commission on Youth.
- Budget language was introduced during the 2002 Session
 - The 2002 Appropriation Act directed DMHMRSAS, in conjunction with VHHA and private providers, to determine the feasibility of such a reporting system and to report findings and recommendations to the chairmen of the House Appropriations and Senate Finance Committees
 - A recommendation for Virginia Health Information (VHI) to develop a web-based reporting system at an estimated development cost of \$23,350 and ongoing annual cost of \$8,700 was proposed
 - No funding was appropriated for the system.



History of Reporting System Efforts

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- In July 2003, JCHC assumed the responsibilities of JCBHC and established the BHC Subcommittee.
- The BHC Subcommittee voted to revisit the reporting system issue
 - Work group meetings were held during the fall of 2004 and in January 2005
 - A budget amendment for \$75,000 GFs to allow DMHMRSAS to issue an RFP and select a vendor to develop a reporting system was introduced by JCHC
 - The requested funding was not included in the approved State budget.
 - No meetings were held in 2005, as a number of work group members were participating in related reviews regarding the need for and management of acute psychiatric beds.

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Current Reporting System Efforts

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- In 2006, the BHC Subcommittee voted to develop a reporting system; work group meetings were held in May and July
 - Early interest in a reporting system centered around the time it took to find an available bed for a child or adolescent in crisis
 - Since that time, both public and private acute psychiatric beds have been closed exacerbating the problem of finding a bed in a timely manner
 - Both providers of beds and professionals seeking to access beds have voiced frustration.
 - Discussions regarding a reporting system now include the value of collecting data to assist in answering the question of what is the right number and type of inpatient psychiatric beds for the Commonwealth.

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Current Reporting System Efforts

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- May 26th work group meeting, chaired by Senator Martin, established:
 - The reporting system should be easy and convenient to record information in to encourage frequent updating regarding bed availability
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 - Contact information for the reporting hospital/unit.
 - Discretionary report function for individual searching for a bed to report on whether a bed was located and/or how long it took to find a bed.
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Current Reporting System Efforts

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Current Reporting System Efforts

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- July 27th meeting, chaired by Senator Houck, involved demonstrations of three potential reporting systems
 - It was determined that only two of the systems were likely to meet the necessary system requirements.
- HPR V CSBs in the Hampton Roads area used some of their reinvestment funds to purchase acute psychiatric beds in private hospitals
 - A web-based system was developed to allow authorized CSB staff to check on the availability of a purchased bed and to track the use of purchased beds
 - DMHMRSAS officials are examining the system to see if it could be converted for reporting system use.
- Virginia Health Information (VHI) could develop a system designed specifically for the reporting system.

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Current Reporting System Efforts

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- Specific proposals for legislation and funding for the reporting system will be developed for BHC Subcommittee consideration during November 9th Decision Matrix meeting
 - One additional work group meeting may be needed in order to make final decisions regarding the system to recommend for funding.

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