

PMIC Outcomes

General Principles:

System-wide focus – The goal is to have a positive impact on the lives of children, not just in the facility, but also in the community.

Accountability – Outcomes should not be tied to reimbursement, but outcome data for each facility should be publicly available. Suggestion was made that we refine within the group for a year before posting publicly.

No undue burden – Outcomes should be implemented so that they can be measured with existing documentation, or can otherwise be easily tracked. We may want to start with a certain period of time as a baseline, and/or with a subset using just those that are currently measured

Possible Outcome Measures:

1. Family/Community/Home Assessment done within 14 days of admission
2. Family is engaged in treatment/therapy at least once per week – Most were in favor of this.
3. ~~Complete individualized treatment plan within 7 days of admission (This one was ruled out.)~~
4. Individual progress measured every 30 days, and treatment plan revised if there is lack of progress
5. Child participates in active treatment daily
6. Child sees psychiatrist per treatment plan
7. Child is engaged in school on a regular basis throughout the admission
8. Ongoing coordination with the local school district
9. Minimal use of restraint and seclusion – May be difficult to measure due to different practices, no standardization
10. Individualized discharge plan developed within 7 days of admission
11. Effectiveness of discharge plan (facility is working with Magellan and community resources to facilitate treatment in the community)
12. Discharge to home – An issue may be that home is not always the appropriate setting, suggestion to look at discharge to lower level of care however, almost everything else is lower. Also could track setting at admit to compare admit vs. d/c setting.

13. Re-admittance to any PMIC within 1 year – Should not include lateral transfers for purpose of treatment closer to home.
14. Average length of stay – difficult to control; outcome should take into account factors that influence LOS; for example, could look at correlation with acuity, correlation with age, or differences between voluntary and involuntary kids. Or look at variability in time between readiness for discharge and actual discharge. Or an alternate outcome may be that treatment planning takes into account the expected length of stay.
15. Consumer satisfaction - Most were in favor of this.

DRAFT