PrairieCare

Diane Rydrych
Director, Division of Health Policy
Via Email

November 21, 2016

Dear Ms. Rydrych,

We are pleased to submit the following responses to your November 16, 2016 points of clarification request:

Describe the proposed distribution of additional hospital beds into patient populations of children ≤12 years of age and adolescent ≥13 years of age.
Bearing in mind the layout and design of our facility, including the current bed allocations by age group, and our clinical experience regarding which age ranges are most effectively grouped together to optimize treatment, we anticipate that 9 of the additional beds will be used for older adolescents (14+ years old) who comprise the group with the highest demand for inpatient care due to their epidemiologically increased rates of severe mood disorders and suicidal behavior. We further anticipate the remaining 12 beds will be divided as 6 beds for children < 12 years of age and 6 beds for younger adolescents (12-14 years old), who are often be less developmentally appropriate to mix with older adolescents.

Share the source of information regarding the number of days with zero beds available.
The Minnesota Department of Human Services and Minnesota Hospital Association's jointly-run mental health service locator web site (commonly referred to as the "Minnesota Bedfinder") was used for this data. Although we recognize objections have been raised regarding the complete accuracy of this data, we are unaware of any more reliable system-wide data on day-to-day bed availability or demand. Self-reported occupancy rates and comparisons between licensed beds and occupied beds suffer from numerous confounding factors, including the days when no beds are available due to acuity, staffing or patients in transport.

Clarify your understanding of how the additional beds proposed would improve patient flow and experience in pediatric psychiatric care assuming no other changes in staffing and availability of community support.
PrairieCare recognizes the need for increasing access to care across the full continuum of intensity level. It is for this reason we have substantially expanded the community's clinic, intensive outpatient and partial hospitalization capacity during the time since we opened our 20-bed facility in Maple Grove. With regard to improving patient flow, despite our organization undertaking the single largest expansion in non-inpatient child/adolescent psychiatric services in the State's history, we continue often to receive patients who have waited hours, days and sometimes weeks in emergency rooms or admitted to medical/surgical floors of general hospitals before a psychiatric-specific bed becomes available. Adding additional beds will permit these patients to be admitted to the specialized psychiatric unit on which

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they deserve to be cared for more timely and, hopefully, closer to their homes and families. While we certainly do not believe this additional capacity will be a "silver bullet" to cure all problems in Minnesota's mental health system, we would echo the words of Dr. Kibort in his support letter on behalf of Children's Hospitals and Clinics that these additional beds "will have a real and meaningful impact on hundreds of children's lives each year."

Provide a complete description of the 'occurrence rate,' including what this metric uses as the numerator and denominator, in the letter dated October 14, 2016, and clarify how this translates to number of affected patients

An "Occurrence" as PrairieCare defines it is: "any happening or alleged happening not consistent with the routine care and/or operation of the facility; an unexpected or undesirable event that may have caused harm or had the potential to cause harm."

The numerator for the "Occurrence Rate" was the number of occurrences during the measurement period. The denominator was 1000 patient hours, which is arrived at by taking the sum of the Average Daily Census (ADC) for the time period in question, multiplied by 24 hours to arrive at the patient care hours in the given period, then dividing by 1,000. The "Occurrence Rate" is therefore the number of occurrences per 1000 patient hours during a given time period.

$$\frac{\text{Number of Occurrences}}{((\text{Sum of ADC}*24)/1000)} = \text{Occurrence Rate}$$

Please let me know if there are any more details we can provide.

Sincerely,

John Ryan
General Counsel