



**WEXFORD HEALTH SOURCES, INC.**

**MARYLAND DEPARTMENT OF PUBLIC SAFETY AND  
CORRECTIONS**

**MONTHLY STATUS REPORT DECEMBER 2015**

**BY**



**DIRECTOR OF UTILIZATION MANAGEMENT**

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## UTILIZATION MANAGEMENT

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### I. UTILIZATION STATISTICS FOR DECEMBER 2015

Admissions	83
Net Inpatient Days	338
Average Length of Stay	4.07
Emergency Room	111
On-Site Clinics	379
In patient Psychiatric Acute/Sub-Acute Admits	67
Medical Infirmery Admits	133
<b>Total Inpatient, ER, and On-Site Referrals</b>	<b>573</b>
<b>Outpatient</b>	
Outpatient Hospital	155
Outpatient Other (including all specialties)	329
Outpatient Surgery	73
<b>Total Outpatient Referrals</b>	<b>557</b>
<b>Total Referrals Entered</b>	<b>557</b>

\*\* PLEASE NOTE THAT THE ABOVE DATA IS FOR THE ENTIRE MONTH OF DECEMBER.

### II. UTILIZATION MANAGEMENT PROCESS

#### Inpatient Review

The number of hospital admissions decreased from the previous month. There were 93 admissions in November compared to 83 in December (-10.75%). Similarly there was a decrease in the number of hospital days. There were 382 hospital days in November compared to 338 hospital days in December. The number of hospital days decreased by 44 days in December. This equates to an overall decrease of-11.52%.

As usual, definitive explication for inpatient utilization activity will be provided in the "Inpatient Summary" section of this report. In addition, the Case Specific Tables (formerly referred to as "Site -Specific Analysis Tables") that appear in this report have been modified; the commentary for each case has been enhanced to provide more case specific information. The purpose of the aforementioned modification is to better elucidate onsite and hospital management for each case in the report (inclusive of chronic clinic follow-up, when applicable, and emergency management prior to hospital referral): the goal is to find opportunities for improvements in our healthcare delivery.

**A new table has been added which provides a review of each offsite (ER and hospital admission, particularly the latter) referral that originated from one of the Infirmaries; the purpose of this table is to review Infirmery management and to seek opportunities to improve Infirmery services**

A retrospective monthly comparison of this report's inpatient activity is illustrated below;

November 2015	December 2015
382 Inpatient days	338 Inpatient days

Year-to-date monthly graphic comparisons are provided in this report.

The Acuity Indices (AI) i.e., large case days, critical care/monitored bed days and readmission case days, are tabulated below as well as the long length of stays:

**Large cases:**

DOC #	Hospital	Diagnosis	LOS	Comment
	BSH	Pleural Effusion	11	
	JCI	Cellulitis of Right Orbit	12	
	BSH	Stress FX HIP	13	
	UMMS	Liver Cell Carcinoma	14	
	BSH	Gastric Ulcer with Hemorrhage	14	

64

**ACUITY INDICES** compared to the previous month

CATEGORY	CASES	DAYS	ALOS	VARIANCE (from prior period)	COMMENTS
LARGE CASE DAYS	5	64	12.80		There were 5 large cases with 64 days in December compared to 6 large cases with 80 days.
CRITICAL CARE DAYS	3	29	9.66		There were 3 critical care cases in December with 29 days compared to 12 critical care cases in November with 75 days.
READMISSIONS	11	60	5.45		20-25 % of Medicare bed days are comprised of readmission days, while our readmission days account for 5-12% of our total monthly days. During the month of December 60 days or nearly 18% of our total hospital days were due to readmissions. None of the readmission cases were preventable.

Inpatient Days by Diagnostic Groups compared to previous month\

CATEGORY	#of CASES	DAYS	ALOS	COMMENTS
Neurology	2	7	3.5	The number of Neurology admissions decreased from 9 in November with 35 inpatient days to 2 admissions and 7 inpatient days in December.
GI	16	74	4.6	The number of GI admissions increased from 14 in November to 16 in December. Similarly the number of hospital days increased from 70 in November to 74 in December.
Trauma	12	42	3.5	The number of trauma related admissions decreased from 30 in November to 12 in December. Similarly the number of .trauma related hospital days decreased from 93 in November to 42 in December.
Oncology	3	10	3.33	The number of oncology admissions decreased from 7 cases in November to 3 cases in December. The number of hospital days also decreased from 41 days to 10 days.
Cardiac	15	40	2.66	The number of cardiac admissions increased from 13 in November to 15 in December. The number of hospital days also increased from 31 in November to 40 in December.
ID	5	21	4.2	The number of ID admissions decreased from 9 in November to 5 in December. However, the number of hospital days remained at 21 for both months.
Nephrology	3	10	3.33	The number of renal admissions increased from 1 case in November to 3 cases in December. Similarly the number of hospital days decreased from 5 in November to 10 in December.

TOTAL 204

**Inpatient Summary**

In summary, the factors that contributed most to inpatient utilization activities are delineated below:

**Acuity Indices:** this metric, which is comprised of “large case” days, “critical care” days and “readmission case” days, is a measure of the acuity of all hospitalized patients during the reporting period. Over recent months, there has been a precipitous increase in the Acuity Index (AI); most of it resulting from substantially large increases in the number of Large Case Days and Critical Care days. The number of large cases stayed the same as the previous month; however, there was a slight decrease in the number of Critical Care days increased.

With regard to the diagnostic groups, inpatient utilization activity was most evident in the Neurology, ID, Cardiac, Trauma and GI cases amassed greater than 90% of all days within the diagnostic groups. There was a significant increase in the number of Trauma cases as well as hospital days related to trauma. Similarly, there was a significant increase in the number of ID cases and hospital days related to ID, from the previous month.

**Intensity of Required Care:** This category represents the proportion of hospital days and admissions for the reporting period that required intensive management in a critical care, or monitored (telemetry) setting. During the current reporting period, 3 admissions or 3.61% of the month’s total (83) admissions were necessitous of critical care, or telemetry accommodations. With regard to critical care bed days, 29 days (8.58%) of the period’s total (338), required critical care level management; the critical/monitored care admissions and inpatient days are substantially below the usual ranges (in

the past; both the critical admissions and the critical care days accounted for proportions in the 40-50% range i.e., most often near the upper limit this, as was previously mentioned, is commensurate with the declining acuity levels). Overall, the acuity level has been trending upward over the several months, especially recently; I mention this still with some degree of trepidation since acuity levels have a proclivity to be episodic and are most often beyond human control.

The ALOS for critical care managed patients increased in November.. The critical care/monitored care ALOS in November was 6.25 as compared to 9.66 in December.

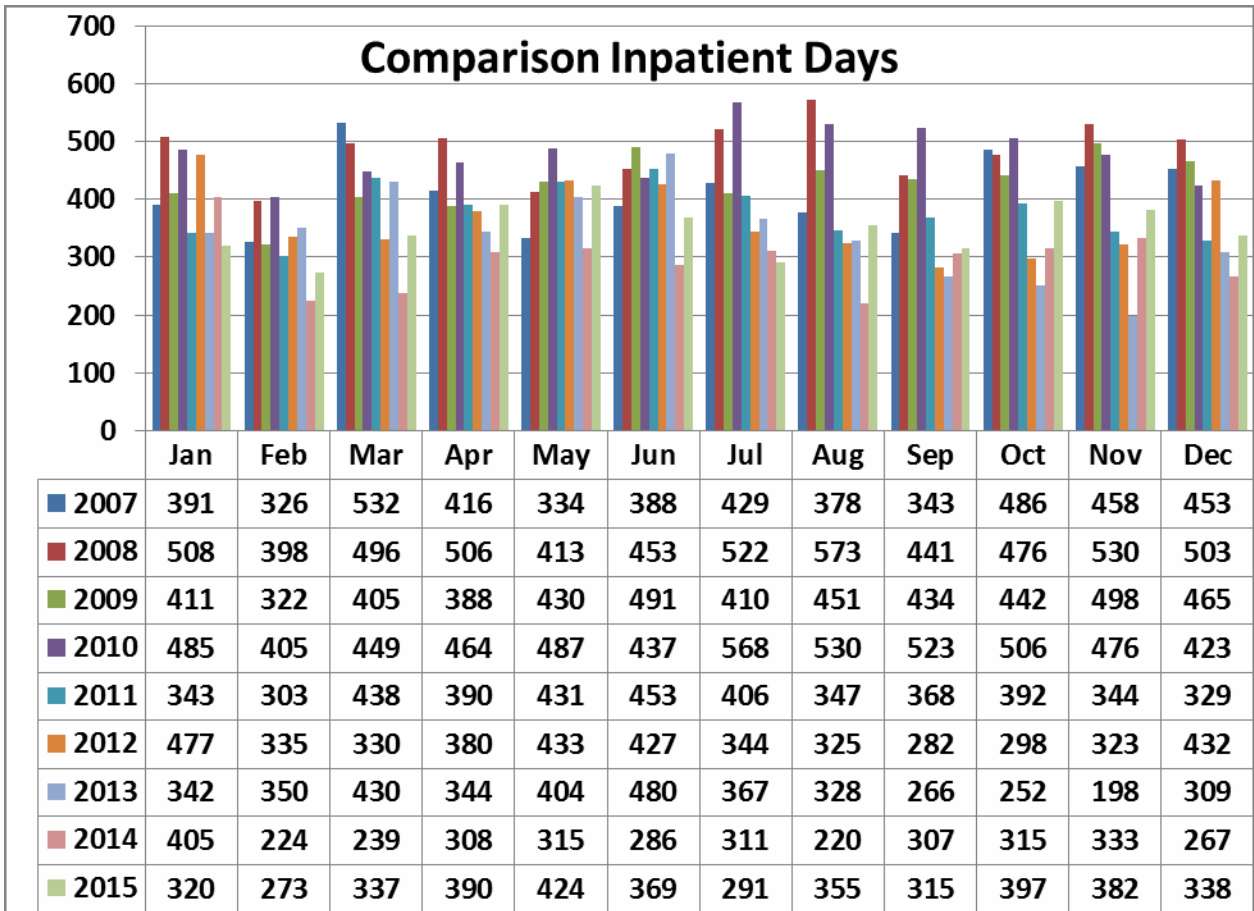
**Admissions Volume:** There was a decrease or in the number of admissions for the month of December where there were 83 admissions compared to 93 in November, a decrease of (-10.75%). **There were twenty-six (26) one day admissions in December which accounted for 31.32% of the overall admissions for the month, as compared to November where there were also twenty six (26) one day admissions, which accounted for 27.96% of the overall admissions for the month.**

**Trauma Cases:** For the most part, utilization trending in the Trauma group adheres to a seasonal utilization pattern with the exception of sporadic increases. During the month of December there was a significant decrease in the number of trauma cases as well as trauma related hospital days. In November there were 30 trauma related cases and 93 trauma related hospital days compared to December where there were 12 trauma related cases and 42 trauma related hospital days. This represents a decrease of 60% for the number of trauma related admissions and a decrease of nearly 55% for the number of trauma related hospital days.

**Inpatient Summary Conclusion**

In conclusion, there was a slight increase in inpatient utilization activity by days during the current reporting period for the aforementioned reasons.

<b>Inpatient Hospital Days</b>	338
<b>Inpatient Admissions</b>	83
<b>Average LOS</b>	4.07
<b>ICU/CCU Days</b>	42
<b>Large cases &gt; than 10 days</b>	5



listed above is a comparison for the past seven years of Inpatient Days.

**B. Readmission/Quality**

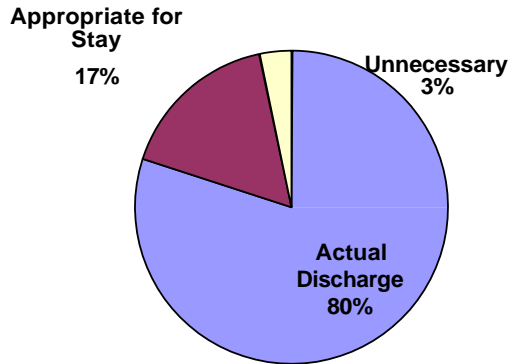


**C. Weekend Discharge Review**



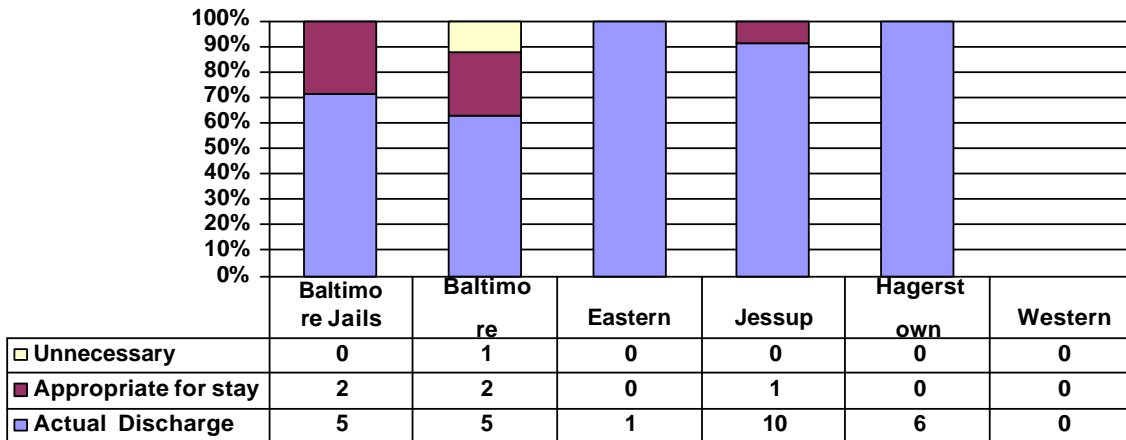
There were (30) potential weekend discharges. Twenty-four (24) patients were discharged and six (6) remained hospitalized and five (5) were appropriate to stay in acute care. One (1) patient remained hospitalized unnecessarily. This report is submitted monthly to Dr. Baucom and reported at status and CQI meetings.

**Total Weekend Discharges - Oct 2015**



OVERALL FOR OCTOBER 2015	
Actual Discharge	24
Appropriate for Stay	5
Unnecessary	1
<b>Total</b>	<b>30</b>

	Actual Discharge	Appropriate for stay	Unnecessary	Total # D/C
Baltimore Jails	5	2	0	7
Baltimore	5	2	1	3
Eastern	1	0	0	11
Jessup	10	1	0	6
Hagerstown	6	0	0	1
Western				
<b>TOTALS</b>	<b>24</b>	<b>5</b>	<b>1</b>	<b>30</b>



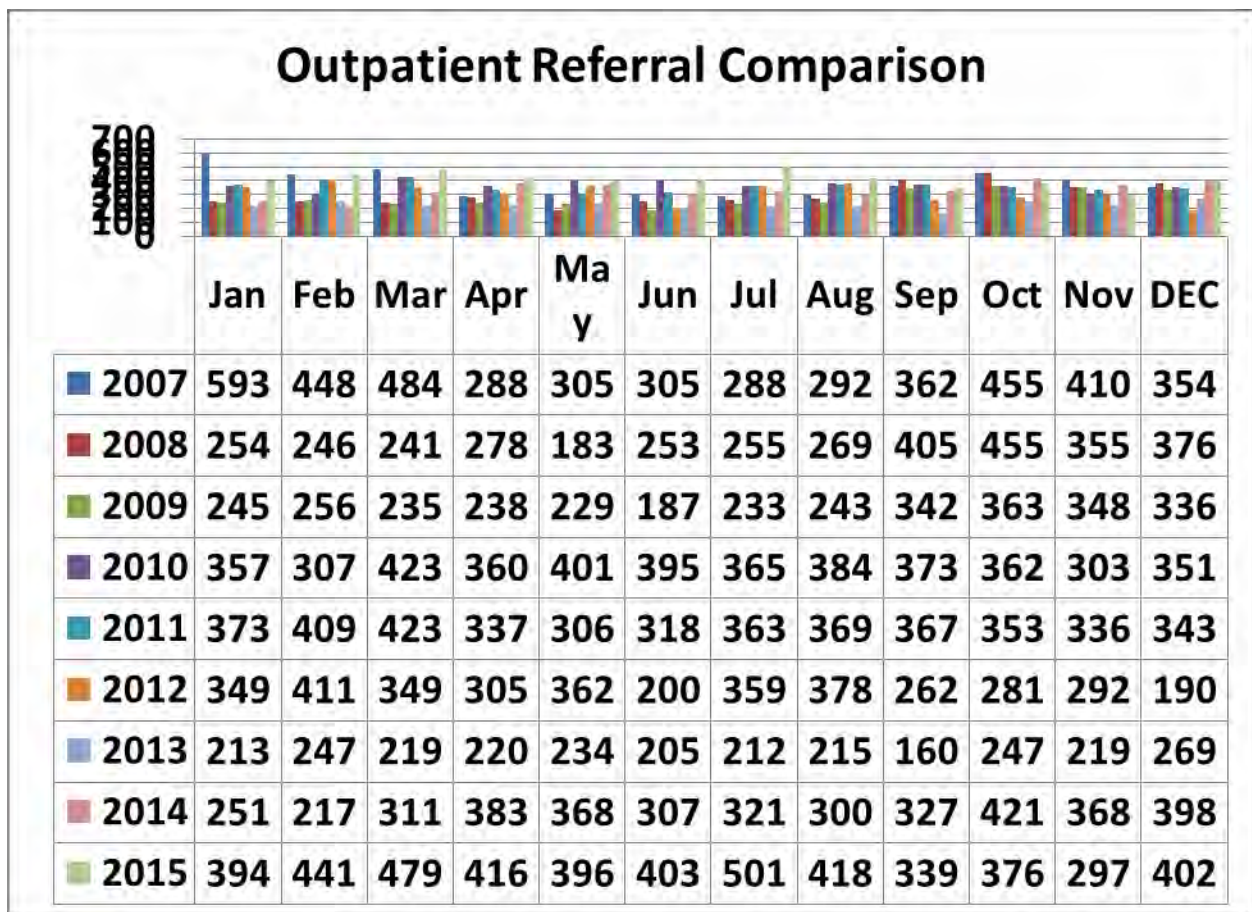
### IV OUTPATIENT UTILIZATION –COLLEGIAL REVIEW

**Outpatient Summary** Outpatient Utilization is a composite comprised of outpatient hospital, outpatient surgery, and office visits. During the previous reporting period (November) there were 394 events, compared to 475 events for December, an increase of 91 events (+20.56%).

#### COMPARISON BETWEEN REPORTING PERIODS

CATEGORY	# of UNITS		COMMENTS
Outpatient Hospital	155	(+59.79%)	There was an increase in outpatient hospital activity for the month of December as compared to the previous month. There were 97 outpatient visits for November compared to 155 in December.
Outpatient Surgery	73	(+4.29%)	The number of referrals for outpatient surgery increased from 70 in November to 73 in December.
Office Visits	247	(+8.81%)	This group increased by 20 events from November . see comments below

\*\* Comparative events for the previous month (November) for outpatient hospital, outpatient surgery and office visits, were 97, 70, and 227, respectively.



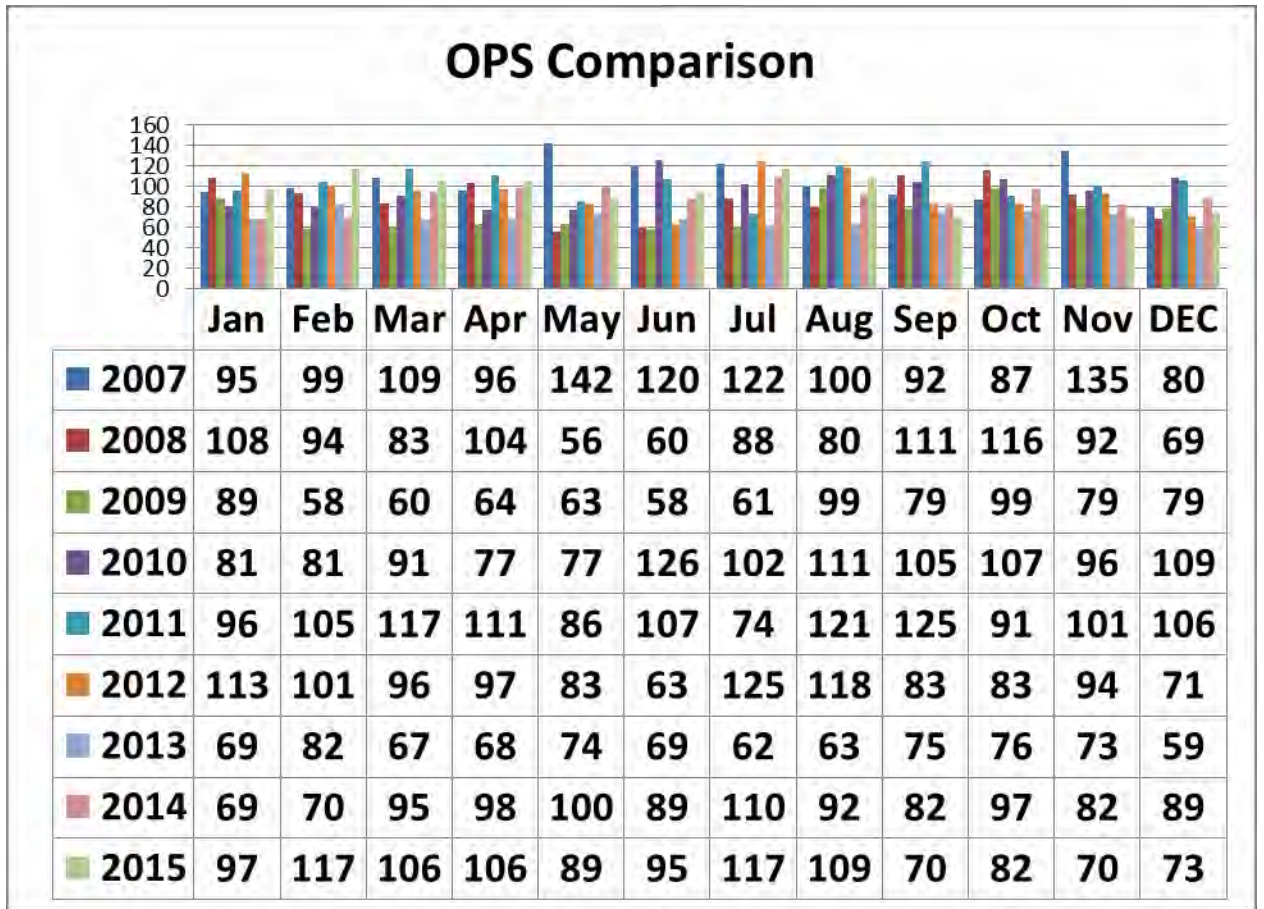
The above reflects a seven year comparison of outpatient activity excluding OPS.



## Outpatient Commentary

The variances that are illustrated in the above table are due to the following utilization activities:

1. **Outpatient Hospital** referrals; this component is comprised of outpatient diagnostic testing e.g., CT Scans, MRI Scans, Nuclear Medicine Test, Cardiac Angiographies, as well as diagnostic colonoscopies etc. . Usually, CT Scans, MRI Scans and Ultrasounds account for a large percentage of the volume of activity in this component.
2. **Office Visits:** The decreases were most notable for, Ortho, ENT, and Pulmonary
3. **Outpatient Surgery:** Usually, the volume varies depending upon the number of Liver biopsies, abdominal/inguinal hernia repairs, and skin lesion excisions (which are usually suspicious for neoplasia). Usually, General Surgery, Orthopedics, GI and Liver biopsies account for the bulk of most activities.
4. **Outpatient Hospital** referrals; this component is comprised of outpatient diagnostic testing e.g., CT Scans, MRI Scans, Nuclear Medicine Test, Cardiac Angiographies, as well as diagnostic colonoscopies etc. . Usually, CT Scans, MRI Scans and Ultrasounds account for 60-70% of the volume of activity in this component. Also, of note is an increased number of pelvic U/S to assess kidney architecture and size in persons who have stage 3 and beyond, kidney disease.
5. **Office Visits:** These visits were due most most notably for DME, ENT, Observation , Pulmonary, Ortho and Telemedicine
6. **Outpatient Surgery:** Usually, the volume varies depending upon the number of Liver biopsies, abdominal/inguinal hernia repairs, and skin lesion excisions (which are usually suspicious for neoplasia). Usually, General Surgery, Orthopedics, GI and Liver biopsies account for the bulk of most activities.



The above reflects a seven year comparison of OPS activity.

Maryland 2015													
	2015												
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Inpt Admits	61	65	81	75	85	75	65	74	86	86	93	83	929
Inpt Days	320	273	337	390	424	369	291	355	315	397	382	338	4191
ER	82	73	96	87	89	128	115	107	110	113	101	111	1212
Med Infirmary Admits	204	201	200	214	162	190	177	181	146	146	133	141	2095
Acute Psych Admits	82	82	81	99	97	91	105	106	90	81	67	74	1055
Onsite Clinics	185	284	215	259	235	278	366	296	242	264	331	379	3334
Offsite Referrals	394	441	479	416	396	403	501	418	339	376	297	402	4862
OFFSITE REFERRALS	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Anesthesia				0									0
Audiology	1	2	2	3		1		1	2		1		13
Cardiology	10	16	16	12	9	10	10	4	8	13	7	11	126
Cardiothoracic	2	1	2	1		1	1			1			9
Chemotherapy	6	3	2	7	5	6	3	4	2	4	3	3	48
Colo rectal			1			1	1	2	1		1		7
Derm		4	5	3	1	3	7	5	1	3	2	3	37
DME	24	12	18	23	30	23	28	19	16	11	11	9	224
Dialysis													0
Endocrinology	2		2	1	2	4	3	1		5	3	4	27
ENT	5	13	8	7	8	11	13	5	6	6	7	8	97
GI	3	5	5	7	3	3	5	3	4	6	3	5	52
Hematology				2		2			1	4	1	1	11
Infectious Disease									1				1
Nephrology	2	3	4		1	2		2		2		1	17
Neurology	4	8	6	10	2	2	7	11	2	4	7	9	72
Neurosurgery	6	6	4	10	11	6	6	8	8	9	5	4	83
OB/GYN	3	2		2	5	3	8	3		2		1	29
Observation	22	8	33	32	23	28	26	29	25	11	15	11	263
Oncology	11	8	15	5	10	7	10	10	16	11	8	6	117
Ophthalmology	4	5	3	1	6	4	4	9	2	2	3	6	49
Oral Surg	11	13	4	12	9	8	12	9	11	17	7	10	123
OT			1	1		1		2	1				6
Ortho	27	23	37	18	28	24	46	22	21	25	7	23	301
Orthotics	6	3	2	8	5	5		3	1	1	1	7	42
Outpt Other													0
Pain Clinic	2	8	2	1	5	4	6	3		5	2	2	40
Physiatry	1												1
Plastics	6	3	3	5	3	2	3	5	7		5	8	50
Podiatry	10	9	10	5	4	3	3	1	5	3	4	2	59
PT	3	4			1	2			1				11
Pulm	2	3	4	3	2	2	4	2	6	4		3	35
Radiation		1	3	4	3		2	2		1	1	2	19
Rad-Oncology	4	2	2	4	4		5	3	3	4	5	6	42
Retinal Specialist	4	1	1	2		2	4	4	3	4		1	26
Rheumatology	4	1	1	1	1	2	1	2		2	1	1	17
Speech Therapy	2		1				3	1		1	2	2	12
Spec Ref													0
Surg	2	6	7	7	3	2	4	5	3	4	7	4	54
Surg Onc	1	1											2
Telemed													0
Urol	7	7	16	7	15	7	9	10	8	9	6	12	113
Vasc Surg	1	2	5	4	3	5	7	3	2	4	2	7	45
Wound Care	2	3	5	3	2	3					3	2	23
EMS-Transport Only							1						1
Offsite Total	200	186	230	211	204	189	242	193	167	178	130	174	2304
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Outpt Hospital	97	138	143	99	103	119	142	116	102	116	97	155	1427
Outpt Surg	97	117	106	106	89	95	117	109	70	82	70	73	1131
Offsite Referrals	200	186	230	211	204	189	242	193	167	178	130	174	2304
Grand Total	394	441	479	416	396	403	501	418	339	376	297	402	4862

**V. MEDICAL INFIRMARY**

There were a total of 41 infirmary admissions for the month of December compared to 133 admissions for the month of November. There were 57 admissions to the Baltimore infirmary. Eastern had 10 admissions, Jessup had 48 admissions, and Western had 26 admissions. Four (4) patients were admitted to the infirmary due to mental health issues. Every hospital stay is addressed during the inpatient call and weekly calls are placed to all the infirmary Doctors so that there is proper utilization of the infirmary beds. There was a slight decrease in the number of infirmary days for December, as compared to the previous month. In December there were 3219 infirmary days compared to November where there were 3365 infirmary days a decrease of 146 days (-4.34%).

<b>Baltimore:</b>	57 admissions with 1313 infirmary days
<b>Eastern:</b>	10 admissions and 181 infirmary days
<b>Jessup:</b>	48 admissions and 832 infirmary days
<b>Western:</b>	26 admissions and 893 infirmary days

**VI. MENTAL HEALTH – UTILIZATION REVIEW**

There were a total of 74 mental health admissions during the month of December, as compared to 67 admissions for the month of November, an increase of 7 admissions (+10.45%). 43 admissions occurred in the Baltimore Region, 31 admissions occurred in the Jessup Region and 0 admissions occurred in the Western Region.

<b>Baltimore:</b>	43 admissions and 488 days.
<b>Jessup:</b>	31 admissions and 896 days
<b>Western:</b>	0 admissions and 0 days

**VII. ACUITY LEVELS – DECEMBER 2015**

	MTC 3rd floor	4th floor	WDC	ECI	JCI	JRH	MCIW	WCI	MCIH
<b>Level 1</b>	0.0	0.0	8.4	1.1	0.0	2.4	2.7	10.8	0.9
<b>Level 2</b>	13.7	5.9	0.0	1.8	1.7	12.5	0.5	4.6	4.2
<b>Level 3</b>	11.4	11.7	0.0	2.1	0.0	7.3	0.0	3.9	6.9
<b>Level 4</b>	2.3	0.5	0.0	1.0	0.3	0.0	0.0	0.0	2.6

