## **Stamford Hospital**

Unknown, NA

Connecticut Dept of Mental Health and Addiction Services
Provider Quality Dashboard

Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

#### **Provider Activity** Client Demographics 1 Yr Ago Variance % Monthly Trend Measure Actual **Gender** Age # State Avg % State Avg **Unique Clients** 23 25 -8% 18-25 17% Male 18 78% 58% 4 13% Admits 24 21 14% 🔺 42% 26-34 6 26% 22% Female | 5 22% Discharges 22 25 **-12%** ▼ 35-44 5 22% 19% 45-54 26% 24% Service Hours **Race** State Avg 9% 55-64 17% **Bed Days** 270 81% 🔺 149 White/Caucasian 12 52% 66% 65+ 5% Black/African American 6 26% 16% Other | 5 22% 13% **Ethnicity** % State Avg > 10% Under 1Yr Ago > 10% Over 1 Yr Ago Am. Indian/Native Alaskan 0% Non-Hispanic 18 78% 75% Asian 1% Hispanic-Other 4 17% 6% Clients by Level of Care Multiple Races 1% Hisp-Puerto Rican 4% 12% Program Type Level of Care Type % Hawaiian/Other Pacific Islander # 0% Hispanic-Cuban 0% Unknown **Mental Health** 3% Hispanic-Mexican 1% Inpatient Services 23 100.0% Unknown 5% Unique Clients State Avg > 10% Over State Avg ▼ > 10% Under State Avg

Survey Data Not Available

#### W. Broad St. Acute IP 121-111

Stamford Hospital

Mental Health - Inpatient Services - Acute Psychiatric

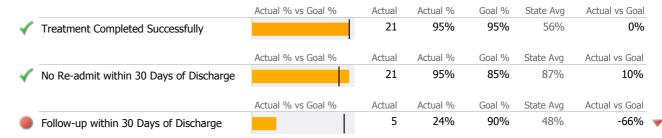
# Connecticut Dept of Mental Health and Addiction Services Program Quality Dashboard

Reporting Period: July 2015 - September 2015 (Data as of Jan 05, 2016)

# **Program Activity**

| Measure        | Actual | 1 Yr Ago | Variance % |   |  |
|----------------|--------|----------|------------|---|--|
| Unique Clients | 23     | 25       | -8%        |   |  |
| Admits         | 24     | 21       | 14%        | • |  |
| Discharges     | 22     | 25       | -12%       | • |  |
| Bed Days       | 270    | 149      | 81%        | • |  |

# **Discharge Outcomes**



### **Bed Utilization**





<sup>\*</sup> State Avg based on 29 Active Acute Psychiatric Programs

# Data Submitted to DMHAS by Month

|                                      | Jul | Aug | Sep | % Months Submitted |
|--------------------------------------|-----|-----|-----|--------------------|
| Admissions                           |     |     |     | 100%               |
| Discharges                           |     |     |     | 100%               |
| 1 or more Records Submitted to DMHAS |     |     |     |                    |