Oregon Performance Plan
Data Specification Sheet

Oregon Performance Plan: #29 (a-c)

Performance Plan Section: Acute Psychiatric Care

Performance Plan Term: All individuals discharged from an acute care psychiatric facility will be presented a "warm handoff" to a community case manager, peer bridger, or other community provider prior to discharge. OHA shall require acute care psychiatric facilities to report to OHA all individuals who refused a warm handoff on a quarterly basis, and OHA shall report this information to USDOJ, beginning with data for the second quarter of year one (October 1, 2016 to December 31, 2016). OHA shall provide this as aggregate data by acute care psychiatric facility.

a. By the end of year one (June 30, 2017), 60% of individuals discharged from an acute care psychiatric facility will receive a warm handoff to a community case manager, peer bridger, or other community provider.

b. By the end of year two (June 30, 2018), 75% of individuals discharged from an acute care psychiatric facility will receive a warm handoff to a community case manager, peer bridger, or other community provider.

c. By the end of year three (June 30, 2019), 85% of individuals discharged from an acute care psychiatric facility will receive a warm handoff to a community case manager, peer bridger, or other community provider.

Definition: A warm handoff is the process of transferring a client from one provider to another, prior to discharge, which includes face-to-face meeting(s) with the client, and which coordinates the transfer of responsibility for the client's ongoing care and continuing treatment and services. A warm handoff shall either (a) include a face-to-face meeting with the community provider and the client, and if possible, hospital staff, or (b) provide a transitional team to support the client, serve as a bridge between the hospital and the community provider, and ensure that the client connects with the community provider. For warm handoffs under subparagraph (b), the transitional team shall meet face to face with the client, and if possible, with hospital staff, prior to discharge. Face-to-face in person meetings

are preferable for warm handoffs. However, a face-to-face meeting may be accomplished through technological solutions that provide two-way video-like communication on a secure line ("telehealth"), when either distance is a barrier to an in person meeting or individualized clinical criteria support the use of telehealth. (Oregon Performance Plan)

Data Source:

- The methodology to collect this data is currently under discussion with the Acute Care Hospitals.

Description of Data:

- **Metrics:**
  - Number of individuals receiving a warm handoff
  - Percentage of individuals receiving a warm handoff
- **Numerator:** Total number of individuals with SPMI, 18 years and older receiving a warm handoff at discharge
- **Denominator:** Total number of discharges for individuals with SPMI, 18 years and older, discharged from acute care hospitals.
- **Other / Description of Data Points:** N/A

Data issues/caveats that affect performance outcomes: N/A

HOSPITALS
ASANTE ROGUE REGIONAL/ROGUE VALLEY
BAY AREA
GOOD SAM REGIONAL – Corvallis
*LEGACY EMMANUEL
*LEGACY GOOD SAM – Portland
*OREGON HEALTH SCIENCE UNIV
PEACE HEALTH SYSTEM
*PORTLAND ADVENTIST MEDICAL CTR
PROVIDENCE PORTLAND
PROVIDENCE ST VINCENT
SALEM HOSPITAL
ST CHARLES SYSTEM/SAGE VIEW
NUMBER OF DISCHARGES (ID X DISCHARGE DATE)

*Acute Care Psychiatric Facilities noted above will be closing their psychiatric units and transferring that capacity to Unity Center for Behavioral Health, effective January 1, 2017.