

2008 Innovations Awards Program APPLICATION

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ID # (assigned by CSG): 08-M-20MN

Please provide the following information, adding space as necessary:

State: Minnesota

Assign Program Category (applicant): Health and Human Services: Health Services

- 1. Program Name:** Minnesota Psychiatric Inpatient Bed Tracking System
- 2. Administering Agency:** Minnesota Department of Human Services and MN Hospital Association
- 3. Contact Person (Name and Title):** Sharon Autio, Adult Mental Health Division Director
- 4. Address:** P.O. Box 64981, St. Paul, MN 55164
- 5. Telephone Number:** (651) 431-2228
- 6. FAX Number :** (651) 431-7418
- 7. E-mail Address:** Sharon.autio@state.mn.us
- 8. Web site Address:** www.dhs.state.mn.us
- 9. Please provide a two-sentence description of the program.**

To address significant concerns about the availability of psychiatric inpatient care in Minnesota, the Department of Human Services has collaborated with Minnesota hospitals, health plans and counties to implement a web-based system to track the availability of inpatient beds statewide. As one component of a set of solutions aimed at improving access to psychiatric acute care, the inpatient bed tracking system provides hospital Emergency Department personnel with real-time data on the number and type of beds available at other Minnesota hospitals so that appropriate referrals may be made.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2008 to be considered.

The inpatient bed tracking system became operational in July 2007.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

The inpatient bed tracking system was created to streamline the process for securing psychiatric acute care for patients entering hospital Emergency Departments. Each hospital has a limited number of staffed psychiatric inpatient beds and must transfer or refer patients to other hospitals when they reach full capacity. Prior to the implementation of this system, there was no single resource providing a system-wide, real-time picture of inpatient capacity, and significant hospital staff time was spent calling around to find out where beds were available. This created a situation where patients were often waiting hours in the emergency room while staff located inpatient beds in another facility and made transfer arrangements. In some instances, individuals seeking admission and their family members were being directed to hospitals considerable distances from home when there were beds available closer to home.

12. Describe the specific activities and operations of the program in chronological order.

May 2006	Funding appropriated by the Minnesota Legislature
June 2006- January 2007	Detailed input and guidance was provided by participating hospitals to design a web-based system that would be simple to administer and provide the benefits they sought.
February 2007	The Department of Human Services contracted with the Minnesota Hospital Association to develop and manage the website.
July 2007	Website launched.
On-going	On a voluntary basis, public and private hospitals across the state submit updates via the website on a daily basis (with most hospitals reporting on a per shift basis) to report their inpatient bed availability.
On-going	Emergency Department personnel in participating hospitals use the website to locate available beds in other hospitals when their own hospital is at full capacity and to arrange for appropriate referrals.

13. Why is the program a new and creative approach or method?

To our knowledge, Minnesota is the first state to use web-based technology to track the availability of mental health services in real time. In addition, the project provides an example of a significant health care system improvement achieved through a public/private partnership.

14. What were the program’s start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

The project start-up costs were \$50,000, which included system design, programming, coordination and training.

15. What are the program’s annual operational costs?

The annual operating costs are about \$30,000.

16. How is the program funded?

The start-up costs and annual operating costs are funded with a state appropriation.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

Yes, legislation was required to appropriate and designate funding for this purpose (Laws of 2006, Chapter 282, Art. 22, Sec. 2, subd. 5).

18. What equipment, technology and software are used to operate and administer this program?

The Minnesota Hospital Association manages the website utilizing software that they designed for this purpose and a website that is hosted by MHA and specifically licensed for this purpose.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

Yes. The primary innovators were:

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20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

No, but we have been contacted by several states interested in replicating the system. The state of Ohio is most aggressively pursuing the development of a similar system. California has a sophisticated website that provides consumers with information about mental health services, but to our knowledge, it does not provide real-time information on service availability.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

Yes, the program's original scope has been fully implemented. Due to the success of the program, there are plans to add mental health crisis services, residential treatment and other community-based mental health services to the system, and to provide case managers access to the website.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

- Participating hospitals were recently surveyed to evaluate the website's effectiveness, and overwhelmingly report positive outcomes and reduction in staff time.
- The bed tracking system has reduced the time spent locating beds and therefore has reduced the time patients are in the emergency room awaiting transfer and care.
- At inception, Minnesota hospitals outside of the Twin Cities metropolitan area were somewhat apprehensive about participating in the program, fearing that they would be inundated with metro clients. The opposite has happened; clients are being referred to hospitals closer to their home community. Example: A community hospital in northeastern Minnesota received a call from a Twin Cities metro hospital Emergency Department physician who wanted to admit a client to their hospital. They asked if he had checked the bed tracking system. He had not and, when he did, he found that several metro hospitals had open beds and the client was admitted closer to home.

23. How has the program grown and/or changed since its inception?

As noted above, due to the success of the program, plans are in place to expand the system to include other mental health services and professionals.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

Key to the success of this program is the partnership that was established at the outset with the Minnesota Hospital Association. The willingness of the association to take a lead role in developing and implementing the system was critical to securing participation from Minnesota hospitals.