Quarterly Progress Update

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Professor and Chair
Department of Psychiatry and Behavioral Medicine
Brody School of Medicine - East Carolina University

Director
North Carolina Statewide Telepsychiatry Program (NC-STeP)
As of December 12, 2015, 74 hospitals in the network
  - 57 “Live”
  - 17 in process (i.e. waiting on credentialing, equipment, training, or portal)

2,788 total telepsychiatry assessments were conducted under the program during this three month period

20,716 total telepsychiatry assessments have been conducted under the program since its inception

13,219 total encounters since program inception (11,373 at Model-1 hospitals and 1846 at Model-2 hospitals).
During the second quarter, 1089 ED patients who received telepsychiatry services had an IVC in place during their ED stay.

- 281 (26%) of those patients did not have an IVC in place when they were discharged.

Of the ED patients who received telepsychiatry services, 36.3% were discharged to home. 56% were discharged to another facility.
NC-STeP Status as of December 31, 2015

• Four Clinical Providers’ Hubs
  • Cape Fear Valley
  • Cone Health
  • Mission
  • Novant

• One clinical provider hub closed as of December 13, 2015
  • Coastal Carolina Neuropsychiatry Center (CCNC)

• Four new hubs in various stages of development
  • Two Weekday Model-1 Hubs
  • One Weekend and Holidays Model-1 Hub
  • One Multi-Hospital Model-1 Hub
<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>BASELINE VALUES/MEASURES AS REPORTED ON 09/30/2015</th>
<th>TARGET TO BE REACHED BY 06/30/2016</th>
<th>VALUES/MEASURES REACHED AS OF 12/31/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To maintain the number of full-time equivalent (FTE) positions supported by this contract at 0.70 FTEs.</td>
<td>0.95 FTEs</td>
<td>0.70 FTEs</td>
<td>0.70 FTEs</td>
</tr>
<tr>
<td>2. To increase the number of overturned involuntary commitments by 106, from 1,059 to 1,165 in order to address unnecessary hospitalization of behavioral health patients</td>
<td>1567</td>
<td>1165</td>
<td>281 in this quarter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cumulative total since program inception 1947</td>
</tr>
<tr>
<td>3. To increase the number of participating consultant providers by 1, from 32 to 33</td>
<td>32</td>
<td>33</td>
<td>32*</td>
</tr>
<tr>
<td>4. To increase the number of telepsychiatry assessments conducted by 1,067, from 10,665 to 11,732</td>
<td>17,899</td>
<td>11,732</td>
<td>2788 in this quarter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cumulative total since program inception 20,687</td>
</tr>
<tr>
<td>EVALUATION CRITERIA</td>
<td>BASELINE VALUES/MEASURES AS REPORTED ON 09/30/2015</td>
<td>TARGET TO BE REACHED BY 06/30/2016</td>
<td>VALUES/MEASURES REACHED AS OF 12/31/2015</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------</td>
<td>-----------------------------------</td>
<td>----------------------------------------</td>
</tr>
</tbody>
</table>
| 5. To increase the number of state-supported telepsychiatry referring sites by 14, from 59 to 73 | 74 in network  
57 live  
17 in process | 73 referring sites | 74 in network**  
57 live  
17 in process |
| 6. To increase the reports of involuntary commitments to an enrolled hospital by 436, from 4,364 to 4,800 | 6729 | 4,800 | 1089 in this quarter  
Cumulative total since program inception 8076 |
| 7. To reduce the average (mean) Length of Stay for all patients with a primary mental health diagnosis across all dispositions by approximately 19 hours, from 42 to 23 hours | 50.1 hours  
Median 27.4 | 23 hours | 45.8 mean this quarter  
Median = 26.6 |
<p>| 9. To increase the ratio of the overall revenues (billing, subscription fees), exclusive of grant funding, to program costs (exclusive of start-up costs) | 0.64:1.00 | &gt;1.00:1.00 | 0.65:1.00 |</p>
<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>BASELINE VALUES/MEASURES AS REPORTED ON 09/30/2015</th>
<th>TARGET TO BE REACHED BY 06/30/2016</th>
<th>VALUES/MEASURES REACHED AS OF 12/31/2015</th>
</tr>
</thead>
</table>

**COMMENTS/EXPLANATIONS:**

** On 12/13/15 - CCNC stopped providing services, network now less 12 consulting providers; 45 hospitals put on hold; 5 hospitals terminated contracts; 2 other hospitals have closed; 1 hospital in process of going live.
Patient Encounters and Assessments Continued to Grow

<table>
<thead>
<tr>
<th></th>
<th>Since project inception in November 2013</th>
<th>During Calendar Year 2014</th>
<th>During Calendar Year 2015</th>
<th>During Quarter October - December 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td>13,219</td>
<td>5,144</td>
<td>7,132</td>
<td>1,691</td>
</tr>
<tr>
<td><strong>Model-1 hospitals</strong></td>
<td>11,373</td>
<td>4,578</td>
<td>5,872</td>
<td>1,368</td>
</tr>
<tr>
<td><strong>Model-2 hospitals</strong></td>
<td>1,846</td>
<td>566</td>
<td>1,280</td>
<td>323</td>
</tr>
<tr>
<td><strong>Total Number of Assessments</strong></td>
<td>20,716</td>
<td>7,548</td>
<td>12,294</td>
<td>2,788</td>
</tr>
</tbody>
</table>
Percent of Use by Hospital: October - December 2015
(For hospitals with 2% or more)
Percent of Telepsychiatry Patients by Discharge Disposition
October - December 2015

- Home: 37%
- Transfer: 57%
- Admit: 1%
- AMA: 0.2%
- Other: 5%

East Carolina University
CENTER FOR TELEPSYCHIATRY
NC-STeP
Number of patients with a LOS in this category

Median Length of Stay for October 2015 – December 2015 = 26.6 Hours

There were 14 patients with a length of stay longer than 300 hours.

55% percent of patients had a LOS of 30 hours or less.
There were 90 patients (1.2%) with a length of stay longer than 300 hours.

Median Length of Stay for January – December 2015 = 26.7 Hours

55% percent of patients Had a LOS of 30 hours or less

Number of patients with a LOS in this category

There were 90 patients (1.2%) with a length of stay longer than 300 hours.
Average Length of Stay by Provider
October-December 2015 (in hours)

- CCNC (1316 patients): 45.4 hours
- Novant (14 patients): 2.4 hours
- Cone Health (61 patients): 42.5 hours
- Cape Fear (10 patients): 92.2 hours
- Mission (252 patients): 46.7 hours
- All Hospitals: 45.8 hours
Average Length of Stay for Hospitals Participating in NC STeP

<table>
<thead>
<tr>
<th>Period</th>
<th>Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-March 2014</td>
<td>33.08</td>
</tr>
<tr>
<td>April-June 2014</td>
<td>37.8</td>
</tr>
<tr>
<td>July-Sept 2014</td>
<td>45.03</td>
</tr>
<tr>
<td>Oct-Dec 2014</td>
<td>30.3</td>
</tr>
<tr>
<td>2014 - 12 MONTHS</td>
<td>40.8</td>
</tr>
<tr>
<td>Jan-March 2015</td>
<td>42.8</td>
</tr>
<tr>
<td>April-June 2015</td>
<td>45.1</td>
</tr>
<tr>
<td>July-Sept 2015</td>
<td>60.6</td>
</tr>
<tr>
<td>Oct-Dec 2015</td>
<td>45.8</td>
</tr>
<tr>
<td>2015 - 12 MONTHS</td>
<td>49.2</td>
</tr>
</tbody>
</table>
Average Length of Stay for ED Telepsychiatry Patients by Hospital for 2015 (January - December) (in hours)
Length of Stay by Hospital Model for Oct-Dec. 2015 (in hours)

- **Model 1 hospitals (1358 patients)**: Average LOS = 45.4 hours, Median LOS = 27 hours
- **Model 2 hospitals (323 patients)**: Average LOS = 47.4 hours, Median LOS = 24.5 hours
- **All hospitals**: Average LOS = 45.8 hours, Median LOS = 26.6 hours

Legend:
- **Average LOS**
- **Median Length of Stay**
Percent of ED Telepsychiatry Patients by Discharge Disposition for Jan - Dec 2015

- **Home**: 53%
- **Transfer**: 39%
- **Admit**: 5%
- **Against Medical Advice**: 3%
- **Other**: 0.3%
NC-STeP CHARGE MIX FY 2016 (based on initial status)

Quarter 1

- Blue Shield: 4.88%
- Commercial: 18.65%
- Medicaid: 2.47%
- Medicare: 18.20%
- Other: 23.84%
- Self-pay: 31.96%

Quarter 2

- Blue Shield: 3.92%
- Commercial: 22.35%
- Medicaid: 2.90%
- Medicare: 11.81%
- Other: 19.37%
- Self-pay: 39.66%
NC-STeP CHARGE MIX

PROJECT TO DATE: 10/1/13 - 12/31/15

(based on initial status)

- Self-pay, 32.33%
- Other, 21.14%
- Blue Shield, 5.35%
- Commercial, 15.80%
- Medicaid, 6.08%
- Medicare, 19.30%
Comparison Charts

Program measurements show stability from quarter to quarter.

The percent of IVCs overturned are about 25%.

The percent of patients sent home is about 40%.

The percent transferred to another facility is about 50%.
Comparison Charts

Average Length of Stay in Hours by Quarter for 2015

![Average Length of Stay Chart]

- Jan-March 2015: 42.8
- April-June 2015: 45.1
- July-Sept 2015: 60.1
- Oct-December 2015: 45.8

Average Length of Stay is about 45 hours.

Median Length of Stay in Hours by Quarter for 2015

![Median Length of Stay Chart]

- Jan-March 2015: 24.9
- April-June 2015: 26.3
- July-Sept 2015: 29
- Oct-December 2015: 26.6

Median Length of Stay is about 26 hours.
Comparison Charts: The distribution of patient Length of Stay is consistent. 60% of patients are discharged within 30 hours.
Comparison Charts: The program has extended Model-1 and Model-2 Hospitals. Localized networks of Model 2 Hospitals have grown into regional service clusters.

**NC STeP Number of Patients for Model 1 and Model 2 Hospitals for 2014 and 2015**

<table>
<thead>
<tr>
<th>Period</th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-March 2014</td>
<td>886</td>
<td>29</td>
</tr>
<tr>
<td>April-June 2014</td>
<td>1,162</td>
<td>29</td>
</tr>
<tr>
<td>July-Sept 2014</td>
<td>1,036</td>
<td>206</td>
</tr>
<tr>
<td>Oct-Dec 2014</td>
<td>1,494</td>
<td>331</td>
</tr>
<tr>
<td>Jan-March 2015</td>
<td>1,510</td>
<td>401</td>
</tr>
<tr>
<td>Apr-Jun 2015</td>
<td>1,855</td>
<td>382</td>
</tr>
<tr>
<td>Jul-Sept 2015</td>
<td>1,855</td>
<td>174</td>
</tr>
<tr>
<td>Oct-Dec 2015</td>
<td>1,368</td>
<td>323</td>
</tr>
</tbody>
</table>

Legend: Model 1, Model 2
NC-STeP Status as of December 31, 2015

- 74 hospitals in the network (as of December 12, 2015)
  - 57 are “Live”
  - 17 are in process (i.e. waiting on credentialing, equipment, training, or portal)
- 2,788 total telepsychiatry assessments were conducted under the program during this three month period
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• The Median Length of Stay was 26.6 hours.
• 1089 ED patients who received telepsychiatry services had an IVC in place during their ED stay.
  – 281 (26%) of those patients did not have an IVC in place on discharge.
• Of the ED patients who received telepsychiatry services, 36.3% were discharged to home. 56% were discharged to another facility.
NC-STeP Status as of December 31, 2015

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  - Mission
  - Novant

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NC-STeP Portal Update

NC-STeP Advisory Board
February 5, 2016
Objective of the Portal

- NC-STeP RFI and RFP called for a “Health Information Exchange System”
- NCHF and Proficient Health responded with a web-based “portal” solution with the following features:
  - Direct Messaging and CCD/CCDA to deliver clinical information via DirectTrust HISP, using MU standards
  - Scheduling function to match patients with providers
  - Reporting of utilization, program needs, population health
  - Billing data formatted and delivered to ECU Physicians
  - NCHA Psychiatric and Substance Abuse Bed Board linkage
Objective of the Portal

• Collaborative development process
• Using Lean/Agile techniques to help manage the project
Key stakeholders in the development process of the portal

- NC-STeP
- East Carolina University Center for Telepsychiatry
- MedAccess Partners
- ECU Physicians
- Vidant Health
- Sentara Albemarle Hospital
- Coastal Carolina Neuropsychiatric Center (CCNC)
- Mission Health
- Hill & Associates
Solution Workflow

For Mode 1 Hospitals
Hospitals use the Portal directly for one or more consults for each patient encounter. The Portal securely sends the appropriate clinical, administrative, billing, and reporting data in a timely manner to the appropriate destination.

For Mode 2 Hospitals
Hospitals have their own psychiatrists and billing services, and send required data elements to the Portal on a periodic basis. It is up to each hospital to follow their own workflow and generate a reliable report in the format prescribed by NC-STeP.
Mode 1 Workflow

1. Patient presents in ED, consult is ordered by attending physician
2. CCDA sent to Portal where it is parsed into database
3. ED staff confirm accuracy, then supplement data in Portal via
   a) Manual entry
   b) Document upload
   c) Fax
4. Portal Patient List shows patients in various stages of process
Mode 1 Workflow (continued)

5. Provider initiates consult with next ready patient and performs intake interview, updates Portal

6. Provider performs examination, updates Portal

7. Portal sends CCDA back to ED with care recommendations

8. Portal sends billing data to ECU Physicians, updates reporting system
Mode 2 Workflow

1. Hospitals conduct consults using existing equipment and document into EHR according to workflow

2. Hospitals export required data on periodic basis from EHR and/or data warehouse and send to NCHF for validation

3. NCHF validates data, working with hospitals to make necessary corrections and resubmit as needed

4. NCHF populates Portal with validated data
Portal Participants

Mode 1 Participants
- 22+ hospitals in various stages of onboarding
- Domains of review include detailed analysis and tracking of
  - CCDA completeness and accuracy
  - Direct messaging vendor availability
  - ED staff workflow considerations

Mode 2 Participants
- Mission Health and Hospitals (6)
- Cone Health (6)
- Domains of review include detailed analysis and tracking of
  - A common data set capable of being obtained from all Mode 2 participants
  - Extraction, Transfer, and Loading (ETL) requirements from health system EHR or data warehouse
Highlights of the Portal
## Patient List

### Patient List Table

<table>
<thead>
<tr>
<th>Status</th>
<th>#</th>
<th>Hold</th>
<th>Elapsed</th>
<th>Arrival</th>
<th>Encounter</th>
<th>Facility</th>
<th>Locatn</th>
<th>Consit</th>
<th>Name</th>
<th>DOB</th>
<th>Contact</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending</td>
<td>0d</td>
<td>0h 59m</td>
<td>12/30</td>
<td>32479</td>
<td>Hospital1</td>
<td>ED</td>
<td>no. 1</td>
<td></td>
<td>Thomas, Joseph</td>
<td>04/21/1987</td>
<td>910-456-4377</td>
<td>Review</td>
</tr>
<tr>
<td>Pending</td>
<td>0d</td>
<td>0h 59m</td>
<td>04/26</td>
<td>32474</td>
<td>Hospital1</td>
<td>ED</td>
<td>no. 1</td>
<td></td>
<td>Douglas, Sammi</td>
<td>08/15/1998</td>
<td>910-456-4377</td>
<td>Review</td>
</tr>
<tr>
<td>Pending</td>
<td>0d</td>
<td>0h 59m</td>
<td>04/27</td>
<td>32469</td>
<td>Hospital1</td>
<td>ED</td>
<td>no. 1</td>
<td></td>
<td>Lee, John</td>
<td>06/18/1995</td>
<td>910-456-4377</td>
<td>Review</td>
</tr>
<tr>
<td>Queue</td>
<td>0d</td>
<td>16h 32m</td>
<td>04/14</td>
<td>30474</td>
<td>Hospital1</td>
<td>ED</td>
<td>no. 3</td>
<td></td>
<td>Anderson, Karen</td>
<td>01/17/1985</td>
<td>910-456-4377</td>
<td>Update</td>
</tr>
<tr>
<td>Exam Underway</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intake Complete</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consulted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billed</td>
<td>4d</td>
<td>20h 40m</td>
<td>04/14</td>
<td>30474</td>
<td>Hospital1</td>
<td>ED</td>
<td>no. 1</td>
<td></td>
<td>Anderson, Karen</td>
<td>01/17/1985</td>
<td>910-456-4377</td>
<td>Update</td>
</tr>
<tr>
<td>Billed</td>
<td>4d</td>
<td>20h 40m</td>
<td>04/27</td>
<td>30505</td>
<td>Hospital1</td>
<td>ED</td>
<td>no. 1</td>
<td></td>
<td>Duncan, Clay</td>
<td>05/17/1980</td>
<td>910-456-4377</td>
<td>Update</td>
</tr>
</tbody>
</table>
Emergency Department

Encounter ID: 122304 (TEST, ADDIE ) - Status: Pending

**DEMOGRAPHICS**

- **Arrival Date**: Jan 31, 2016
- **Arrival Time**: 12:32 PM
- **MRN**: 223405
- **Name**: Prefix, ADDIE, Middle, TEST, Suffix
- **Address Line 1**: PO BOX 123
- **City, State, ZIP**: HENDERSON, NC, 27536
- **Next of Kin**: 
- **Home Phone**: atest2014@gmail.com
- **Cell Phone**: 

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**East Carolina University Center for Telepsychiatry**
# Psychiatrist Intake

## MENTAL STATUS

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Psychomotor Activity</td>
<td>normal</td>
</tr>
<tr>
<td>* Eye Contact</td>
<td>fair</td>
</tr>
<tr>
<td>* Attitude</td>
<td>cooperative</td>
</tr>
<tr>
<td>* Mood</td>
<td>dysphoric, hypomanic</td>
</tr>
<tr>
<td>* Affect</td>
<td>congruent, full, labile</td>
</tr>
<tr>
<td>* Speech</td>
<td>increased</td>
</tr>
<tr>
<td>* Thought Process</td>
<td>grossly disorganized</td>
</tr>
<tr>
<td>* Perception (Hallucinations)</td>
<td>no abnormal perceptions</td>
</tr>
<tr>
<td>* Thought Content</td>
<td>homicidal ideations</td>
</tr>
<tr>
<td>* Insight</td>
<td>impaired</td>
</tr>
<tr>
<td>* Judgement</td>
<td>limited, poor</td>
</tr>
<tr>
<td>* Cognition-Orientation</td>
<td>oriented to person, oriented to place</td>
</tr>
<tr>
<td>* Cognition-Memory</td>
<td>baseline, grossly impaired</td>
</tr>
<tr>
<td>* Appearance/Hygiene</td>
<td>disheveled</td>
</tr>
</tbody>
</table>

---

Submit for Exam  Save Changes  Discard Changes

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East Carolina University  CENTER FOR TELEPSYCHIATRY

NC-SteP
# Psychiatrist Examination

**Encounter ID:** 43756 (15, Patient Number) - **Status:** Exam underway

<table>
<thead>
<tr>
<th><strong>Current Diagnosis</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Diagnosis</strong></td>
<td>F23 Psychogenic paranoid psychosis</td>
</tr>
<tr>
<td><strong>Rule Out</strong></td>
<td>stroke</td>
</tr>
<tr>
<td><strong>History Of</strong></td>
<td>depression</td>
</tr>
<tr>
<td><strong>Secondary Diagnosis 1</strong></td>
<td>F11.10 Opioid abuse, in remission</td>
</tr>
<tr>
<td><strong>Rule Out</strong></td>
<td></td>
</tr>
<tr>
<td><strong>History Of</strong></td>
<td></td>
</tr>
</tbody>
</table>

- **Non-Psychiatric Diagnosis**

- **Procedure Code**: 90792-GT Psychiatric diagnostic eval
<?xml version="1.0"?>
<!--
Title: US_Realm_Header_Template
Original Filename: Version: 1.0
Revision History:
01/31/2011 bam created
07/29/2011 RWM modified
11/26/2011 RWM modified
-->
<!--<?xml-stylesheet type="text/xsl" href="cda2_to_cdar3.xsl"?>-->
<!--<?xml-stylesheet type="text/xsl" href="cda.xsl"?>
<!--
********************************************************
CDA Header
********************************************************-->
-->
realmCode code="US"/>
typeId root="2.16.840.1.113883.1.3" extension="POCD_HD000040"/>
<!-- US General Header Template -->
templateId root="2.16.840.1.113883.10.20.22.1.1"/>
<!-- *** Note: The next templateId, code and title will differ depending on what type of document is being sent. *** -->
<!-- conforms to the document specific requirements -->
templateId root="2.16.840.1.113883.10.20.22.1.2"/>
<id extension="999021" root="2.16.840.1.113883.19"/>
code codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" code="34133-9" displayName="Summarization of Episode Note"/>
title>Good Health Health Summary</title>
effectiveTime value="20050329171504+0500"/>
certaintyCode code="N" codeSystem="2.16.840.1.113883.5.25"/>
languageCode code="en-"/>
<setId extension="111199021" root="2.16.840.1.113883.19"/>
<versionNumber value="1"/>
CCDA–Viewer Example

Continuity of Care Document

Created On: July 25, 2015

Patient: Patient 07
1024 Swan Lake Road
Whiteville, NC, 28472-1111
(910)642-5100

Birthday: January 17, 1985

Guardian: 

MRN: M125428007

Sex: Female

Next of Kin: 
BrotherFirstName FamilyName
1241 Westside Avenue
Whiteville, NC, 28472-1111
(910)642-3500

Table of Contents

- Insurance Providers/Guarantor
- Advance Directives
- Problems
- Medications
- Social History
- Hospital Discharge Instructions
- Plan of Care
- Functional Status
- Allergies, Adverse Reactions, Alerts
- Immunizations
- Vital Signs
- Chief Complaint
- Results
- Procedures
- Encounters
Reporting

Ad Hoc Data
Rpt 1: Referring Sites
Rpt 2: Assessments
Rpt 3: Length Of Stay
Rpt 4: IVC

Ad Hoc Data Report

Encounter
- Arrival Date
- Departure Date

From Date
- Month
- Day
- Year

End Date
- Month
- Day
- Year

Generate Arrival Date Report
Download Latest Arrival Date Report File
Reporting

IVC and IVC Turnover Report

From Date
Month  Day  Year

End Date
Month  Day  Year

Options
- Standard
- By Hospital
- By County
- By Region
- By Discharge Disposition
- By RECODE Disposition
- By Hospital, By Disposition
- By Hospital, By Recode Disposition
- By MCO

Generate Standard IVC and IVC Turnover Report

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Bed Board

PSA Bed Board
North Carolina Psychiatric and Substance Abuse Bed Availability

Find Beds | Manage Beds | Manage Users | Manage Site | FAQ | Help | Logout

Find a Bed

Region: Eastern
Gender: ANY GENDER
Age: ANY
Commitment: ANY COMMITMENT

Primary Issue: ANY ISSUE
Secondary Issue:

Include zero bed listings

Notice: NCHA behavioral health providers request that all referrals be initiated by a telephone call to the unit rather than a paper submission by fax or other means. Contact information can be obtained by clicking the name of the provider listed below, or by clicking here for a list of North Carolina hospitals.

Some NCHA inpatient providers have agreed to accept the Regional Access Referral Form (RARF) as a standard referral document for behavioral health patients. Click here (PDF, 1MB) for a copy of the RARF form.

<table>
<thead>
<tr>
<th>Current Beds Matching Criteria Above</th>
<th>Description</th>
<th>Beds</th>
<th>Time Elapsed</th>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coastal Plain Hospital</td>
<td>Adult Acute/Substance Abuse/Detox</td>
<td>4</td>
<td>22 mins</td>
<td>55 miles</td>
</tr>
<tr>
<td>Vidant Medical Center</td>
<td>DD (MR/MI)</td>
<td>0</td>
<td>38 mins</td>
<td>21 miles</td>
</tr>
<tr>
<td>Vidant Medical Center</td>
<td>Geriatric - Psych/Med</td>
<td>0</td>
<td>38 mins</td>
<td>21 miles</td>
</tr>
<tr>
<td>Vidant Medical Center</td>
<td>Adult Psych</td>
<td>0</td>
<td>36 mins</td>
<td>21 miles</td>
</tr>
<tr>
<td>Halifax Regional Medical Center</td>
<td>Adult</td>
<td>0</td>
<td>2 hours</td>
<td>70 miles</td>
</tr>
<tr>
<td>Cape Fear Valley Behavioral Health Care</td>
<td>Adult Psych</td>
<td>2</td>
<td>2 hours</td>
<td>113 miles</td>
</tr>
<tr>
<td>Walter B. Jones Alcohol and Drug Abuse Treatment Center</td>
<td>Female Acute Care Unit</td>
<td>10</td>
<td>4 hours</td>
<td>22 miles</td>
</tr>
<tr>
<td>Walter B. Jones Alcohol and Drug Abuse Treatment Center</td>
<td>Substance Abuse - Adult - Pregnant</td>
<td>0</td>
<td>4 hours</td>
<td>22 miles</td>
</tr>
<tr>
<td>Walter B. Jones Alcohol and Drug Abuse Treatment Center</td>
<td>Substance Abuse - Adult - Mom w/Baby &lt; 1 Year Old</td>
<td>0</td>
<td>4 hours</td>
<td>22 miles</td>
</tr>
<tr>
<td>Walter B. Jones Alcohol and Drug Abuse Treatment Center</td>
<td>Male Acute Care Unit</td>
<td>1</td>
<td>4 hours</td>
<td>22 miles</td>
</tr>
</tbody>
</table>