

Mental Health and Addictions Programs

Performance Indicators

April 2017



***This document is fully copyright protected by the
Newfoundland and Labrador Centre for Health Information***

TABLE OF CONTENTS

INTRODUCTION	1
PROVINCIAL PROFILE	2
REGIONAL PROFILES	3
<i>Eastern Health</i>	3
<i>Central Health</i>	4
<i>Western Health</i>	5
<i>Labrador-Grenfell Health</i>	6
INDICATOR OVERVIEW	7
QUALITY	10
<i>30-Day Readmission</i>	11
<i>7-Day Readmission</i>	13
<i>Repeat Hospitalizations</i>	15
<i>Child/Youth Psychosis and Personality Disorder Hospitalizations</i>	17
SAFETY	19
<i>Total Adverse Inpatient Events</i>	20
<i>Adverse Inpatient Drug Events</i>	22
<i>Inpatient Self-Harm Events</i>	24
<i>Inpatient Suicide Events</i>	26
<i>Inpatient Fall Events</i>	26
<i>Elopements/Unauthorized Leave</i>	28
<i>Left Against Medical Advice (LAMA)</i>	30
ACCESS	32
<i>Mental Health and Addictions Hospitalizations</i>	33
<i>Hospitalizations, by Concurrent, Mental Illness Only and Addictions Only</i>	35
<i>Average ALC Days</i>	41
<i>Involuntary Admissions</i>	43
<i>Psychiatric/Mental Health Providers</i>	45
UTILIZATION	46
<i>Hospitalization Rate</i>	47
<i>Patient Days</i>	48

<i>High Volume Case Mix Groups</i>	49
<i>ECT Treatment</i>	51
<i>Patient to Hospitalization Ratio</i>	53
<i>General vs Psychiatric Hospitals</i>	55
<i>General Hospitals</i>	56
<i>Psychiatric Hospitals</i>	62
<i>Non MH&A Hospitalizations with MH&A as Secondary Diagnoses</i>	63
<i>Unintentional Overdose Hospitalizations</i>	69
<i>Inflow/Outflow</i>	70
EFFICIENCY	71
<i>ALC Days</i>	72
<i>Nursing Worked Hours per Inpatient Day</i>	74
SPENDING	76
<i>MH&A Services Direct Operating Expense to Total RHA Operating Expense</i>	77
<i>MH&A Services Direct Operating Expense per capita</i>	79
<i>Direct Client Costs to MH&A Services Direct Operating Expense</i>	80
<i>Drug Costs per Psychiatric Inpatient/Resident Day</i>	82
<i>High Cost Case Mix Groups</i>	83
HEALTH OUTCOMES	84
<i>Suicide</i>	85
<i>Potential Years of Life Lost due to Suicide</i>	86
<i>Intentional Self-Injury Hospitalizations</i>	87
<i>Perceived Mental Health Status</i>	88
<i>Prevalence of Mood Disorders</i>	89
APPENDIX A –INDICATOR DESCRIPTIONS AND METHODOLOGICAL NOTES	90

Introduction

This is the second annual Mental Health and Addictions Programs Performance Indicator report. This report was developed by the Newfoundland and Labrador Centre for Health Information (NLCHI) to address accountability and performance monitoring needs of the regional health authorities (RHAs) and the Department of Health and Community Services related to mental health and addictions programs and services. This report provides valuable measures of performance for mental health and addictions programs and services which can be tracked over time. The report is intended to support program leaders at the regional and provincial levels in their efforts to improve health outcomes and system performance for the benefit of all.

The need for this type of report was identified by leaders of mental health and addictions programs across the province. A project team at NLCHI was created to work collaboratively with provincial and regional leaders to define and populate a proposed set of indicators. Existing clinical, administrative and costing data sources were used to populate select indicators used in current national, provincial and regional reports.

This second release includes 5 years of data, where available, for observation of trends over time. Therefore, graphs and tables differ from the initial report as they have been modified to accommodate 5 years of data. In addition, the spending indicators within this report relate to the operating and direct client costs incurred by the RHAs in the delivery of programs and services. The Mental Health and Addictions (MH&A) Services Direct Operating Expense totals for NL and RHAs were supplied by the Department of Health and Community Services for the fiscal years 2010/11 to 2014/15. The methodology for this calculation reflects total RHA expenditures and differs from the Mental Health and Addictions Programs Performance Indicator report January 2015 and, therefore, is not comparable.

Where possible, indicators already in use at the national level were used. Canadian Institute for Health Information (CIHI) methodologies for select indicators were adapted to include data from the Waterford Hospital, which is often excluded from reports focused on general hospital psychiatric services. As a result of this inclusion it is important to note that the results for some indicators presented in this report may vary slightly from those found in CIHI reports. In addition, data related to the forensic and geriatric psychiatry services at the Waterford Hospital have been excluded for selected indicators to enhance comparability where appropriate.

Indicators are organized based on the following categories deemed by program leaders to be of greatest relevance: Quality, Safety, Access, Utilization, Efficiency, Spending, and Health Outcomes. While efforts were made to include indicators relevant to both hospital and community based services, the majority of indicators are hospital focused due to the lack of data available for community services at this time. The description, data source(s), and calculation methodologies for each indicator can be found in Appendix A. Hyperlinks are available to link each indicator to its corresponding methodology. Contextual information is provided through provincial and regional profiles to assist readers in their interpretation of the indicator results.

This report aligns with the Department of Health and Community Services' *Strategic Plan 2014 – 2017* which outlines priorities for working towards a vision of “optimal health and well-being for the people of Newfoundland and Labrador”. The Plan represents a commitment to improving outcomes in the areas of population health, access to priority services, and quality of care and efficiency. One of the key strategic directions of the Plan - an accountable, sustainable, quality health and community services system – strives for improved performance and efficiency to provide quality services that are affordable and sustainable.

Newfoundland and Labrador

Provincial Profile

Demographics¹

Population: 526,977

- Male: 49.3%
- Female: 50.7%
- Urban: 49.0%
- Rural: 51.0%
- Seniors: 17.7%
- <19 years: 18.6%



Provincial Mental Health and Addictions Facilities/Programs

- Recovery Centre, St. John's
- Tuckamore Youth Treatment Centre, Paradise
- The Grace Centre, Adult Addictions Treatment Centre, Harbour Grace
- HOPE Eating Disorder Program, St. John's
- Janeway Child Health and Rehabilitation Centre, St. John's (tertiary child/youth psychiatry)
- Waterford Hospital, St. John's (tertiary adult psychiatry)
- Hope Valley Youth Treatment Centre, Grand Falls-Windsor
- Humberwood Centre, Corner Brook

Mental Health and Addictions Spending²

- Total MH&A Expenditures 2014/15: \$128.6 million
- MH&A Expenses to Total RHA Operational Expenses 2014/15: 5.7%

Health Characteristics³

- Heavy drinkers: 24.7%
- Current smokers: 20.6%
- Inactive: 52.2%
- Obese: 30.0%
- Excellent/very good perceived mental health: 73.6%
- Mood disorders: 6.8%
- Contact with mental health professionals: 10.6%



Data Sources: Statistics Canada, Population Estimates 2014¹; Provincial MIS Database 2010/11-2014/15²; Statistics Canada, Canadian Community Health Survey, Share file 2013-14³

Demographics¹

Population: 318,999

- Provincial Population: 60.5%
- Male: 49.3%
- Female: 50.7%
- Urban: 68.3%
- Rural: 31.8%
- Seniors: 16.3%
- <19 years: 18.7%



Provincial Mental Health and Addictions Facilities/Programs Operated by Eastern Health

- Recovery Centre, St. John's
- Tuckamore Youth Treatment Centre, Paradise
- The Grace Centre, Adult Addictions Treatment Centre, Harbour Grace
- HOPE Eating Disorder Program, St. John's
- Janeway Child Health and Rehabilitation Centre, St. John's (tertiary child/youth psychiatry)
- Waterford Hospital, St. John's (tertiary adult psychiatry)

Mental Health and Addictions Spending²

- Total MH&A Expenditures 2014/15: \$99.9 million
- MH&A Expenses to Total RHA Operational Expenses 2014/15: 7.2%

Health Characteristics³

- Heavy drinkers: 25.3%
- Current smokers: 19.3%
- Inactive: 50.9%
- Obese: 30.1%
- Excellent/very good perceived mental health: 75.0%
- Mood disorders: 7.5%
- Contact with mental health professionals: 12.0%



Hospital Profile⁴

Facility Name	# of Hospitalizations for MH&A 2014-15	Average Total Length of Stay (days) 2014-15
Bonavista Peninsula Health Centre	12	36.5
Burin Peninsula Health Care Centre	17	16.5
Carbonear General Hospital	22	11.7
Dr. A.A. Wilkinson Memorial Health Centre	--	--
Dr. G.B Cross Memorial Hospital	--	--
Dr. Walter Templeman Community Health Centre	0	0.0
General Hospital, Health Sciences Centre	343	21.6
Janeway Children's Health and Rehabilitation Centre	80	16.4
Placentia Health Centre	--	--
St. Clare's Mercy Hospital	112	15.0
Waterford Hospital	996	23.4

Data Sources: Statistics Canada, Population Estimates 2014¹; Provincial MIS Database 2010/11-2014/15²; Statistics Canada, Canadian Community Health Survey, Share file 2013-14³; NLCHI Clinical Database Management System 2010/11-2014/15⁴

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

Demographics¹

Population: 92,961

- Provincial Population: 17.6%
- Male: 49.3%
- Female: 50.7%
- Urban: 15.1%
- Rural: 84.9%
- Seniors: 22.0%
- <19 years: 17.8%



Provincial Mental Health and Addictions Facilities/Programs Operated by Central Health

- Hope Valley Centre Treatment Centre, Grand Falls-Windsor

Mental Health and Addictions Spending²

- Total MH&A Expenditures 2014/15: \$12.3 million
- MH&A Expenses to Total RHA Operational Expenses 2014/15: 3.5%

Health Characteristics³

- Heavy drinkers: 24.1%
- Current smokers: 20.6%
- Inactive: 60.2%
- Obese: 31.0%
- Excellent/very good perceived mental health: 73.2%
- Mood disorders: 5.8%
- Contact with mental health professionals: 7.6%^E



Hospital Profile⁴

Facility Name	# of Hospitalizations for MH&A 2014-15	Average Total Length of Stay (days) 2014-15
A.M. Guy Memorial Health Centre	--	--
Baie Verte Peninsula Health Centre	8	20.8
Dr. Y.K. Jeon Kittiwake Health Centre	16	15.9
Central Newfoundland Regional Health Centre	409	26.8
Connaigre Peninsula Health Centre	8	1.4
Fogo Island Health Centre	7	39.3
Green Bay Community Health Centre	6	39.5
James Paton Memorial Hospital	63	44.3
Notre Dame Bay Memorial Health Centre	23	41.3

Data Sources: Statistics Canada, Population Estimates 2014¹; Provincial MIS Database 2010/11-2014/15²; Statistics Canada, Canadian Community Health Survey, Share file 2013-14³; NLCHI Clinical Database Management System 2010/11-2014/15⁴

Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (E) and should be interpreted with caution. Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

Western Health

Regional Profile

Demographics¹

Population: 77,588

- Provincial Population: 14.7%
- Male: 48.5%
- Female: 51.5%
- Urban: 35.5%
- Rural: 64.5%
- Seniors: 21.0%
- <19 years: 17.7%



Provincial Mental Health and Addictions Facilities/Programs Operated by Western Health

- Humberwood Treatment Centre, Corner Brook

Mental Health and Addictions Spending²

- Total MH&A Expenditures 2014/15: \$11.9 million
- MH&A Expenses to Total RHA Operational Expenses 2014/15: 3.5%

Health Characteristics³

- Heavy drinkers: 23.8%
- Current smokers: 26.9%
- Inactive: 47.1%
- Obese: 26.4%
- Excellent/very good perceived mental health: 70.4%
- Mood disorders: 5.5%^E
- Contact with mental health professionals: 8.4%^E



Hospital Profile⁴

Facility Name	# of Hospitalizations for MH&A 2014-15	Average Total Length of Stay (days) 2014-15
Bonne Bay Health Centre	9	22.9
Calder Health Centre	6	19.7
Dr. Charles L. LeGrow Health Centre	26	12.2
Rufus Guinchard Health Care Centre	6	5.0
Sir Thomas Roddick Hospital	117	12.7
Western Memorial Regional Hospital	669	17.3

Data Sources: Statistics Canada, Population Estimates 2014¹; Provincial MIS Database 2010/11-2014/15²; Statistics Canada, Canadian Community Health Survey, Share file 2013-14³; NLCHI Clinical Database Management System 2010/11-2014/15⁴

Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (E) and should be interpreted with caution. Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

Labrador-Grenfell Health

Regional Profile

Demographics¹

Population: 37,429

- Provincial Population: 7.1%
- Male: 50.8%
- Female: 49.2%
- Urban: 0%
- Rural: 100%
- Seniors: 12.4%
- <19 years: 22.4%



Provincial Mental Health and Addictions Facilities/Programs Operated by Labrador-Grenfell Health

N/A

Mental Health and Addictions Spending²

- Total MH&A Expenditures 2014/15: \$4.6 million
- MH&A Expenses to Total RHA Operational Expenses 2014/15: 2.7%

Health Characteristics³

- Heavy drinkers: 24.7%
- Current smokers: 24.1%
- Inactive: 54.0%
- Obese: 34.8%
- Excellent/very good perceived mental health: 68.4%
- Mood disorders: 6.0%^E
- Contact with mental health professionals: 10.2%^E



Hospital Profile⁴

Facility Name	# of Hospitalizations for MH&A 2014-15	Average Total Length of Stay (days) 2014-15
Labrador West Health Centre	71	7.0
Cartwright Community Clinic	0	0.0
Hopedale Community Clinic	0	0.0
Labrador Health Centre	102	6.4
Labrador South Health Centre	--	--
Makkovik Community Clinic	0	0.0
Nain Community Clinic	--	--
Strait of Belle Isle Health Centre	--	--
The Charles S. Curtis Memorial Hospital	43	12.5
White Bay Central Health Centre	--	--

Data Sources: Statistics Canada, Population Estimates 2014¹; Provincial MIS Database 2010/11-2014/15²; Statistics Canada, Canadian Community Health Survey, Share file 2013-14³; NLCHI Clinical Database Management System 2010/11-2014/15⁴

Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (E) and should be interpreted with caution. Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

Indicator Overview

The indicator results have been grouped and presented under the categories of quality, safety, access, utilization, efficiency, spending and health outcomes. The indicators selected for each category include the following:

Quality

- 30-Day Readmission
- 7-Day Readmission
- Repeat Hospitalizations
- Child/Youth Psychosis and Personality Disorder Hospitalizations

Safety

- Total Adverse Inpatient Events
- Adverse Inpatient Drug Events
- Inpatient Self-Harm Events
- Inpatient Suicide Events
- Inpatient Fall Events
- Elopements/Unauthorized Leave
- Left Against Medical Advice (LAMA)

Access

- Mental Health and Addictions Hospitalizations
- Hospitalizations, by Concurrent, Mental Illness Only and Addictions Only
- Average ALC Days
- Involuntary Admissions
- Psychiatric/Mental Health Providers

Utilization

- Hospitalization Rate
- Patient Days
- High Volume Case Mix Groups
- ECT Treatment
- Patient to Hospitalization Ratio
- General vs Psychiatric Hospitals
- General Hospitals
- Psychiatric Hospitals
- Non MH&A Hospitalizations with MH&A as Secondary Diagnoses
- Unintentional Overdose Hospitalizations
- Inflow/Outflow

Efficiency

- ALC Days
- Nursing Worked Hours per Inpatient Day

Indicator Overview

Spending

- MH&A Services Direct Operating Expense to Total RHA Operating Expense
- MH&A Services Direct Operating Expense per capita
- Direct Client Costs to MH&A Services Direct Operating Expenses
- Drug Costs per Psychiatric Inpatient/Resident Day
- High Cost Case Mix Groups

Health Outcomes

- Suicide
- Potential Years of Life Lost due to Suicide
- Intentional Self-Injury Hospitalization
- Perceived Mental Health Status
- Prevalence of Mood Disorders

Mental health and addictions hospitalizations were identified according to the diagnosis of the patient. Clinical indicators which utilize CIHI methodologies often include selected diagnoses rather than all mental health and addictions diagnoses in their calculations. A complete description of each indicator and its calculation methodology can be found in Appendix A, cross-referenced with the indicator results for ease of use. Where applicable, nationally defined indicators and methodologies have been used however, some modifications were needed to include the Waterford Hospital in this provincial report. In addition, data related to the forensic and geriatric psychiatry services at the Waterford Hospital have been excluded for selected clinical indicators to increase comparability but are included for the spending indicators.

Many of the clinical indicators were calculated using data from the provincial Clinical Database Management System. This contains the inpatient and day surgery information originally submitted to CIHI's Discharge Abstract Database by facilities in Newfoundland and Labrador.

Facilities that have dedicated psychiatric inpatient units are required to collect additional information in the health record abstract relevant to mental health services. Collection of this additional information is optional for other facilities should they have mental health and addictions related admissions. As a result, for a small number of indicators only facilities that collect this additional information are included in the analysis. Similarly, for indicators specific to psychiatric inpatient services, only facilities with dedicated psychiatric inpatient units are included in the analysis.

A potential data quality issue was identified in 27 records in 2012/13 (the majority of which were from Labrador-Grenfell Health) which may impact the accuracy of the mental health and addictions diagnosis code assigned in the health record abstract. These 27 records have been excluded from the analysis.

Indicators from the Canadian Community Health Survey are based on self-reported measures of the population aged 12 years and older. This current report is based on a five year trending period, where possible (from fiscal years 2010/11 to 2014/15). Inpatient and day surgery data has been grouped using the applicable 2014 case mix group methodology for comparability. The most current population numbers from Statistics Canada were used in this report. As a result, the indicators for 2012/13 presented in the 2015 report, may not be comparable in all instances to the results presented in this report.

Indicator Overview

The spending indicators within this report relate to the operating and direct client costs incurred by the RHAs in the delivery of programs and services. The MH&A Services Direct Operating Expense totals for NL and RHAs were supplied by the Department of Health and Community Services for the fiscal years 2010/11 to 2014/15. The methodology for this calculation reflects total RHA expenditures and differs from the Mental Health and Addictions Programs Performance Indicator report January 2015 and, therefore, is not comparable. While RHA programs and services comprise a significant portion of provincial spending in the area of mental health and addictions, there are additional costs which fall outside the scope of this report such as grants provided to community agencies, costs of drugs covered under the Newfoundland and Labrador Prescription Drug Program, and costs associated with out of province treatment services.

“N/A” indicates that a facility did not have any selected mental health and addictions hospitalizations in given year. A rate of 0.0 indicates that the facility did not have any hospitalizations that met the criteria of the indicator of interest in a given year.

Readers are advised to review the specific inclusions and exclusions applicable to each indicator for accurate interpretation. For further assistance with interpretation of the methodological notes, code selection and terminology, please contact the Centre, a health information management professional and/or MIS lead in your organization.

Quality Indicators

30-Day Readmission

See methodological
notes page 99

Readmission to inpatient care may be an indicator of relapse or complications after an inpatient stay. Inpatient care for people living with a mental illness aims to stabilize acute symptoms. Once stabilized, the individual is discharged, and subsequent care and support are ideally provided through outpatient and community programs in order to prevent relapse or complications. High rates of readmission could be interpreted as a direct outcome of poor coordination of services and/or an indirect outcome of poor continuity of services after discharge; lower rates are desirable.

The 30-day readmission rate for selected mental health and addictions hospitalizations measures the rate of readmission following discharge for mental illness/addiction. A case is counted as a readmission if it is for a selected mental illness/addiction diagnosis and if it occurs within 30 days of the index episode of inpatient care.

Figure 1 presents the regional and provincial results for 2010/11 to 2014/15. Provincially, rates remained stable between 2010/11 and 2014/15. A similar trend was observed in Eastern, Central and Western Health. Rates in Labrador-Grenfell Health were highly variable. Table 1 provides facility level results.

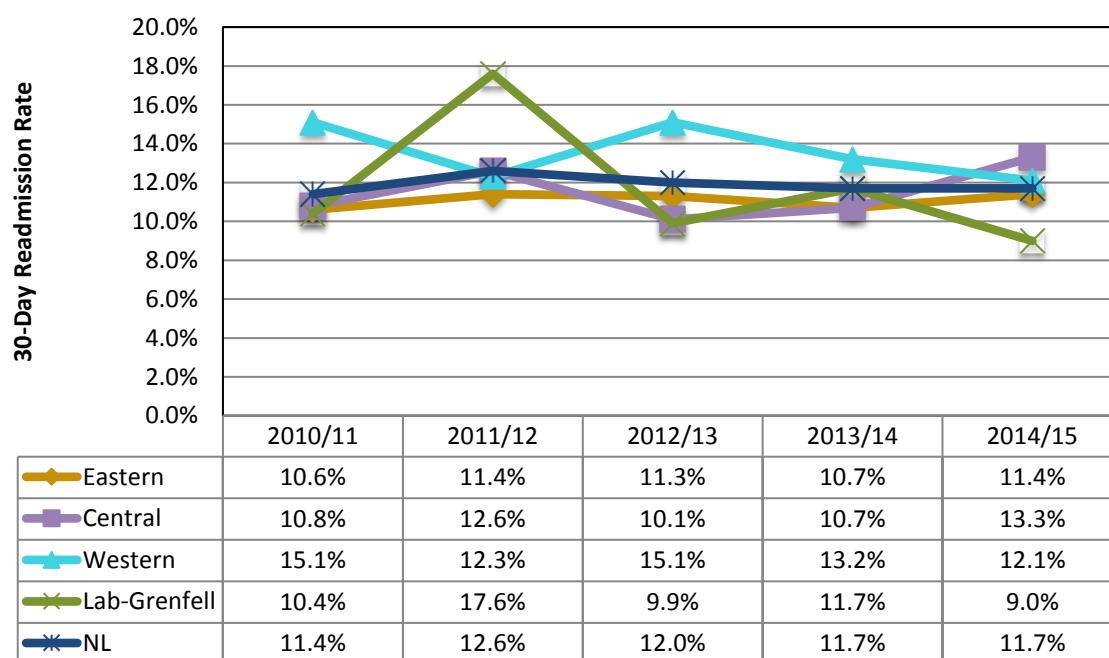


Figure 1
30-Day Readmission Rate for Selected Mental Health and Addictions Hospitalizations, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Quality

Table 1: 30-Day Readmission Rate for Selected Mental Health and Addictions Hospitalizations, by Facility, 2010/11-2014/15

RHA	Facility	30-Day Readmission Rate (%)				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	--	0.0	--	0.0	0.0
	Burin Peninsula Health Care Centre	12.5	17.5	23.4	--	0.0
	Carbonear General Hospital	33.3	0.0	0.0	0.0	--
	Dr. A.A. Wilkinson Memorial Health Centre	--	N/A	0.0	0.0	N/A
	Dr. GB Cross Memorial Hospital	0.0	0.0	0.0	0.0	N/A
	Dr. Walter Templeman	--	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	6.8	11.1	9.6	6.8	7.0
	Janeway Children's Health and Rehabilitation Centre	2.7	9.1	12.2	--	9.8
	Placentia Health Centre	25.0	0.0	0.0	0.0	N/A
	St. Clare's Mercy Hospital	9.7	--	--	9.2	--
	Waterford Hospital	12.2	12.1	12.3	13.1	13.6
Central	A.M. Guy Memorial Health Centre	--	0.0	N/A	N/A	0.0
	Baie Verte Peninsula Health Centre	--	0.0	N/A	0.0	0.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	--	0.0	0.0	0.0	0.0
	Central Newfoundland Regional Health Centre	10.3	13.9	11.2	12.3	13.3
	Connaigre Peninsula Health Centre	19.0	0.0	--	0.0	14.3
	Fogo Island Health Centre	13.3	--	0.0	0.0	0.0
	Green Bay Community Health Centre	28.6	0.0	0.0	0.0	--
	James Paton Memorial Hospital	0.0	--	0.0	--	--
	Notre Dame Bay Memorial Health Centre	0.0	0.0	0.0	0.0	0.0
Western	Bonne Bay Health Centre	0.0	0.0	N/A	N/A	0.0
	Calder Health Centre	N/A	0.0	0.0	0.0	--
	Dr. Charles L. LeGrow Health Centre	37.5	--	--	0.0	0.0
	Rufus Guinchard Health Care Centre	21.4	--	0.0	--	0.0
	Sir Thomas Roddick Hospital	6.9	8.5	12.1	6.8	7.6
	Western Memorial Regional Hospital	15.8	13.2	16.2	14.8	13.2
Lab-Grenfell	Labrador West Health Centre	7.0	29.0	8.6	10.6	--
	Cartwright Community Clinic	N/A	N/A	N/A	N/A	N/A
	Hopedale Community Clinic	--	--	0.0	--	N/A
	Labrador Health Centre	10.4	17.6	10.3	9.8	12.7
	Labrador South Health Centre	--	0.0	0.0	--	0.0
	Makkovik Community Clinic	--	N/A	N/A	N/A	N/A
	Nain Community Clinic	--	N/A	N/A	N/A	0.0
	Strait of Belle Isle Health Centre	--	0.0	0.0	N/A	N/A
	The Charles S. Curtis Memorial Hospital	9.1	--	--	15.0	--
	White Bay Health Centre	--	0.0	0.0	N/A	0.0

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any selected mental health and addictions hospitalizations in given year.

7-Day Readmission

See methodological
notes page 101

The 7-day readmission rate for selected mental health and addictions hospitalizations measures the rate of readmission following discharge for mental illness/addiction. A case is counted as a readmission if it is for a selected mental illness/addiction diagnosis and if it occurs within 7 days of the index episode of inpatient care.

Figure 2 presents the regional and provincial results for 2010/11 to 2014/15. Provincially, rates remained stable across the five year period. Rates in Labrador-Grenfell varied from a low of 3.8% to a high of 8.1%. Overall, rates in Eastern, Central and Western Health decreased between 2010/11 and 2014/15. In 2014/15, Labrador-Grenfell Health had the highest 7-day readmission rate (5.7%) while Central Health had the lowest (4.2%). Table 2 provides facility level results.

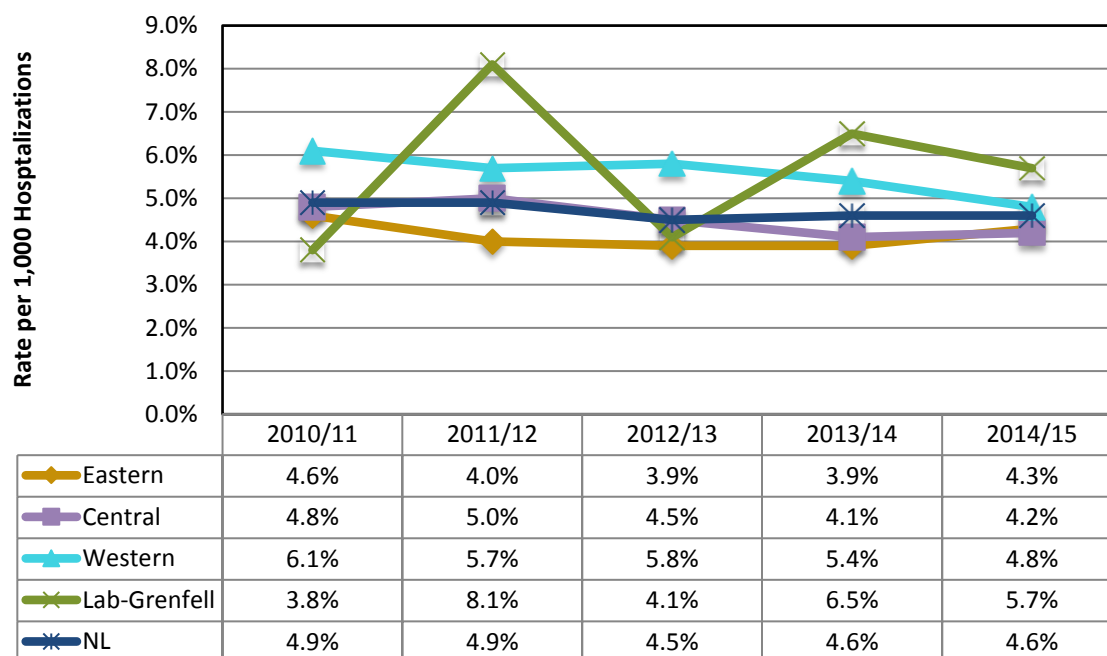


Figure 2
7-Day Readmission Rate for Selected Mental Health and Addictions Hospitalizations, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Quality

Table 2: 7-Day Readmission Rate for Selected Mental Health and Addictions Hospitalizations, by Facility, 2010/11-2014/15

RHA	Facility	7-Day Readmission Rate (%)				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	0.0	N/A	0.0	0.0	0.0
	Burin Peninsula Health Care Centre	0.0	--	9.4	--	0.0
	Carbonear General Hospital	--	0.0	0.0	0.0	0.0
	Dr. A.A. Wilkinson Memorial Health Centre	N/A	N/A	0.0	0.0	N/A
	Dr. GB Cross Memorial Hospital	0.0	0.0	0.0	0.0	N/A
	Dr. Walter Templeman	0.0	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	2.5	3.7	3.2	--	3.4
	Janeway Children's Health and Rehabilitation Centre	--	--	0.0	0.0	--
	Placentia Health Centre	--	0.0	0.0	0.0	N/A
	St. Clare's Mercy Hospital	--	0.0	0.0	--	--
	Waterford Hospital	5.8	4.2	4.7	5.1	4.8
Central	A.M. Guy Memorial Health Centre	0.0	0.0	N/A	N/A	0.0
	Baie Verte Peninsula Health Centre		0.0		0.0	0.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	0.0	0.0	0.0	0.0	0.0
	Central Newfoundland Regional Health Centre	4.5	5.4	4.8	4.1	4.2
	Connaigre Peninsula Health Centre	--	0.0	--	0.0	0.0
	Fogo Island Health Centre	--	0.0	0.0	0.0	0.0
	Green Bay Community Health Centre	--	0.0	0.0	0.0	--
	James Paton Memorial Hospital	0.0	--	0.0	--	--
	Notre Dame Bay Memorial Health Centre	0.0	0.0	0.0	0.0	0.0
Western	Bonne Bay Health Centre	0.0	0.0	N/A	N/A	0.0
	Calder Health Centre	N/A	0.0	0.0	0.0	--
	Dr. Charles L. LeGrow Health Centre	0.0	--	0.0	0.0	0.0
	Rufus Guinchard Health Care Centre	--	--	0.0	--	0.0
	Sir Thomas Roddick Hospital	--	--	4.6	--	--
	Western Memorial Regional Hospital	6.3	6.0	6.3	6.0	5.1
Lab-Grenfell	Labrador West Health Centre	0.0	12.5	--	--	--
	Cartwright Community Clinic	N/A	N/A	N/A	N/A	N/A
	Hopedale Community Clinic	0.0	--	0.0	--	N/A
	Labrador Health Centre	4.1	5.3	--	6.4	7.1
	Labrador South Health Centre	0.0	0.0	0.0	--	0.0
	Makkovik Community Clinic	0.0	N/A	N/A	N/A	N/A
	Nain Community Clinic	0.0	0.0	N/A	N/A	0.0
	Strait of Belle Isle Health Centre	0.0	0.0	0.0	N/A	N/A
	The Charles S. Curtis Memorial Hospital	--	--	--	--	--
	White Bay Health Centre	0.0	0.0	0.0	N/A	0.0

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any selected mental health and addictions hospitalizations in given year.

Repeat Hospitalizations

See methodological
notes page 103

This indicator measures the percentage of patients that had three or more hospital stays for selected mental illness/addiction diagnosis in general hospitals and psychiatric hospitals within a given year. It is considered an indirect measure of appropriateness of care and support in the community, since the need for repeat admission to hospital depends on the person and the type of illness.

This indicator may help to identify a population of frequent users (three or more episodes of care in a given year); further investigation could provide a description of the characteristics of this group. Understanding this population better can aid in developing/enhancing programs that may prevent the need for frequent re-hospitalization. Lower rates are desirable.

Provincial and regional results are presented in Figure 3. Provincial rates remained stable over the five year period. A similar trend was observed in Eastern and Central Health. Overall, rates in Western Health decreased between 2010/11 and 2014/15. Rates in Labrador-Grenfell varied from a low of 9.4% to a high of 16.5%. In 2013/14, Western Health had the highest proportion of repeat hospitalizations (14.2%) while Labrador-Grenfell Health had the lowest (12.6%). Table 2 provides facility level results.

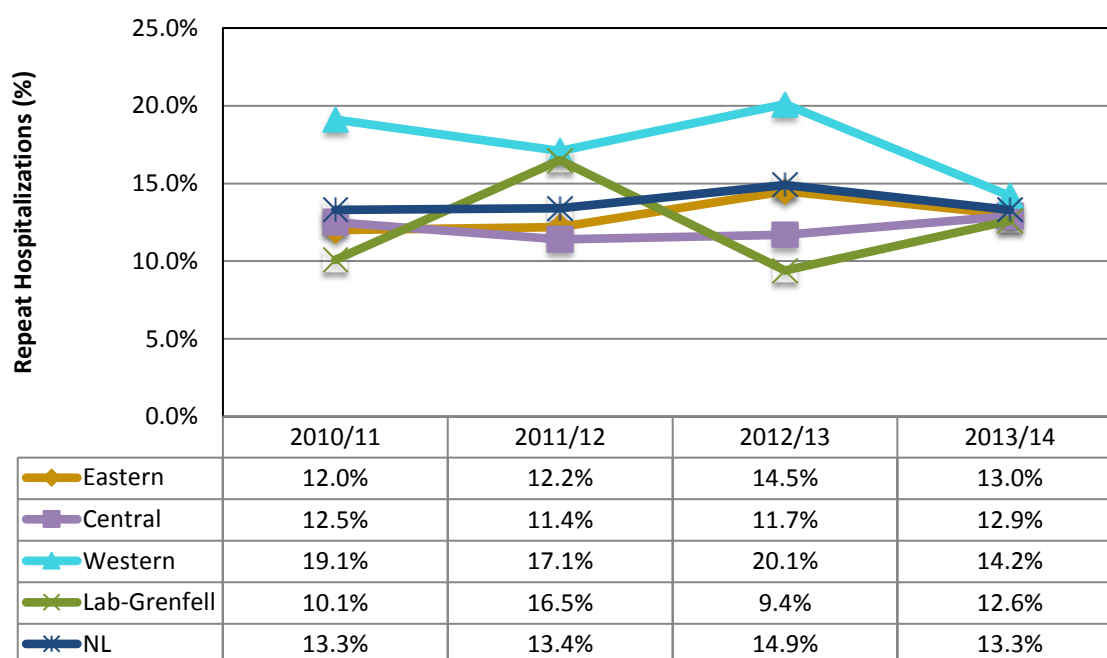


Figure 3
Repeat Selected Mental Health and Addictions Hospitalizations, by RHA of Service, 2010/11-2013/14

Data Source: NLCHI Clinical Database Management System 2010/11-2013/14

Repeat hospitalizations are based on two years of data. 2014/15 cannot be calculated until 2015/16 is available.

Table 3: Repeat Selected Mental Health and Addictions Hospitalizations, by Facility, 2010/11-2013/14

RHA	Facility	Repeat Hospitalization %			
		2010/11	2011/12	2012/13	2013/14
Eastern	Bonavista Peninsula Health Centre	0.0	N/A	--	0.0
	Burin Peninsula Health Care Centre	45.0	25.0	34.8	--
	Carbonear General Hospital	--	--	0.0	0.0
	Dr. A.A. Wilkinson Memorial Health Centre	0.0	N/A	0.0	0.0
	Dr. GB Cross Memorial Hospital	0.0	0.0	0.0	0.0
	Dr. Walter Templeman	0.0	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	10.0	10.8	11.2	8.2
	Janeway Children's Health and Rehabilitation Centre	--	17.5	--	--
	Placentia Health Centre	0.0	0.0	N/A	0.0
	St. Clare's Mercy Hospital	8.5	--	--	10.1
	Waterford Hospital	12.6	12.5	17.1	17.2
Central	A.M. Guy Memorial Health Centre	0.0	0.0	N/A	N/A
	Baie Verte Peninsula Health Centre	N/A	0.0	N/A	0.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	0.0	0.0	0.0	0.0
	Central Newfoundland Regional Health Centre	12.3	13.4	13.2	14.0
	Connaigre Peninsula Health Centre	--	0.0	0.0	0.0
	Fogo Island Health Centre	--	0.0	0.0	0.0
	Green Bay Community Health Centre	--	0.0	0.0	0.0
	James Paton Memorial Hospital	0.0	0.0	0.0	0.0
	Notre Dame Bay Memorial Health Centre	0.0	0.0	0.0	0.0
Western	Bonne Bay Health Centre	0.0	0.0	N/A	N/A
	Calder Health Centre	N/A	0.0	0.0	0.0
	Dr. Charles L. LeGrow Health Centre	--	--	--	--
	Rufus Guinchard Health Care Centre	--	--	0.0	--
	Sir Thomas Roddick Hospital	--	19.2	17.7	12.1
	Western Memorial Regional Hospital	20.2	16.8	20.8	14.4
Lab-Grenfell	Labrador West Health Centre	--	26.8	--	12.7
	Cartwright Community Clinic	N/A	N/A	N/A	N/A
	Hopedale Community Clinic	--	--	0.0	0.0
	Labrador Health Centre	13.3	10.2	11.8	15.5
	Labrador South Health Centre	0.0	0.0	--	--
	Makkovik Community Clinic	0.0	N/A	N/A	N/A
	Nain Community Clinic	0.0	0.0	N/A	N/A
	Strait of Belle Isle Health Centre	0.0	0.0	0.0	N/A
	The Charles S. Curtis Memorial Hospital	--	--	--	--
	White Bay Health Centre	--	0.0	0.0	N/A

Data Source: NLCHI Clinical Database Management System 2010/11-2013/14

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any selected mental health and addictions hospitalizations in given year.

Repeat hospitalizations are based on two years of data. 2014/15 cannot be calculated until 2015/16 is available.

Child/Youth Psychosis and Personality Disorder Hospitalizations

It is difficult to diagnose a child or youth with a personality disorder as a long longitudinal history is required to support such a diagnosis. As a result it is not common to diagnose patients under the age of 19 years with psychosis or personality disorders. In the case of antisocial personality disorder, the patient must be 18 years of age for a diagnosis to be made.

This indicator measures the proportion (%) of all hospitalizations with a most responsible diagnosis of psychosis or personality disorder who were less than 19 years of age. It can be used in this context to monitor the frequency of such diagnoses as a quality of care indicator.

Provincially, rates increased between 2010/11 and 2012/13, decreased in 2013/14 before increasing slightly in 2014/15. In Eastern Health, rates increased between 2012/11 and 2012/13 then decreased in 2013/14. Facility level results are presented in Table 4.

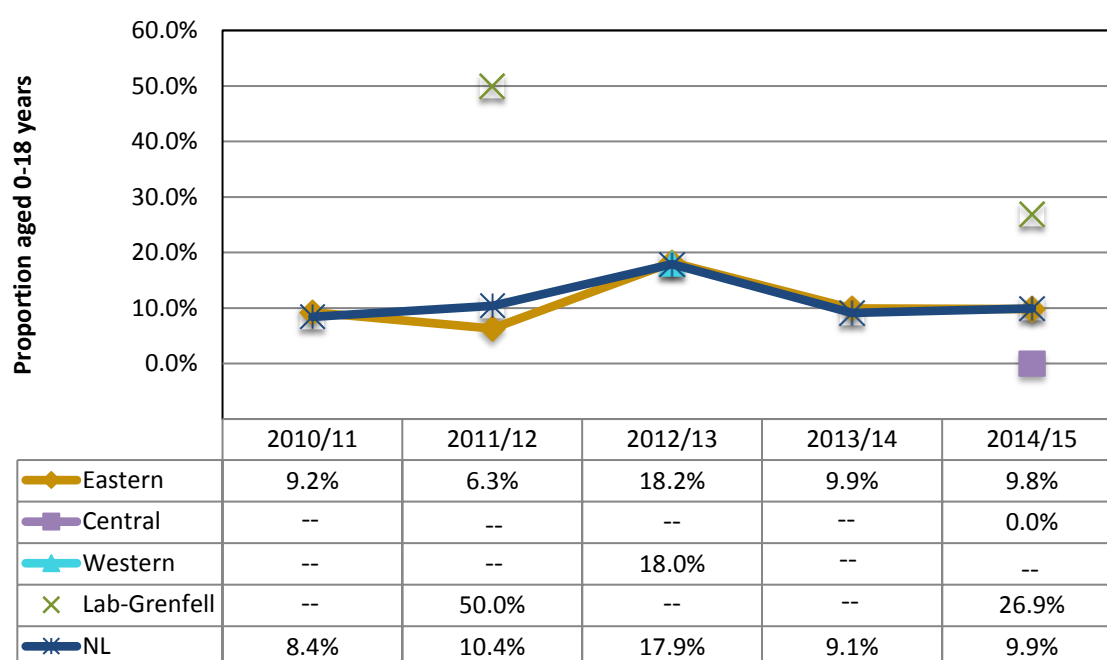


Figure 4
Proportion of all Hospitalizations with Psychosis and Personality Disorders for Patients <19 Years of Age, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

Table 4: Proportion of all Hospitalizations with Psychosis and Personality Disorders for Patients < 19 Years of Age, by Facility, 2010/11-2014/15

RHA	Facility	% Admissions				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	General Hospital, Health Sciences Centre	--	--	--	--	--
	Janeway Children's Health and Rehabilitation Centre	100.0	100.0	100.0	100.0	100.0
	Waterford Hospital	--	--	6.7	5.3	4.4
Central	Central Newfoundland Regional Health Centre	--	--	--	--	0.0
	Notre Dame Bay	0.0	N/A	N/A	--	N/A
Western	Sir Thomas Roddick Hospital	0.0	--	--	0.0	--
	Western Memorial Regional Hospital	--	--	17.0	--	--
Lab-Grenfell	Hopedale Community Clinic	0.0	--	0.0	N/A	N/A
	Labrador Health Centre	--	60.0	--	--	--
	The Charles S. Curtis Memorial Hospital	0.0	0.0	--	0.0	--

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any Psychosis and Personality Disorders hospitalizations in given year.

Safety Indicators

Total Adverse Inpatient Events

See methodological
notes page 107

Adverse inpatient events include post-admission adverse drug events, intentional self-harm, falls and other types of injury. Adverse event rates are an indicator of the safety of the environments in which services/programs are delivered. Monitoring adverse events rates can highlight possible risks/dangers, can help identify weak or insufficient processes, and is essential for developing and assessing the impact of strategies aimed at reducing harms and improving patient safety. [From: Fraser Health, Mental Health and Addictions Balanced Scorecard: Key Performance Indicator Report 2009/2010.] Lower rates are desirable.

Figure 5 presents the total reported adverse events for all mental health and addictions hospitalizations. Provincially and in Eastern Health, rates of total adverse events consistently increased between 2011/12 and 2014/15. In 2014/15, Eastern Health had the highest rate of total adverse events per 1,000 hospitalizations (44.1) while Labrador-Grenfell Health had the lowest (0.0). Table 5 presents facility level results.

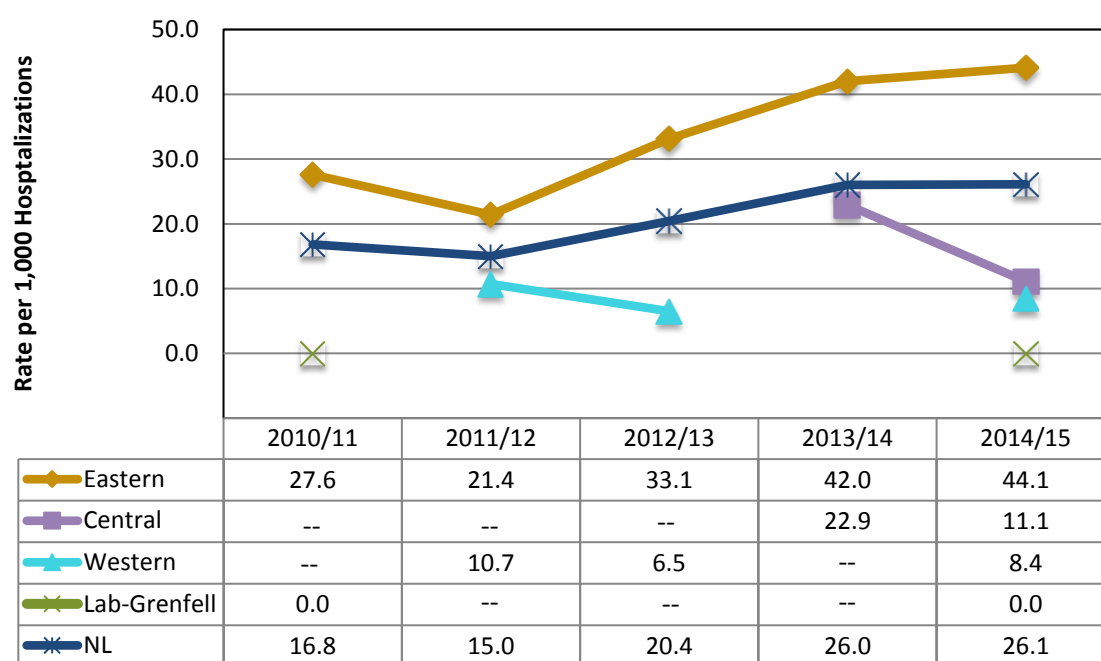


Figure 5
Rate of Reported Adverse Events, all Mental Health and Addictions Hospitalizations, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

Safety

Table 5: Rate of Reported Adverse Events, all Mental Health and Addictions Hospitalizations, by Facility, 2010/11-2014/15

RHA	Facility	Rate per 1,000 Hospitalizations				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	0.0	--	0.0	0.0	0.0
	Burin Peninsula Health Care Centre	--	0.0	0.0	0.0	--
	Carbonear General Hospital	0.0	--	0.0	--	--
	Dr. A.A. Wilkinson Memorial Health Centre	0.0	0.0	0.0	0.0	0.0
	Dr. GB Cross Memorial Hospital	0.0	0.0	0.0	0.0	0.0
	Dr. Walter Templeman	0.0	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	12.4	16.4	32.8	33.3	--
	Janeway Children's Health and Rehabilitation Centre	--	0.0	0.0	--	--
	Placentia Health Centre	0.0	0.0	--	0.0	0.0
	St. Clare's Mercy Hospital	--	--	--	--	--
	Waterford Hospital	35.3	24.6	40.5	50.3	62.2
Central	A.M. Guy Memorial Health Centre	0.0	0.0	N/A	0.0	0.0
	Baie Verte Peninsula Health Centre	0.0	0.0	0.0	--	0.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	0.0	0.0	0.0	--	0.0
	Central Newfoundland Regional Health Centre	--	--	--	14.4	--
	Connaigre Peninsula Health Centre	0.0	0.0	0.0	0.0	--
	Fogo Island Health Centre	0.0	0.0	0.0	0.0	0.0
	Green Bay Community Health Centre	0.0	0.0	0.0	0.0	0.0
	James Paton Memorial Hospital	--	0.0	--	--	0.0
	Notre Dame Bay Memorial Health Centre	0.0	0.0	0.0	0.0	--
Western	Bonne Bay Health Centre	0.0	0.0	0.0	0.0	0.0
	Calder Health Centre	N/A	0.0	0.0	0.0	0.0
	Dr. Charles L. LeGrow Health Centre	0.0	0.0	0.0	0.0	--
	Rufus Guinchard Health Care Centre	0.0	0.0	0.0	--	0.0
	Sir Thomas Roddick Hospital	0.0	--	0.0	--	--
	Western Memorial Regional Hospital	--	11.5	8.3	--	7.5
Lab-Grenfell	Labrador West Health Centre	0.0	--	0.0	0.0	0.0
	Cartwright Community Clinic	N/A	N/A	0.0	N/A	N/A
	Hopedale Community Clinic	0.0	0.0	0.0	0.0	N/A
	Labrador Health Centre	0.0	0.0	--	--	0.0
	Labrador South Health Centre	0.0	0.0	0.0	0.0	0.0
	Makkovik Community Clinic	0.0	N/A	N/A	N/A	N/A
	Nain Community Clinic	0.0	0.0	N/A	N/A	0.0
	Strait of Belle Isle Health Centre	0.0	0.0	0.0	N/A	0.0
	The Charles S. Curtis Memorial Hospital	0.0	0.0	0.0	0.0	0.0
	White Bay Health Centre	0.0	0.0	0.0	0.0	0.0

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year.

Adverse Inpatient Drug Events

See methodological
notes page 109

Adverse drug events are those occurring post admission with negative effects involving drugs properly administered, accidental and intentional. A low rate is desirable for this indicator.

Provincially and in Eastern Health, rates decreased from 2010/11 to 2011/12 then increased in 2012/13 and 2013/14 before slightly decreasing in 2014/15. Rates in Central, Western and Lab-Grenfell Health remained at 0 or below reportable rates. Table 6 presents facility level results. The highest rate of adverse drug events in 2014/15 occurred at the Waterford (20.1 per 1,000).

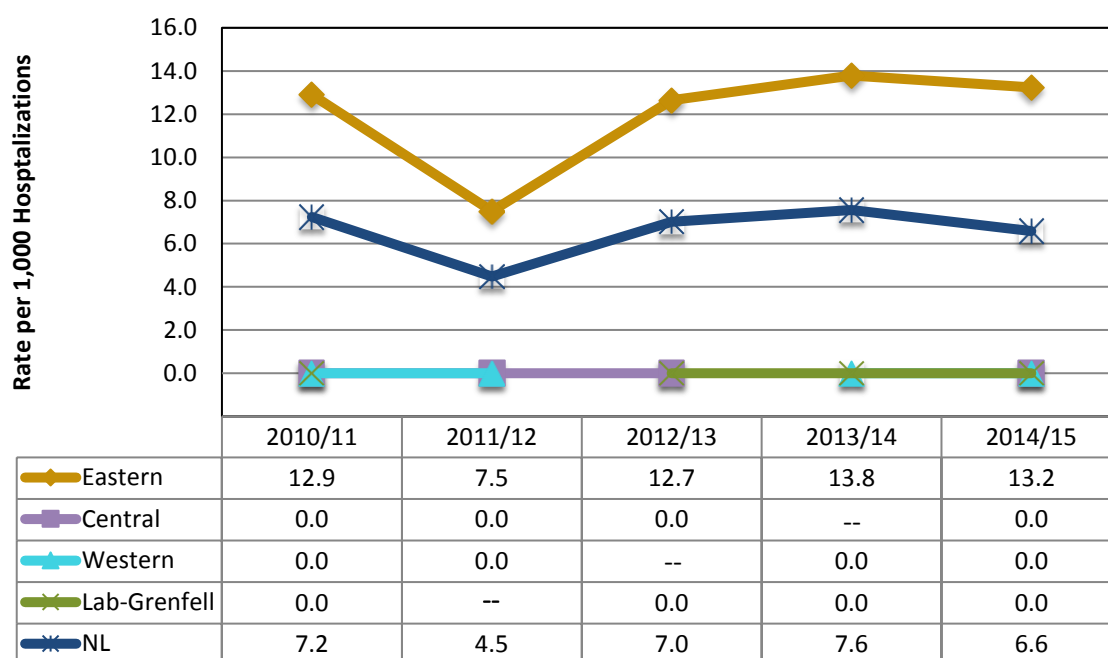


Figure 6
**Rate of Reported Adverse Drug Events, all Mental Health and Addictions Hospitalizations,
by RHA of Service, 2010/11-2014/15**

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

Safety

Table 6: Rate of Reported Adverse Drug Events, all Mental Health and Addictions Hospitalizations, by Facility, 2010/11-2014/15

RHA	Facility	Rate per 1,000 Hospitalizations				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	0.0	0.0	0.0	0.0	0.0
	Burin Peninsula Health Care Centre	0.0	0.0	0.0	0.0	0.0
	Carbonear General Hospital	0.0	0.0	0.0	0.0	0.0
	Dr. A.A. Wilkinson Memorial Health Centre	0.0	0.0	0.0	0.0	0.0
	Dr. GB Cross Memorial Hospital	0.0	0.0	0.0	0.0	0.0
	Dr. Walter Templeman	0.0	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	--	--	17.7	--	0.0
	Janeway Children's Health and Rehabilitation Centre	0.0	0.0	0.0	--	0.0
	Placentia Health Centre	0.0	0.0	0.0	0.0	0.0
	St. Clare's Mercy Hospital	0.0	0.0	--	0.0	--
	Waterford Hospital	20.2	9.5	13.5	16.8	20.1
Central	A.M. Guy Memorial Health Centre	0.0	0.0	N/A	0.0	0.0
	Baie Verte Peninsula Health Centre	0.0	0.0	0.0	--	0.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	0.0	0.0	0.0	0.0	0.0
	Central Newfoundland Regional Health Centre	0.0	0.0	0.0	--	0.0
	Connaigre Peninsula Health Centre	0.0	0.0	0.0	0.0	0.0
	Fogo Island Health Centre	0.0	0.0	0.0	0.0	0.0
	Green Bay Community Health Centre	0.0	0.0	0.0	0.0	0.0
	James Paton Memorial Hospital	0.0	0.0	0.0	0.0	0.0
	Notre Dame Bay Memorial Health Centre	0.0	0.0	0.0	0.0	0.0
Western	Bonne Bay Health Centre	0.0	0.0	0.0	0.0	0.0
	Calder Health Centre	N/A	0.0	0.0	0.0	0.0
	Dr. Charles L. LeGrow Health Centre	0.0	0.0	0.0	0.0	0.0
	Rufus Guinchard Health Care Centre	0.0	0.0	0.0	0.0	0.0
	Sir Thomas Roddick Hospital	0.0	0.0	0.0	0.0	0.0
	Western Memorial Regional Hospital	0.0	0.0	--	0.0	0.0
Lab-Grenfell	Labrador West Health Centre	0.0	0.0	0.0	0.0	0.0
	Cartwright Community Clinic	N/A	N/A	0.0	N/A	N/A
	Hopedale Community Clinic	0.0	0.0	0.0	0.0	N/A
	Labrador Health Centre	0.0	0.0	0.0	0.0	0.0
	Labrador South Health Centre	0.0	0.0	0.0	0.0	0.0
	Makkovik Community Clinic	0.0	N/A	N/A	N/A	N/A
	Nain Community Clinic	0.0	0.0	N/A	N/A	0.0
	Strait of Belle Isle Health Centre	0.0	0.0	0.0	N/A	0.0
	The Charles S. Curtis Memorial Hospital	0.0	0.0	0.0	0.0	0.0
	White Bay Health Centre	0.0	0.0	0.0	0.0	0.0

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year.

Inpatient Self-Harm Events

See methodological
notes page 111

Figure 7 presents the rate of intentional self-harm events during all mental health and addictions hospitalizations. For this indicator, a low rate is preferred.

In Newfoundland and Labrador, the rate of intentional self-harm events increased between 2010/11 and 2012/13 then decreased. In 2014/15, there were 2.5 reported inpatient self-harm events per 1,000 mental health and addictions hospitalizations in Newfoundland and Labrador. Rates were variable in Eastern Health. Rates in Central, Western and Labrador-Grenfell remained at 0 or below reportable rates between 2010/11 to 2014/15. Table 7 presents facility level results.

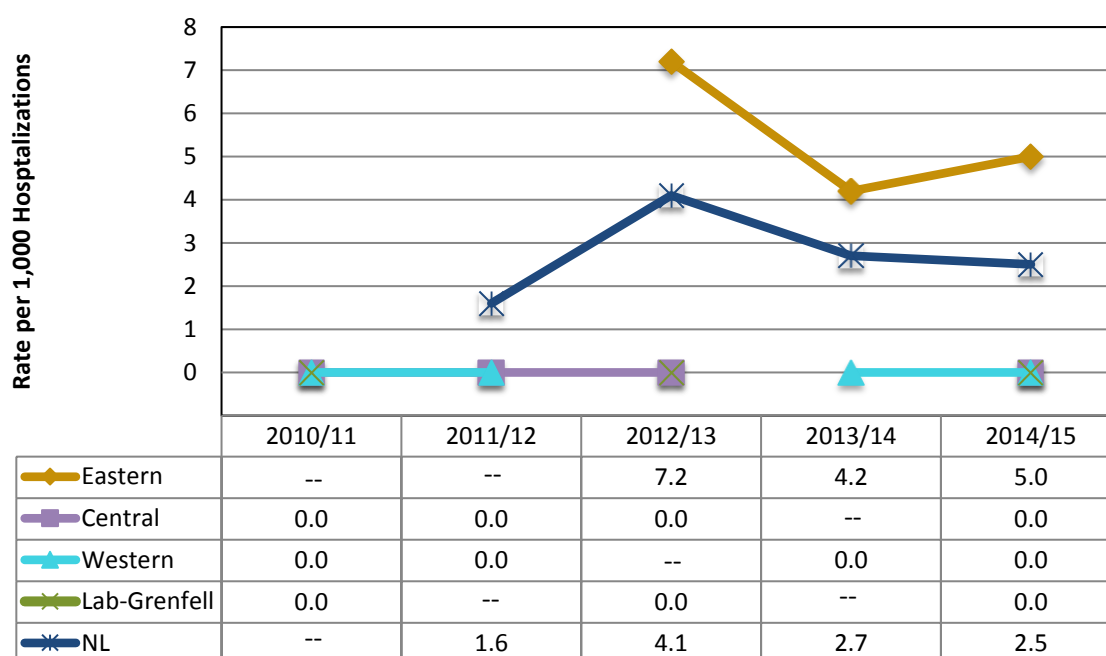


Figure 7
**Rate of Reported Adverse Self-Harm Events, all Mental Health and Addictions Hospitalizations,
by RHA of Service, 2010/11-2014/15**

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

Safety

Table 7: Rate of Reported Adverse Self-Harm Events, all Mental Health and Addictions Hospitalizations, by Facility, 2010/11-2014/15

RHA	Facility	Rate per 1,000 Hospitalizations				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	0.0	0.0	0.0	0.0	0.0
	Burin Peninsula Health Care Centre	0.0	0.0	0.0	0.0	0.0
	Carbonear General Hospital	0.0	0.0	0.0	0.0	0.0
	Dr. A.A. Wilkinson Memorial Health Centre	0.0	0.0	0.0	0.0	0.0
	Dr. GB Cross Memorial Hospital	0.0	0.0	0.0	0.0	0.0
	Dr. Walter Templeman	0.0	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	--	--	15.2	--	0.0
	Janeway Children's Health and Rehabilitation Centre	0.0	0.0	0.0	0.0	--
	Placentia Health Centre	0.0	0.0	0.0	0.0	0.0
	St. Clare's Mercy Hospital	0.0	0.0	0.0	0.0	0.0
	Waterford Hospital	--	--	6.2	5.6	7.0
Central	A.M. Guy Memorial Health Centre	0.0	0.0	N/A	0.0	0.0
	Baie Verte Peninsula Health Centre	0.0	0.0	0.0	0.0	0.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	0.0	0.0	0.0	0.0	0.0
	Central Newfoundland Regional Health Centre	0.0	0.0	0.0	--	0.0
	Connaigre Peninsula Health Centre	0.0	0.0	0.0	0.0	0.0
	Fogo Island Health Centre	0.0	0.0	0.0	0.0	0.0
	Green Bay Community Health Centre	0.0	0.0	0.0	0.0	0.0
	James Paton Memorial Hospital	0.0	0.0	0.0	0.0	0.0
	Notre Dame Bay Memorial Health Centre	0.0	0.0	0.0	0.0	0.0
Western	Bonne Bay Health Centre	0.0	0.0	0.0	0.0	0.0
	Calder Health Centre	N/A	0.0	0.0	0.0	0.0
	Dr. Charles L. LeGrow Health Centre	0.0	0.0	0.0	0.0	0.0
	Rufus Guinchard Health Care Centre	0.0	0.0	0.0	0.0	0.0
	Sir Thomas Roddick Hospital	0.0	0.0	0.0	0.0	0.0
	Western Memorial Regional Hospital	0.0	0.0	--	0.0	0.0
Lab-Grenfell	Labrador West Health Centre	0.0	--	0.0	0.0	0.0
	Cartwright Community Clinic	N/A	N/A	0.0	N/A	N/A
	Hopedale Community Clinic	0.0	0.0	0.0	0.0	N/A
	Labrador Health Centre	0.0	0.0	0.0	--	0.0
	Labrador South Health Centre	0.0	0.0	0.0	0.0	0.0
	Makkovik Community Clinic	0.0	N/A	N/A	N/A	N/A
	Nain Community Clinic	0.0	0.0	N/A	N/A	0.0
	Strait of Belle Isle Health Centre	0.0	0.0	0.0	N/A	0.0
	The Charles S. Curtis Memorial Hospital	0.0	0.0	0.0	0.0	0.0
	White Bay Health Centre	0.0	0.0	0.0	0.0	0.0

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year.

Safety

Inpatient Suicide Events

See methodological
notes page 113

From 2010/11 to 2013/14 there were no suicide events during all mental health and addiction hospitalizations (defined as self-harm events occurring during care episodes which ended in the death of the patient) reported. In 2014/15 there were less than five suicide events during all mental health and addiction hospitalizations reported. Results have been suppressed to protect patient privacy.

Inpatient Fall Events

See methodological
notes page 115

The number of adverse fall events per 1,000 mental health and addictions hospitalizations is presented in Figure 8. Provincially and in Eastern Health, rates increased between 2010/11 and 2014/15. In 2014/15, the highest rate of inpatient fall events was observed in Eastern Health (13.9) while Labrador-Grenfell had the lowest rate (0.0). Facility level results are presented in Table 8.

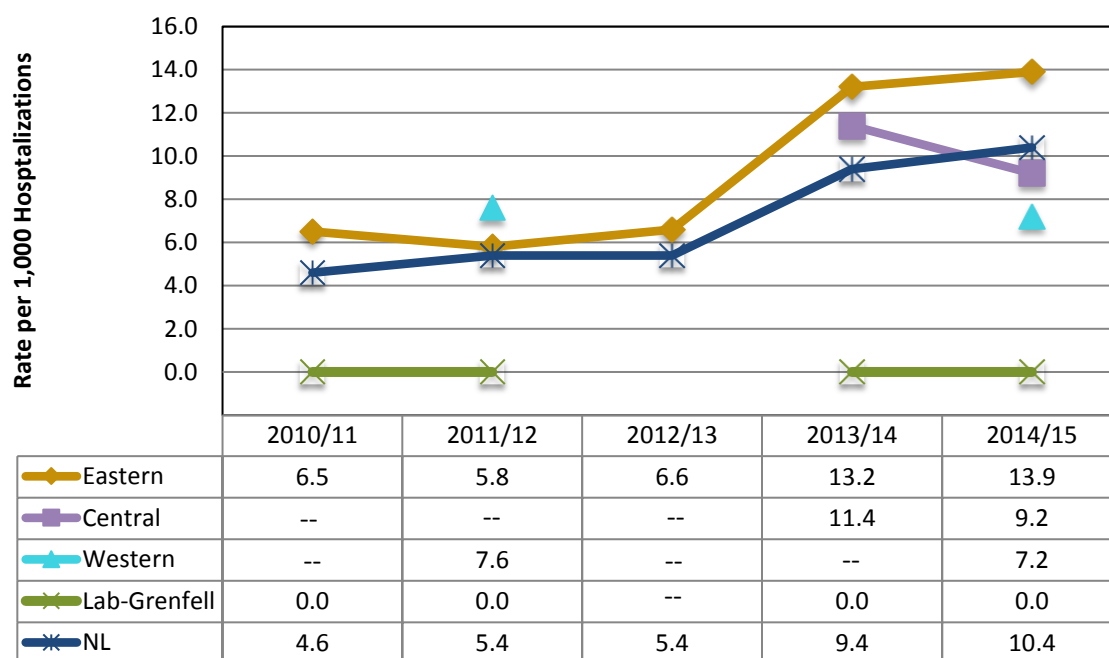


Figure 8
Rate of Reported Adverse Fall Events, all Mental Health and Addictions Hospitalizations,
by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

Safety

Table 8: Rate of Reported Adverse Fall Events, all Mental Health and Addictions Hospitalizations, by Facility, 2010/11-2014/15

RHA	Facility	Rate per 1,000 Hospitalizations				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	0.0	0.0	0.0	0.0	0.0
	Burin Peninsula Health Care Centre	--	0.0	0.0	0.0	--
	Carbonear General Hospital	0.0	--	0.0	0.0	0.0
	Dr. A.A. Wilkinson Memorial Health Centre	0.0	0.0	0.0	0.0	0.0
	Dr. GB Cross Memorial Hospital	0.0	0.0	0.0	0.0	0.0
	Dr. Walter Templeman	0.0	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	--	0.0	--	--	--
	Janeway Children's Health and Rehabilitation Centre	0.0	0.0	0.0	0.0	--
	Placentia Health Centre	0.0	0.0	--	0.0	0.0
	St. Clare's Mercy Hospital	--	--	--	--	0.0
	Waterford Hospital	5.5	6.6	7.3	17.7	18.1
Central	A.M. Guy Memorial Health Centre	0.0	0.0	N/A	0.0	0.0
	Baie Verte Peninsula Health Centre	0.0	0.0	0.0	0.0	0.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	0.0	0.0	0.0	-	0.0
	Central Newfoundland Regional Health Centre	--	--	--	--	--
	Connaigre Peninsula Health Centre	0.0	0.0	0.0	0.0	--
	Fogo Island Health Centre	0.0	0.0	0.0	0.0	0.0
	Green Bay Community Health Centre	0.0	0.0	0.0	0.0	0.0
	James Paton Memorial Hospital	--	0.0	--	--	0.0
	Notre Dame Bay Memorial Health Centre	0.0	0.0	0.0	0.0	--
Western	Bonne Bay Health Centre	0.0	0.0	0.0	0.0	0.0
	Calder Health Centre	N/A	0.0	0.0	0.0	0.0
	Dr. Charles L. LeGrow Health Centre	0.0	0.0	0.0	0.0	--
	Rufus Guinchard Health Care Centre	0.0	0.0	0.0	--	0.0
	Sir Thomas Roddick Hospital	0.0	--	0.0	--	0.0
	Western Memorial Regional Hospital	--	--	--	--	7.5
Lab-Grenfell	Labrador West Health Centre	0.0	0.0	0.0	0.0	0.0
	Cartwright Community Clinic	N/A	N/A	0.0	N/A	N/A
	Hopedale Community Clinic	0.0	0.0	0.0	0.0	N/A
	Labrador Health Centre	0.0	0.0	--	0.0	0.0
	Labrador South Health Centre	0.0	0.0	0.0	0.0	0.0
	Makkovik Community Clinic	0.0	N/A	N/A	N/A	N/A
	Nain Community Clinic	0.0	0.0	N/A	N/A	0.0
	Strait of Belle Isle Health Centre	0.0	0.0	0.0	N/A	0.0
	The Charles S. Curtis Memorial Hospital	0.0	0.0	0.0	0.0	0.0
	White Bay Health Centre	0.0	0.0	0.0	0.0	0.0

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year.

Elopements/Unauthorized Leave

See methodological
notes page 117

In 2014/15, 4.4 % of all mental health and addictions hospitalizations involved a patient elopement; that is the patient left the hospital but was not formally discharged. The highest percentage of elopement was reported in Central Health facilities where rates were highly variable. Rates in Western Health decreased over the five year period. Eastern Health and the province experienced similar trends. Only facilities that collect additional information on the discharge abstract for mental health and addictions patients are included in this analysis. Data was not available for Labrador-Grenfell Health facilities. Table 9 presents facility level results.

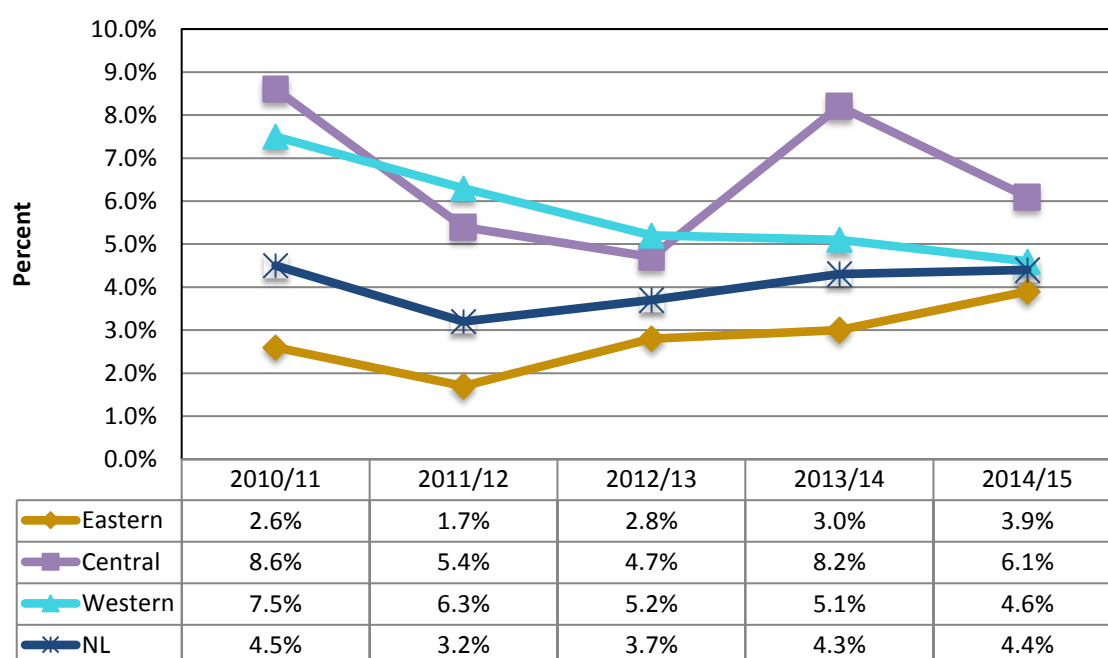


Figure 9
Proportion of all Mental Health and Addictions Hospitalizations with Elopements/Unauthorized Leave, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Table 9: Proportion of all Mental Health and Addictions Hospitalizations with Elopements/Unauthorized Leave, by Facility, 2010/11-2014/15

RHA	Facility	% Admissions				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Burin Peninsula Health Care Centre	0.0	0.0	0.0	2.4	0.0
	Dr. G.B Cross Memorial Hospital	0.0	0.0	0.0	0.0	0.0
	General Hospital, Health Sciences Centre	2.2	1.1	1.8	2.0	2.0
	Janeway Children's Health and Rehabilitation Centre	0.0	2.5	0.0	1.3	0.0
	St. Clare's Mercy Hospital	0.0	0.0	0.0	0.0	0.0
	Waterford Hospital	3.4	2.1	3.9	3.7	5.3
Central	Central Newfoundland Regional Health Centre	8.6	5.4	4.7	8.2	6.1
Western	Sir Thomas Roddick Hospital	11.5	6.0	8.6	5.4	6.8
	Western Memorial Regional Hospital	6.8	6.3	4.5	5.0	4.2

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Left Against Medical Advice (LAMA)

Figure 10 presents the proportion of all mental illness and addictions hospitalizations where the patient left earlier than recommended by the care team.

Provincially, rates remained fairly stable over the five year period. In Eastern Health, rates were stable between 2010/11 and 2013/14 with an observed increase in 2014/15. Rates in Western Health consistently decreased over the five year period while rates in Central and Labrador-Grenfell Health were highly variable. In 2014/15, the highest proportion of all mental illness and addictions hospitalizations where the patient left against medical advice was observed in Eastern Health (5.9%) while Western Health had the lowest rate (4.6%). Results by facility are presented in Table 10.

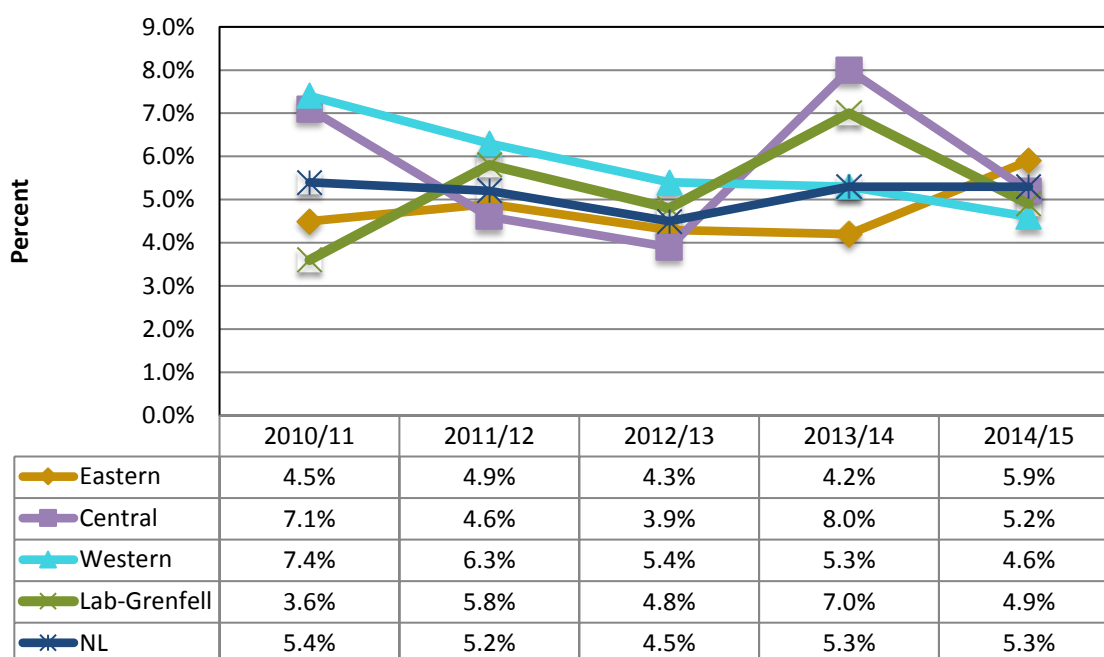


Figure 10
Proportion of all Mental Health and Addictions Hospitalizations Whereby Patients Left Against Medical Advice, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Safety

Table 10: Proportion of all Mental Health and Addictions Hospitalizations Whereby Patients Left Against Medical Advice, by Facility, 2010/11-2014/15

RHA	Facility	%Admissions				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	0.0	0.0	0.0	0.0	0.0
	Burin Peninsula Health Care Centre	0.0	0.0	1.6	2.4	0.0
	Carbonear General Hospital	5.0	6.9	0.0	2.2	4.5
	Dr. A.A. Wilkinson Memorial Health Centre	0.0	0.0	0.0	0.0	0.0
	Dr. GB Cross Memorial Hospital	0.0	14.3	0.0	0.0	0.0
	Dr. Walter Templeman	0.0	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	3.7	3.0	3.3	2.7	3.8
	Janeway Children's Health and Rehabilitation Centre	0.0	3.8	0.0	2.7	2.5
	Placentia Health Centre	0.0	0.0	20.0	0.0	0.0
	St. Clare's Mercy Hospital	4.5	6.1	8.3	8.8	8.0
	Waterford Hospital	5.5	5.7	4.9	4.5	6.8
Central	A.M. Guy Memorial Health Centre	0.0	0.0	N/A	0.0	0.0
	Baie Verte Peninsula Health Centre	0.0	0.0	0.0	0.0	0.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	0.0	0.0	0.0	8.3	6.3
	Central Newfoundland Regional Health Centre	8.9	5.7	4.7	9.4	6.6
	Connaigre Peninsula Health Centre	0.0	0.0	0.0	0.0	0.0
	Fogo Island Health Centre	0.0	0.0	0.0	33.3	0.0
	Green Bay Community Health Centre	0.0	0.0	0.0	0.0	0.0
	James Paton Memorial Hospital	0.0	2.6	3.0	2.2	0.0
	Notre Dame Bay Memorial Health Centre	8.3	0.0	0.0	0.0	0.0
Western	Bonne Bay Health Centre	0.0	0.0	0.0	0.0	0.0
	Calder Health Centre	N/A	0.0	0.0	0.0	0.0
	Dr. Charles L. LeGrow Health Centre	0.0	10.5	8.0	10.5	0.0
	Rufus Guinchard Health Care Centre	9.5	6.7	0.0	0.0	0.0
	Sir Thomas Roddick Hospital	11.5	6.0	8.6	6.1	6.8
	Western Memorial Regional Hospital	7.0	6.3	4.7	5.1	4.5
Lab-Grenfell	Labrador West Health Centre	7.8	12.3	11.8	3.8	7.0
	Cartwright Community Clinic	N/A	N/A	0.0	N/A	N/A
	Hopedale Community Clinic	0.0	0.0	0.0	0.0	N/A
	Labrador Health Centre	3.7	3.6	1.9	10.0	5.9
	Labrador South Health Centre	0.0	0.0	0.0	0.0	0.0
	Makkovik Community Clinic	0.0	N/A	N/A	N/A	N/A
	Nain Community Clinic	0.0	0.0	N/A	N/A	0.0
	Strait of Belle Isle Health Centre	0.0	0.0	0.0	N/A	0.0
	The Charles S. Curtis Memorial Hospital	0.0	0.0	2.2	8.0	0.0
	White Bay Health Centre	0.0	0.0	0.0	0.0	0.0

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year

Access Indicators

Mental Health and Addictions Hospitalizations

See methodological
notes page 120

Figure 11 presents the proportion of all hospitalizations for mental health and addictions conditions. Provincially and in Eastern Health rates remained stable over the five year period. Rates in Western and Central Health have increased each year since 2010/11. The proportion of all hospitalizations that are for mental health and addictions conditions varied in Lab-Grenfell Health; however, the proportion is lower in 2014/15 (6.7) than in 2010/11 (8.0). In 2014/15, Western Health had the highest proportion of mental health and addictions hospitalizations (10.6%) while Eastern Health had the lowest rate (5.5%). Results by facility are presented in Table 11.

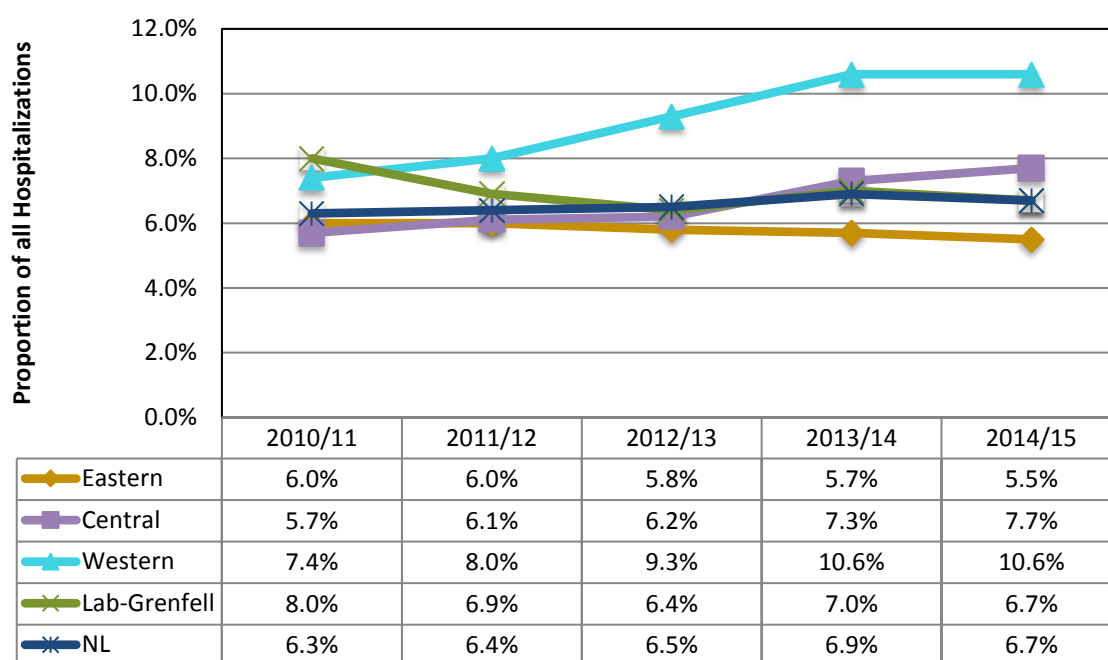


Figure 11
Proportion of all Hospitalizations due to Mental Health and Addictions Conditions, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Table 11: Proportion of all Hospitalizations due to Mental Health and Addictions Conditions, by Facility, 2010/11-2014/15

RHA	Facility	% Mental Health Hospitalizations				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	--	1.6	3.6	--	5.1
	Burin Peninsula Health Care Centre	4.1	4.6	4.4	2.9	1.2
	Carbonear General Hospital	0.9	1.4	1.3	2.0	0.9
	Dr. A.A. Wilkinson Memorial Health Centre	--	--	--	--	--
	Dr. GB Cross Memorial Hospital	1.1	0.4	0.6	0.5	0.1
	Dr. Walter Templeman	--	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	2.9	2.5	2.8	2.1	2.4
	Janeway Children's Health and Rehabilitation Centre	16.8	16.1	14.5	16.4	18.2
	Placentia Health Centre	4.7	3.0	2.4	1.6	1.1
	St. Clare's Mercy Hospital	1.6	1.7	1.6	1.6	1.6
	Waterford Hospital	95.8	93.3	91.5	96.9	95.4
Central	A.M. Guy Memorial Health Centre	--	--	N/A	--	--
	Baie Verte Peninsula Health Centre	--	2.2	--	5.7	3.9
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	3.0	3.2	2.3	4.7	6.0
	Central Newfoundland Regional Health Centre	10.6	11.3	11.5	13.0	12.7
	Connaigre Peninsula Health Centre	4.4	2.6	5.2	2.9	2.9
	Fogo Island Health Centre	7.7	4.6	2.9	--	9.3
	Green Bay Community Health Centre	3.3	2.4	3.7	3.2	3.1
	James Paton Memorial Hospital	1.3	1.4	1.3	1.8	2.6
	Notre Dame Bay Memorial Health Centre	2.0	5.1	4.5	4.7	8.5
Western	Bonne Bay Health Centre	3.8	3.2	2.6	1.6	5.6
	Calder Health Centre	N/A	--	--	--	10.3
	Dr. Charles L. LeGrow Health Centre	2.1	3.9	4.3	3.3	4.6
	Rufus Guinchard Health Care Centre	8.6	6.8	3.3	10.1	4.3
	Sir Thomas Roddick Hospital	7.2	7.6	10.5	11.3	9.5
	Western Memorial Regional Hospital	8.1	8.7	10.0	11.5	11.7
Lab-Grenfell	Labrador West Health Centre	11.0	14.9	11.5	13.6	13.2
	Cartwright Community Clinic	N/A	N/A	--	N/A	N/A
	Hopedale Community Clinic	--	--	--	--	N/A
	Labrador Health Centre	13.5	9.5	9.5	8.4	9.0
	Labrador South Health Centre	--	--	4.6	11.1	--
	Makkovik Community Clinic	--	N/A	N/A	N/A	N/A
	Nain Community Clinic	--	--	N/A	N/A	--
	Strait of Belle Isle Health Centre	--	--	--	N/A	--
	The Charles S. Curtis Memorial Hospital	3.6	2.3	3.0	3.6	3.4
	White Bay Health Centre	--	4.2	--	--	--

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year

Hospitalizations, by Concurrent, Mental Illness Only and Addictions Only

Figures 12 to 15 show the proportion of all mental health and addictions hospitalizations for concurrent, mental illness only and addictions only. Concurrent hospitalization means that the patient is hospitalized for both a mental illness and an addiction at the same time. Results by facility are presented in Tables 12 to 14.

In 2014/15, sixteen percent of all mental health and addictions hospitalizations in Newfoundland and Labrador were for treatment of concurrent mental health and addictions conditions. Provincially, rates remained stable from 2010/11 to 2014/15. Similar trends were observed in Eastern, Central and Western Health. Rates varied in Labrador-Grenfell Health between 2010/11 to 2014/15. In 2014/15, the highest proportion of hospitalizations for concurrent was observed in Western Health (21.0%) while Labrador-Grenfell had the lowest rate (7.6%).

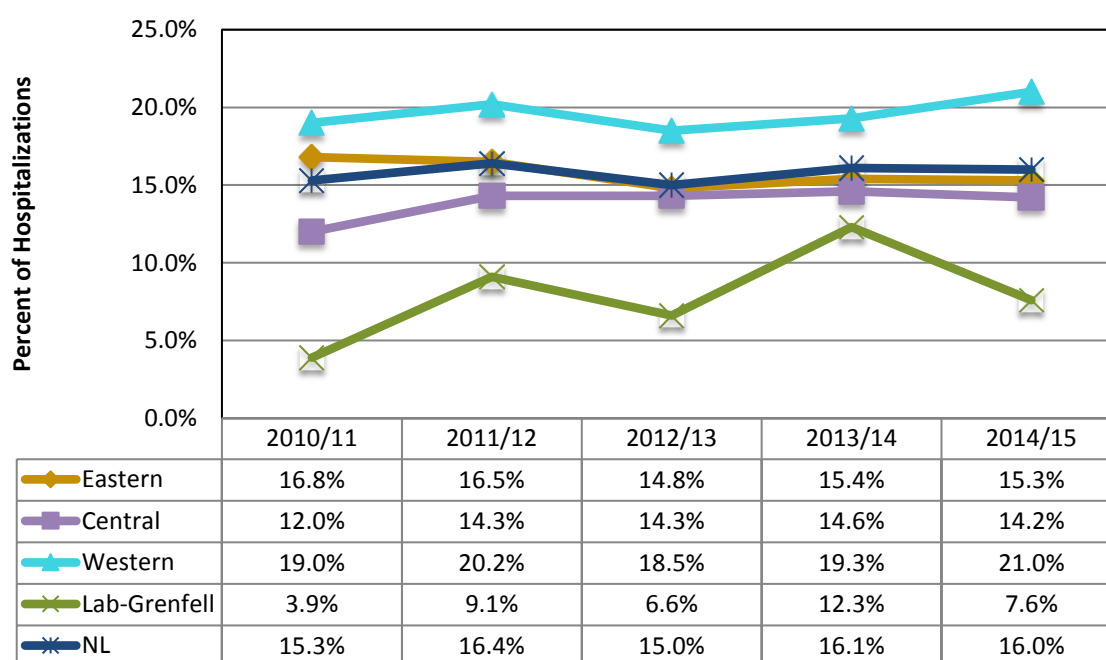


Figure 12
Proportion of all Mental Health and Addictions Hospitalizations for Treatment of Concurrent, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

The majority of all mental health and addictions hospitalizations are for mental illness only. In 2014/15, almost 73% of these hospitalizations have a mental illness as the most responsible diagnosis. Between 2010/11 and 2014/15, rates remained stable provincially and in Eastern Health. Rates in Central Health were consistent between 2010/11 and 2012/13 then decreased in 2013/14 and remained stable in 2014/15. In Western Health, the proportion of hospitalizations for mental illness only was stable between 2010/11 and 2011/12 then increased in 2012/13 and remained stable from 2012/13 to 2014/15. Rates in Labrador-Grenfell Health decreased between 2010/11 and 2011/12. In 2014/15, Central Health had the highest proportion of mental illness only hospitalizations (73.8%) while Labrador-Grenfell had the lowest rate (71.1%).

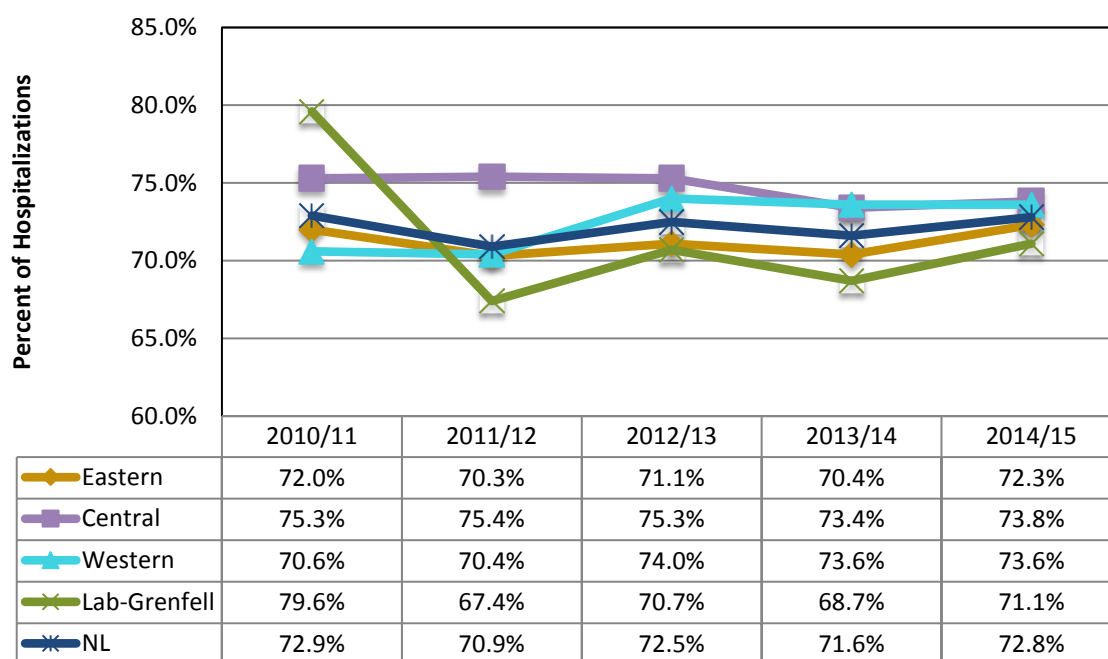


Figure 13
Proportion of all Mental Health and Addictions Hospitalizations for Treatment of Mental Illness Only, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Hospitalizations for addiction only account for a lower proportion of all mental health and addictions hospitalizations. Between 2010/11 and 2014/15, the proportion of hospitalizations attributed to treatment of addictions only remained stable across the province. A similar trend was observed in Eastern and Central Health. Rates in Western Health decreased between 2010/11 and 2014/15 while rates in Labrador-Grenfell Health were highly variable. Over 20% of all mental health and addictions hospitalizations in Labrador-Grenfell Health can be attributed to addiction only. In 2014/15, Western Health reported the lowest proportion (5.4%) compared to the other regions.

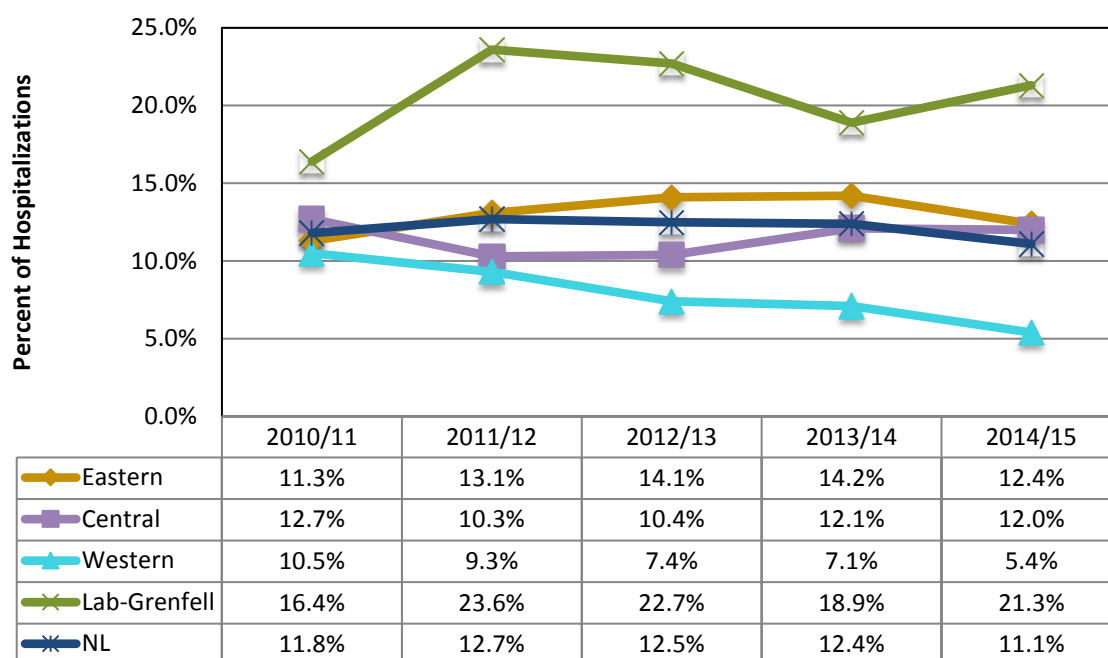


Figure 14
Proportion of all Mental Health and Addictions Hospitalizations for Treatment of Addiction Only, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Table 12: Proportion of all Mental Health and Addictions Hospitalizations for Treatment of Concurrent, by Facility, 2010/11-2014/15

RHA	Facility	% Concurrent				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	--	0.0	0.0	--	8.3
	Burin Peninsula Health Care Centre	16.1	29.7	28.6	12.2	17.6
	Carbonear General Hospital	5.0	3.4	3.8	15.6	4.5
	Dr. A.A. Wilkinson Memorial Health Centre	--	--	--	--	--
	Dr. GB Cross Memorial Hospital	22.2	28.6	0.0	11.1	0.0
	Dr. Walter Templeman	--	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	10.9	11.2	7.6	10.0	7.6
	Janeway Children's Health and Rehabilitation Centre	9.9	10.0	5.6	9.3	7.5
	Placentia Health Centre	0.0	16.7	0.0	0.0	0.0
	St. Clare's Mercy Hospital	7.2	5.3	9.2	8.0	7.1
	Waterford Hospital	21.3	19.7	18.9	18.3	19.8
Central	A.M. Guy Memorial Health Centre	--	--	N/A	--	--
	Baie Verte Peninsula Health Centre	--	0.0	--	9.1	0.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	12.5	11.1	0.0	0.0	0.0
	Central Newfoundland Regional Health Centre	15.3	17.5	16.8	17.5	18.1
	Connaigre Peninsula Health Centre	0.0	0.0	5.0	0.0	0.0
	Fogo Island Health Centre	0.0	0.0	20.0	--	0.0
	Green Bay Community Health Centre	0.0	0.0	0.0	12.5	0.0
	James Paton Memorial Hospital	0.0	5.1	6.1	2.2	3.2
	Notre Dame Bay Memorial Health Centre	0.0	0.0	0.0	0.0	4.3
Western	Bonne Bay Health Centre	10.0	0.0	0.0	0.0	33.3
	Calder Health Centre	N/A	--	--	--	0.0
	Dr. Charles L. LeGrow Health Centre	0.0	10.5	4.0	10.5	19.2
	Rufus Guinchard Health Care Centre	4.8	46.7	16.7	5.9	16.7
	Sir Thomas Roddick Hospital	15.4	22.6	17.2	14.3	12.8
	Western Memorial Regional Hospital	20.8	19.8	19.6	21.1	22.6
Lab-Grenfell	Labrador West Health Centre	7.8	18.5	8.8	16.7	8.5
	Cartwright Community Clinic	N/A	N/A	--	N/A	N/A
	Hopedale Community Clinic	--	--	--	--	N/A
	Labrador Health Centre	1.8	6.3	7.6	15.0	8.8
	Labrador South Health Centre	--	--	20.0	0.0	--
	Makkovik Community Clinic	--	N/A	N/A	N/A	N/A
	Nain Community Clinic	--	--	N/A	N/A	--
	Strait of Belle Isle Health Centre	--	--	--	N/A	--
	The Charles S. Curtis Memorial Hospital	8.2	0.0	0.0	4.0	4.7
	White Bay Health Centre	--	0.0	--	--	--

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year

Table 13: Proportion of all Mental Health and Addictions Hospitalizations for Treatment of Mental Illness Only, by Facility, 2010/11-2014/15

RHA	Facility	% Mental Illness Only				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	--	100.0	90.9	--	75.0
	Burin Peninsula Health Care Centre	79.0	67.2	65.1	70.7	41.2
	Carbonear General Hospital	45.0	58.6	69.2	57.8	63.6
	Dr. A.A. Wilkinson Memorial Health Centre	--	--	--	--	--
	Dr. GB Cross Memorial Hospital	61.1	42.9	54.5	22.2	100.0
	Dr. Walter Templeman	--	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	79.5	75.4	78.5	77.0	82.5
	Janeway Children's Health and Rehabilitation Centre	87.7	87.5	91.7	88.0	91.3
	Placentia Health Centre	75.0	66.7	100.0	66.7	100.0
	St. Clare's Mercy Hospital	31.5	42.1	31.2	25.7	39.3
	Waterford Hospital	72.5	70.8	71.4	73.2	71.6
Central	A.M. Guy Memorial Health Centre	--	--	N/A	--	--
	Baie Verte Peninsula Health Centre	--	40.0	--	90.9	75.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	75.0	88.9	100.0	100.0	93.8
	Central Newfoundland Regional Health Centre	72.1	72.0	73.1	68.8	70.2
	Connaigre Peninsula Health Centre	77.3	100.0	65.0	77.8	87.5
	Fogo Island Health Centre	93.8	88.9	80.0	--	100.0
	Green Bay Community Health Centre	90.0	100.0	77.8	87.5	100.0
	James Paton Memorial Hospital	94.1	89.7	84.8	88.9	79.4
	Notre Dame Bay Memorial Health Centre	75.0	88.5	100.0	100.0	91.3
Western	Bonne Bay Health Centre	80.0	100.0	100.0	100.0	66.7
	Calder Health Centre	N/A	--	--	--	100.0
	Dr. Charles L. LeGrow Health Centre	72.7	52.6	72.0	42.1	69.2
	Rufus Guinchard Health Care Centre	90.5	46.7	66.7	82.4	66.7
	Sir Thomas Roddick Hospital	80.8	71.4	74.2	80.3	82.9
	Western Memorial Regional Hospital	67.7	71.0	73.9	72.5	72.0
Lab-Grenfell	Labrador West Health Centre	66.7	55.6	61.8	64.1	64.8
	Cartwright Community Clinic	N/A	N/A	--	N/A	N/A
	Hopedale Community Clinic	--	--	--	--	N/A
	Labrador Health Centre	81.6	65.8	72.4	64.0	68.6
	Labrador South Health Centre	--	--	80.0	100.0	--
	Makkovik Community Clinic	--	N/A	N/A	N/A	N/A
	Nain Community Clinic	--	--	N/A	N/A	--
	Strait of Belle Isle Health Centre	--	--	--	N/A	--
	The Charles S. Curtis Memorial Hospital	81.6	93.8	77.8	82.0	86.0
	White Bay Health Centre	--	75.0	--	--	--

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year

Table 14: Proportion of all Mental Health and Addictions Hospitalizations for Treatment of Addiction Only, by Facility, 2010/11-2014/15

RHA	Facility	% Addiction Only				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	--	0.0	9.1	--	16.7
	Burin Peninsula Health Care Centre	4.8	3.1	6.3	17.1	41.2
	Carbonear General Hospital	50.0	37.9	26.9	26.7	31.8
	Dr. A.A. Wilkinson Memorial Health Centre	--	--	--	--	--
	Dr. GB Cross Memorial Hospital	16.7	28.6	45.5	66.7	0.0
	Dr. Walter Templeman	100.0	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	9.7	13.4	13.9	13.0	9.9
	Janeway Children's Health and Rehabilitation Centre	2.5	2.5	2.8	2.7	1.3
	Placentia Health Centre	25.0	16.7	0.0	33.3	0.0
	St. Clare's Mercy Hospital	61.3	52.6	59.6	66.4	53.6
	Waterford Hospital	6.3	9.5	9.8	8.5	8.6
Central	A.M. Guy Memorial Health Centre	--	--	N/A	--	--
	Baie Verte Peninsula Health Centre	--	60.0	--	0.0	25.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	12.5	0.0	0.0	0.0	6.3
	Central Newfoundland Regional Health Centre	12.5	10.5	10.1	13.7	11.7
	Connaigre Peninsula Health Centre	22.7	0.0	30.0	22.2	12.5
	Fogo Island Health Centre	6.3	11.1	0.0	--	0.0
	Green Bay Community Health Centre	10.0	0.0	22.2	0.0	0.0
	James Paton Memorial Hospital	5.9	5.1	9.1	8.9	17.5
	Notre Dame Bay Memorial Health Centre	25.0	11.5	0.0	0.0	4.3
Western	Bonne Bay Health Centre	10.0	0.0	0.0	0.0	0.0
	Calder Health Centre	N/A	--	--	--	--
	Dr. Charles L. LeGrow Health Centre	27.3	36.8	24.0	47.4	11.5
	Rufus Guinchard Health Care Centre	4.8	6.7	16.7	11.8	16.7
	Sir Thomas Roddick Hospital	3.8	6.0	8.6	5.4	4.3
	Western Memorial Regional Hospital	11.5	9.2	6.5	6.3	5.4
Lab-Grenfell	Labrador West Health Centre	25.5	25.9	29.4	19.2	26.8
	Cartwright Community Clinic	N/A	N/A	--	N/A	N/A
	Hopedale Community Clinic	--	--	--	--	N/A
	Labrador Health Centre	16.6	27.9	20.0	21.0	22.5
	Labrador South Health Centre	--	--	0.0	0.0	--
	Makkovik Community Clinic	--	N/A	N/A	N/A	N/A
	Nain Community Clinic	--	--	N/A	N/A	--
	Strait of Belle Isle Health Centre	--	--	--	N/A	--
	The Charles S. Curtis Memorial Hospital	10.2	6.3	22.2	14.0	9.3
	White Bay Health Centre	--	25.0	--	--	--

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year

Average ALC Days

See methodological
notes page 123

Alternate level care (ALC) days are those for which patients are occupying an acute care bed while waiting to be transferred to a different level of care, such as long term care. For this indicator, a lower number is desirable.

Overall, Central Health had the highest number of average ALC days for every mental health and addictions hospitalization; the rate doubled between 2012/13 and 2013/14. Provincially, the number of average ALC days has increased since 2010/11. In 2014/15, Labrador-Grenfell Health had the lowest average number of ALC days (1.5) while Central Health had the highest (13.6). Results by facility are presented in Table 15.

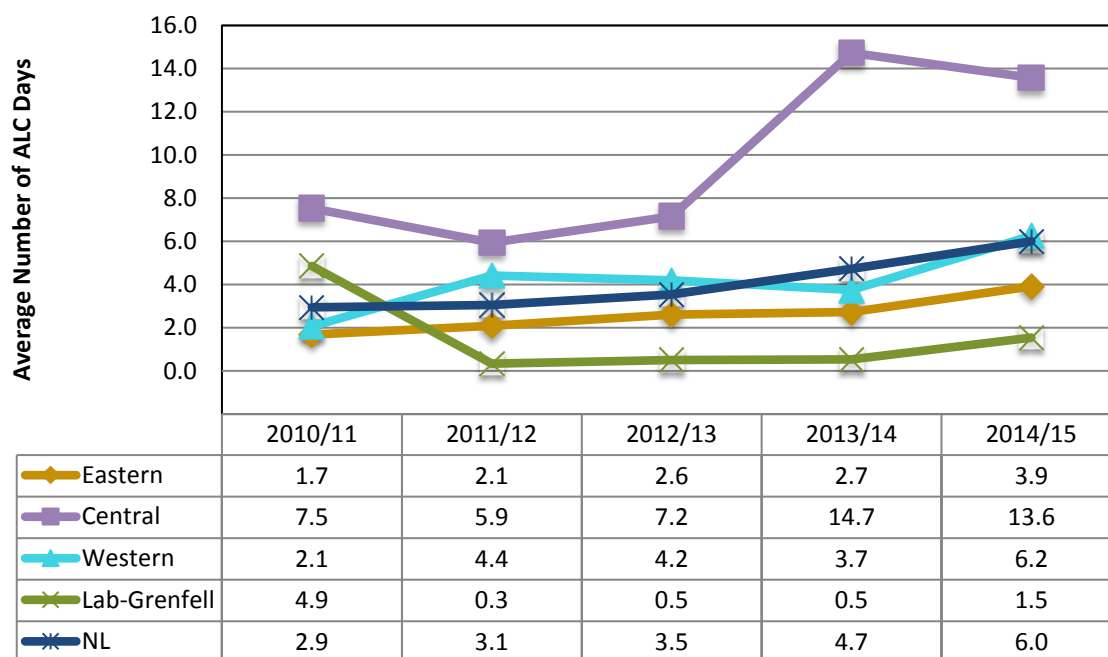


Figure 15
Average Number of Alternate Level Care Days per Mental Health and Addictions Hospitalizations, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Table 15: Average Number of Alternate Level Care day per Mental Health and Addictions Hospitalizations, by Facility, 2010/11-2014/15

RHA	Facility	Average ALC Days				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	--	2.8	1.1	--	22.6
	Burin Peninsula Health Care Centre	5.1	9.5	5.0	6.6	8.1
	Carbonear General Hospital	1.3	2.8	6.9	4.5	1.6
	Dr. A.A. Wilkinson Memorial Health Centre	--	--	--	--	--
	Dr. GB Cross Memorial Hospital	8.7	0.0	3.2	4.4	--
	Dr. Walter Templeman	--	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	1.3	1.9	2.4	2.9	2.9
	Janeway Children's Health and Rehabilitation Centre	0.0	0.0	0.0	0.0	0.4
	Placentia Health Centre	1.9	2.0	12.8	--	--
	St. Clare's Mercy Hospital	5.0	5.9	7.4	3.4	4.8
	Waterford Hospital	1.3	1.5	2.0	2.5	4.2
Central	A.M. Guy Memorial Health Centre	--	--	N/A	--	--
	Baie Verte Peninsula Health Centre	--	1.0	--	8.4	17.8
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	19.3	5.7	0.0	23.4	4.6
	Central Newfoundland Regional Health Centre	2.6	3.7	4.1	7.4	10.0
	Connaigre Peninsula Health Centre	0.0	0.0	0.0	7.9	0.0
	Fogo Island Health Centre	0.0	0.0	0.0	--	19.0
	Green Bay Community Health Centre	0.0	0.0	3.7	1.8	30.0
	James Paton Memorial Hospital	70.2	35.3	45.7	77.7	32.7
	Notre Dame Bay Memorial Health Centre	3.5	2.7	16.4	20.6	29.1
Western	Bonne Bay Health Centre	0.7	0.4	--	--	14.4
	Calder Health Centre	N/A	--	--	--	13.2
	Dr. Charles L. LeGrow Health Centre	0.1	6.8	11.1	5.1	7.3
	Rufus Guinchard Health Care Centre	0.0	0.7	0.0	2.6	2.8
	Sir Thomas Roddick Hospital	4.9	6.9	2.3	4.3	4.5
	Western Memorial Regional Hospital	1.8	4.1	4.0	3.6	6.4
Lab-Grenfell	Labrador West Health Centre	0.0	0.0	0.0	0.6	1.5
	Cartwright Community Clinic	N/A	N/A	--	N/A	N/A
	Hopedale Community Clinic	--	--	--	--	N/A
	Labrador Health Centre	0.0	0.0	0.8	0.9	1.6
	Labrador South Health Centre	--	--	0.0	0.0	--
	Makkovik Community Clinic	--	N/A	N/A	N/A	N/A
	Nain Community Clinic	--	--	N/A	N/A	--
	Strait of Belle Isle Health Centre	--	--	--	N/A	--
	The Charles S. Curtis Memorial Hospital	27.8	2.5	0.6	0.0	2.0
	White Bay Health Centre	--	0.0	--	--	--

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year

Involuntary Admissions

See methodological
notes page 125

Only facilities that collect additional information on the discharge abstract for mental health and addictions patients are included in this analysis. Labrador-Grenfell Health does not report involuntary admissions.

In 2014/15, almost 19% of hospitalizations for mental health and addictions were involuntary. Overall, rates increased in all regions and for the province between 2010/11 and 2014/15. Eastern Health had the highest percent of involuntary admissions (19.8%) in 2014/15 while Central Health had the lowest rate (16.6%). Results by facility are presented in Table 16.

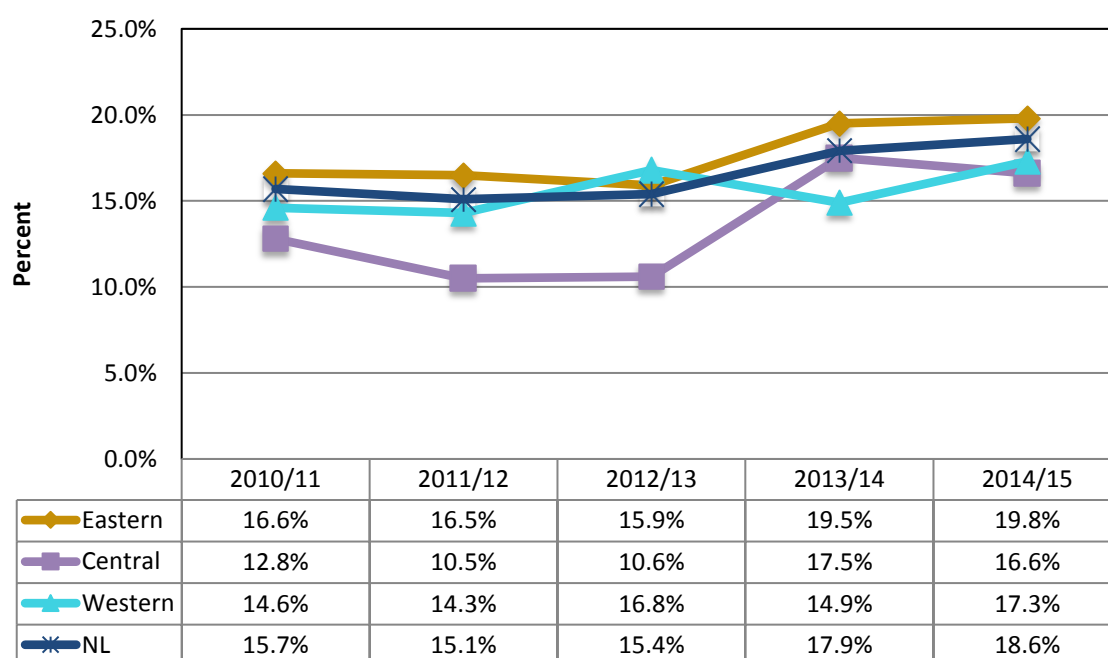


Figure 16
Proportion of all Hospitalizations for Mental Health and Addictions Conditions which were Involuntary Admissions, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Table 16: Proportion of all Hospitalizations for Mental Health and Addiction Conditions which were Involuntary Admissions, by Facility, 2010/11-2014/15

RHA	Facility	% Admissions				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Burin Peninsula Health Care Centre	--	--	0.0	--	0.0
	Dr. G.B Cross Memorial Hospital	0.0	0.0	0.0	11.0	9.6
	General Hospital, Health Sciences Centre	14.1	14.2	9.1	0.0	0.0
	Janeway Children's Health and Rehabilitation Centre	--	--	--	--	8.8
	St. Clare's Mercy Hospital	0.0	0.0	0.0	0.0	0.0
	Waterford Hospital	21.8	20.9	22.8	25.9	26.7
Central	Central Newfoundland Regional Health Centre	12.8	10.5	10.6	17.5	16.6
Western	Sir Thomas Roddick Hospital	0.0	--	--	--	--
	Western Memorial Regional Hospital	17.0	16.4	20.3	17.9	20.2

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Psychiatric/Mental Health Providers

See methodological
notes page 127

Table 17 presents the number of psychiatric/mental health providers per 100,000 population. Rates ranged from 70 nurses per 100,000 population to 6 occupational therapists per 100,000 population.

Table 17: Number of Psychiatrists, Psychologists, Occupational Therapists and Nurses Working in Mental Health and Addictions per 100,000 Population, 2013 and 2014

Provider	Year	Rate per 100,000 population
Psychiatrists ¹	2014	14
Psychologists ²	2013	45
Occupational Therapist ³	2014	6
Nurses (Psychiatric/Mental Health) ⁴	2013	70

¹CIHI, Supply, Distribution and Migration of Canadian Physicians, 2014

²CIHI, Health Personnel Database, 2013

³CIHI, Occupation Therapists Database, 2014

⁴CIHI, Regulated Nursing Supply 2013 (Health Workforce Database)

Statistics Canada, Population Estimates 2013 & 2014

Note: In 2013, there were 286 social workers per 100,000 population. The number working in Mental Health and Addictions is not available. Source: CIHI, Health Workforce Database; Populations Estimates, 2013.

Utilization Indicators

Utilization

Hospitalization Rate

See methodological
notes page 128

This indicator measures the rate of separations from general/psychiatric hospitals through discharge or death following a hospitalization for a selected mental illness or substance disorder, per 100,000 population. Hospitalization rate is a partial measure of general hospital utilization. It does not include inpatients who were using hospital services but had not yet been discharged within the fiscal year of interest. This indicator may reflect differences between jurisdictions, such as the health of the population, differing health services delivery models and variations in the availability and accessibility of specialized, residential and/or ambulatory and community-based services.

The mental illnesses selected for this indicator are substance-related disorders; schizophrenia, delusional and non-organic psychotic disorders; mood/affective disorders; anxiety disorders; and selected disorders of adult personality and behavior.

In NL, Eastern and Central Health, the rate of hospitalizations for selected mental illness and addictions per 100,000 population remained stable during the five year period. The rate of mental illness and addictions hospitalizations was highest in Western Health, where the rates generally increased over the five year period. Rates in Labrador-Grenfell Health decreased over the same period.

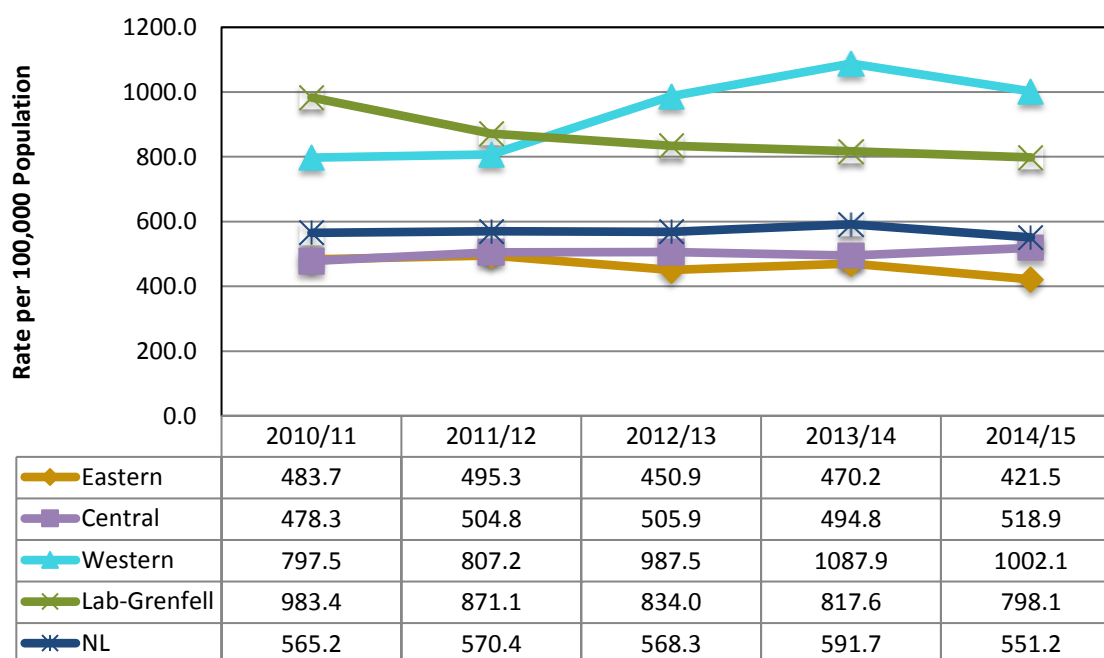


Figure 17
Rate of Mental Illness and Addictions Hospitalizations per 100,000 population for, by RHA of Residence, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15; Statistics Canada, Population Estimates 2010-2014

Patient Days

The patient days indicator is the rate of total number of days in general/psychiatric hospitals for selected mental illness/addictions per 10,000 population. The patient days rate is a partial measure of general hospital utilization. It does not include patients who were admitted to hospital but had not yet been discharged within the fiscal year of interest. Patient days are influenced by the number of hospitalizations and the length of stay. For the same number of hospitalizations, the rate of patient days will increase as length of stay increases. This indicator may reflect differences between jurisdictions, such as the health of the population, differing health services delivery models and variations in the availability and accessibility of specialized, residential and/or ambulatory and community-based services.

The mental illnesses selected for this indicator are substance-related disorders; schizophrenia, delusional and non-organic psychotic disorders; mood/affective disorders; anxiety disorders; and selected disorders of adult personality and behavior.

Provincially, the rate of patient days remained stable between 2010/11 and 2014/15. A similar trend was observed in Eastern and Central Health. Among the province's four regional health authorities, Western Health had the highest rate of patient days for selected mental illness and addictions per 10,000 population. The lowest rate was reported in Labrador-Grenfell Health.

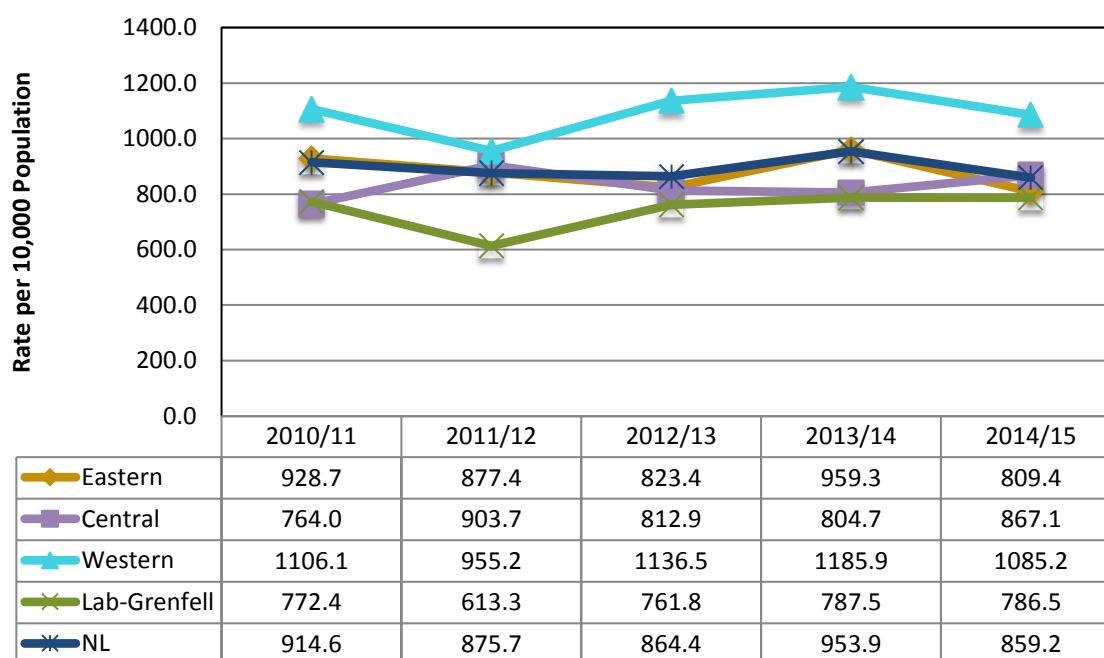


Figure 18
Rate of Patient Days per 10,000 Population for Selected Mental Illness and Addictions
Hospitalizations, by RHA of Residence, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15; Statistics Canada, Population Estimates 2010-2014

Utilization

High Volume Case Mix Groups

See methodological
notes page 132

This indicator is presented by patients' place of residence (Table 18) and region where patient received service (Table 19). Depressive episode is the highest ranked Case Mix Group by RHA of service or RHA of residence for the province, Central, Western and Labrador-Grenfell Health. Stress Reaction/Adjustment Disorder was the highest for Eastern Health.

Table 18: Top 10 Case Mix Groups (by volume) – Mental Illness and Addictions Acute Care Hospitalizations, by RHA of Residence, 2014/15

Rank	CMG Description (Number of Hospitalizations)				
	NL	Eastern	Central	Western	Labrador-Grenfell
1	Depressive Episode (408)	Stress Reaction/Adjustment Disorder (147)	Depressive Episode (96)	Depressive Episode (152)	Depressive Episode (63)
2	Stress Reaction/Adjustment Disorder (277)	Substance Abuse with Other State (130)	Substance Abuse with Other State (58)	Schizophrenia/Schizoaffective Disorder (94)	Substance Abuse with Other State (41)
3	Substance Abuse with Other State (274)	Schizophrenia/Schizoaffective Disorder (116)	Schizophrenia/Schizoaffective Disorder (42)	Stress Reaction/Adjustment Disorder (79)	Miscellaneous Mental Disorder (19)
4	Schizophrenia/Schizoaffective Disorder (263)	Depressive Episode (97)	Dementia (39)	Bipolar Disorder without ECT (63)	Schizotypal/Delusional Disorder (14)
5	Bipolar Disorder (192)	Disorder of Adult Personality Behaviour (92)	Stress Reaction/Adjustment Disorder (38)	Substance Abuse with Other State (45)	Stress Reaction/Adjustment Disorder (13)
6	Organic Mental Disorder (144)	Bipolar Disorder (89)	Bipolar Disorder (32)	Organic Mental Disorder (34)	Schizophrenia/Schizoaffective Disorder (11)
7	Disorder of Adult Personality Behaviour (141)	Organic Mental Disorder (84)	Organic Mental Disorder (19)	Disorder of Adult Personality Behaviour (31)	Bipolar Disorder (8)
8	Dementia (117)	Miscellaneous Mental Disorder (63)	Other Mental Disorder with Electroconvulsive Therapy (15)	Schizotypal/Delusional Disorder (29)	Disorder of Adult Personality Behaviour (7)
9	Schizotypal/Delusional Disorder (115)	Schizotypal/Delusional Disorder (63)	Disorder of Adult Personality Behaviour (11)	Dementia (28)	Anxiety Disorder (7)
10	Miscellaneous Mental Disorder (98)	Dementia (48)	Anxiety Disorder (11)	Anxiety Disorder (25)	Organic Mental Disorder (7)

Data Source: NLCHI Clinical Database Management System 2014/15

Utilization

Table 19: Top 10 Case Mix Groups (by volume) – Mental Illness and Addictions Acute Care Hospitalizations, by RHA of Service, 2014/15

Rank	CMG Description (Number of Hospitalizations)				
	NL	Eastern	Central	Western	Labrador-Grenfell
1	Depressive Episode (408)	Stress Reaction/ Adjustment Disorder (154)	Depressive Episode (92)	Depressive Episode (154)	Depressive Episode (58)
2	Stress Reaction/ Adjustment Disorder (277)	Substance Abuse with Other State (131)	Substance Abuse with Other State (57)	Schizophrenia/Sch izo affective Disorder (95)	Substance Abuse with Other State (38)
3	Substance Abuse with Other State (274)	Schizophrenia/Sch izo affective Disorder (119)	Schizophrenia/Sch izo affective Disorder (40)	Stress Reaction/ Adjustment Disorder (78)	Schizotypal/ Delusional Disorder (13)
4	Schizophrenia/Sch izo affective Disorder (263)	Depressive Episode (104)	Dementia (39)	Bipolar Disorder (66)	Stress Reaction/ Adjustment Disorder (11)
5	Bipolar Disorder (192)	Disorder of Adult Personality Behaviour (94)	Stress Reaction/ Adjustment Disorder (34)	Substance Abuse with Other State (48)	Miscellaneous Mental Disorder (9)
6	Organic Mental Disorder (144)	Bipolar Disorder (91)	Bipolar Disorder (30)	Organic Mental Disorder (32)	Schizophrenia/Sch izo affective Disorder (9)
7	Disorder of Adult Personality Behaviour (141)	Organic Mental Disorder (86)	Organic Mental Disorder (19)	Disorder of Adult Personality Behaviour (31)	Anxiety Disorder (7)
8	Dementia (117)	Miscellaneous Mental Disorder (85)	Other Mental Health Disorder with ECT (14)	Schizotypal/ Delusional Disorder (29)	Organic Mental Disorder (7)
9	Schizotypal/ Delusional Disorder (115)	Schizotypal/ Delusional Disorder (64)	Disorder of Adult Personality Behaviour (11)	Dementia (28)	Disorder of Adult Personality Behaviour (5)
10	Miscellaneous Mental Disorder (98)	Other Mental Health Disorder with ECT (50)	Schizotypal/ Delusional Disorder (9)	Anxiety Disorder (26)	Bipolar Disorder (5)

Data Source: NLCHI Clinical Database Management System 2014/15

Utilization

ECT Treatment

See methodological
notes page 134

This indicator illustrates the proportion of inpatient hospitalizations and surgical day care visits with a most responsible diagnosis for mental health and addictions conditions during which ECT interventions were received. Data was not available for Labrador-Grenfell Health since this region does not provide this service.

Rates for ECT treatments were highly variable across all regions (Figure 19). Overall, the percentage of ECT treatments increased for the province, Eastern and Western Health between 2010/11 to 2014/15. In Central Health, rates increased between 2010/11 and 2012/13 then decreased in 2013/14 and 2014/15. This highest rate of ECT treatment was observed in Eastern Health. Results by facility are presented in Table 20.

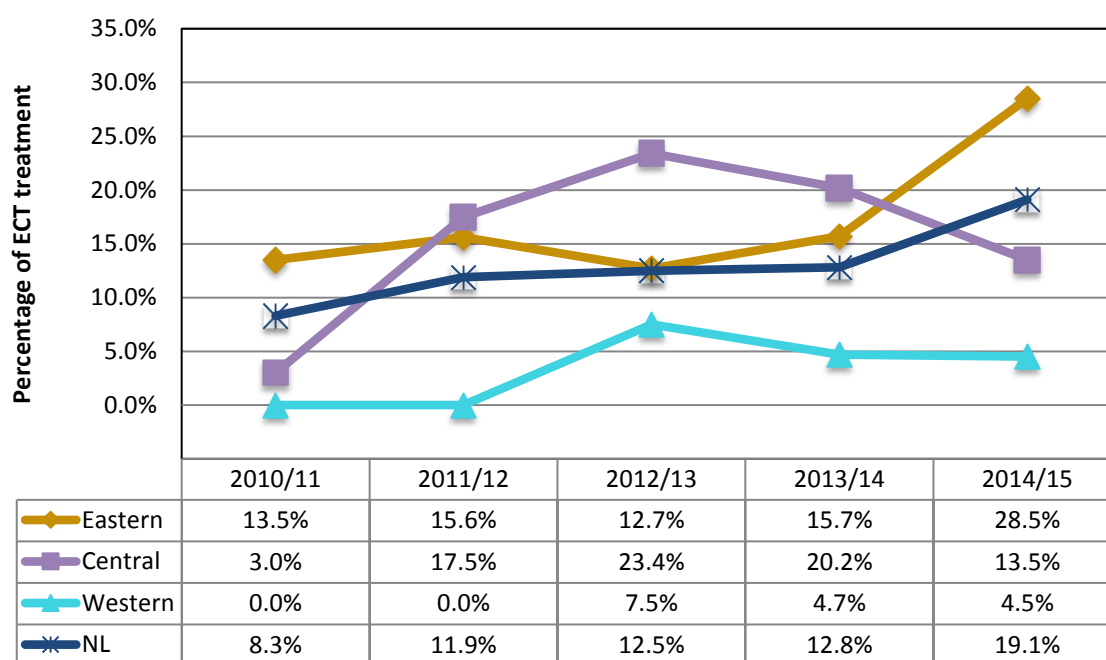


Figure 19
Proportion of Inpatient and Surgical Day Care Hospitalizations for Mental Health and Addictions Conditions During which ECT Interventions were Received, by RHA of Service, 2010/11-2014/15

Source: NLCHI Clinical Database Management System 2010/11-2014/15

Utilization

Table 20: Proportion of Inpatient and Surgical Day Care Hospitalizations for Mental Health and Addictions Conditions During which ECT Interventions were Received, by Facility, 2010/11-2014/15

RHA	Facility	ECT Treatment (%)				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	0.0	0.0	0.0	0.0	0.0
	Burin Peninsula Health Care Centre	0.0	0.0	0.0	0.0	0.0
	Carbonear General Hospital	0.0	0.0	0.0	0.0	0.0
	Dr. A.A. Wilkinson Memorial Health Centre	0.0	0.0	0.0	0.0	0.0
	Dr. GB Cross Memorial Hospital	0.0	N/A	N/A	N/A	N/A
	Dr. Walter Templeman	0.0	0.0	0.0	0.0	0.0
	General Hospital, Health Sciences Centre	12.9	18.2	11.0	9.0	29.6
	Janeway Children's Health and Rehabilitation Centre	0.0	0.0	0.0	0.0	0.0
	Placentia Health Centre	0.0	0.0	0.0	0.0	0.0
	St. Clare's Mercy Hospital	--	0.0	0.0	0.0	0.0
	Waterford Hospital	17.4	18.7	16.8	20.7	33.1
Central	A.M. Guy Memorial Health Centre	0	0	N/A	0	0
	Baie Verte Peninsula Health Centre	0.0	0.0	0.0	0.0	0.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	0.0	0.0	0.0	0.0	0.0
	Central Newfoundland Regional Health Centre	3.8	21.5	27.8	24.3	17.3
	Connaigre Peninsula Health Centre	0.0	0.0	0.0	0.0	0.0
	Fogo Island Health Centre	0.0	0.0	0.0	0.0	0.0
	Green Bay Community Health Centre	0.0	0.0	0.0	0.0	0.0
	James Paton Memorial Hospital	0.0	0.0	0.0	0.0	0.0
	Notre Dame Bay Memorial Health Centre	0.0	0.0	0.0	0.0	0.0
Western	Bonne Bay Health Centre	0.0	0.0	0.0	0.0	0.0
	Calder Health Centre	N/A	0.0	0.0	0.0	0.0
	Dr. Charles L. LeGrow Health Centre	0.0	0.0	0.0	0.0	0.0
	Rufus Guinchard Health Care Centre	0.0	0.0	0.0	0.0	0.0
	Sir Thomas Roddick Hospital	0.0	0.0	0.0	0.0	0.0
	Western Memorial Regional Hospital	0.0	0.0	9.5	6.0	5.6

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year.

Patient to Hospitalization Ratio

See methodological
notes page 135

The patient to hospitalization ratio represents the number of patients hospitalized with a most responsible diagnosis of mental illness or addictions compared to the total number of mental illness or addictions hospitalizations. A ratio of 1.0 would indicate a unique patient for each hospitalization. The lower the number, the more hospitalizations per patient. For instance, in Western Health in 2014/15 there were 68 unique patients for every 100 hospitalizations. Western Health has the lowest patient to hospitalization ratio (0.68). Rates remained relatively stable across all regions (Figure 20). Results by facility are presented in Table 21.

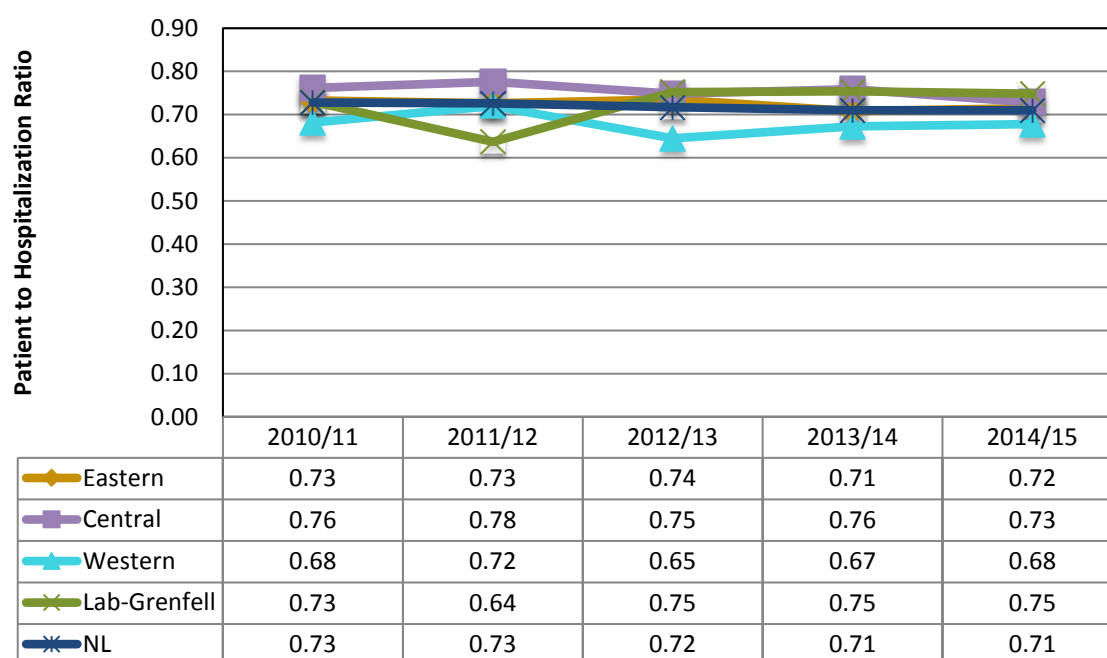


Figure 20
Patient to Hospitalization Ratio of Mental Illness and Addictions Hospitalizations, by RHA of Service, 2010/11-2014/15

Source: NLCHI Clinical Database Management System 2010/11-2014/15

Utilization

Table 21: Patient to Hospitalization Ratio of Mental Illness and Addictions Hospitalizations, by Facility, 2010/11-2014/15

RHA	Facility	Patient to Hospitalization Ratio				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	1.00	1.00	0.73	0.50	1.00
	Burin Peninsula Health Care Centre	0.65	0.63	0.49	0.76	1.00
	Carbonear General Hospital	0.70	0.90	0.89	0.91	0.96
	Dr. A.A. Wilkinson Memorial Health Centre	1.00	1.00	1.00	1.00	--
	Dr. GB Cross Memorial Hospital	0.88	1.00	1.00	0.88	1.00
	Dr. Walter Templeman	1.00	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	0.80	0.75	0.81	0.74	0.75
	Janeway Children's Health and Rehabilitation Centre	0.64	0.66	0.72	0.84	0.79
	Placentia Health Centre	0.83	1.00	1.00	1.00	1.00
	St. Clare's Mercy Hospital	0.81	0.80	0.84	0.82	0.76
	Waterford Hospital	0.71	0.71	0.70	0.67	0.68
Central	A.M. Guy Memorial Health Centre	1.00	1.00	N/A	1.00	1.00
	Baie Verte Peninsula Health Centre	1.00	1.00	0.50	0.82	1.00
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	0.88	0.78	0.57	0.75	0.80
	Central Newfoundland Regional Health Centre	0.75	0.76	0.74	0.73	0.70
	Connaigre Peninsula Health Centre	0.73	1.00	0.70	1.00	0.63
	Fogo Island Health Centre	0.63	0.78	0.60	0.67	0.86
	Green Bay Community Health Centre	0.70	1.00	0.89	1.00	0.83
	James Paton Memorial Hospital	0.94	0.85	0.91	0.87	0.84
	Notre Dame Bay Memorial Health Centre	0.83	0.77	0.68	1.00	0.78
Western	Bonne Bay Health Centre	0.75	0.78	1.00	1.00	0.67
	Calder Health Centre	N/A	1.00	--	1.00	0.67
	Dr. Charles L. LeGrow Health Centre	0.55	0.84	0.92	0.74	0.89
	Rufus Guinchard Health Care Centre	0.76	0.87	1.00	0.82	1.00
	Sir Thomas Roddick Hospital	0.78	0.78	0.71	0.78	0.76
	Western Memorial Regional Hospital	0.66	0.70	0.61	0.64	0.65
Lab-Grenfell	Labrador West Health Centre	0.78	0.58	0.74	0.77	0.70
	Cartwright Community Clinic	N/A	N/A	--	N/A	N/A
	Hopedale Community Clinic	0.67	0.25	1.00	0.67	N/A
	Labrador Health Centre	0.68	0.62	0.74	0.74	0.75
	Labrador South Health Centre	0.75	1.00	0.80	0.89	1.00
	Makkovik Community Clinic	1.00	N/A	N/A	N/A	N/A
	Nain Community Clinic	1.00	1.00	N/A	N/A	1.00
	Strait of Belle Isle Health Centre	1.00	1.00	1.00	N/A	0.50
	The Charles S. Curtis Memorial Hospital	0.80	0.81	0.77	0.76	0.79
	White Bay Health Centre	1.00	0.63	1.00	0.67	1.00

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year

General vs Psychiatric Hospitals

This indicator measures the distribution of all mental illness and addictions hospitalizations between general and psychiatric hospitals within a regional health authority. The Waterford Hospital in Eastern Health is the only psychiatric hospital in the province. In 2014/15, 62.8% of all mental health and addictions hospitalizations within Eastern Health occurred at the Waterford Hospital. Rates remained stable over the five year period.

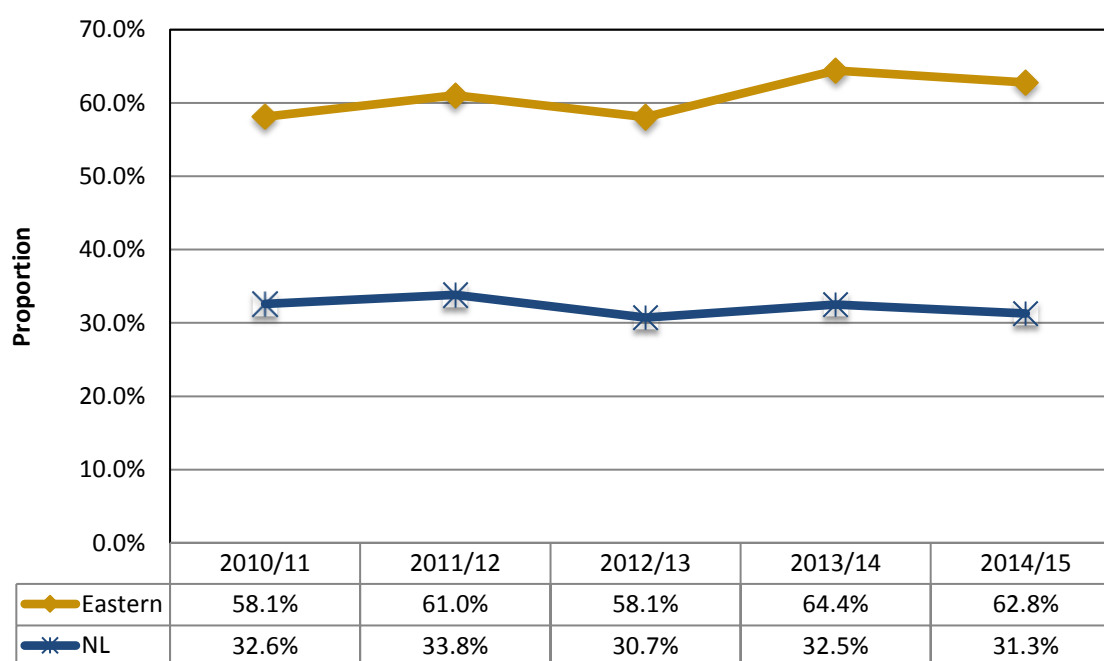


Figure 21
Distribution of all Mental Illness and Addictions Hospitalizations Between General and Psychiatric Hospitals, by RHA, 2010/11-2014/15

Source: NLCHI Clinical Database Management System 2010/11-2014/15

Utilization

General Hospitals

See methodological
notes page 137

In general hospitals, mental illness only hospitalizations account for the majority of all mental health and addictions hospitalizations in all regions. Results by facility are presented in Tables 22 to 24.

Provincially, rates of general hospital mental health and addictions hospitalizations for treatment of concurrent remained stable from 2010/11 to 2014/15 (Figure 22). Similar trends were observed in Eastern, Central and Western Health. Rates varied in Labrador-Grenfell Health between 2010/11 to 2014/15. In 2014/15, the highest proportion of hospitalizations for concurrent was observed in Western Health (21.0%) while Eastern and Labrador-Grenfell Health had the lowest rate (7.6%).

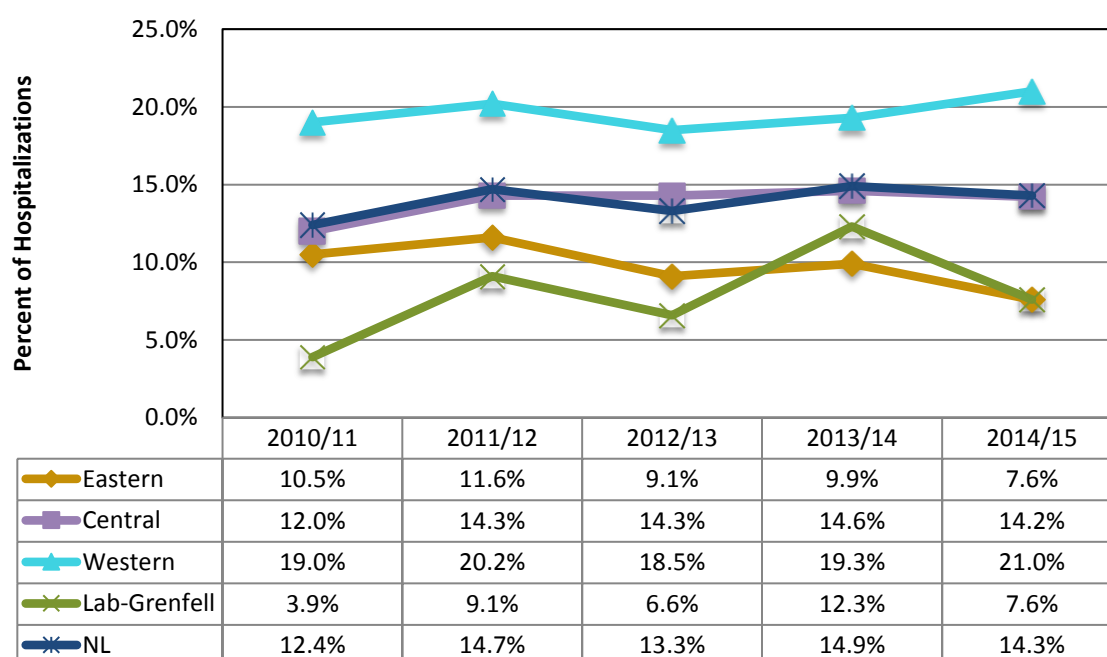


Figure 22
Distribution of General Hospital Mental Health and Addictions Hospitalizations for Treatment of Concurrent, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Utilization

The majority of all mental health and addictions hospitalizations in general hospitals are for mental illness only (Figure 23). Between 2010/11 and 2014/15, rates remained stable provincially. Rates in Central Health were stable between 2010/11 and 2012/13 then decreased in 2013/14 and remained stable in 2014/15. In Western Health, the proportion of hospitalizations for mental illness only was stable between 2010/11 and 2011/12 then increased in 2012/13 and remained stable from 2012/13 to 2014/15. Rates in Labrador-Grenfell Health decreased between 2010/11 and 2011/12. In 2014/15, Central Health had the highest proportion of mental illness only hospitalizations (73.8%) while Labrador-Grenfell had the lowest rate (71.1%).

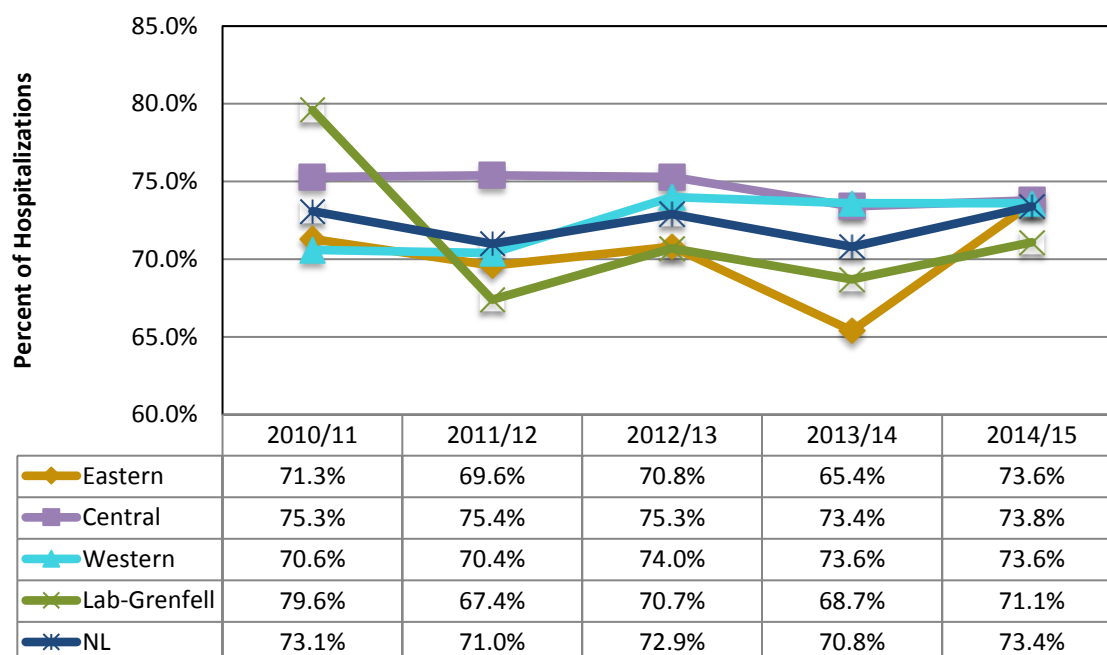


Figure 23
Distribution of General Hospital Mental Health and Addictions Hospitalizations for Treatment of Mental Illness Only, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Utilization

Hospitalizations for addiction only account for a lower proportion of all mental health and addictions hospitalizations in general hospitals (Figure 24). Between 2010/11 and 2014/15, the proportion of hospitalizations attributed to treatment of addictions only decreased slightly across the province. A similar trend was observed in Eastern Health. Rates in Central Health remained stable between 2010/11 and 2014/15. Rates in Western Health decreased between 2010/11 and 2014/15. Rates in Labrador-Grenfell Health were highly variable. Over 20% of all mental health and addictions hospitalizations in Labrador-Grenfell Health can be attributed to addiction only in 2014/15, while Western Health reported the lowest proportion (5.4%).

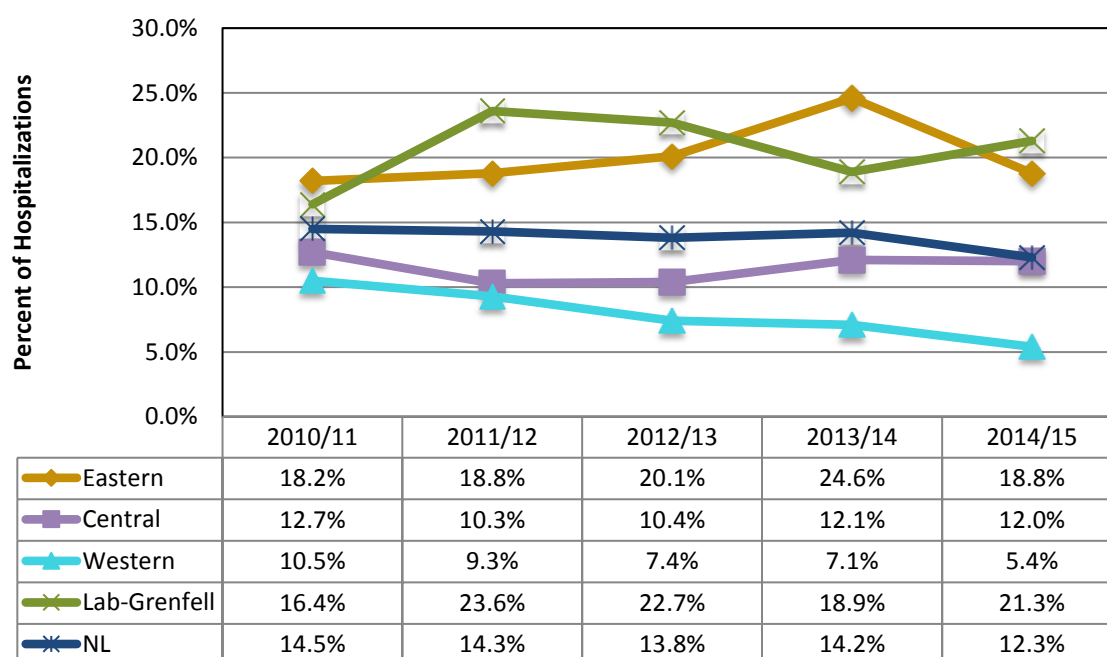


Figure 24
Distribution of General Hospital Mental Health and Addictions Hospitalizations for Treatment of
Addiction Only, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Utilization

Table 22: Distribution of General Hospital Mental Health and Addictions Hospitalizations for Treatment of Concurrent, by Facility, 2010/11-2014/15

RHA	Facility	% Concurrent				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	--	0.0	0.0	--	8.3
	Burin Peninsula Health Care Centre	16.1	29.7	28.6	12.2	17.6
	Carbonear General Hospital	5.0	3.4	3.8	15.6	4.5
	Dr. A.A. Wilkinson Memorial Health Centre	--	--	--	--	--
	Dr. GB Cross Memorial Hospital	22.2	28.6	0.0	11.1	0.0
	Dr. Walter Templeman	--	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	10.9	11.2	7.6	10.0	7.6
	Janeway Children's Health and Rehabilitation Centre	9.9	10.0	5.6	9.3	7.5
	Placentia Health Centre	0.0	16.7	0.0	0.0	0.0
	St. Clare's Mercy Hospital	7.2	5.3	9.2	8.0	7.1
Central	A.M. Guy Memorial Health Centre	--	--	N/A	--	--
	Baie Verte Peninsula Health Centre	--	0.0	--	9.1	0.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	12.5	11.1	0.0	0.0	0.0
	Central Newfoundland Regional Health Centre	15.3	17.5	16.8	17.5	18.1
	Connaigre Peninsula Health Centre	0.0	0.0	5.0	0.0	0.0
	Fogo Island Health Centre	0.0	0.0	20.0	--	0.0
	Green Bay Community Health Centre	0.0	0.0	0.0	12.5	0.0
	James Paton Memorial Hospital	0.0	5.1	6.1	2.2	3.2
	Notre Dame Bay Memorial Health Centre	0.0	0.0	0.0	0.0	4.3
Western	Bonne Bay Health Centre	10.0	0.0	0.0	0.0	33.3
	Calder Health Centre	N/A	--	--	--	0.0
	Dr. Charles L. LeGrow Health Centre	0.0	10.5	4.0	10.5	19.2
	Rufus Guinchard Health Care Centre	4.8	46.7	16.7	5.9	16.7
	Sir Thomas Roddick Hospital	15.4	22.6	17.2	14.3	12.8
	Western Memorial Regional Hospital	20.8	19.8	19.6	21.1	22.6
Lab-Grenfell	Labrador West Health Centre	7.8	18.5	8.8	16.7	8.5
	Cartwright Community Clinic	N/A	N/A	--	N/A	N/A
	Hopedale Community Clinic	--	--	--	--	N/A
	Labrador Health Centre	1.8	6.3	7.6	15.0	8.8
	Labrador South Health Centre	--	--	20.0	0.0	--
	Makkovik Community Clinic	--	N/A	N/A	N/A	N/A
	Nain Community Clinic	--	--	N/A	N/A	--
	Strait of Belle Isle Health Centre	--	--	--	N/A	--
	The Charles S. Curtis Memorial Hospital	8.2	0.0	0.0	4.0	4.7
	White Bay Health Centre	--	0.0	--	--	--

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year

Utilization

Table 23: Distribution of General Hospital Mental Health and Addictions Hospitalizations for Treatment of Mental Illness Only, by Facility, 2010/11-2014/15

RHA	Facility	% Mental Illness Only				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	--	100.0	90.9	--	75.0
	Burin Peninsula Health Care Centre	79.0	67.2	65.1	70.7	41.2
	Carbonear General Hospital	45.0	58.6	69.2	57.8	63.6
	Dr. A.A. Wilkinson Memorial Health Centre	--	--	--	--	--
	Dr. GB Cross Memorial Hospital	61.1	42.9	54.5	22.2	100.0
	Dr. Walter Templeman	--	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	79.5	75.4	78.5	77.0	82.5
	Janeway Children's Health and Rehabilitation Centre	87.7	87.5	91.7	88.0	91.3
	Placentia Health Centre	75.0	66.7	100.0	66.7	100.0
	St. Clare's Mercy Hospital	31.5	42.1	31.2	25.7	39.3
Central	A.M. Guy Memorial Health Centre	--	--	N/A	--	--
	Baie Verte Peninsula Health Centre	--	40.0	--	90.9	75.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	75.0	88.9	100.0	100.0	93.8
	Central Newfoundland Regional Health Centre	72.1	72.0	73.1	68.8	70.2
	Connaigre Peninsula Health Centre	77.3	100.0	65.0	77.8	87.5
	Fogo Island Health Centre	93.8	88.9	80.0	--	100.0
	Green Bay Community Health Centre	90.0	100.0	77.8	87.5	100.0
	James Paton Memorial Hospital	94.1	89.7	84.8	88.9	79.4
	Notre Dame Bay Memorial Health Centre	75.0	88.5	100.0	100.0	91.3
Western	Bonne Bay Health Centre	80.0	100.0	100.0	100.0	66.7
	Calder Health Centre	N/A	--	--	--	100.0
	Dr. Charles L. LeGrow Health Centre	72.7	52.6	72.0	42.1	69.2
	Rufus Guinchard Health Care Centre	90.5	46.7	66.7	82.4	66.7
	Sir Thomas Roddick Hospital	80.8	71.4	74.2	80.3	82.9
	Western Memorial Regional Hospital	67.7	71.0	73.9	72.5	72.0
Lab-Grenfell	Labrador West Health Centre	66.7	55.6	61.8	64.1	64.8
	Cartwright Community Clinic	N/A	N/A	--	N/A	N/A
	Hopedale Community Clinic	--	--	--	--	N/A
	Labrador Health Centre	81.6	65.8	72.4	64.0	68.6
	Labrador South Health Centre	--	--	80.0	100.0	--
	Makkovik Community Clinic	--	N/A	N/A	N/A	N/A
	Nain Community Clinic	--	--	N/A	N/A	--
	Strait of Belle Isle Health Centre	--	--	--	N/A	--
	The Charles S. Curtis Memorial Hospital	81.6	93.8	77.8	82.0	86.0
	White Bay Health Centre	--	75.0	--	--	--

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year

Utilization

Table 24: Distribution of General Hospital Mental Health and Addictions Hospitalizations for Treatment of Addiction Only, by Facility, 2010/11-2014/15

RHA	Facility	% Addiction Only				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	--	0.0	9.1	--	16.7
	Burin Peninsula Health Care Centre	4.8	3.1	6.3	17.1	41.2
	Carbonear General Hospital	50.0	37.9	26.9	26.7	31.8
	Dr. A.A. Wilkinson Memorial Health Centre	--	--	--	--	--
	Dr. GB Cross Memorial Hospital	16.7	28.6	45.5	66.7	0.0
	Dr. Walter Templeman	100.0	N/A	N/A	N/A	N/A
	General Hospital, Health Sciences Centre	9.7	13.4	13.9	13.0	9.9
	Janeway Children's Health and Rehabilitation Centre	2.5	2.5	2.8	2.7	1.3
	Placentia Health Centre	25.0	16.7	0.0	33.3	0.0
	St. Clare's Mercy Hospital	61.3	52.6	59.6	66.4	53.6
Central	A.M. Guy Memorial Health Centre	--	--	N/A	--	--
	Baie Verte Peninsula Health Centre	--	60.0	--	0.0	25.0
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	12.5	0.0	0.0	0.0	6.3
	Central Newfoundland Regional Health Centre	12.5	10.5	10.1	13.7	11.7
	Connaigre Peninsula Health Centre	22.7	0.0	30.0	22.2	12.5
	Fogo Island Health Centre	6.3	11.1	0.0	--	0.0
	Green Bay Community Health Centre	10.0	0.0	22.2	0.0	0.0
	James Paton Memorial Hospital	5.9	5.1	9.1	8.9	17.5
	Notre Dame Bay Memorial Health Centre	25.0	11.5	0.0	0.0	4.3
Western	Bonne Bay Health Centre	10.0	0.0	0.0	0.0	0.0
	Calder Health Centre	N/A	--	--	--	--
	Dr. Charles L. LeGrow Health Centre	27.3	36.8	24.0	47.4	11.5
	Rufus Guinchard Health Care Centre	4.8	6.7	16.7	11.8	16.7
	Sir Thomas Roddick Hospital	3.8	6.0	8.6	5.4	4.3
	Western Memorial Regional Hospital	11.5	9.2	6.5	6.3	5.4
Lab-Grenfell	Labrador West Health Centre	25.5	25.9	29.4	19.2	26.8
	Cartwright Community Clinic	N/A	N/A	--	N/A	N/A
	Hopedale Community Clinic	--	--	--	--	N/A
	Labrador Health Centre	16.6	27.9	20.0	21.0	22.5
	Labrador South Health Centre	--	--	0.0	0.0	--
	Makkovik Community Clinic	--	N/A	N/A	N/A	N/A
	Nain Community Clinic	--	--	N/A	N/A	--
	Strait of Belle Isle Health Centre	--	--	--	N/A	--
	The Charles S. Curtis Memorial Hospital	10.2	6.3	22.2	14.0	9.3
	White Bay Health Centre	--	25.0	--	--	--

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year

Utilization

Psychiatric Hospitals

See methodological
notes page 139

This indicator captures the distribution of all psychiatric hospital (Waterford Hospital) admissions with a most responsible diagnosis of mental illness and addiction hospitalizations among the categories of concurrent conditions, mental illness only and addictions only. In the Waterford Hospital, mental illness only hospitalizations account for the majority of all mental health and addictions hospitalizations. Addiction only hospitalizations account for the lowest percentage. This trend was consistent over the five year period. Counts are presented in Table 25.

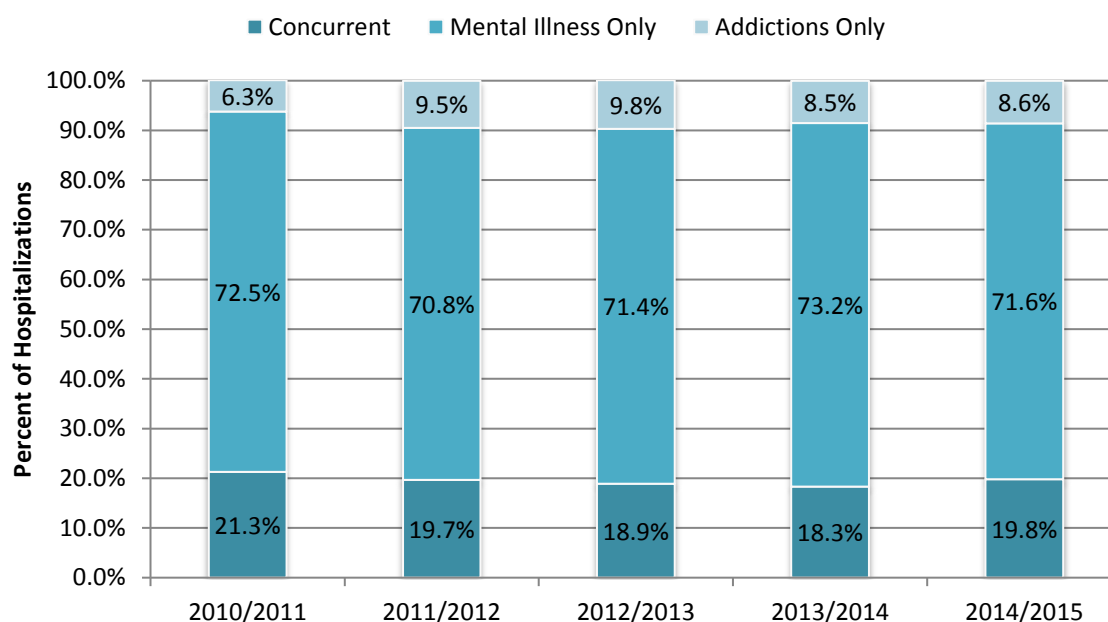


Figure 25

Distribution of Psychiatric Hospital Mental Illness/Addiction Admissions, by Concurrent, Mental Illness Only and Addiction Only, Waterford Hospital, 2010/11-2014/15

Table 25: Number of Psychiatric Hospital Mental Illness/Addiction Admissions, by Concurrent, Mental Illness Only and Addiction Only, Waterford Hospital, 2010/11-2014/15

	2010/11	2011/12	2012/13	2013/14	2014/15
Concurrent	211	208	182	197	197
Mental Illness Only	718	748	688	786	713
Addictions Only	62	100	94	91	86

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Non MH&A Hospitalizations with MH&A as Secondary Diagnoses

Figures 26 to 28 present the proportion of all inpatient hospitalizations with a most responsible diagnosis other than mental health and addictions conditions in which the patient also had a diagnosis of mental illness or addictions. Results by facility are presented in Tables 26 to 28.

Provincially, the proportion of all inpatient hospitalizations with a most responsible diagnosis other than mental health and addictions conditions in which the patient also had a diagnosis of mental illness or addictions remained stable between 2010/11 and 2014/15 (Figure 26). A similar trend was observed in Eastern Health. Overall, rates in Central, Western and Labrador-Grenfell Health increased between 2010/11 and 2014/15. In 2014/15, the highest proportion was observed in Western Health (7.4%) and the lowest proportion was observed in Labrador-Grenfell (3.4%).

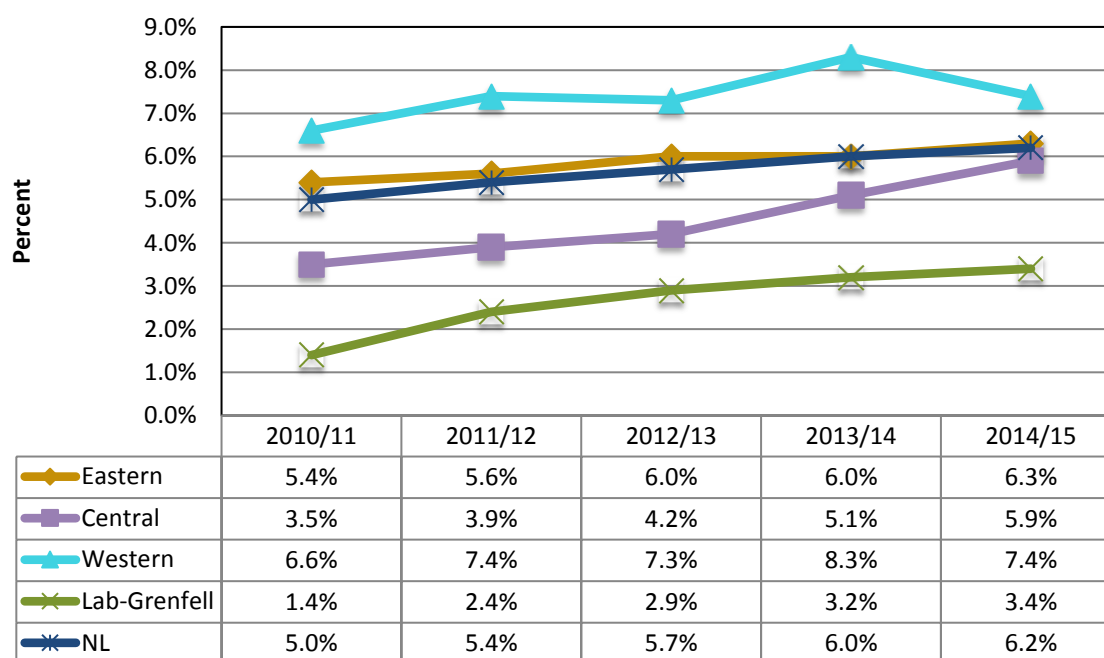


Figure 26
Non-Mental Health and Addiction Hospitalizations with Secondary Mental Health and Addiction Diagnosis, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Utilization

For females, rates remained stable in the province and in Eastern Health. Rates in Central and Labrador-Grenfell Health increased between 2012/11 and 2014/15. Rates in Western were stable between 2010/11 and 2012/13, increased in 2013/14 and decreased in 2014/15. In 2014/15, Western Health females had the highest proportion of non mental health and addictions hospitalization in which the patient also had a diagnosis of mental illness or addictions (7.2%) while Labrador-Grenfell Health females had the lowest rate (2.9%).

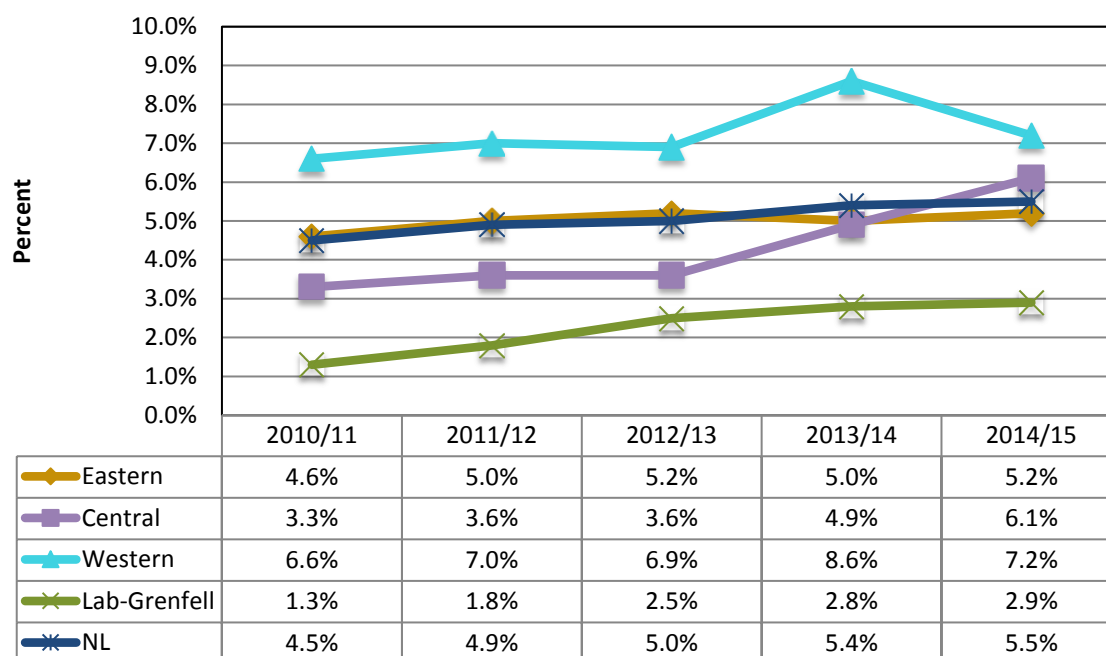


Figure 27
Non-Mental Health and Addiction Hospitalizations with Secondary Mental Health and Addiction
Diagnosis, by RHA of Service, Females, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Utilization

The percentage of non-mental health and addictions hospitalizations with secondary mental health and addictions diagnoses was higher for males than females in all health regions. Overall, rates for males increased provincially between 2010/11 to 2014/15. A similar trend was observed in Eastern, Central Western and Labrador-Grenfell Health.

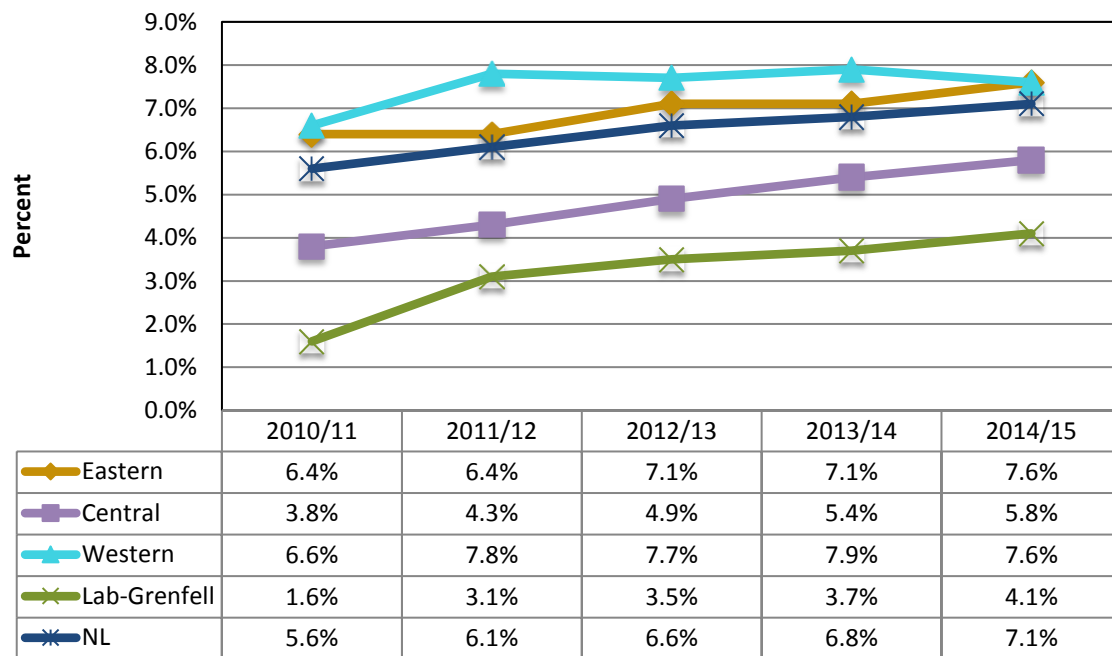


Figure 28
Non-Mental Health and Addiction Hospitalizations with Secondary Mental Health and Addiction
Diagnosis, by RHA of Service, Males, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Utilization

Table 26: Non-Mental Health and Addiction Hospitalizations with Secondary Mental Health and Addiction Diagnosis, by Facility, 2010/11-2014/15

RHA	Facility	Total (%)				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	8.8	13.1	9.4	10.5	5.1
	Burin Peninsula Health Care Centre	7.8	9.3	8.8	7.6	9.3
	Carbonear General Hospital	3.6	4.3	4.2	4.8	5.8
	Dr. A.A. Wilkinson Memorial Health Centre	1.0	2.6	2.4	1.8	0.8
	Dr. GB Cross Memorial Hospital	6.3	5.0	3.8	3.5	4.1
	Dr. Walter Templeman	7.2	9.6	10.0	20.4	8.5
	General Hospital, Health Sciences Centre	4.8	4.7	5.2	5.6	5.9
	Janeway Children's Health and Rehabilitation Centre	5.0	5.8	5.6	5.7	8.6
	Placentia Health Centre	3.9	1.0	1.4	5.8	3.3
	St. Clare's Mercy Hospital	6.8	7.4	8.3	7.7	7.8
	Waterford Hospital	3.6	4.3	5.9	2.2	2.7
Central	A.M. Guy Memorial Health Centre	N/A	7.9	6.5	13.3	5.7
	Baie Verte Peninsula Health Centre	3.2	2.2	6.3	8.3	12.6
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	4.1	3.5	3.6	3.1	3.7
	Central Newfoundland Regional Health Centre	3.9	3.3	3.6	5.0	5.7
	Connaigre Peninsula Health Centre	2.0	2.1	3.9	2.3	6.2
	Fogo Island Health Centre	0.5	0.5	2.3	4.9	6.7
	Green Bay Community Health Centre	6.0	9.1	6.2	8.8	9.8
	James Paton Memorial Hospital	3.9	5.2	5.3	5.5	5.7
	Notre Dame Bay Memorial Health Centre	1.0	1.6	1.0	2.0	4.8
Western	Bonne Bay Health Centre	7.9	17.0	11.5	16.1	6.9
	Calder Health Centre	N/A	5.6	1.4	2.0	1.7
	Dr. Charles L. LeGrow Health Centre	7.0	9.3	7.0	8.6	8.0
	Rufus Guinchard Health Care Centre	6.1	17.1	8.7	12.4	11.6
	Sir Thomas Roddick Hospital	10.8	10.0	12.5	9.8	10.7
	Western Memorial Regional Hospital	5.9	6.0	6.2	7.6	6.6
Lab-Grenfell	Labrador West Health Centre	4.3	4.1	3.5	4.9	5.8
	Cartwright Community Clinic	N/A	N/A	N/A	N/A	N/A
	Hopedale Community Clinic	N/A	5.1	4.0	4.4	
	Labrador Health Centre	0.4	2.0	3.4	3.5	3.9
	Labrador South Health Centre	0.7	2.0	0.9	1.2	2.0
	Makkovik Community Clinic	N/A	N/A	N/A	N/A	N/A
	Nain Community Clinic	N/A	N/A	5.0	N/A	N/A
	Strait of Belle Isle Health Centre	N/A	N/A	1.6	1.6	1.1
	The Charles S. Curtis Memorial Hospital	1.7	2.3	2.5	2.4	2.6
	White Bay Health Centre	0.7	1.1	2.2	3.6	0.7

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any non-mental health and addictions hospitalizations in given year

Utilization

Table 27: Non-Mental Health and Addiction Hospitalizations with Secondary Mental Health and Addiction Diagnosis, by Facility, Females, 2010/11-2014/15

RHA	Facility	Female (%)				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	9.3	17.6	12.2	7.8	5.6
	Burin Peninsula Health Care Centre	6.7	9.6	9.2	6.3	7.9
	Carbonear General Hospital	3.6	4.4	3.9	4.7	5.8
	Dr. A.A. Wilkinson Memorial Health Centre	2.2	2.5	4.6	1.8	
	Dr. GB Cross Memorial Hospital	6.7	4.4	2.8	2.6	3.6
	Dr. Walter Templeman	5.9	15.6	11.6	25.7	9.4
	General Hospital, Health Sciences Centre	3.7	3.9	4.2	4.4	4.4
	Janeway Children's Health and Rehabilitation Centre	5.7	7.3	6.4	5.5	8.4
	Placentia Health Centre	4.9		1.7	4.7	1.0
	St. Clare's Mercy Hospital	6.0	6.7	7.6	7.1	7.2
	Waterford Hospital	4.2	4.7	5.2	2.7	2.3
Central	A.M. Guy Memorial Health Centre	N/A	6.7	N/A	6.3	5.6
	Baie Verte Peninsula Health Centre	5.1	2.5	3.7	8.3	10.6
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	3.5	2.5	4.3	3.5	3.7
	Central Newfoundland Regional Health Centre	3.3	3.0	3.4	4.8	5.4
	Connaigre Peninsula Health Centre	1.9	2.6	5.3	2.7	7.9
	Fogo Island Health Centre	1.1		1.0	8.5	10.5
	Green Bay Community Health Centre	5.7	10.9	5.7	7.5	11.1
	James Paton Memorial Hospital	3.8	4.4	4.0	5.2	6.3
	Notre Dame Bay Memorial Health Centre	1.2	2.1	1.0	1.1	4.5
Western	Bonne Bay Health Centre	5.8	19.3	16.4	18.1	11.8
	Calder Health Centre		5.0	2.3	3.2	3.1
	Dr. Charles L. LeGrow Health Centre	5.0	9.0	6.0	10.1	8.8
	Rufus Guinchard Health Care Centre	3.8	13.0	5.4	10.8	14.3
	Sir Thomas Roddick Hospital	13.9	12.0	13.1	11.9	11.7
	Western Memorial Regional Hospital	5.9	5.3	5.8	7.6	6.1
Lab-Grenfell	Labrador West Health Centre	3.2	4.1	2.1	4.7	5.6
	Cartwright Community Clinic	N/A	N/A	N/A	N/A	N/A
	Hopedale Community Clinic	N/A	4.2	6.5	4.5	N/A
	Labrador Health Centre	0.3	0.7	2.5	2.6	2.5
	Labrador South Health Centre	1.4	3.4	N/A	N/A	3.5
	Makkovik Community Clinic	N/A	N/A	N/A	N/A	N/A
	Nain Community Clinic	N/A	N/A	9.1	N/A	N/A
	Strait of Belle Isle Health Centre	N/A	N/A	3.0	2.4	1.9
	The Charles S. Curtis Memorial Hospital	1.7	1.9	2.6	2.5	2.4
	White Bay Health Centre	1.2	1.9	2.4	1.6	N/A

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any non-mental health and addictions hospitalizations in given year

Utilization

Table 28: Non-Mental Health and Addiction Hospitalizations with Secondary Mental Health and Addiction Diagnosis, by Facility, Males, 2010/11-2014/15

RHA	Facility	Male (%)				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	8.1	7.2	6.3	13.6	4.5
	Burin Peninsula Health Care Centre	9.6	9.0	8.4	9.2	11.0
	Carbonear General Hospital	3.6	4.1	4.5	4.8	5.8
	Dr. A.A. Wilkinson Memorial Health Centre	N/A	2.7	N/A	1.7	1.6
	Dr. GB Cross Memorial Hospital	5.7	5.9	5.4	5.0	4.8
	Dr. Walter Templeman	8.6	4.1	7.4	7.1	6.7
	General Hospital, Health Sciences Centre	6.4	6.0	6.8	7.4	8.0
	Janeway Children's Health and Rehabilitation Centre	4.1	4.2	4.7	6.0	9.1
	Placentia Health Centre	2.6	2.0	1.1	7.2	5.9
	St. Clare's Mercy Hospital	7.6	8.1	9.1	8.3	8.4
	Waterford Hospital	3.1	4.0	6.4	1.7	3.0
Central	A.M. Guy Memorial Health Centre	N/A	9.1	9.5	21.4	5.9
	Baie Verte Peninsula Health Centre	1.0	1.9	9.3	8.2	14.9
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	4.8	4.9	2.8	2.6	3.8
	Central Newfoundland Regional Health Centre	4.7	3.7	4.0	5.2	6.1
	Connaigre Peninsula Health Centre	2.1	1.6	2.6	1.9	4.4
	Fogo Island Health Centre		1.1	4.2		2.7
	Green Bay Community Health Centre	6.3	6.9	7.0	10.6	8.2
	James Paton Memorial Hospital	4.0	6.5	7.2	6.1	4.9
	Notre Dame Bay Memorial Health Centre	0.8	1.1	0.9	2.8	5.1
Western	Bonne Bay Health Centre	10.9	13.5	7.2	14.3	2.4
	Calder Health Centre	N/A	6.3	N/A	N/A	N/A
	Dr. Charles L. LeGrow Health Centre	8.9	9.6	8.1	6.9	7.2
	Rufus Guinchard Health Care Centre	8.8	21.1	13.7	14.0	9.8
	Sir Thomas Roddick Hospital	8.0	7.9	12.0	7.7	9.7
	Western Memorial Regional Hospital	5.9	6.9	6.5	7.6	7.4
Lab-Grenfell	Labrador West Health Centre	6.1	4.1	5.3	5.0	6.1
	Cartwright Community Clinic	N/A	N/A	N/A	N/A	N/A
	Hopedale Community Clinic	N/A	6.7	N/A	4.3	N/A
	Labrador Health Centre	0.7	4.4	5.4	5.2	6.3
	Labrador South Health Centre	N/A	N/A	1.8	2.6	N/A
	Makkovik Community Clinic	N/A	N/A	N/A	N/A	N/A
	Nain Community Clinic	N/A	N/A	N/A	N/A	N/A
	Strait of Belle Isle Health Centre	N/A	N/A	N/A	N/A	N/A
	The Charles S. Curtis Memorial Hospital	1.6	2.7	2.3	2.3	2.8
	White Bay Health Centre	N/A	N/A	1.9	6.4	1.9

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any non-mental health and addictions hospitalizations in given year

Utilization

Unintentional Overdose Hospitalizations

See methodological
notes page 142

The overdose hospitalization rate measures the rate of hospitalizations with a most responsible diagnosis of unintentional overdose per 100,000 population.

Provincially and in Eastern Health rates remained stable between 2010/11 and 2014/15. Overall, rates are highest in Labrador-Grenfell Health. In 2014/15, Labrador-Grenfell Health had the highest rate of unintentional overdose hospitalizations (25.9) while Central Health had the lowest (8.7).

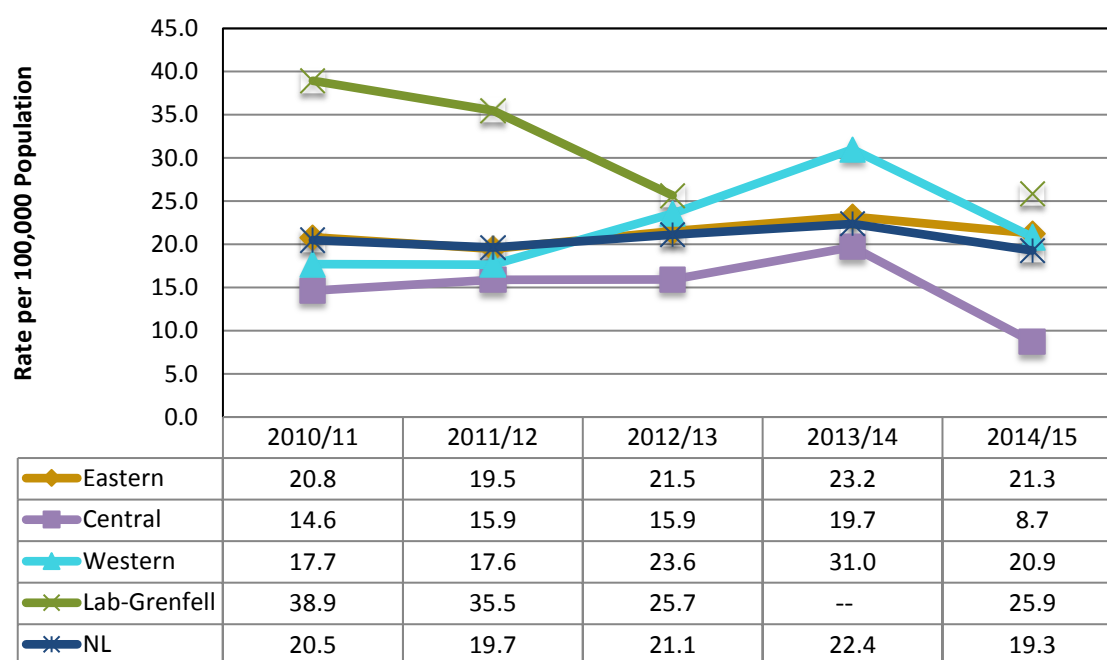


Figure 29
Unintentional Overdose Hospitalization Rate per 100,000 Population, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15; Statistics Canada Population Estimates 2010-2014

Utilization

Inflow/Outflow

See methodological
notes page 143

This indicator captures the ratio of the number of hospitalizations for all mental illness and addictions within a given region to the number of hospitalizations for mental illness and addictions generated by residents of that region. Labrador-Grenfell Health had the lowest ratio meaning this region has the most outflow of patients to receive service in another RHA. Rates remained stable across all regions during the five year period.

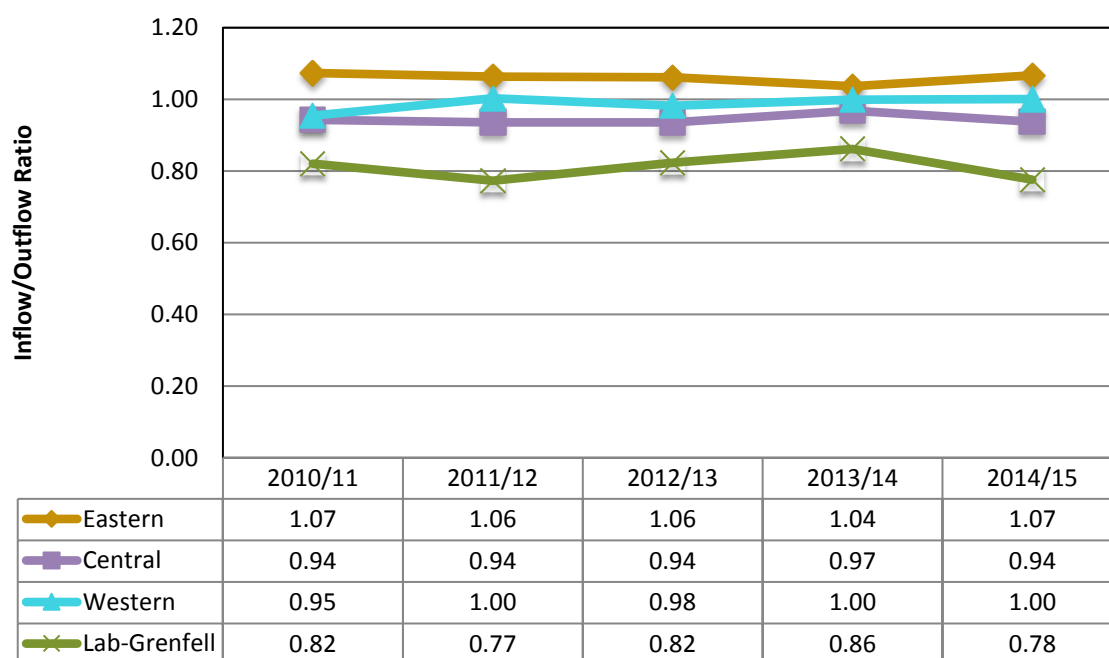


Figure 30
Inflow/Outflow rate, Mental Illness and Addictions Hospitalizations, by RHA of Residence, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Efficiency Indicators

ALC Days

See methodological
notes page 144

The figure below presents the proportion of total length of stay that are alternate level care (ALC) days for all mental health and addictions hospitalizations. ALC days are those when a patient is occupying an acute care bed and waiting to receive an alternate level of care, such as long term care. For this indicator a low percentage is favorable.

Provincially and in Eastern and Western Health, rates generally increased between 2010/11 and 2014/15 (Figure 31). Rates in Central and Labrador-Grenfell Health were highly variable. In 2014/15, Central Health had the highest proportion of total length of stay that are ALC days for mental health and addictions hospitalizations (47.0%) while Eastern Health had the lowest proportion (17.9%). Results by facility are presented in Table 29.

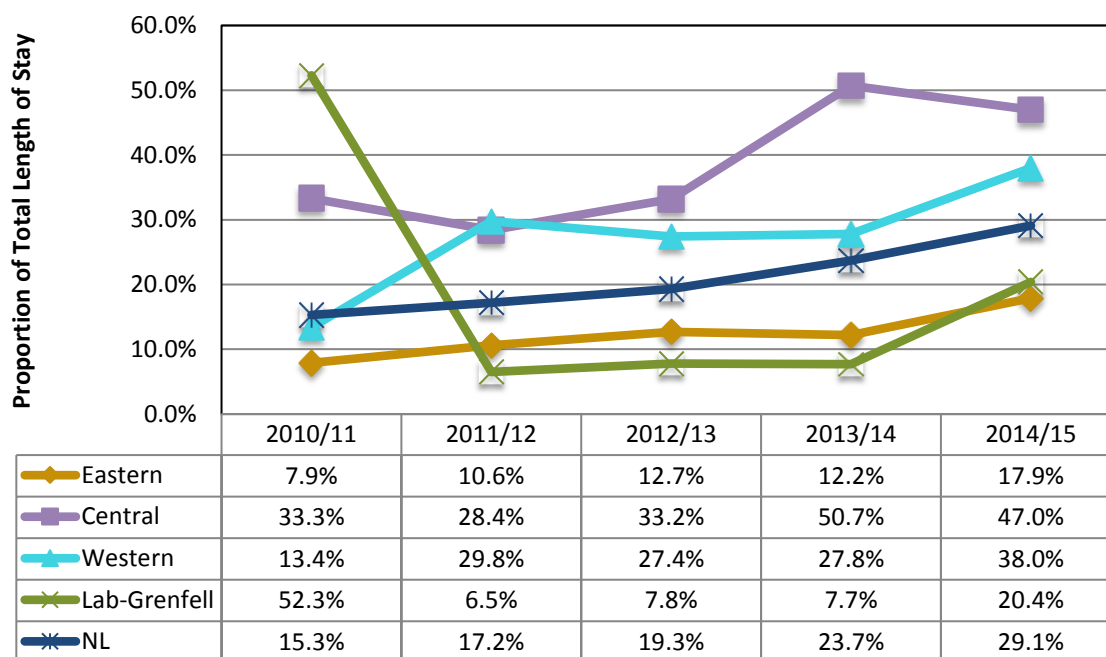


Figure 31
Proportion of Total Length of Stay that are Alternate Level Care Days for Mental Health and Addictions Hospitalizations, by RHA of Service, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Efficiency

Table 29: Proportion of Total Length of Stay that are Alternate Level Care Days for Mental Health and Addictions Hospitalizations, by Facility, 2010/11-2014/15

RHA	Facility	ALC Days (%)				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	Bonavista Peninsula Health Centre	--	15.7	10.3	--	61.9
	Burin Peninsula Health Care Centre	35.1	49.6	42.7	48.2	49.3
	Carbonear General Hospital	12.0	26.9	33.3	27.7	14.0
	Dr. A.A. Wilkinson Memorial Health Centre	--	--	--	--	--
	Dr. GB Cross Memorial Hospital	41.2	0.0	24.5	34.2	--
	Dr. Walter Templeman	--		N/A		
	General Hospital, Health Sciences Centre	8.2	9.9	12.5		
	Janeway Children's Health and Rehabilitation Centre	0.2	0.0	0.0	0.1	2.4
	Placentia Health Centre	14.2	14.5	30.9	--	--
	St. Clare's Mercy Hospital	34.5	40.0	46.4	35.7	32.0
	Waterford Hospital	5.0	7.0	9.0	9.9	18.0
Central	A.M. Guy Memorial Health Centre	--	--	N/A	--	--
	Baie Verte Peninsula Health Centre	--	13.9	--	58.6	85.5
	Dr. Y.K. Jeon Kittiwake/Bonnews Lodge	57.5	27.4	0.0	61.0	28.6
	Central Newfoundland Regional Health Centre	13.3	18.0	20.2	32.7	37.3
	Connaigre Peninsula Health Centre	0.0	0.0	0.0	61.2	0.0
	Fogo Island Health Centre	0.0	0.0	0.0	--	48.4
	Green Bay Community Health Centre	0.0	0.0	29.2	12.0	75.9
	James Paton Memorial Hospital	79.7	77.6	83.3	85.5	73.7
	Notre Dame Bay Memorial Health Centre	55.3	40.6	72.4	70.3	70.4
Western	Bonne Bay Health Centre	14.6	4.9	--	--	63.1
	Calder Health Centre		--	0.0	--	66.9
	Dr. Charles L. LeGrow Health Centre	2.4	52.2	63.1	43.7	60.1
	Rufus Guinchard Health Care Centre	0.0	8.8	0.0	17.4	56.7
	Sir Thomas Roddick Hospital	35.3	43.1	19.0	37.5	35.3
	Western Memorial Regional Hospital	10.5	27.4	26.4	26.1	36.9
Lab-Grenfell	Labrador West Health Centre	0.0	0.0	0.0	10.0	20.8
	Cartwright Community Clinic			--		
	Hopedale Community Clinic	0.0	--	--	--	
	Labrador Health Centre	--	0.0	14.0	16.2	24.2
	Labrador South Health Centre	--	--	0.0	0.0	--
	Makkovik Community Clinic	--				
	Nain Community Clinic	--	--			--
	Strait of Belle Isle Health Centre	--	--	--		--
	The Charles S. Curtis Memorial Hospital	77.3	20.1	5.6	0.0	15.8
	White Bay Health Centre	--	0.0	--	--	--

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

"N/A" indicates the facility did not have any mental health and addictions hospitalizations in given year.

Nursing Worked Hours per Inpatient Day

See methodological
notes page 145

Figure 32 presents the number of nursing worked hours per day on psychiatric inpatient units. Nursing worked hours include registered nurses, nurse practitioners and licensed practical nurses. This indicator is calculated only for facilities with dedicated Mental Health and Addictions inpatient nursing units, therefore Labrador-Grenfell Health is not included. Nursing worked hours per inpatient day decreased for the province, Eastern, Central and Western Health between 2010/11 and 2014/15. In 2014/15, the number of nursing worked hours on psychiatric inpatient units ranged from 7.8 hours per day in Eastern Health to 4.3 hours per day in Central Health.

Facility level results are presented in Table 30. The nurse to patient ratio at the Janeway is higher than the other facilities (17.5 hours per inpatient day in 2014/15). A higher nurse-patient ratio would likely be expected for pediatrics than adults. A higher number may also be appropriate for the acuity of the unit concerned. Similar services at General Hospital, Central Newfoundland Regional Health Centre and Western Memorial Regional Hospital are shown to be comparable. It should be noted that all facilities presented are trending downward since 2010/11. The value in this indicator is to monitor over time thereby identifying outliers.

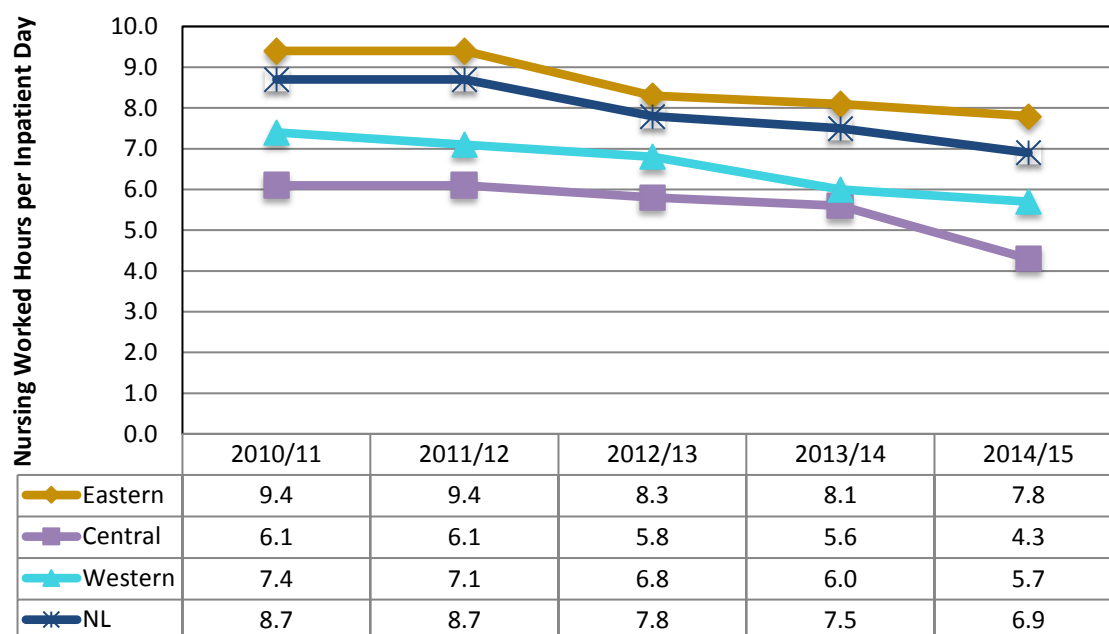


Figure 32
Nursing Worked Hours per Inpatient Day on a Psychiatric Nursing Unit, by RHA of Service, 2010/11-2014/15

Table 30: Nursing Worked Hours per Inpatient Day on a Psychiatric Nursing Unit, by Facility, 2010/11-2014/15

RHA	Facility	Hours per Inpatient Unit				
		2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	General Hospital, Health Sciences Centre	7.9	7.0	7.3	7.0	6.3
	Janeway Children's Health and Rehabilitation Centre	21.0	19.1	22.3	17.7	17.5
	Waterford Hospital	9.8	9.3	7.8	7.8	7.5
Central	Central Newfoundland Regional Health Centre	6.1	6.1	5.8	5.8	5.3
Western	Western Memorial Regional Hospital	7.4	7.1	6.8	6.8	5.7

Data Source: Provincial MIS Database 2010/11-2014/15

Spending Indicators

Spending

The spending indicators that are presented in this report relate to the operating and direct client costs incurred by the regional health authorities in the delivery of programs and services. The MH&A Services Direct Operating Expense totals for NL and RHAs (Table 31) was supplied by the Department of Health and Community Services for the fiscal years 2010/11 to 2014/15 using a different methodology than that used in the 2015 report, so results are not comparable. While regional health authority programs and services comprise a significant portion of provincial spending in the area of mental health and addictions, there are additional costs which fall outside the scope of this report such as grants provided to community agencies, costs of drugs covered under the Newfoundland and Labrador Prescription Drug Program, and costs associated with out of province treatment services.

MH&A Services Direct Operating Expense to Total RHA Operating Expense

See methodological
notes page 146

Figure 33 presents the percentage of the total direct operating expenditures related to mental health and addictions services. Actual expenditures are reported in Table 31. Between 2010/11 to 2014/15 the direct operating expenses spent on mental health and addictions programs and services increased for the province. Spending also increased in Eastern, Central and Western Health. Spending fluctuated in Labrador-Grenfell between 2010/11 and 2014/15. A continued increase is anticipated as regional community MH&A treatment centres become operational.

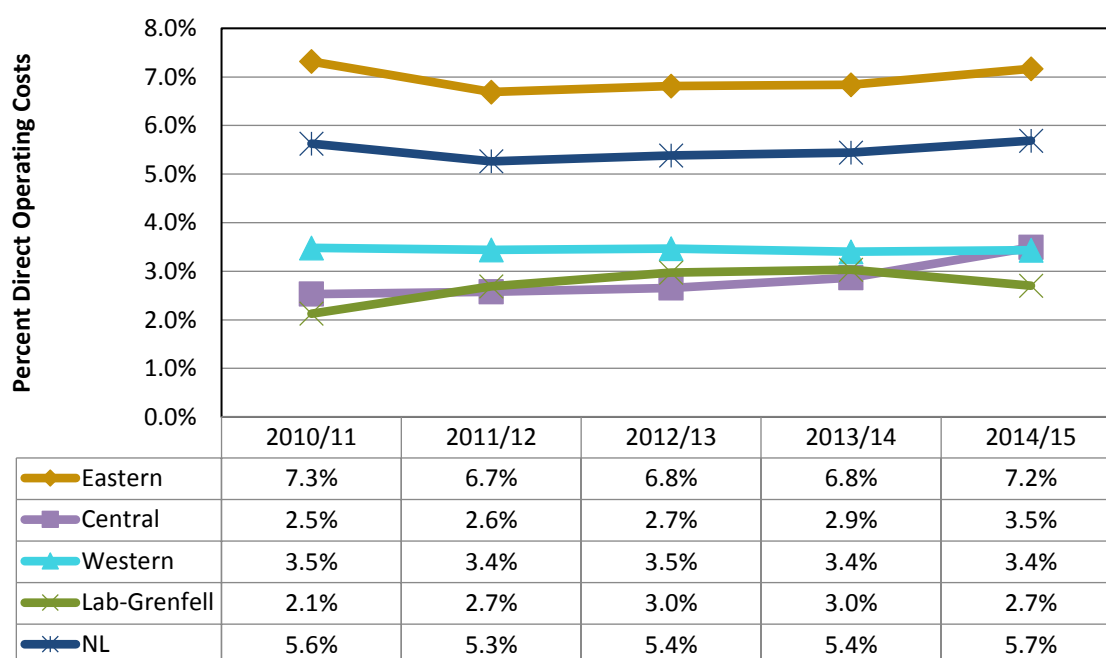


Figure 33
Mental Health & Addictions Direct Operating Expenses to Total Direct Operating Expenses, by RHA of Service, 2010/11-2014/15

Data Source: Department of Health and Community Services 2010/11-2014/15; Provincial MIS Database 2010/11-2014/15

Spending

Table 31: Mental Health & Addictions Direct Operating Expenses, by RHA of Service, 2010/11-2014/15

RHA of Service	Mental Health and Addictions Programs/Services Direct Operating Expenses				
	2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	\$93,988,680	\$90,611,680	\$93,353,558	\$94,729,091	\$99,868,153
Central	\$7,824,215	\$8,580,350	\$8,876,281	\$9,922,270	\$12,288,989
Western	\$10,851,521	\$11,303,958	\$11,525,087	\$11,383,596	\$11,867,094
Lab-Grenfell	\$3,304,436	\$4,598,679	\$5,008,308	\$5,008,308	\$4,594,161
NL	\$115,968,852	\$115,094,667	\$118,763,234	\$121,422,889	\$128,618,397

Data Source: Department of Health and Community Services 2010/11-2014/15; Provincial MIS Database 2010/11-2014/15

MH&A Services Direct Operating Expense per capita

Figure 34 presents the direct cost of mental health and addictions programs and services per capita. This includes hospital and community based services expenditures.

The per capita spending on mental health and addictions programs and services has increased since 2010/11 for the province and across the regional health authorities. Eastern Health had the highest per capita spending (\$311.31) in 2014/15 while Labrador-Grenfell Health had the lowest (\$124.54).

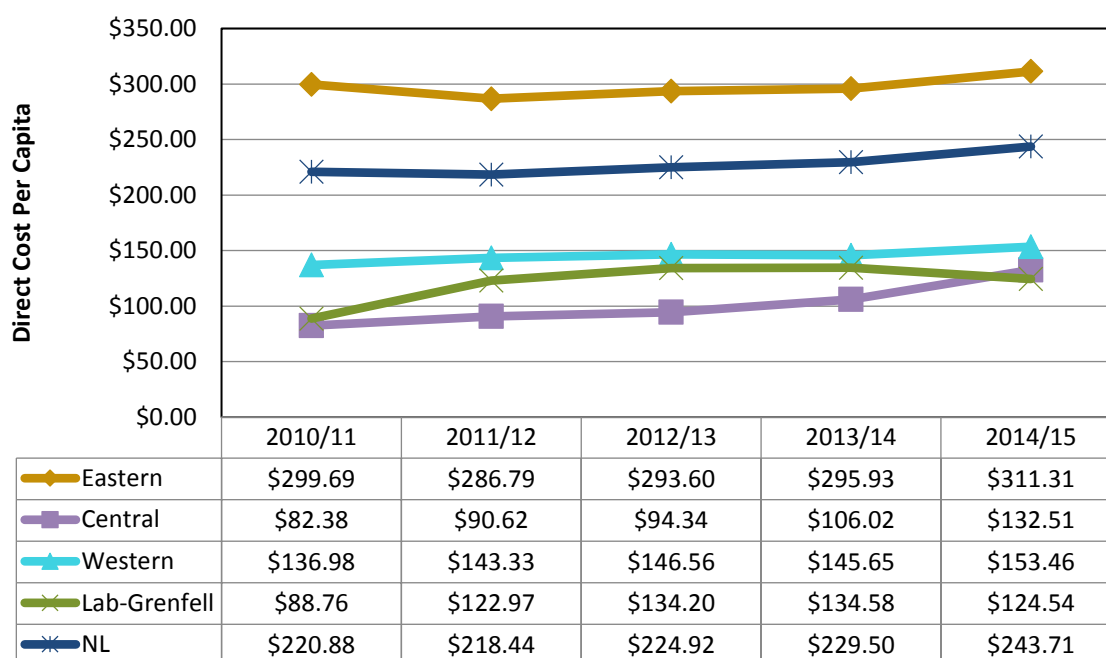


Figure 34
Direct Operating Cost of RHA Mental Health and Addictions Specific Programs and Services per capita,
by RHA of Service, 2010/11-2014/15

Data Source: Department of Health and Community Services 2010/11-2014/15; Provincial MIS Database 2010/11-2014/15

Direct Client Costs to MH&A Services Direct Operating Expense

Direct client costs are consumable supplies or other expenses that can be directly associated with a particular service, procedure or drug intervention; traced to a particular service recipient. Examples include residential and living expenses, recreation fees, and home support payments.

Provincially, the percentage of the total operating expense for mental health and addictions programs/services attributed to direct client costs in the community increased between 2011/12 and 2014/15. Similar trends were observed in Eastern and Western Health. In Central Health, the percentage decreased between 2011/12 and 2014/15. Rates remained stable in Labrador-Grenfell Health between 2011/12 and 2014/15. In 2014/15, Central Health had the highest proportion of spending (5.5%) while Labrador-Grenfell Health had the lowest (1.4%). Actual expenditures are reported in Table 32.

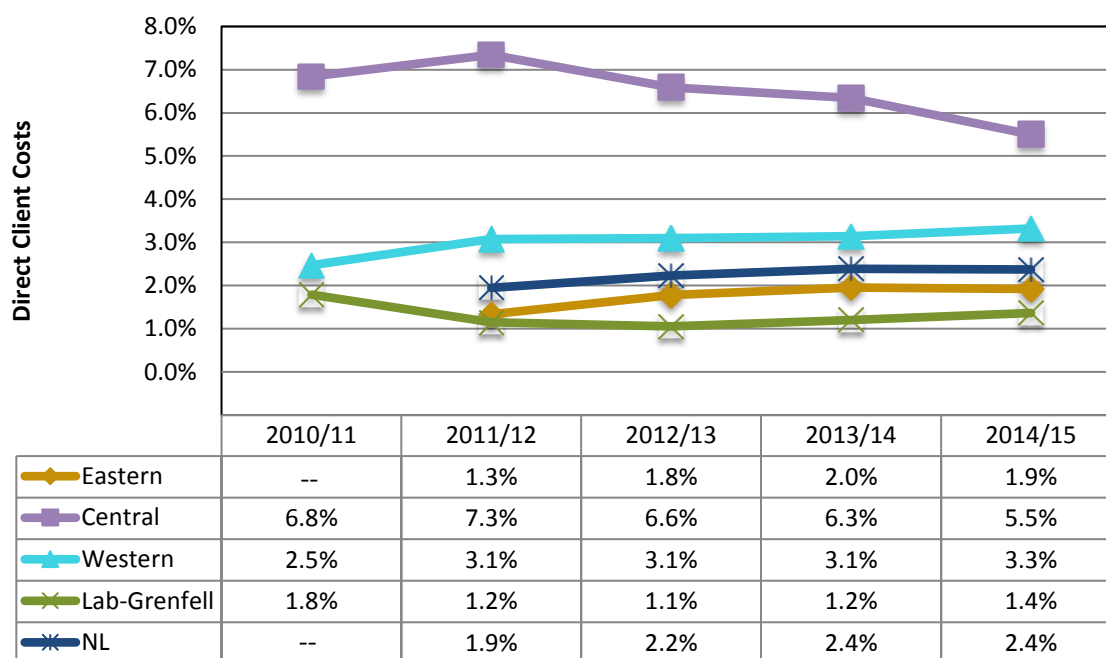


Figure 35
Community Direct Client Costs to Total Operating Expense, Mental Health and Addictions Programs/Services, by RHA of Service, 2010/11-2014/15

Data Source: Department of Health and Community Services 2010/11-2014/15; Provincial MIS Database 2010/11-2014/15

Note: Data unavailable for Eastern Health for 2010/11. Provincial number was not calculated due to unavailability of Eastern Health data.

Spending

Table 32: Community Direct Client Expenditures, Mental Health and Addictions Programs/Services, by RHA of Service, 2010/11-2014/15

RHA of Service	Direct Client Expenditures				
	2010/11	2011/12	2012/13	2013/14	2014/15
Eastern	--	\$1,209,533	\$1,658,176	\$1,851,436	\$1,916,240
Central	\$535,558	\$630,211	\$584,957	\$629,887	\$675,645
Western	\$268,134	\$348,158	\$357,297	\$357,780	\$394,167
Lab-Grenfell	\$59,128	\$52,920	\$52,799	\$60,167	\$62,848
NL	--	\$2,240,822	\$2,653,230	\$2,899,270	\$3,048,901

Data Source: Provincial MIS Database 2010/11-2014/15

Note: Data unavailable for Eastern Health for 2010/11. Provincial number was not calculated due to unavailability of Eastern Health data.

Spending

Drug Costs per Psychiatric Inpatient/Resident Day

See methodological
notes page 150

Drug expenditures per inpatient/resident day in mental health and addictions nursing units has decreased over the last five years in Newfoundland and Labrador (Figure 36). Similar trends were observed across the RHAs. Data was not available for Labrador-Grenfell Health facilities. In 2014/15, the highest drug expenditure per inpatient/resident day was observed in Eastern Health (\$6.36) while Central Health had the lowest (\$5.15). In 2014/15, the average cost of drugs per inpatient/resident day was \$6.24.

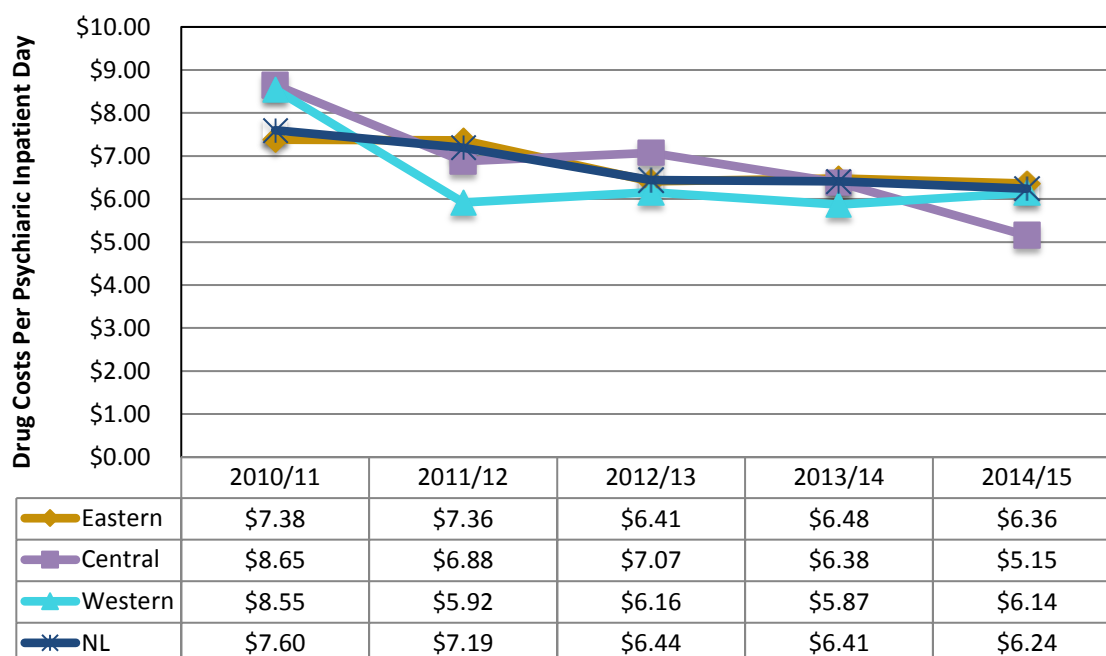


Figure 36
Drug Expenditures per Psychiatric Unit Inpatient Day-Direct Operating Costs Only, by RHA of Service, 2010/11-2014/15

Data Source: Provincial MIS Database 2010/11-2014/15

Spending

High Cost Case Mix Groups

See methodological
notes page 151

Both tables below identify the ten most costly case mix groups (CMG's) for mental illness and addictions hospitalizations for Newfoundland and Labrador. The CMG provides an average resource intensive weight (RIW) which is then multiplied by the Cost of Standard Hospital Stay (CSHS) in Newfoundland and Labrador to calculate the estimated average cost of a specific case. For 2014/15, the average cost per weighted case in NL was \$6,252.

Table 33 illustrates how these smaller volumes of high cost cases impact the total costs of mental illness/addictions services at 10% of the total expenses of mental health and addictions programs and services.

Table 33: Lower Volume – High Cost Case Mix Groups for Mental Illness and Addictions Hospitalizations, NL, 2014/15

Case Mix Group	Volume	Total RIW	Average RIW	Average Cost	Total
Organic Mental Disorder	145	283.55	1.96	\$12,226	\$1,772,740
Dementia	121	317.68	2.63	\$16,414	\$1,986,148
Schizotypal / Delusional Disorder	121	198.37	1.64	\$10,250	\$1,240,238
Other Mental Health Disorder with Electroconvulsive Therapy	74	589.18	7.96	\$49,778	\$3,683,548
Eating Disorder	33	136.47	4.14	\$25,855	\$853,220
				Total	\$9,535,894

Table 34 illustrates how cases with lower RIWs but higher total volumes impact program spending. This indicator identifies the five case mix groups that have a greater impact on overall spending, representing 11% of the total expenses of mental health and addictions programs and services.

Table 34: Higher Volume – High Cost Case Mix Groups for Mental Illness and Addictions Hospitalizations, NL, 2014/15

Case Mix Group	Volume	Total RIW	Average RIW	Average Cost	Total
Depressive Episode	422	498.42	1.18	\$7,384	\$3,116,110
Stress Reaction/Adjustment Disorder	300	205.3	0.68	\$4,278	\$1,283,527
Substance Abuse with Other State	280	193.52	0.69	\$4,321	\$1,209,862
Schizophrenia / Schizoaffective Disorder	267	604.44	2.26	\$14,153	\$3,778,954
Bipolar Disorder	196	367.22	1.87	\$11,714	\$2,295,874
				Total	\$11,684,327

Data Source: 2014/15 – Yourhealthsystem.cih.ca; NLCHI Clinical Database Management System; Canadian MIS Data Base (CMDB)

Health Outcomes

Health Outcomes

Suicide

See methodological
notes page 152

The crude suicide rate captures the number of deaths due to intentional self-injury per 100,000 population aged ten years and older.

The overall rate of suicide in Newfoundland and Labrador increased from 9.5 per 100,000 population in 2008 to a high of 12.7 in 2010 before decreasing to 9.2 per 100,000 population in 2012. Rates in the RHAs also varied during the five year period. The highest rates of suicide were observed in Labrador-Grenfell Health.

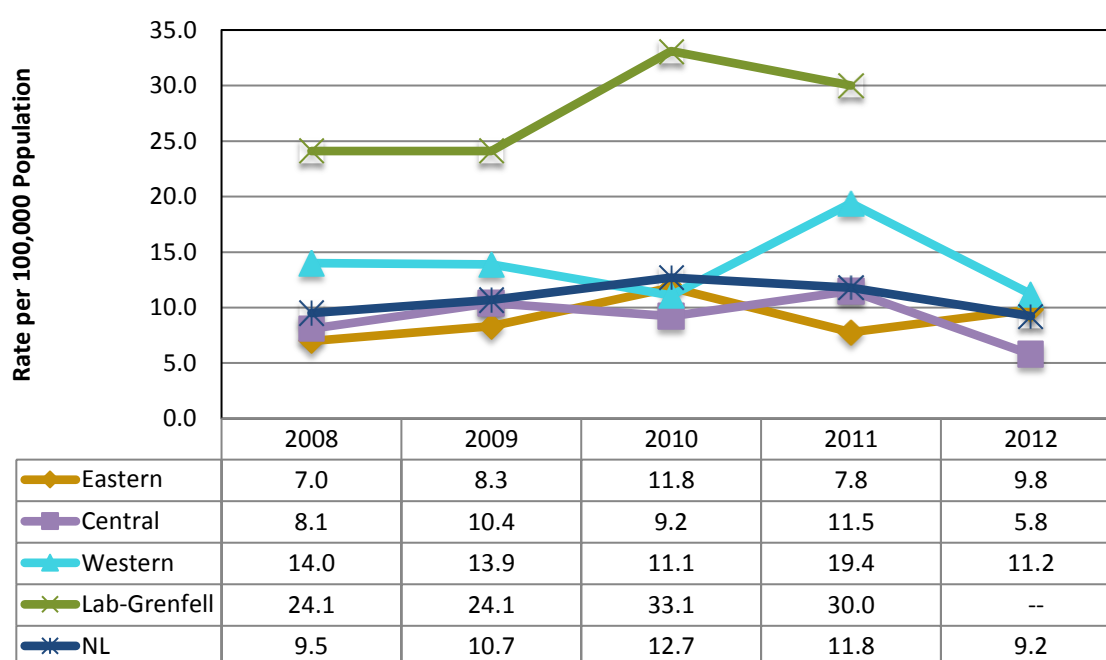


Figure 37
Rate of Suicide per 100,000 Population, Aged 10 Years or Older, by RHA of Residence, 2008-2012

Data Source: NLCHI Suicide Database 2008-2012; Statistics Canada Population Estimates 2008-2012

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

Health Outcomes

Potential Years of Life Lost due to Suicide

See methodological
notes page 153

Potential years of life lost (PYLL) refers to the total number of years of life 'lost' when a person dies prematurely (before age 75).

In 2012, the rate of PYLL due to suicide in Newfoundland and Labrador was 290.0 per 100,000 population. This means that for every 100,000 population aged 10 to 74 there is a potential of 290.0 years lost prematurely to suicide. Prior to 2012, Labrador-Grenfell had a rate of PYLL due to suicide that was three times higher than the other RHAs. This is a reflection of the younger age of individuals from Labrador-Grenfell Health who died from suicide compared to the other regions.

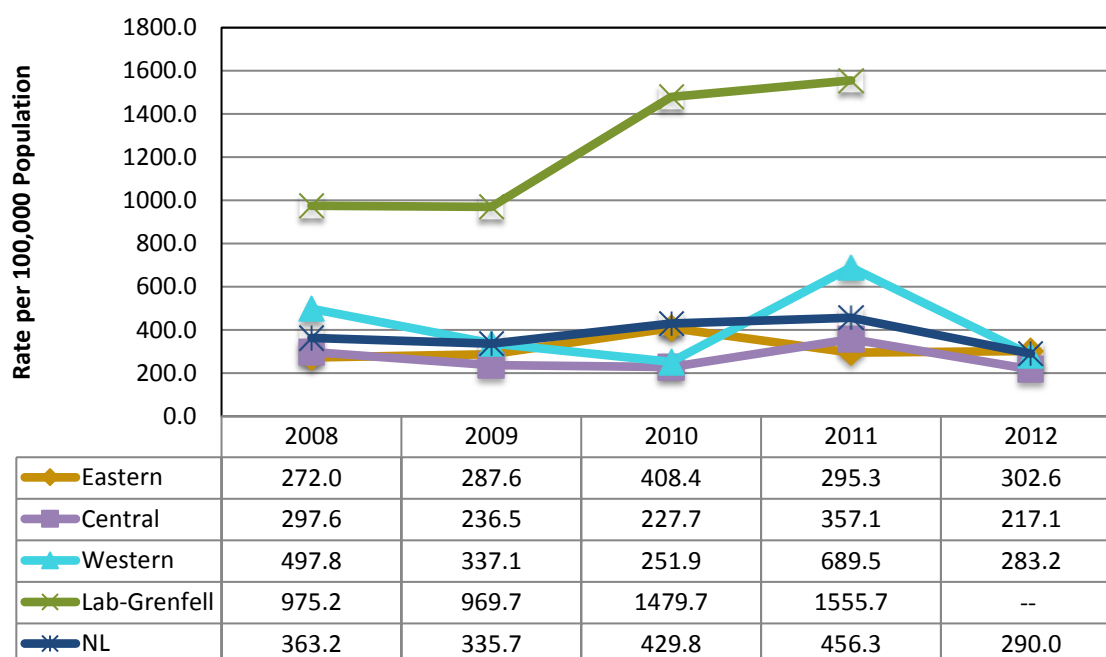


Figure 38
Potential Years of Life Lost (PYLL) due to Suicide Deaths per 100,000 Population, Aged 10 Years or Older, by RHA of Residence, 2008-2012

Data Source: NLCHI Suicide Database 2008-2012; Statistics Canada Population Estimates 2008-2012

Cell counts less than five are suppressed to protect patient privacy and indicated as "--".

Health Outcomes

Intentional Self-Injury Hospitalizations

See methodological
notes page 154

Figure 39 presents the rate of intentional self-injury hospitalization per 100,000 population. For this indicator, lower rates are desirable.

Between 2010/11 and 2014/15, rates of intentional self-injury hospitalizations in Newfoundland and Labrador ranged from 89.1 per 100,000 population in 2010/11 to 94.3 per 100,000 population in 2013/14. The rate decreased to 79.6 per 100,000 population in 2014/15. Rates in Labrador-Grenfell were highly variable ranging from a low of 90.9 in 2010/11 to a high of 214.9 in 2012/13. In 2013/14 rates in Labrador-Grenfell began to decline.

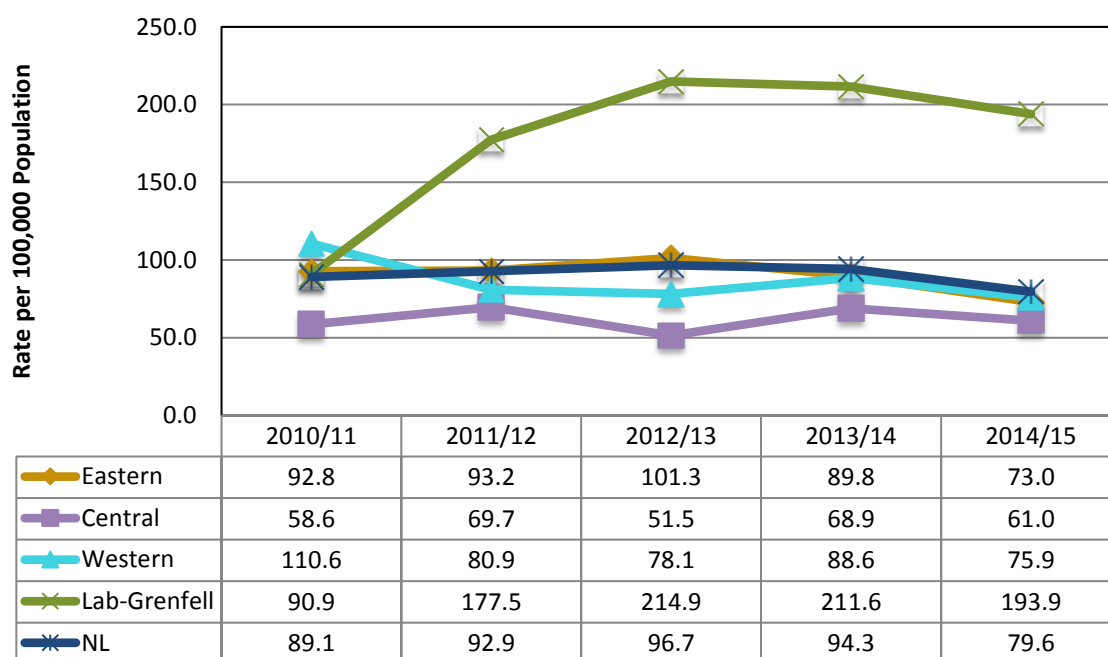


Figure 39
Rate of Intentional Self-Injury Hospitalizations per 100,000 Population, Aged 15 Years or Older, by
RHA of Residence, 2010/11-2014/15

Data Source: NLCHI Clinical Database Management System 2010/11-2014/15; Statistics Canada, Population Estimates 2010-2014

Health Outcomes

Perceived Mental Health Status

See methodological
notes page 155

The perceived mental health status indicator presents the proportion of the population aged 12 years and older reporting their own mental health status as 'very good' or 'excellent.' Provincially, rates remained fairly stable. The largest decrease was observed in Labrador-Grenfell Health from 2011-12 (79.5%) to 2013-14 (68.4%).

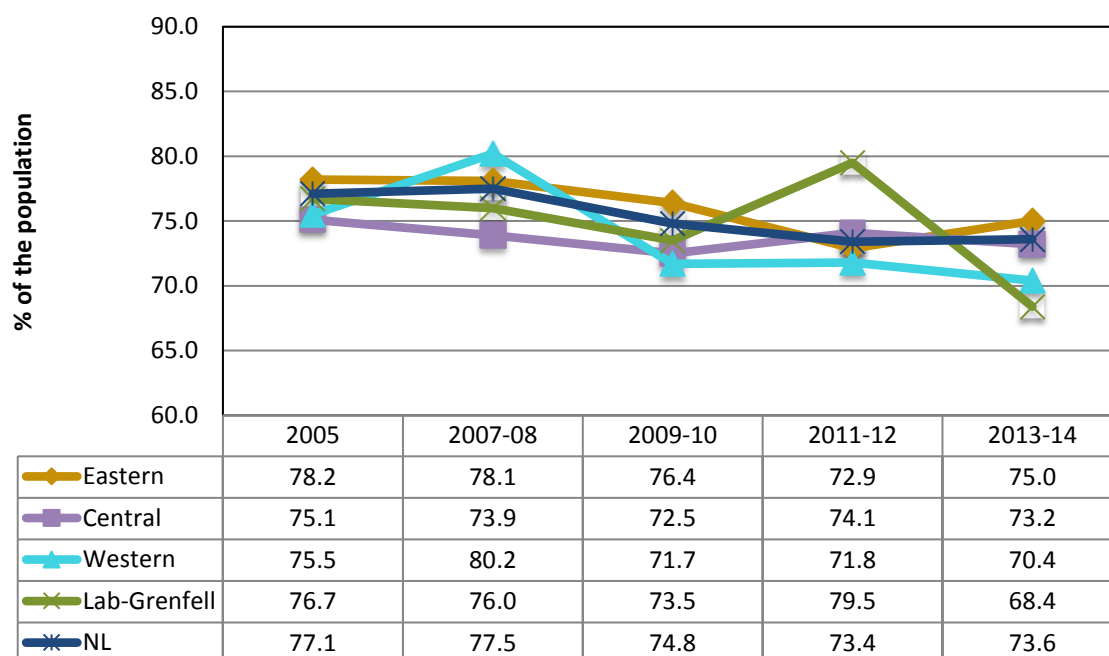


Figure 40
Percentage of the population aged 12 years and older who reported perceiving their own mental health status as being "excellent or very good," by RHA of Residence, 2005 to 2013-14

Data Source: Statistics Canada, Canadian Community Health Survey, Share file, 2005, 2007-08, 2009-10, 2011-12 & 2013-14

Health Outcomes

Prevalence of Mood Disorders

See methodological
notes page 156

Figure 41 presents the percentage of the provincial population aged 12 years and older who reported that they have been diagnosed with a mood disorder such as depression, bipolar disorder, mania or dysthymia.

Overall, Eastern Health had the highest percentage of the population with a mood disorder. In Eastern Health, 5.0 % of the population reported having a mood disorder in 2005 compared to 8.5% in 2011-12 and 7.5% in 2013-14. Rates were variable provincially and across all regions, with all increasing from 2005 to 2013-14.

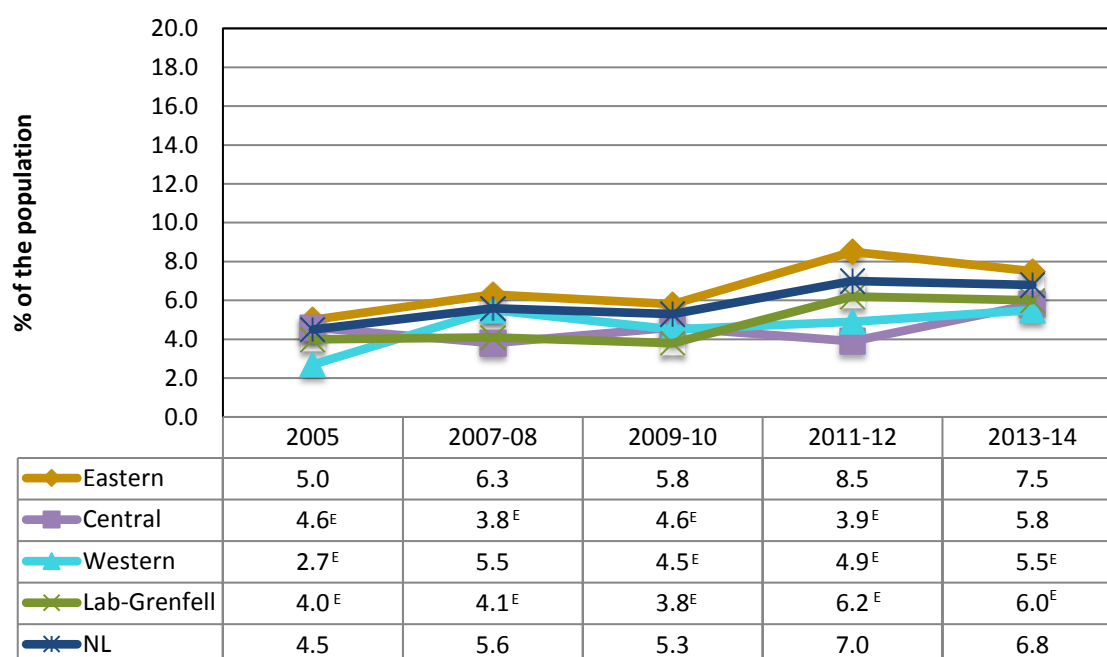


Figure 41
Percentage of the population aged 12 years and older who reported that they had been diagnosed by a health professional as having a mood disorder, RHA of Residence, 2005 to 2013-14

Data Source: Statistics Canada, Canadian Community Health Survey, Share file, 2005, 2007-08, 2009-10, 2011-12 & 2013-14

Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (E) and should be interpreted with caution.

Appendix A –Indicator Descriptions and Methodological Notes

Population Estimates	
Description	Total estimated population for the province and RHAs
Inclusions/Exclusions	<p>Inclusion Criteria: Residents of Newfoundland and Labrador</p> <p>Exclusion Criteria: Non-residents of Newfoundland and Labrador</p>
Time Frame	2014
Source	Statistics Canada, Population Estimates 2014
Notes	These estimates are based on the 2011 Census counts adjusted for census net undercoverage (including adjustment for incompletely enumerated Indian reserves and population reviews).

Population Distribution, Age Groups	
Description	Total estimated population for the province and RHAs, expressed as a percentage by age group
Inclusions/Exclusions	<p>Inclusion Criteria: Residents of Newfoundland and Labrador</p> <p>Exclusion Criteria: Non-residents of Newfoundland and Labrador</p>
Time Frame	2014
Source	Statistics Canada, Population Estimates 2014
Notes	These estimates are based on the 2011 Census counts adjusted for census net undercoverage (including adjustment for incompletely enumerated Indian reserves and population reviews).

Population Distribution, Sex	
Description	Total estimated population for the province and RHAs, expressed as a percentage by sex
Inclusions/Exclusions	<p>Inclusion Criteria: Residents of Newfoundland and Labrador</p> <p>Exclusion Criteria: Non-residents of Newfoundland and Labrador</p>
Time Frame	2014
Source	Statistics Canada, Population Estimates 2014
Notes	These estimates are based on the 2011 Census counts adjusted for census net undercoverage (including adjustment for incompletely enumerated Indian reserves and population reviews).

Population Distribution, Rural/Urban	
Description	Total estimated population for the province and RHAs, expressed as a percentage by Rural/Urban
Inclusions/Exclusions	<p>Inclusion Criteria: Residents of Newfoundland and Labrador</p> <p>Exclusion Criteria: Non-residents of Newfoundland and Labrador</p>
Time Frame	2013
Source	Statistics Canada, Population Estimates 2013, Rural and Small Town Canada Analysis Bulletin, Vol.3, No. 3 (November 2001) Catalogue no. 21-006-XIE
Notes	<ul style="list-style-type: none"> Urban is defined as Census Metropolitan Areas (CMAs) and Census Agglomerations (CAs). CMAs have an urban core population of 50,000 or more with a total population of 100,000 or more and CAs have an urban core population of 10,000 or more with a total population of less than 100,000. Rural areas refer to non-CMA/CA areas. These estimates are based on the 2006 Census counts adjusted for census net undercoverage (including adjustment for incompletely enumerated Indian reserves and population reviews).

Percentage of the Population who are Heavy Drinkers	
Description	Percentage of the population age 12 years and older who reported drinking 5 or more drinks on at least one occasion per month in the past year.
Inclusions/Exclusions	<p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Age 12 years and older 2. Survey respondents who have agreed to allow Statistics Canada to share their responses with their Ministry of Health <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. The CCHS covers the population 12 years of age and older living in the ten provinces and the three territories. Excluded from the survey's coverage are: persons living on reserves and other Aboriginal settlements in the provinces; full-time members of the Canadian Forces; the institutionalized population and persons living in the Quebec health regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James. Altogether, these exclusions represent less than 3% of the target population.
Time Frame	2013-14
Source	Canadian Community Health Survey, Share file
Notes	<ul style="list-style-type: none"> • Data have been statistically weighted to represent the population of Newfoundland and Labrador age 12 years and older. • Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (E) and should be interpreted with caution. • Data with a coefficient of variation greater than 33.3% were suppressed (F) due to extreme sampling variability.

Percentage of the Population who are Current Smokers	
Description	Percentage of the population age 12 years and older who report that they are a current (occasional/daily) smoker.
Inclusions/Exclusions	<p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Age 12 years and older 2. Survey respondents who have agreed to allow Statistics Canada to share their responses with their Ministry of Health <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. The CCHS covers the population 12 years of age and older living in the ten provinces and the three territories. Excluded from the survey's coverage are: persons living on reserves and other Aboriginal settlements in the provinces; full-time members of the Canadian Forces; the institutionalized population and persons living in the Quebec health regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James. Altogether, these exclusions represent less than 3% of the target population.
Time Frame	2013-14
Source	Canadian Community Health Survey, Share file
Notes	<ul style="list-style-type: none"> • Data have been statistically weighted to represent the population of Newfoundland and Labrador age 12 years and older. • Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (E) and should be interpreted with caution. • Data with a coefficient of variation greater than 33.3% were suppressed (F) due to extreme sampling variability. • Current smokers include both daily and occasional smokers. Occasional smokers refer to those who report smoking cigarettes occasionally. This includes former daily smokers who now smoke occasionally. Does not take into account the number of cigarettes smoked.

Percentage of Population who are Inactive During Leisure Time	
Description	Percentage of the population age 12 years and older who are classified as inactive.
Inclusions/Exclusions	<p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Age 12 years and older 2. Survey respondents who have agreed to allow Statistics Canada to share their responses with their Ministry of Health <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. The CCHS covers the population 12 years of age and older living in the ten provinces and the three territories. Excluded from the survey's coverage are: persons living on reserves and other Aboriginal settlements in the provinces; full-time members of the Canadian Forces; the institutionalized population and persons living in the Quebec health regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James. Altogether, these exclusions represent less than 3% of the target population.
Time Frame	2013-14
Source	Canadian Community Health Survey, Share file
Notes	<ul style="list-style-type: none"> • Data have been statistically weighted to represent the population of Newfoundland and Labrador age 12 years and older. • Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (E) and should be interpreted with caution. • Data with a coefficient of variation greater than 33.3% were suppressed (F) due to extreme sampling variability. • Physical activity is a derived variable based on a series of questions regarding physical activity. Respondents are classified as active, moderately active, or inactive based on the total daily Energy Expenditures (kcal/kg/day) calculated. Respondents are classified as follows: 3.0 kcal/kg/day or more = physically active; 1.5 to 2.9 kcal/kg/day = moderately active; less than 1.5 kcal per day = inactive.

Percentage of the Adult Population (18+) who are Obese (BMI 30+)	
Description	Percentage of the population aged 18 years and older with a body mass index (BMI) of 30.0 or greater.
Calculation	Body mass index (BMI) is calculated by dividing the respondent's body weight (in kilograms) by their height (in metres) squared. Height and weight are self-reported by the respondent.
Inclusions/Exclusions	<p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Age 18 years and older. 2. Survey respondents who have agreed to allow Statistics Canada to share their responses with their Ministry of Health. <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. The CCHS covers the population 12 years of age and older living in the ten provinces and the three territories. Excluded from the survey's coverage are: persons living on reserves and other Aboriginal settlements in the provinces; full-time members of the Canadian Forces; the institutionalized population and persons living in the Quebec health regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James. Altogether, these exclusions represent less than 3% of the target population. 2. The index is calculated for the population age 18 and older, excluding pregnant females and persons less than 3 feet tall or greater than 6 feet 11 inches.
Time Frame	2013-14
Source	Canadian Community Health Survey, Share file
Notes	<ul style="list-style-type: none"> • Data have been statistically weighted to represent the population of Newfoundland and Labrador age 12 years and older. • Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (E) and should be interpreted with caution. • Data with a coefficient of variation (CV) greater than 33.3% were suppressed (F) due to extreme sampling variability. • Body Mass Index (BMI) is method of classifying body weight according to health risk. According to the World Health Organization (WHO) and Health Canada guidelines, health risk levels are associated with each of the following BMI categories: normal weight (BMI 18.50 to 24.99) = least health risk; underweight (BMI less than 18.50) and overweight (BMI 25.00 to 29.99) = increased health risk; obese, class I (BMI 30.00 to 34.99) = high health risk; obese, class II (BMI 35.00 to 39.99) = very high health risk; obese, class III (BMI 40.00 or greater) = extremely high health risk.

Prevalence of Mood Disorder	
Description	Percentage of the population aged 12 years and older who reported that they have been diagnosed by a health professional as having a mood disorders such as depression, bipolar disorder, mania or dysthymia.
Inclusions/Exclusions	<p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Age 12 years and older 2. Survey respondents who have agreed to allow Statistics Canada to share their responses with their Ministry of Health <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. The CCHS covers the population 12 years of age and older living in the ten provinces and the three territories. Excluded from the survey's coverage are: persons living on reserves and other Aboriginal settlements in the provinces; full-time members of the Canadian Forces; the institutionalized population and persons living in the Quebec health regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James. Altogether, these exclusions represent less than 3% of the target population.
Time Frame	2013-14
Source	Canadian Community Health Survey, Share file
Notes	<ul style="list-style-type: none"> • Data have been statistically weighted to represent the population of Newfoundland and Labrador age 12 years and older. • Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by and (E) and should be interpreted with caution. • Data with a coefficient of variation (CV) greater than 33.3% were suppressed (F) due to extreme sampling variability.

Contact with Health Professionals about Mental Health	
Description	Percentage of the population aged 12 years and older who report that they have seen a health professional about their mental health in the past 12 months
Inclusions/Exclusions	<p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Age 12 years and older 2. Survey respondents who have agreed to allow Statistics Canada to share their responses with their Ministry of Health <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. The CCHS covers the population 12 years of age and older living in the ten provinces and the three territories. Excluded from the survey's coverage are: persons living on reserves and other Aboriginal settlements in the provinces; full-time members of the Canadian Forces; the institutionalized population and persons living in the Quebec health regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James. Altogether, these exclusions represent less than 3% of the target population.
Time Frame	2013-14
Source	Canadian Community Health Survey, Share file
Notes	<ul style="list-style-type: none"> • Data have been statistically weighted to represent the population of Newfoundland and Labrador age 12 years and older. • Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (E) and should be interpreted with caution. • Data with a coefficient of variation greater than 33.3% were suppressed (F) due to extreme sampling variability.

30-Day Readmission (Refer to page 11 for results)	
Description	Rate of readmission following discharge for mental illness/addiction. A case is counted as a readmission if it is for a selected mental illness/addiction diagnosis and it occurs within 30 days of the index episode of inpatient care.
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of episodes with a 30-day readmission for selected mental illness/addiction}}{\text{Total number of episodes of care for selected mental illness/addiction}} \times 100$ <p>The unit of analysis is an episode of care. An episode of care refers to all contiguous inpatient hospitalizations in general hospitals and psychiatric hospitals and day surgery visits regardless of diagnoses. To construct an episode of care, a transfer is assumed to have occurred if the admission to a general hospital or psychiatric hospital/day surgery facility occurs on the same day as discharge from another general/psychiatric hospital.</p>
Inclusions/Exclusions	<p>Denominator (Index Episode)</p> <p>Number of episodes of care for selected mental illness/addiction. These episodes are identified as follows:</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. A selected mental illness is coded as the most responsible diagnosis (MRDx) 2. Diagnosis codes for selected mental illness: <ol style="list-style-type: none"> a) Substance-related disorders: ICD-10-CA: F55, F10 to F19; or b) Schizophrenia, delusional and non-organic psychotic disorders: ICD-10-CA: F20 (excluding F20.4), F22, F23, F24, F25, F28, F29, F53.1; or c) Mood/affective disorders: ICD-10-CA: F30, F31, F32, F33, F34, F38, F39, F53.0; or d) Anxiety disorders: ICD-10-CA: F40, F41, F42, F43, F48.8, F48.9, F93.8; or e) Selected disorders of adult personality and behaviour: ICD-10-CA: F60, F61, F62, F68, F69, F21 3. Discharges between April 1 and March 1 of the following year (period of case selection ends on March 1 to allow for 30 days of follow-up) 4. Age at admission is 15 years or older 5. Sex recorded as male or female 6. Admission to a general hospital/psychiatric hospital 7. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date 5. Discharged as a death <p>Numerator</p> <p>Inclusion Criteria:</p> <p>An episode of care is considered a readmission if the two following conditions are met:</p>

30-Day Readmission (Refer to page 11 for results)	
	<ol style="list-style-type: none"> 1. It has occurred within 30 days of discharge of an index episode; and 2. A diagnosis of mental illness/addiction was recorded (see denominator for criteria to select diagnosis).
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>Readmission to inpatient care may be an indicator of relapse or complications after an inpatient stay. Inpatient care for people living with a mental illness aims to stabilize acute symptoms. Once stabilized, the individual is discharged, and subsequent care and support are ideally provided through outpatient and community programs in order to prevent relapse or complications. High rates of 30-day readmission could be interpreted as a direct outcome of poor coordination of services and/or an indirect outcome of poor continuity of services after discharge; lower rates are desirable.</p> <p>Notes:</p> <ul style="list-style-type: none"> • The mental illnesses selected for this indicator are substance-related disorders; schizophrenia, delusional and non-organic psychotic disorders; mood/affective disorders; anxiety disorders; and selected disorders of adult personality and behaviour. • Mental illnesses not included in this indicator are dementia; organic mental disorders; miscellaneous mental disorders; eating disorders; other behavioural syndromes (excluding harmful use non-dependence substances); gender identity/sexual preference disorders; habit/impulse disorders; somatoform dissociative disorders; mental retardation/disorder of development; childhood/adolescence disorders and mixed disorder of conduct/emotion. Due to these exclusions patients generally admitted to geriatrics and forensic unit Waterford Hospital are excluded.

7-Day Readmission (Refer to page 13 for results)

Description	Rate of readmission following discharge for mental illness/addiction. A case is counted as a readmission if it is for a selected mental illness/addiction diagnosis and it occurs within 7 days of the index episode of inpatient care.
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of episodes with a 7-day readmission for selected mental illness/addiction}}{\text{Total number of episodes of care for selected mental illness/addiction}} \times 100$ <p>The unit of analysis is an episode of care. An episode of care refers to all contiguous inpatient hospitalizations in general hospitals and psychiatric hospitals and day surgery visits regardless of diagnoses. To construct an episode of care, a transfer is assumed to have occurred if the admission to a general hospital or psychiatric hospital/day surgery facility occurs on the same day as discharge from another general/psychiatric hospital.</p>
Inclusions/Exclusions	<p>Denominator (Index Episode)</p> <p>Number of episodes of care for selected mental illness/addiction. These episodes are identified as follows:</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. A selected mental illness is coded as the most responsible diagnosis (MRDx) 2. Diagnosis codes for selected mental illness: <ol style="list-style-type: none"> a) Substance-related disorders: ICD-10-CA: F55, F10 to F19; or b) Schizophrenia, delusional and non-organic psychotic disorders: ICD-10-CA: F20 (excluding F20.4), F22, F23, F24, F25, F28, F29, F53.1; or c) Mood/affective disorders: ICD-10-CA: F30, F31, F32, F33, F34, F38, F39, F53.0; or d) Anxiety disorders: ICD-10-CA: F40, F41, F42, F43, F48.8, F48.9, F93.8; or e) Selected disorders of adult personality and behaviour: ICD-10-CA: F60, F61, F62, F68, F69, F21 3. Discharges between April 1 and March 24 of the following year (period of case selection ends on March 27 to allow for 7 days of follow-up) 4. Age at admission is 15 years or older 5. Sex recorded as male or female 6. Admission to a general hospital/psychiatric hospital 7. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date 5. Discharged as a death <p>Numerator</p> <p>Inclusion Criteria:</p> <p>An episode of care is considered a readmission if the two following conditions are met:</p> <ol style="list-style-type: none"> 1. It has occurred within 7 days of discharge of an index episode; and

7-Day Readmission (Refer to page 13 for results)	
	2. A diagnosis of mental illness/addiction was recorded (see denominator for criteria to select diagnosis).
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>Readmission to inpatient care may be an indicator of relapse or complications after an inpatient stay. Inpatient care for people living with a mental illness aims to stabilize acute symptoms. Once stabilized, the individual is discharged, and subsequent care and support are ideally provided through outpatient and community programs in order to prevent relapse or complications. High rates of 7-day readmission could be interpreted as a direct outcome of poor coordination of services and/or an indirect outcome of poor continuity of services after discharge; lower rates are desirable.</p> <p>Notes:</p> <ul style="list-style-type: none"> • The mental illnesses selected for this indicator are substance-related disorders; schizophrenia, delusional and non-organic psychotic disorders; mood/affective disorders; anxiety disorders; and selected disorders of adult personality and behaviour. • Mental illnesses not included in this indicator are dementia; organic mental disorders; miscellaneous mental disorders; eating disorders; other behavioural syndromes (excluding harmful use non-dependence substances); gender identity/sexual preference disorders; habit/impulse disorders; somatoform dissociative disorders; mental retardation/disorder of development; childhood/adolescence disorders and mixed disorder of conduct/emotion. Due to these exclusions patients generally admitted to geriatrics and forensic unit Waterford Hospital are excluded.

Repeat Hospitalizations (Refer to page 15 for results)	
Description	Percentage of patients that had three or more episodes of care for selected mental illness/addiction diagnosis over all those who had at least one episode of care for a selected mental illness/addiction in general hospitals and psychiatric hospitals within a given year.
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of patients who had at least three episodes of care for selected mental illness/addictions in given year and subsequent year}}{\text{Total number of patients who had at least one episode of care for selected mental illness/addiction in a given year}} \times 100$ <p>The unit of analysis is unique patient.</p> <p>Admission to a general hospital or psychiatric hospital/day surgery facility occurs on the same day as discharge from another general/psychiatric hospital.</p>
Inclusions/Exclusions	<p>Denominator (Index Episode)</p> <p>Number of patients with at least one episode of care for mental illness/addiction in 2012/13. An episode of care for mental illness/addiction is identified as follows:</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. A selected mental illness is coded as the most responsible diagnosis (MRDx) 2. Diagnosis codes for selected mental illness: <ol style="list-style-type: none"> a) Substance-related disorders: ICD-10-CA: F55, F10 to F19; or b) Schizophrenia, delusional and non-organic psychotic disorders: ICD-10-CA: F20 (excluding F20.4), F22, F23, F24, F25, F28, F29, F53.1; or c) Mood/affective disorders: ICD-10-CA: F30, F31, F32, F33, F34, F38, F39, F53.0; or d) Anxiety disorders: ICD-10-CA: F40, F41, F42, F43, F48.8, F48.9, F93.8; or e) Selected disorders of adult personality and behaviour: ICD-10-CA: F60, F61, F62, F68, F69, F71 3. Discharges between April 1 and March 31 of the following year 4. Age at admission is 15 years or older 5. Sex recorded as male or female 6. Admission to a general hospital/psychiatric hospital 7. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date 5. Discharged as a death <p>Numerator</p> <p>Inclusion Criteria:</p> <p>Number of unique patients with three or more episodes of care for a mental illness in the year. After the first episode of care all individuals have one year of follow-up; the second and other subsequent episodes of care are identified within a year of discharge of the first episode of care. Therefore, two fiscal years (2011-12 and 2012-13) are necessary to obtain</p>

Repeat Hospitalizations (Refer to page 15 for results)	
	the data for the numerator. An episode of care for a mental illness is identified using the same inclusion and exclusion criteria as for the denominator.
Time Frame	2010/11-2013/14
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>This indicator is considered an indirect measure of appropriateness of care, since the need for frequent admission to hospital depends on the person and the type of illness.</p> <p>Challenges in getting appropriate care/support in the community and/or the appropriate medication often lead to frequent hospitalizations.</p> <p>Variations in this indicator across jurisdictions may reflect differences in the services that help individuals with mental illness remain in the community for a longer period of times without the need for hospitalization.</p> <p>This indicator may help to identify a population of frequent users; further investigation could provide a description of the characteristics of this group. Understanding this population can aid in developing/enhancing programs that may prevent the need for frequent re-hospitalization. Lower rates are desirable.</p> <p>Notes:</p> <ul style="list-style-type: none"> • The mental illnesses selected for this indicator are substance-related disorders; schizophrenia, delusional and non-organic psychotic disorders; mood/affective disorders; anxiety disorders; and selected disorders of adult personality and behaviour. • Mental illnesses not included in this indicator are dementia; organic mental disorders; miscellaneous mental disorders; eating disorders; other behavioural syndromes (excluding harmful use non-dependence substances); gender identity/sexual preference disorders; habit/impulse disorders; somatoform dissociative disorders; mental retardation/disorder of development; childhood/adolescence disorders and mixed disorder of conduct/emotion. Due to these exclusions patients generally admitted to geriatrics and forensic unit Waterford Hospital are excluded.

Child/Youth Psychosis and Personality Disorders Hospitalizations (Refer to page 17 for results)

Description	Proportion (%) of all hospitalizations with a MRDx of a non-organic psychotic or personality disorder who were less than 19 years of age.
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of hospitalizations to patients <19 years (child/youth) with a MRDx of non-organic psychotic or personality disorder}}{\text{Total number of hospitalizations to patients with a MRDx of non-organic psychotic or personality disorder}} \times 100$ <p>The unit of analysis is unique patient.</p>
Inclusions/Exclusions	<p>Denominator</p> <p>Number of inpatient hospitalizations with at least one episode of care for non-organic psychotic/personality disorder in 2012/13.</p> <p>An episode of care for non-organic psychotic /personality disorder is identified as follows:</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Non-organic psychotic /personality disorder is coded as the most responsible diagnosis (MRDx) 2. Diagnosis codes for non-organic psychotic /personality disorder: <ol style="list-style-type: none"> a) Non-organic psychotic disorders: ICD-10-CA: F23, F28, F29; or b) Selected disorders of adult personality and behaviour: ICD-10-CA: F60, F61, F62, F68, F69, F21 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid date of birth 2. Records with an invalid admission date 3. Records with an invalid discharge date <p>Numerator</p> <p>Inclusion Criteria:</p> <p>Number of child/youth inpatient hospitalizations with at least one episode of care for non-organic psychotic /personality disorder in 2012-13 who were less than 19 years of age at the time of admission.</p>
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>Psychosis is a serious medical problem where an individual has difficulty telling the difference between what is real and what is not real. Psychosis often involves delusions or hallucinations.</p>

Child/Youth Psychosis and Personality Disorders Hospitalizations (Refer to page 17 for results)

Psychosis is rare before puberty – often beginning in late teens or early 20's. This indicator may help to identify the extent of psychosis in a population not expected to be largely impacted by this condition. Lower rates are desirable.

Note:

The non-organic psychotic disorders and personality disorders selected for this indicator are :

- Acute and transient psychotic disorders
- Other nonorganic psychotic disorders
- Unspecified nonorganic psychosis
- Mixed and other personality disorders
- Enduring personality changes, not attributable to brain damage and disease
- Other disorders of adult personality and behaviour
- Unspecified disorder of adult personality and behaviour
- Schizotypal disorder

Total Adverse Inpatient Events (Refer to page 20 for results)	
Description	The total number of mental health /addictions hospitalizations involving a reported adverse event, expressed as a rate per 1,000 mental health/addictions hospitalizations.
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of all mental health/addictions hospitalizations involving post-admission adverse events (patients age 15 and older)}}{\text{Total mental health/addictions hospitalizations}} \times 1,000$ <p>The unit of analysis is an episode of care. An episode of care refers to all contiguous inpatient hospitalizations in general or psychiatric hospitals regardless of diagnoses.</p>
Inclusions/Exclusions	<p>Denominator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid date of birth 2. Records with an invalid admission date 3. Records with an invalid discharge date <p>Numerator</p> <p>Inclusion Criteria:</p> <p>An in-hospital adverse event was identified as follows:</p> <ol style="list-style-type: none"> 1. Diagnosis type 2 (occurring post-admission) and diagnosis code in S00-T98; or diagnosis code: D52.1, D59.0, D59.2, D61.1, D64.2, D68.3, D89.3, E03.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, G04.0, G21.0, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G61.1, G62.0, G72.0, H40.6, H91.0, I42.7, I95.2, J70.2, J70.3, J70.4, K85.3, L10.5, L23.3, L24.4, L25.1, L27.0, L43.2, L56.0, L56.1, M10.20, M10.22, M10.24, M10.25, M10.26, M10.27, M10.28, M10.29, M32.0, M34.2, M80.40, M80.42, M80.43, M80.45, M80.46, M80.48, M81.4, M83.5, M87.11, M87.12, M87.15, M87.16, M87.18, N14.0, N14.1, N14.2, R50.2, T80.3, T80.4, T80.5, T80.6, T80.8, T80.9, T88.1, T88.2, T88.3, T88.5, T88.6 and T88.7. <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Adverse events involving outpatient treatment in hospital emergency departments 2. Adverse events occurring prior to admission
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System

Total Adverse Inpatient Events (Refer to page 20 for results)

Notes	<p>Interpretation</p> <p>Adverse event rates are an indicator of the safety of the environments in which services/programs are delivered. Monitoring adverse events rates can highlight possible risks/dangers, can help identify weak or insufficient processes, and is essential for developing and assessing the impact of strategies aimed at reducing harms and improving patient safety. [From: Fraser Health, <i>Mental Health and Addictions Balanced Scorecard: Key Performance Indicator Report 2009/2010.</i>] Lower rates are desirable.</p> <p>Note:</p> <ul style="list-style-type: none"> • The most responsible diagnosis (MRDx) codes used for this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014.
-------	---

Adverse Inpatient Drug Events (Refer to page 22 for results)	
Description	The number of mental health/addictions hospitalizations involving a reported post-admission adverse drug events (drug effects), expressed as a rate per 1,000 mental health/addictions hospitalizations.
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of all mental health/addictions hospitalizations involving post-admission adverse drug effects (properly administered, accidental and intentional) (patients age 15 and older)}}{\text{Total mental health/addictions hospitalizations}} \times 1,000$ <p>The unit of analysis is an episode of care. An episode of care refers to all contiguous inpatient hospitalizations in general or psychiatric hospitals regardless of diagnoses.</p>
Inclusions/Exclusions	<p>Denominator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid date of birth 2. Records with an invalid admission date 3. Records with an invalid discharge date <p>Numerator</p> <p>Inclusion Criteria:</p> <p>In-hospital adverse drug effects were identified as follows:</p> <ol style="list-style-type: none"> 1. Properly Administered: <ol style="list-style-type: none"> a. Diagnosis type 2 (occurring post-admission) and diagnosis code: <ul style="list-style-type: none"> b. D52.1, D59.0, D59.2, D61.1, D64.2, D68.3, D89.3, E03.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, G04.0, G21.0, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G61.1, G62.0, G72.0, H40.6, H91.0, I42.7, I95.2, J70.2, J70.3, J70.4, K85.3, L10.5, L23.3, L24.4, L25.1, L27.0, L43.2, L56.0, L56.1, M10.20, M10.22, M10.24, M10.25, M10.26, M10.27, M10.28, M10.29, M32.0, M34.2, M80.40, M80.42, M80.43, M80.45, M80.46, M80.48, M81.4, M83.5, M87.11, M87.12, M87.15, M87.16, M87.18, N14.0, N14.1, N14.2, R50.2, T80.3, T80.4, T80.5, T80.6, T80.8, T80.9, T88.1, T88.2, T88.3, T88.5, T88.6 and T88.7; c. Diagnosis type 9 with external cause of injury code in Y40-Y59; and d. Diagnosis cluster (A-Y).

Adverse Inpatient Drug Events (Refer to page 22 for results)	
	<p>2. Accidental</p> <p>a. Diagnosis type 2 (occurring post-admission) and diagnosis code:</p> <p>b. T36-T50;</p> <p>c. Diagnosis type 9 with external cause of injury code in X40-X49, Y60-Y69 (when a poisoning also meets the criteria of a misadventure); and</p> <p>d. Diagnosis cluster (A-Y) applicable to external cause of injury codes Y60-Y69 only</p> <p>3. Intentional</p> <p>a. Diagnosis type 2 (occurring post-admission) and diagnosis code;</p> <p>b. T36-T50; and</p> <p>c. Diagnosis type 9 with external cause of injury code in X60-X84</p> <p>Exclusion Criteria:</p> <p>1. Adverse events involving outpatient treatment in hospital emergency departments</p> <p>2. Adverse events occurring prior to admission</p>
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>Adverse drug event rates, including unexpected drug side effects as well as events due to error, are an indicator of the safety of the environments in which services/programs are delivered. Monitoring these rates can highlight possible risks/dangers, can help identify weak or insufficient processes, and is essential for developing and assessing the impact of strategies aimed at reducing harms and improving patient safety. [From: Fraser Health, <i>Mental Health and Addictions Balanced Scorecard: Key Performance Indicator Report 2009/2010</i>.] Lower rates are desirable.</p>

Inpatient Self-Harm Events (Refer to page 24 for results)	
Description	The number of mental health/addictions hospitalizations involving a reported intentional self-harm event, expressed as a rate per 1,000 mental health/addictions hospitalizations.
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of all mental health/addictions hospitalizations involving post-admission intentional self-harm (patients age 15 and older)}}{\text{Total mental health/addictions hospitalizations}} \times 1,000$ <p>The unit of analysis is an episode of care. An episode of care refers to all contiguous inpatient hospitalizations in general or psychiatric hospitals regardless of diagnoses.</p>
Inclusions/Exclusions	<p>Denominator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid date of birth 2. Records with an invalid admission date 3. Records with an invalid discharge date <p>Numerator</p> <p>Inclusion Criteria:</p> <p>An in-hospital intentional self-harm event was identified as follows:</p> <ol style="list-style-type: none"> 1. Diagnosis type 2 (occurring post-admission) and diagnosis code in S00-T98 2. Diagnosis type 9 with external cause of injury code in X60-X64 <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Adverse events involving outpatient treatment in hospital emergency departments 2. Adverse events occurring prior to admission
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>Post-admission intentional self-harm rates are an indicator of the safety of the environments in which services/programs are delivered. Monitoring these rates can highlight possible risks/dangers, can help identify weak or insufficient processes, and is essential for developing and assessing the impact of strategies aimed at reducing harms</p>

Inpatient Self-Harm Events (Refer to page 24 for results)

and improving patient safety. [From: Fraser Health, *Mental Health and Addictions Balanced Scorecard: Key Performance Indicator Report 2009/2010.*] Lower rates are desirable.

Note:

- The most responsible diagnosis (MRDx) codes used for this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014.

<i>Inpatient Suicide Events (Refer to page 26 for results)</i>	
Description	The number of reported suicide events occurring during all mental health/addictions hospitalization, expressed as a rate per 1,000 mental health/addictions hospitalizations.
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of all mental health/addictions hospitalizations involving post-admission suicide (patients age 15 and older)}}{\text{Total mental health/addictions hospitalizations}} \times 1,000$ <p>The unit of analysis is an episode of care. An episode of care refers to all contiguous inpatient hospitalizations in general or psychiatric hospitals regardless of diagnoses.</p>
Inclusions/Exclusions	<p>Denominator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid date of birth 2. Records with an invalid admission date 3. Records with an invalid discharge date <p>Numerator</p> <p>Inclusion Criteria:</p> <p>An in-hospital suicide event was identified as follows:</p> <ol style="list-style-type: none"> 1. Diagnosis type 2 (occurring post-admission) and diagnosis code in S00-T98 2. Diagnosis type 9 with external cause of injury code in X60-X84 3. Discharge disposition = '07' (Died) <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Adverse events involving outpatient treatment in hospital emergency departments 2. Adverse events occurring prior to admission
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>Post-admission suicide rates are an indicator of the safety of the environments in which services/programs are delivered. Monitoring these rates can highlight possible risks/dangers, can help identify weak or insufficient processes, and is essential for</p>

Inpatient Suicide Events (Refer to page 26 for results)

developing and assessing the impact of strategies aimed at reducing harms and improving patient safety. [From: Fraser Health, *Mental Health and Addictions Balanced Scorecard: Key Performance Indicator Report 2009/2010.*] Lower rates are desirable.

Note:

- The most responsible diagnosis (MRDx) codes used for this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014.

<i>Inpatient Fall Events (Refer to page 26 for results)</i>	
Description	The number of mental health/addictions hospitalizations with a reported adverse fall event, expressed as a rate per 1,000 mental health/addictions hospitalizations.
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of all mental health/addictions hospitalizations involving post-admissions falls (patients age 15 and older)}}{\text{Total mental health/addictions hospitalizations}} \times 1,000$ <p>The unit of analysis is an episode of care. An episode of care refers to all contiguous inpatient hospitalizations in general or psychiatric hospitals regardless of diagnoses.</p>
Inclusions/Exclusions	<p>Denominator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/ psychiatric hospital 5. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid date of birth 2. Records with an invalid admission date 3. Records with an invalid discharge date <p>Numerator</p> <p>Inclusion Criteria:</p> <p>An in-hospital adverse fall event was identified as follows:</p> <ol style="list-style-type: none"> 1. Diagnosis type 2 (occurring post-admission) and diagnosis code in S00-T98 ; and 2. External cause of injury code W00-W19 <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Adverse events involving outpatient treatment in hospital emergency departments 2. Adverse events occurring prior to admission
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>Adverse falls event rates are an indicator of the safety of the environments in which services/programs are delivered. Monitoring these rates can highlight possible risks/dangers, can help identify weak or insufficient processes, and is essential for developing and assessing the impact of strategies aimed at reducing harms and improving</p>

Inpatient Fall Events (Refer to page 26 for results)

patient safety. [From: Fraser Health, *Mental Health and Addictions Balanced Scorecard: Key Performance Indicator Report 2009/2010.*] Lower rates are desirable.

Note:

- The most responsible diagnosis (MRDx) codes used for this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014.

<i>Elopements/Unauthorized Leave (Refer to page 28 for results)</i>	
Description	Proportion (%) of all mental illness/addictions hospitalizations where the patient left hospital but was not authorized to do so (elopement)
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of all mental illness/addictions hospitalizations among facilities with a psychiatric flag where the patient left hospital but was not authorized to do so} \times 100}{\text{Total number of mental illness/addictions hospitalizations among facilities with a psychiatric flag}}$
Inclusions/Exclusions	<p>Denominator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident 6. Facilities with a psychiatric flag set on their institution file <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date <p>Numerator:</p> <p>Inclusion Criteria:</p> <p>A patient who left hospital but not authorized to do so was identified as follows:</p> <ol style="list-style-type: none"> 1. Facilities with a psychiatric flag 2. Mental Health Indicators Code 1 = AWOL <p>Exclusion Criteria:</p> <p>Facilities without a psychiatric flag</p>
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>People who leave hospital without authorization tend to do so before their treatment is complete. Compared with people who complete their treatment, those who left inpatient care without official leave are more than twice as likely to be readmitted to hospital within a month and three times as likely to visit an emergency department within a week (CIHI,</p>

Elopements/Unauthorized Leave (Refer to page 28 for results)

2013). Patients who leave the hospital against their physicians' advice face many health risks, because their treatments may not be complete, they may lack information on how to manage their condition and an adequate follow-up plan may not be in place. Low rates are desirable.

Notes:

- Only facilities with a psychiatric flag are included in this analysis. The psychiatric flag is used to identify acute care facilities (with or without designated psychiatric units) submitting additional mental health information to the discharge abstract database (DAD) part of CIHI's *Mental Health Project*.
- AWOL indicates that a patient is absent without leave from the health care facility
- NL facilities with a psychiatric flag set on their DAD file include:
 - General Hospital Health Sciences Centre
 - Janeway Children's Health and Rehabilitation Centre
 - St. Clare's Mercy Hospital
 - Waterford Hospital
 - Western Memorial Hospital
 - Sir Thomas Roddick Hospital
 - Central Newfoundland Regional Health Centre
 - Dr. G.B. Cross Memorial Hospital
 - Burin Peninsula Health Care Centre

Left Against Medical Advice (Refer to page 30 for results)	
Description	Proportion (%) of all mental illness/addictions hospitalizations where the patient left hospital against medical advice.
Calculation	Method of Calculation $\frac{\text{Total number of mental illness/addiction hospitalizations where the patient left hospital against medical advice}}{\text{Total mental health/addictions hospitalizations}} \times 100$
Inclusions/Exclusions	Denominator Inclusion Criteria: <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident Exclusion Criteria: <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date Numerator Inclusion Criteria: Discharge Dispositions = "06" (Left against medical advice)
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	Interpretation People who leave hospital against medical advice tend to do so before their treatment is complete and often end up returning within a short time frame. Compared with people who complete their treatment, those who left inpatient care against medical advice are more than twice as likely to be readmitted to hospital within a month and three times as likely to visit an emergency department within a week (CIHI, 2013). Patients who leave the hospital against their physicians' advice face many health risks, because their treatments may not be complete, they may lack information on how to manage their condition and an adequate follow-up plan may not be in place. Low rates are desirable.

Mental Health and Addictions Hospitalization (Refer to page 33 for results)	
Description	Proportion (%) of all inpatient hospitalizations with a most responsible diagnosis (MRDx) for all mental illness and addictions
Calculation	<p>Method of Calculation</p> $\frac{\text{Inpatient Hospitalizations with a MRDx of mental illness/addictions} \times 100}{\text{All inpatient hospitalizations in general or psychiatric hospitals}}$ <p>The unit of analysis is an episode of care. An episode of care refers to all contiguous inpatient hospitalizations in general or psychiatric hospitals regardless of diagnoses.</p>
Inclusions/Exclusions	<p>Denominator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Age at admission is 15 years or older 2. Sex recorded as male or female 3. Admission to a general hospital/psychiatric hospital 4. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date <p>Numerator</p> <p>Inclusion Criteria:</p> <p>Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx).</p>
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>While most people with mental illness or addiction can be treated in the community, hospitalizations due to mental illness or addiction highlights the magnitude or severity of illnesses and addictions that require hospitalization, and may also point to a lack of accessible services/resources in the community.</p>

Hospitalizations, by Concurrent, Mental Illness Only and Addictions Only (Refer to page 35 for results)

Description	Distribution (%) of all mental illness and addictions hospitalizations by treatment of concurrent conditions, mental illness only, and addictions only
Calculation	<p>Method of Calculations</p> <p><u>Concurrent:</u></p> <p>Hospitalizations with either MRDx of mental illness and other diagnosis codes of addiction <u>OR MRDx of addiction and also diagnosis codes of mental illness X 100</u> Mental illness/addictions diagnosis as a (MRDx).</p> <p><u>Mental Illness Only:</u></p> <p><u>Hospitalizations with an MRDx of mental illness with no concurrent addiction dx X 100</u> Mental illness/addictions diagnosis as a (MRDx).</p> <p><u>Addictions Only:</u></p> <p><u>Hospitalizations with an MRDx of addiction with no concurrent mental illness dx X 100</u> Mental illness/addictions diagnosis as a (MRDx).</p>
Inclusions/Exclusions	<p>Denominator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. The most responsible diagnosis (MRDx) codes used for this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date <p>Numerator</p> <p>Inclusion Criteria:</p> <p>All mental illness and addictions diagnosis as a most responsible diagnosis (MRDx), and, also a Type (1) pre-admit comorbidity, (2) post admit comorbidity and/or type (3) secondary diagnosis, as follows</p> <p><u>Concurrent:</u></p> <p>Hospitalizations with either MRDx of mental illness and other diagnosis codes of addiction OR MRDx of addiction and also diagnosis codes of mental</p> <p><u>Mental Illness Only:</u></p> <p>Hospitalizations with an MRDx of mental illness with no concurrent addiction dx</p>

<i>Hospitalizations, by Concurrent, Mental Illness Only and Addictions Only (Refer to page 35 for results)</i>	
	Addictions Only: Hospitalizations with an MRDx of addiction with no concurrent mental illness dx
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>Concurrent disorders is the term applied to mental health and substance use problems that occur together. The links between mental health and substance use problems are complex. These problems can develop independently as a result of common risk factors or one can lead to the other as a result of self-medication or prolonged distress.</p> <p>Concurrent disorders are a significant health issue in Canada. More than half of those seeking help for an addiction also have a mental illness. People with concurrent disorders present some of the most complex and difficult-to-treat cases and require a lot of healthcare support.</p> <p>Concurrent disorders tend to be associated with severe mental illness, relatively high care expenses due to greater use of costly hospital services, poor health trajectories and challenges accessing appropriate care along critical points in the recovery pathway.</p> <p>Note:</p> <ul style="list-style-type: none"> The most responsible diagnosis (MRDx) codes used for this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014.

Average ALC Days (Refer to page 41 for results)	
Description	Average number of alternate level of care days for all mental illness/addictions hospitalizations
Calculation	Method of Calculation $\frac{\text{Total number of alternate level of care (ALC) days for all mental health/addiction hospitalizations}}{\text{Total number mental health/addictions hospitalizations}} \times 100$
Inclusions/Exclusions	Denominator Inclusion Criteria: <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general/psychiatric hospital 5. Newfoundland and Labrador resident 6. Transfer Service W,X, or Y Exclusion Criteria: <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date Numerator Inclusion Criteria: Patients who were assigned to the alternate level of care (ALC) patient service.
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	Interpretation An alternate level of care (ALC) designation is made when a person has recovered enough to no longer require acute care hospital services but cannot be discharged because the appropriate level of care is not currently available in the community. Individuals who have been declared ALC are commonly waiting for placement in a supportive housing environment or in a Long Term Care home. This indicator shows the percent of hospital patient days that are ALC days and is one measure of access because the inability to discharge patients has an impact on the hospital's capacity to accept new patients. Non-acute hospital days are captured in hospitalization data as patients awaiting an alternate level of care (or ALC patients). The idea that hospital beds are being occupied by patients who no longer need acute services, using limited, expensive resources while they wait to be discharged to a more appropriate setting is a concern to the health system. .

Average ALC Days (Refer to page 41 for results)

	<p>Average ALC days is an effective indicator for utilization and resource management purposes and demonstrates, on average, the proportion of patients' total hospital stay that is ALC.</p> <p>Lower rates are desirable.</p> <p>Note:</p> <ul style="list-style-type: none">• Transfer Service – service transfer identifies the service where the patient received additional care in the health care facility.
--	---

<i>Involuntary Admissions (Refer to page 43 for results)</i>	
Description	Proportion (%) of all hospitalizations with an MRDx for all mental illness/addictions which were involuntary admissions
Calculation	<p>Method of Calculation</p> <p><u>Total number of hospitalizations for all mental illness/addictions condition which were involuntary admissions</u> X 100</p> <p>Total number of mental illness/addictions as a MRDx among facilities with a psychiatric flag</p>
Inclusions/Exclusions	<p>Denominator</p> <p><i>Inclusion Criteria:</i></p> <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident 6. Facilities with a psychiatric flag set on their institution file <p><i>Exclusion Criteria:</i></p> <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date <p>Numerator</p> <p><i>Inclusion Criteria:</i></p> <p>An involuntary admission was identified as follows:</p> <ol style="list-style-type: none"> 1. Facilities with a psychiatric flag 2. Mental Health Indicators Method of Admission Code = 3 (Involuntary) <p><i>Exclusion Criteria:</i></p> <p>Facilities without a psychiatric flag</p>
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>This indicator contributes to an understanding of the frequency of involuntary mental health and addictions hospital admissions. Patients admitted involuntarily typically do not recognize that they have an illness, or do not follow a regimen of prescribed pharmaceutical treatment. These types of admissions to hospital typically involve personnel from other parts of the social system.</p>

	<p>Involuntary patients may require a different care plan, incur longer lengths of stay, and incur more associated costs related to hospital stay than voluntary patients.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Only facilities with a psychiatric flag are included in this analysis. The psychiatric flag is used by acute care facilities (with or without designated psychiatric units to identify facilities submitting additional mental health information to the discharge abstract database (DAD). • Method of Admission indicates the status of the patient at the time of admission to the reporting facility. • Facilities with a psychiatric flag set on their institution file are: <ul style="list-style-type: none"> • General Hospital Health Sciences Centre • Janeway Children's Health and Rehabilitation Centre • St. Clare's Mercy Hospital • Waterford Hospital • Western Memorial Hospital • Sir Thomas Roddick Hospital • Central Newfoundland Regional Health Centre • Dr. G.B. Cross Memorial Hospital • Burin Peninsula Health Care Centre
--	---

Psychiatric/Mental Health Providers (Refer to page 45 for results)	
Description	Number of Psychiatrists, Psychologists, Occupational Therapists and Nurses working in the Mental Health/Addictions area per 100,000 population
Calculation	Method of Calculation $\frac{\text{Number of specified health professional working in Mental Health/Addictions} \times 100,000}{\text{Population of NL}}$
Inclusions/Exclusions	This indicator includes health professional that work in the area of Mental Health and Addictions.
Time Frame	2013 and 2014
Source	CIHI, Supply, Distribution and Migration of Canadian Physicians, 2014 CIHI, Health Personnel Database, 2013 CIHI, Occupation Therapists Database, 2014 CIHI, Regulated Nursing Supply 2013 (Health Workforce Database) Statistics Canada Population Estimates 2013-2014
Notes	

Hospitalization Rate (Refer to page 47 for results)	
Description	Crude rate of separations from general/psychiatric hospitals through discharge or death following a hospitalization for a selected mental illness/addictions per 100,000 population
Calculation	Method of Calculation $\frac{\text{Total number of separations for selected mental illness/addictions (patients age 15 and older)} \times 100,000}{\text{Total population age 15 and older (calendar year)}}$
Inclusions/Exclusions	Inclusion Criteria: <ol style="list-style-type: none"> 1. A selected mental illness is coded as the most responsible diagnosis (MRDx) 2. Diagnosis codes for selected mental illness: <ol style="list-style-type: none"> a) Substance-related disorders: ICD-10-CA: F55, F10 to F19; or b) Schizophrenia, delusional and non-organic psychotic disorders: ICD-10-CA: F20 (excluding F20.4), F22, F23, F24, F25, F28, F29, F53.1; or c) Mood/affective disorders: ICD-10-CA: F30, F31, F32, F33, F34, F38, F39, F53.0; or d) Anxiety disorders: ICD-10-CA: F40, F41, F42, F43, F48.8, F48.9, F93.8; or e) Selected disorders of adult personality and behaviour: ICD-10-CA: F60, F61, F62, F68, F69, F21 3. Age at admission is 15 years or older 4. Sex recorded as male or female 5. Admission to a general hospital/psychiatric hospital 6. Newfoundland and Labrador resident Exclusion Criteria: <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System; Statistics Canada Population Estimates 2010-2014
Notes	Interpretation <p>Hospitalization rate is a partial measure of general/psychiatric hospital utilization. It does not include patients who were using hospital services but had not yet been discharged within the fiscal year of interest. This indicator may reflect differences between jurisdictions, such as health of the population, differing health services delivery models and variations in the availability and accessibility of specialized, residential and/or ambulatory and community-based services.</p> <p>Monitoring hospital services use captures only the relatively small proportion of individuals who are acutely ill and require in-hospital treatment, compared to the much larger contingent that receives (or fails to receive) outpatient or community services. For these reasons, this indicator cannot be used to estimate the prevalence of mental disorder in the general population.</p>

Hospitalization Rate (Refer to page 47 for results)

Note:

- The mental illnesses selected for this indicator are substance-related disorders; schizophrenia, delusional and non-organic psychotic disorders; mood/affective disorders; anxiety disorders; and selected disorders of adult personality and behaviour.

Patient Days (Refer to page 48 for results)	
Description	Rate of total number of days in general/psychiatric hospitals for selected mental illness/addictions per 10,000 population (aged 15+ years)
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of days in hospital for selected mental illness/addiction (aged 15+years)}}{\text{Total population (aged 15+years)}} \times 10,000$
Inclusions/Exclusions	<p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. A selected mental illness is coded as the most responsible diagnosis (MRDx) 2. Diagnosis codes for selected mental illness: <ol style="list-style-type: none"> a) Substance-related disorders: ICD-10-CA: F55, F10 to F19; or b) Schizophrenia, delusional and non-organic psychotic disorders: ICD-10-CA: F20 (excluding F20.4), F22, F23, F24, F25, F28, F29, F53.1; or c) Mood/affective disorders: ICD-10-CA: F30, F31, F32, F33, F34, F38, F39, F53.0; or d) Anxiety disorders: ICD-10-CA: F40, F41, F42, F43, F48.8, F48.9, F93.8; or e) Selected disorders of adult personality and behaviour: ICD-10-CA: F60, F61, F62, F68, F69, F21 3. Age at admission is 15 years or older 4. Sex recorded as male or female 5. Admission to a general hospital/psychiatric hospital 6. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System; Statistics Canada Population Estimates 2010-2014
Notes	<p>Interpretation</p> <p>The patient days rate is a partial measure of general/psychiatric hospital utilization. It does not include patients who were admitted to hospital but had not yet been discharged within the fiscal year of interest. Patient days are influenced by the number of hospitalizations and the length of stay. For the same number of hospitalizations, the rate of patient days will increase as the length of stay increases. This indicator may reflect differences between jurisdictions, such as health of the population, differing health services delivery models and variations in the availability and accessibility of specialized, residential and/or ambulatory and community-based services.</p> <p>Note:</p> <ul style="list-style-type: none"> • The mental illnesses selected for this indicator are substance-related disorders; schizophrenia, delusional and non-organic psychotic disorders; mood/affective

<i>Patient Days (Refer to page 48 for results)</i>	
	disorders; anxiety disorders; and selected disorders of adult personality and behaviour.

High Volume Case Mix Groups (Refer to page 49 for results)	
Description	Top 10 Case Mix Groups (CMG+) (by volume) all mental illness/addictions hospitalizations
Calculation	Method of Calculation $\frac{\text{Top 10 mental illness/addictions CMG+ by volume}}{\text{Total number of Case Mix Groups for all mental illness/addictions}}$
Inclusions/Exclusions	Denominator Inclusion Criteria: <ol style="list-style-type: none"> 1. Case Mix Groups within MCC 17 (Major Clinical Category), Mental Diseases and Disorders 2. Cases with the CMG RIW atypical code "00" (typical cases) 3. Age at admission is 15 years or older 4. Sex recorded as male or female 5. Admission to a general hospital/psychiatric hospital 6. Newfoundland and Labrador resident Exclusion Criteria: <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date Numerator Inclusion Criteria: Mental Disease and Disorders Case Mix Groups (CMG+) in the numerator Include: <ul style="list-style-type: none"> 670-Dementia 671-Organic Mental Disorder 672-Miscellaneous Mental Disorder 677- Schizophrenia without ECT 678- Schizotypal/Delusional Disorder 680- Schizoaffective Disorder without ECT 683- Disorder of Adult Personality Behaviour 686- Anxiety Disorder 687- Stress Reaction/Adjustment Disorder 689- Bipolar Disorder without ECT 692- Depressive Episode with ECT 693- Depressive Episode without ECT 698- Psychoactive Substance Use, Acute Intoxication 699- Psychoactive Substance Use, Harmful Use 700- Psychoactive Substance Use, Dependence Syndrome 701- Psychoactive Substance Use, Withdrawal States
Time Frame	2010/11-2014/15

High Volume Case Mix Groups (Refer to page 49 for results)	
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>This indicator reflects the top 10 high volume CMG's (typical patients) within MCC 17 – Mental Diseases and Disorders and demonstrates the leading groups of patients requiring hospitalization/services and service needs on discharge.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Typical patients are those who have gone undergone a normal and expected course of treatment. They exclude cases involving transfers between acute care facilities, deaths, sign outs and long-stay cases. • Volumes shown in this indicator are for RHA of residence and RHA of service. The region of residence is where the patient resides rather than the location of the facility where the hospitalization occurred. The region of service is the location of the facility where the hospitalization occurred rather than where the patient resides.

ECT Treatment (Refer to page 51 for results)	
Description	Proportion (%) of inpatient and surgical day care hospitalizations with an MRDx for all mental illness and addictions during which ECT interventions were received
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of inpatient/surgical day care hospitalizations for all mental illness and addictions during which ECT interventions were performed} \times 100}{\text{Total number all mental illness and addictions for inpatient/surgical day care hospitalizations}}$
Inclusions/Exclusions	<p>Denominator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date <p>Numerator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Where a MRDx code from MCC 17 is recorded 2. Acute care and surgical day care hospitalizations 3. CCI Intervention Code to identify ECT: <ol style="list-style-type: none"> 1.AN.09.JA-DV using external electrical stimulation (for shock or convulsion)
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>Electroconvulsive Therapy (ECT) utilization rates provide information on the proportion of inpatient and surgical day care ECT treatments provided to patients with a diagnosis of mental health and addictions.</p> <p>Note:</p> <ul style="list-style-type: none"> • The most responsible diagnosis (MRDx) codes used for this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014.

Patient to Hospitalization Ratio (Refer to page 53 for results)	
Description	The number of patients hospitalized with an MRDx of all mental illness/addictions compared to the total number of hospitalizations with an MRDx of all mental illness/addictions
Calculation	Method of Calculation $\frac{\text{The number of patients hospitalized with mental illness/addictions in specified facility}}{\text{Total number of hospitalizations with mental illness/addictions in specified facility}}$
Inclusions/Exclusions	Denominator Inclusion Criteria: <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident Exclusion Criteria: <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date Numerator Inclusion Criteria: Total patients with a diagnosis of mental illness/addictions (see denominator for criteria to select diagnosis).
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	Interpretation This indicator represents the number of patients hospitalized with a mental health and addictions MRDx compared to the total number of mental health or addictions hospitalizations. The lower the number, the more hospitalizations per patient. Note: <ul style="list-style-type: none"> • The most responsible diagnosis (MRDx) codes used for this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014.

General vs Psychiatric Hospitals (Refer to page 55 for results)	
Description	The distribution of total hospitalizations with a MRDx of all mental illness/addiction to general hospitals compared to psychiatric hospitals
Calculation	<p>Method of Calculation</p> <p><u>Number of hospitalizations with a MRDx of all mental illness/addictions occurring in a general hospital x 100</u> Total Number of hospitalizations with a MRDx of all mental illness/addictions (both general and psychiatric hospitals)</p> <p><u>Number of hospitalizations with a MRDx of all mental illness/addictions occurring in a psychiatric hospital x 100</u> Total Number of hospitalizations with a MRDx of all mental illness/addictions (both general and psychiatric hospitals)</p>
Inclusions/Exclusions	<p>Denominator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date <p>Numerator</p> <p>Inclusion Criteria: A diagnosis of Mental Illness/Addictions was recorded (see denominator for criteria to select diagnosis).</p>
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>This indicator reflects the activity of patients with mental health and addictions conditions between general hospitals and psychiatric hospitals.</p> <p>Note:</p> <ul style="list-style-type: none"> • The most responsible diagnosis (MRDx) codes used for this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014.

General Hospitals (Refer to page 56 for results)

Description	The distribution of general hospital hospitalizations with an MRDx of all mental illness/addiction among the categories of concurrent conditions, mental illness only and addictions only.
Calculation	<p>Method of Calculation</p> <p>For Mental Illness / addictions hospitalizations occurring only in a general hospital :</p> <p><u>Concurrent:</u> Hospitalizations with either MRDx of mental illness and other diagnosis codes of addiction OR MRDx of addiction and also diagnosis codes of mental illness X 100 Mental illness/addictions diagnosis as a (MRDx).</p> <p><u>Mental Illness Only:</u> Hospitalizations with an MRDx of mental illness with no concurrent addiction dx X 100 Mental illness/addictions diagnosis as a (MRDx).</p> <p><u>Addictions Only:</u> Hospitalizations with an MRDx of addiction with no concurrent mental illness dx X 100 Mental illness/addictions diagnosis as a (MRDx).</p>
Inclusions/Exclusions	<p>Denominator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital 5. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date <p>Numerator</p> <p>Inclusion Criteria:</p> <p>For any general hospital hospitalization, all mental illness and addictions diagnosis as a most responsible diagnosis (MRDx), and, also a Type (1) pre-admit comorbidity, (2) post admit comorbidity and/or type (3) secondary diagnosis, as follows</p> <p><u>Concurrent:</u> Hospitalizations with either MRDx of mental illness and other diagnosis codes of addiction OR MRDx of addiction and also diagnosis codes of mental</p> <p><u>Mental Illness Only:</u> Hospitalizations with an MRDx of mental illness with no concurrent addiction dx</p>

General Hospitals (Refer to page 56 for results)	
	Addictions Only: Hospitalizations with an MRDx of addiction with no concurrent mental illness dx
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>This indicator reflects patients with mental health and addictions conditions with/without concurrent mental health and addictions conditions requiring service in general hospitals. "Concurrent disorders are associated with higher levels of service use when compared with either SUD or mental illness alone. <i>Hospital Mental Health Services for Concurrent Mental Illness and Substance Use Disorders in Canada</i>. CIHI, May 2013.</p> <p>Concurrent refers to:</p> <ul style="list-style-type: none"> • A diagnosis of mental illness recorded as an MRDx and a diagnosis of addictions recorded as another diagnosis type; or • A diagnosis of addictions recorded as an MRDx and a diagnosis of mental illness recorded as another diagnosis type. <p>Mental illness only refers to:</p> <ul style="list-style-type: none"> • A diagnosis of mental illness recorded as an MRDx and no diagnosis of addictions recorded or; • A diagnosis of mental illness recorded as an MRDx and a diagnosis of mental illness recorded as another diagnosis type and no diagnosis of addictions recorded. <p>Addictions only refers to:</p> <ul style="list-style-type: none"> • A diagnosis of addictions recorded as an MRDx and no diagnosis of mental illness recorded or; • A diagnosis of addictions recorded as an MRDx and a diagnosis of addictions recorded as another diagnosis type and no diagnosis of mental illness recorded. <p>Note:</p> <ul style="list-style-type: none"> • The most responsible diagnosis (MRDx) codes used for this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014.

Psychiatric Hospitals (Refer to page 62 for results)	
Description	The distribution of psychiatric hospital hospitalizations with an MRDx of all mental illness/addiction among the categories of concurrent conditions, mental illness only and addictions only
Calculation	<p>Method of Calculation</p> <p>For Mental Illness / addictions hospitalizations occurring only in a psychiatric hospital :</p> <p><u>Concurrent:</u> Hospitalizations with either MRDx of mental illness and other diagnosis codes of addiction <u>OR MRDx of addiction and also diagnosis codes of mental illness X 100</u> Mental illness/addictions diagnosis as a (MRDx).</p> <p><u>Mental Illness Only:</u> Hospitalizations with an MRDx of mental illness with no concurrent addiction dx X 100 Mental illness/addictions diagnosis as a (MRDx).</p> <p><u>Addictions Only:</u> Hospitalizations with an MRDx of addiction with no concurrent mental illness dx X 100 Mental illness/addictions diagnosis as a (MRDx).</p>
Inclusions/Exclusions	<p>Denominator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a psychiatric hospital 5. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date <p>Numerator</p> <p>Inclusion Criteria:</p> <p>For any psychiatric hospital hospitalization, all mental illness and addictions diagnosis as a most responsible diagnosis (MRDx), and, also a Type (1) pre-admit comorbidity, (2) post admit comorbidity and/or type (3) secondary diagnosis, as follows</p> <p><u>Concurrent:</u> Hospitalizations with either MRDx of mental illness and other diagnosis codes of addiction OR MRDx of addiction and also diagnosis codes of mental</p> <p><u>Mental Illness Only:</u> Hospitalizations with an MRDx of mental illness with no concurrent addiction dx</p>

Psychiatric Hospitals (Refer to page 62 for results)	
	Addictions Only: Hospitalizations with an MRDx of addiction with no concurrent mental illness dx
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>This indicator reflects patients with mental health and addictions conditions with/without concurrent mental health and addictions conditions requiring service in psychiatric hospitals. "Concurrent disorders are associated with higher levels of service use when compared with either SUD or mental illness alone. <i>Hospital Mental Health Services for Concurrent Mental Illness and Substance Use Disorders in Canada</i>. CIHI, May 2013.</p> <p>Concurrent refers to:</p> <ul style="list-style-type: none"> • A diagnosis of mental illness recorded as an MRDx and a diagnosis of addictions recorded as another diagnosis type; or • A diagnosis of addictions recorded as an MRDx and a diagnosis of mental illness recorded as another diagnosis type. <p>Mental illness only refers to:</p> <ul style="list-style-type: none"> • A diagnosis of mental illness recorded as an MRDx and no diagnosis of addictions recorded or; • A diagnosis of mental illness recorded as an MRDx and a diagnosis of mental illness recorded as another diagnosis type and no diagnosis of addictions recorded. <p>Addictions only refers to:</p> <ul style="list-style-type: none"> • A diagnosis of addictions recorded as an MRDx and no diagnosis of mental illness recorded or; • A diagnosis of addictions recorded as an MRDx and a diagnosis of addictions recorded as another diagnosis type and no diagnosis of mental illness recorded. <p>Note:</p> <ul style="list-style-type: none"> • The most responsible diagnosis (MRDx) codes used for this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014.

Non-MH&A Hospitalizations with MH&A as Secondary Diagnoses (Refer to page 63 for results)	
Description	Proportion (%) of hospitalizations with an MRDx for non-mental illness and addictions in which the patient also had a coexisting diagnosis of mental illness or addiction.
Calculation	Method of Calculation $\frac{\text{Total hospitalizations with mental illness/addictions as a secondary diagnosis} \times 100}{\text{Total hospitalizations}}$
Inclusions/Exclusions	Denominator Inclusion Criteria: <ol style="list-style-type: none"> 1. Age at admission is 15 years or older 2. Sex recorded as male or female 3. Admission to a general hospital/psychiatric hospital 4. Newfoundland and Labrador resident Exclusion Criteria: <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date Numerator Inclusion Criteria: A most responsible diagnosis (MRDx) for non-mental illness/addictions and a secondary diagnosis of mental illness/addictions (MCC 17)
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	Interpretation Patients who are hospitalized with a condition other than mental illness/addictions may also have a secondary mental illness/addictions condition which may impact the care required during the hospitalization. This indicator speaks to the magnitude of mental illness/addictions as a secondary condition in acute care settings. Notes: <ul style="list-style-type: none"> • The diagnosis codes used in this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014. • The DAD contains up to 25 diagnosis occurrences for each separation. Any mental illness/addictions diagnosis recorded in the 2nd to the 25th occurrence is considered a secondary diagnosis for this indicator.

Unintentional Overdose Hospitalization (Refer to page 69 for results)	
Description	The rate of hospitalizations with a code of unintentional overdose per 100,000 population.
Calculation	Method of Calculation $\frac{\text{Total number of hospitalizations for unintentional overdose} \times 100,000}{\text{Total population} - \text{NL residents}}$
Inclusions/Exclusions	Inclusion Criteria: <ol style="list-style-type: none"> 1. An unintentional overdose is identified by the following external cause of injury codes with a diagnosis type of 9; ICD-10-CA: X40-X49 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident Exclusion Criteria: <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System; Statistics Canada Population Estimates 2010-2014
Notes	Interpretation Unintentional overdose hospitalizations are those in which the overdose occurred prior to the admission to hospital.

Inflow/Outflow (Refer to page 70 for results)	
Description	Ratio of the number of hospitalizations for all mental illness /addictions within a given region to the number of hospitalizations for all mental illness/addictions generated by residents of that region.
Calculation	Method of Calculation $\frac{\text{Number of hospitalizations for all mental illness/addiction within a given region}}{\text{Number of hospitalizations for all mental illness/addiction generated by residents of a given region}}$
Inclusions/Exclusions	Inclusion Criteria: <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital/psychiatric hospital 5. Newfoundland and Labrador resident Exclusion Criteria: <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	Interpretation <p>This indicator reflects the balance between the quantity of hospital stays provided to both residents and non-residents by all relevant facilities (acute care/same-day surgery) in a given region and the extent of utilization by residents of that region, whether they receive care within or outside of the region. A ratio of less than one indicates that health care utilization by residents of a region exceeded care provided within that region, suggesting an outflow effect. A ratio of greater than one indicates that care provided by a region exceeded the utilization by its residents, suggesting an inflow effect. A ratio of one indicates that care provided by a region is equivalent to the utilization by its residents, suggesting that inflow and outflow activity, if it exists at all, is balanced. A ratio of zero is an indication that none of the institutions in the region provided the service and residents received care outside of their region.</p> <p>Note:</p> <ul style="list-style-type: none"> • The most responsible diagnosis (MRDx) codes used for this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014

Total ALC Days (Refer to page 72 for results)	
Description	Proportion (%) of total length of stay that are alternate level of care days for all mental illness/addictions hospitalizations.
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of days the patient was assigned to the alternate level of care (ALC) for all mental health/addiction hospitalizations} \times 100}{\text{Total length of stay for mental health/addictions hospitalizations}}$
Inclusions/Exclusions	<p>Denominator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis codes listed in MCC 17 (Major Clinical Category), Mental Diseases and Disorders when coded as the most responsible diagnosis (MRDx) 2. Age at admission is 15 years or older 3. Sex recorded as male or female 4. Admission to a general hospital or psychiatric hospital 5. Newfoundland and Labrador resident 6. Transfer Service W,X, or Y <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid health card number 2. Records with an invalid date of birth 3. Records with an invalid admission date 4. Records with an invalid discharge date <p>Numerator</p> <p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Patients who are alternate level of care (ALC). 2. Where a MRDx code from MCC 17 is recorded (see denominator for code selection)
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System
Notes	<p>Interpretation</p> <p>ALC days is an effective indicator for utilization and resource management purposes. It reflects those patients no longer requiring the intensity of resources/services provided in an acute/mental health setting (use of acute beds for non-acute care) and demonstrates the impact of ALC patients on inpatient statistics such as length of stay.</p> <p>Note:</p> <ul style="list-style-type: none"> • The most responsible diagnosis (MRDx) codes used for this indicator are listed in MCC 17, Mental Diseases and Disorders, CIHI CMG+ Grouping Methodology, 2014.

Nursing Worked Hours per Inpatient Day (Refer to page 74 for results)	
Description	The number of nursing worked hours spent for every day an inpatient spends on a psychiatric nursing unit. Inpatient days are the days during which services are provided to an inpatient, between the census-taking hours on successive days. Nursing worked hours include registered nurses, nurse practitioners and licensed practical nurses.
Calculation	Method of Calculation $\frac{\text{Nursing Worked Hours}}{\text{Inpatient Psychiatry Unit Inpatient Days}}$
Inclusions/Exclusions	<p>Numerator: The functional centres related to inpatient mental health and addictions services which include the following primary accounts: 7127520 ** Mental Health General Nursing Unit 7127560 ** Mental Health Forensic Nursing Unit 7127570 ** Mental Health Geriatric Unit 7127580 ** Mental Health Crisis Nursing Unit 7127595 ** Mental Health and Addiction Services Combined Nursing Unit 71276 ** Mental Health Long-Term Care Resident Unit (Waterford Hospital only) Excluded</p> <p>Secondary financial accounts: 311 ** Employee Worked Hours (MOS) 351 ** Employee Worked Hours (UPP)</p> <p>For the following bargaining groups: 10:NS-NLNU 26:NS-NUNM 32:LN-NAPE 34:LN-CUPE</p> <p>Denominator: Primary Accounts: <i>Same as noted for numerator</i></p> <p>Secondary Statistical Account: 40310 – Inpatient Days – Adult/Child</p>
Time Frame	2010/11-2014/15
Source	Provincial MIS Database
Notes	<ul style="list-style-type: none"> This indicator is calculated only for facilities with dedicated Mental Health and Addictions inpatient units. Community MH&A treatment facilities are excluded.

MH& A Services Direct Operating Expense to Total RHA Operating Expense (Refer to page 77 for results)	
Description	The percentage of the direct operating expenditures of the regional health authorities related to mental health and addictions services.
Calculation	Method of Calculation <u>Direct Operating Expenses For Mental Health And Addiction Services</u> Direct Operating Expenses Of The Regional Health Authority
Inclusions/Exclusions	<p>Numerator: Direct operating expenses for mental health and addiction services were provided by Data and Analytics Production at the Department of Health and Community Services (DHCS) using DHCS methodology. Excluded from numerator: 719** <i>Undistributed (Waterford only)</i> 819** <i>Undistributed Operating Fund</i> 859** <i>Undistributed Capitol Fund</i></p> <p>Denominator: All functional centres within the following framework sections: 711** <i>Administrative & Support Services</i> 712** <i>Nursing Inpatient/Resident Services</i> 713** <i>Ambulatory Care Services</i> 714** <i>Diagnostic and Therapeutic Services</i> 715** <i>Community and Social Services</i> 717** <i>Research</i> 718** <i>Education</i> 719** <i>Undistributed</i></p> <p>Secondary Financial Accounts include the following: 3** <i>Compensation (includes payments to clinical physicians and management physicians; fee-for-service payments by MCP are excluded)</i> 4** <i>Supplies</i> 5** <i>Traceable Supplies and other Expenses</i> 6** <i>Sundry</i> 7** <i>Equipment Expenses</i> 8** <i>Contracted-Out Services</i> 9** <i>Buildings and Grounds Expense - Undistributed</i></p>
Time Frame	2010/11 to 2014/15
Source	Department of Health and Community Services; Provincial MIS Database
Notes	<ul style="list-style-type: none"> Direct operating expenses are defined as the operating expenses charged directly by the health service organization to the applicable functional centre. Operating expenses include compensation, supplies, equipment, sundry, contracted-out services and traceable supplies and other expenses.

MH&A Services Direct Operating Expense per capita (Refer to page 79 for results)	
Description	Direct operating cost of regional health authorities mental health programs and services per person within the Province/RHA.
Calculation	Method of Calculation $\frac{\text{Direct cost of mental health and addictions programs/services}}{\text{Total Population in NL}}$
Inclusions/Exclusions	<p>Numerator:</p> <p>Direct operating expenses for mental health and addiction services were provided by Data and Analytics Production at the Department of Health and Community Services (DHCS) using DHCS methodology.</p> <p>Excluded from numerator: 719** <i>Undistributed (Waterford only)</i> 819** <i>Undistributed Operating Fund</i> 859** <i>Undistributed Capitol Fund</i></p> <p>Denominator:</p> <p>The population of Newfoundland and Labrador as reported by Statistics Canada.</p>
Time Frame	2010/11 to 2014/15
Source	Department of Health and Community Services; Statistics Canada Population Estimates
Notes	<ul style="list-style-type: none"> • Direct costs are defined as the operating expenses charged directly by the health service organization to the applicable functional centre. • Operating expenses include compensation, supplies, equipment, sundry, contracted-out services and traceable supplies and other expenses.

Direct Client Costs to Total MH&A Programs/Services Operating Expenses (Refer to page 80 for results)	
Description	Percentage of operating expenses for mental health and addictions programs/services associated with direct client costs.
Calculation	<p>Method of Calculation</p> $\frac{\text{Direct Client Costs}}{\text{Total Direct Operating Expenses For Mental Health And Addiction Services}}$
Inclusions/Exclusions	<p>Numerator:</p> <p>Primary accounts include:</p> <p>Mental Health/Addictions Community-based programs/services</p> <p>7159101** Mental Health/Addictions Program Administration (C)</p> <p>7159103** Mental Health/Addictions Library</p> <p>7159105** Mental Health/Addictions Case Management</p> <p>7159106** Assertive Community Treatment Team (ACTT)</p> <p>7159107** Early Psychosis Program</p> <p>7159110** Mental Health Counseling Program</p> <p>7159111** Child/Youth Mental Health Counseling Services</p> <p>7159112** Adult Mental Health Counseling Services</p> <p>7159120** Residential Services Program</p> <p>7159121** Community Care Home Services</p> <p>7159122** Family Care Home Services</p> <p>7159123** ACCESS Services</p> <p>7159124** Non-Relative Services</p> <p>7159125** Relative Home Services</p> <p>7159126** Co-operative Apartment Services</p> <p>7159127** Own Apartment/Home Services</p> <p>7159128** Transition Home / Therapeutic Residence / Shelter Services</p> <p>7159129** Other Residential Services</p> <p>7159130** Vocational Support Program</p> <p>7159135** Mental Health and Addictions Inpatient Treatment Centre</p> <p>7159136** Inpatient Treatment Services for Youth</p> <p>7159140** Mental Health Promotion Program</p> <p>7159150** Mental Health and Addictions Day Programs</p> <p>7159151** Addictions Adolescent Day Services</p> <p>7159152** Addictions Adult Day Services</p> <p>7159154** Mental Health and Addictions Client Navigation Program</p> <p>7159157** Early Intervention and Outreach Services</p> <p>7159160** Addictions Counseling Program</p> <p>7159170** Addictions Methadone Treatment Program</p>

Direct Client Costs to Total MH&A Programs/Services Operating Expenses (Refer to page 80 for results)	
	<p>7159180** Detox and/or Addictions Inpatient Treatment Centre 7159190** Addictions Health Promotion Program</p> <p>Secondary financial accounts: 5 ** ** ** Traceable Supplies and other Expenses</p> <p>Excluded by request for the purpose of this report: 7159307** Developmental Psychology Services 819** Undistributed Operating Fund 859** Undistributed Capital Fund</p> <p>Denominator: Direct operating expenses for mental health and addiction services were provided by Data and Analytics Production at the Department of Health and Community Services</p> <p>Excluded from denominator: 719** Undistributed (Waterford only) 819** Undistributed Operating Fund 859** Undistributed Capital Fund</p>
Time Frame	2010/11 to 2014/15
Source	Department of Health and Community Services; Provincial MIS database
Notes	<ul style="list-style-type: none"> Direct client costs are consumable supplies or other expenses that can be directly associated with a particular service, procedure or drug intervention; traced to a particular service recipient. Examples include residential and living expenses, recreation fees, home support payments, etc. made to or on behalf of a client.

Drug Costs per Psychiatric Inpatient/Resident Day (Refer to page 82 for results)	
Description	Drug expenditures per mental health and addictions inpatient/resident day. An inpatient or resident day is the days during which services are provided to an inpatient or resident, between the census-taking hours on successive days. This indicator calculates the costs related to drug expenses for inpatient psychiatric nursing units. This was calculated including resident days in Mental Health Long Term Care (pertinent to the Waterford Hospital in Eastern Health and Total RHA calculations only)
Calculation	Method of Calculation $\frac{\text{Total Psychiatric Inpatient Unit Drug Expenses}}{\text{Total Psychiatric Unit Inpatient/Resident Days}}$
Inclusions/Exclusions	<p>Numerator: The functional centres related to inpatient mental health and addictions services which include the following primary accounts: 7127520 ** Mental Health General Nursing Unit 7127560 ** Mental Health Forensic Nursing Unit 7127570 ** Mental Health Geriatric Unit 7127580 ** Mental Health Crisis Nursing Unit 7127595 ** Mental Health and Addiction Services Combined Nursing Unit 71276 ** Mental Health Long-Term Care Resident Unit (Waterford Hospital only)</p> <p>Secondary financial accounts: 465 ** ** ** Supplies – Drugs</p> <p>Denominator: Primary Accounts: <i>Same as noted for numerator</i></p> <p>Secondary Statistical Account: 40310 – Inpatient Days – Adult/Child 404 – Resident Days (included where noted only)</p>
Time Frame	2008-09 to 2012-13
Source	Provincial MIS database
Notes	<ul style="list-style-type: none"> This indicator is calculated only for facilities with dedicated Mental Health and Addictions inpatient and/or resident units. Community treatment centres are excluded from this indicator.

High Cost Case Mix Groups (Refer to page 83 for results)	
Description	This indicator identifies the top ten high cost case mix groups (CMG's) for mental illness/addictions hospitalizations in NL. The CMG provides an average Resource Intensive Weight (RIW) which is then multiplied by the Cost per Standard Hospital Stay (CSHS) in NL and related case volume. The result indicates an estimated average cost of each identified CMG for mental illness/addictions hospitalizations for a one year period.
Calculation	Method of Calculation Average RIW X CSHS
Inclusions/Exclusions	This indicator includes typical cases, all age groups, and includes general/psychiatric hospitals. Excludes deaths, transfers, long stays etc. The provincial Cost per Standard Hospital Stay is calculated by the Canadian Institute for Health Information (CIHI)
Time Frame	2014/15
Source	2014/15 – Yourhealthsystem.cihi.ca; NLCHI Clinical Database Management System; Canadian MIS Data Base (CMDB)
Notes	<ul style="list-style-type: none"> This indicator provides an estimated average cost for a typical patient in a CMG for mental illness/addictions in a general/psychiatric hospital.

<i>Suicide (Refer to page 85 for results)</i>	
Description	Crude rate of suicide per 100,000 population age 10 years and older
Calculation	Method of Calculation $\frac{\text{Total number of suicide deaths for individuals age 10 years and older} \times 100,000}{\text{Total mid-year population age 10 years and older}}$
Inclusions/Exclusions	Inclusion Criteria: <ol style="list-style-type: none"> 1. Includes suicide deaths to residents of Newfoundland and Labrador only 2. Age at death is 10 years and older 3. Sex recorded as male or female Exclusion Criteria: <ol style="list-style-type: none"> 1. Records with unknown sex 2. Non-residents of Newfoundland and Labrador
Time Frame	2008-2012
Source	NLCHI Suicide Database; Statistics Canada Population Estimates 2008-2012
Notes	Interpretation <p>Suicide is a major cause of premature and preventable death. Suicide is a complex issue involving many factors such as mental illness, addiction, relationship problems, and financial problems. While no single factor its own causes a suicide, mental illness and addiction are major risk factors for suicide.¹</p> <p>Suicide is considered to be an action rather than an illness. Suicidal behaviour is associated with mental/psychological and physical disorders, including schizophrenia, personality disorder, eating disorders, substance abuse and dependence, and terminal illness. Most mental health professionals consider suicidal behaviour to be a result of irrational mental states (distorted perceptions, impaired judgment, extreme moods, and feelings of hopelessness, loss of interest or pleasure) brought on by mental illness</p> <p>Reference:</p> <ol style="list-style-type: none"> 1. Health Canada. Suicide in Canada: Update of the report of the task force on suicide in Canada. 1994. <p>Note:</p> <ul style="list-style-type: none"> • The NLCHI Suicide Database is a composite database comprised of data collected from the Office of the Chief Medical Officer and Statistics Canada Annual Mortality Data files.

Potential Years of Life Lost due to Suicide (Refer to page 86 for results)	
Description	Total number of years of life “lost” when person(s) die ‘prematurely’ (before age 75) from suicide per 100,000 population age between 10 and 74 years
Calculation	Method of Calculation $\frac{\text{Total number of years of life “lost” when person(s) die ‘prematurely’ (before age 75) from suicide} \times 100,000}{\text{Total population age between 10 and 74 years}}$
Inclusions/Exclusions	Inclusion Criteria: <ol style="list-style-type: none"> 1. Includes suicide deaths to residents of Newfoundland and Labrador only 2. Age at death is 10 years and older 3. Sex recorded as male or female Exclusion Criteria: <ol style="list-style-type: none"> 1. Records with unknown sex 2. Non-residents of Newfoundland and Labrador
Time Frame	2008-2012
Source	NLCHI Suicide Database; Statistics Canada Population Estimates 2008-2012
Notes	Interpretation <p>Potential year of life lost is useful for measuring and understanding the magnitude of premature deaths (before age 75 years).</p> <p>Suicide is considered to be an action rather than an illness. Suicidal behaviour is associated with mental/psychological and physical disorders, including schizophrenia, personality disorder, eating disorders, substance abuse and dependence, and terminal illness. Most mental health professionals consider suicidal behaviour to be a result of irrational mental states (distorted perceptions, impaired judgment, extreme moods, and feelings of hopelessness, loss of interest or pleasure) brought on by mental illness.</p> <p>Note:</p> <ul style="list-style-type: none"> • The NLCHI Suicide Database is a composite database comprised of data collected from the Office of the Chief Medical Officer and Statistics Canada Annual Mortality Data files.

Intentional Self-Injury Hospitalization (Refer to page 87 for results)	
Description	Crude rate of hospitalization involving self-injury per 100,000 population
Calculation	<p>Method of Calculation</p> $\frac{\text{Total number of hospitalizations involving self-injury for patients age 15 and older} \times 100,000}{\text{Total mid-year population age 15 and older}}$ <p>The unit of analysis is an episode of care. An episode of care refers to all contiguous inpatient hospitalizations in general or psychiatric hospitals regardless of diagnoses.</p>
Inclusions/Exclusions	<p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. ICD-10-CA self-injury codes of X60-X84 2. Inpatient separations from general/psychiatric hospitals through discharge or death following self-injury 3. Age at admission is 15 years or older 4. Sex recorded as male or female 5. Admission to a general/psychiatric hospital 6. Newfoundland and Labrador resident <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. Records with an invalid date of birth 2. Records with an invalid admission date 3. Records with an invalid discharge date
Time Frame	2010/11-2014/15
Source	NLCHI Clinical Database Management System; Statistics Canada Population Estimates 2010-2014
Notes	<p>Interpretation</p> <p>Self-injury is defined as a deliberate bodily injury that may or may not result in death. This type of injury is the result of either suicidal or self-harming behaviours, or both. Self-injury can be prevented, in many cases, by early recognition, intervention and treatment of mental illnesses. While some risk factors for self-injury are beyond the control of the health system, high rates of self-injury hospitalization can be interpreted as the result of a failure of the system to prevent self-injuries that are severe enough to require hospitalizations.</p>

Perceived Mental Health Status (Refer to page 88 for results)	
Description	Population aged 12 years and older who reported perceiving their own mental health status as being "excellent or very good"
Inclusions/Exclusions	<p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Age 12 years and older 2. Survey respondents who have agreed to allow Statistics Canada to share their responses with their Ministry of Health <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. The CCHS covers the population 12 years of age and over living in the ten provinces and the three territories. Excluded from the survey's coverage are: persons living on reserves and other Aboriginal settlements in the provinces; full-time members of the Canadian Forces; the institutionalized population and persons living in the Quebec health regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James. Altogether, these exclusions represent less than 3% of the target population.
Time Frame	2005, 2007-08, 2009-10, 2011-12 & 2013-14
Source	Canadian Community Health Survey, Share File
Notes	<ul style="list-style-type: none"> • Data have been statistically weighted to represent the population of Newfoundland and Labrador age 12 years and older. • Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (E) and should be interpreted with caution. • Data with a coefficient of variation greater than 33.3% were suppressed (F) due to extreme sampling variability.

Prevalence of Mood Disorders (Refer to page 89 for results)	
Description	Percentage of the population aged 12 years and older who report that they have been diagnosed by a health professional as having a mood disorder, such as depression, bipolar disorder, mania or dysthymia.
Inclusions/Exclusions	<p>Inclusion Criteria:</p> <ol style="list-style-type: none"> 1. Age 12 years and older 2. Survey respondents who have agreed to allow Statistics Canada to share their responses with their Ministry of Health <p>Exclusion Criteria:</p> <ol style="list-style-type: none"> 1. The CCHS covers the population 12 years of age and over living in the ten provinces and the three territories. Excluded from the survey's coverage are: persons living on reserves and other Aboriginal settlements in the provinces; full-time members of the Canadian Forces; the institutionalized population and persons living in the Quebec health regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James. Altogether, these exclusions represent less than 3% of the target population.
Time Frame	2005, 2007-08, 2009-10, 2011-12 & 2013-14
Source	Canadian Community Health Survey, Share File
Notes	<ul style="list-style-type: none"> • Data have been statistically weighted to represent the population of Newfoundland and Labrador age 12 years and older. • Data with a coefficient of variation (CV) from 16.6% to 33.3% are identified by an (E) and should be interpreted with caution. • Data with a coefficient of variation greater than 33.3% were suppressed (F) due to extreme sampling variability.

Newfoundland and Labrador Centre for Health Information

www.nlchi.nl.ca

70 O'Leary Avenue, St. John's, NL A1B 2C7

