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Factors that Contribute to Patient Length of Stay at St. Peter Regional Treatment Center

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LITERATURE REVIEW:

Mental disorders are common in the United States; in fact, they are the leading cause of disability. An estimated 26.2 percent of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year. When applied to the 2004 U.S. Census residential population estimates for ages 18 years and older, this figure translates to 57.5 million people and 1 in 17 suffer from a serious mental illness (National Institute of Mental Illness, 2011).

According to Moran, Fragala, Wise & Novak (1999), forensic hospitals are responsible for both the custody and treatment of patients, including treatment that will minimize the risk of future violence to the community. This study focused on the combined effects of demographic, legal, and clinical variables on length of stay. The results of the study indicated that, in addition to gender, history of employment prior to the offense was the strongest predictor of length of stay. Age and education contributed less significantly to the prediction model.

Advokat, Eustis, & Pickering (2005), examined the outcome for individuals diagnosed with affective disorders, which is generally more favorable than for those diagnosed with a schizophrenic disorder. It is suggested that length of stay for patients with affective disorders is significantly shorter than that of patients with schizophrenia or schizoaffective disorders. According to this study, the groups did not differ in their discharge placements or length of stay.

Lunsky et al., (2011) studied how individuals with intellectual disabilities (ID) and mental health issues with forensic involvement differs from other service users within a psychiatric hospital setting. Inpatients with ID and forensic involvement were compared to forensic patients without ID in terms of patient length of stay. The results of this study indicated that inpatients with ID and forensic involvement had greater lengths of stay than their counterparts without ID.

The purpose of this research project aims to identify what factors contribute to patient length of stay at St. Peter Regional Treatment Center.

HYPOTHESES:

Based upon the literature and clinical experiences of the staff at the hospital, it was hypothesized that patient length of stay increases with multiple diagnoses, multiple commitments, reason for commitment, conduct disorder diagnosis, and personality disorder diagnosis.

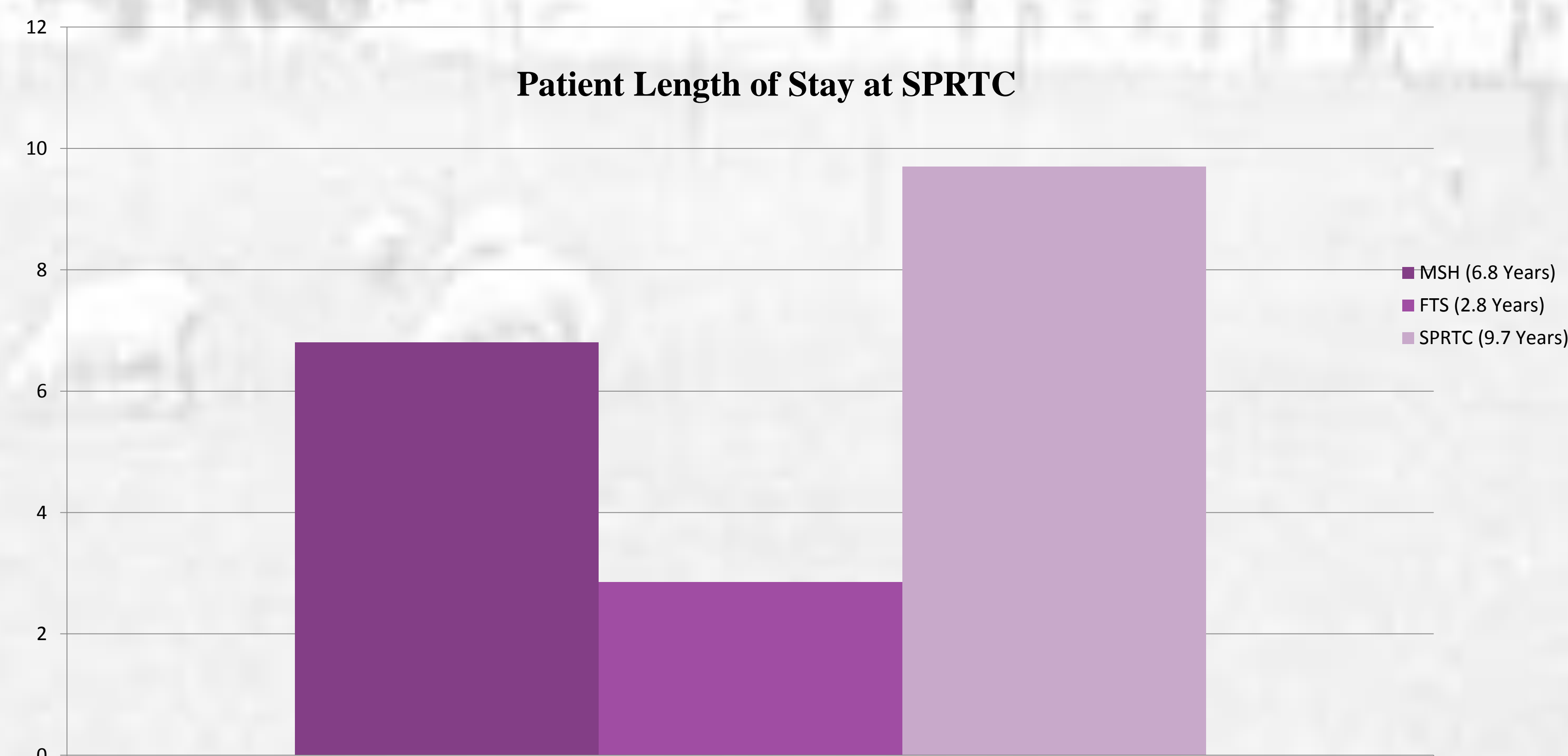
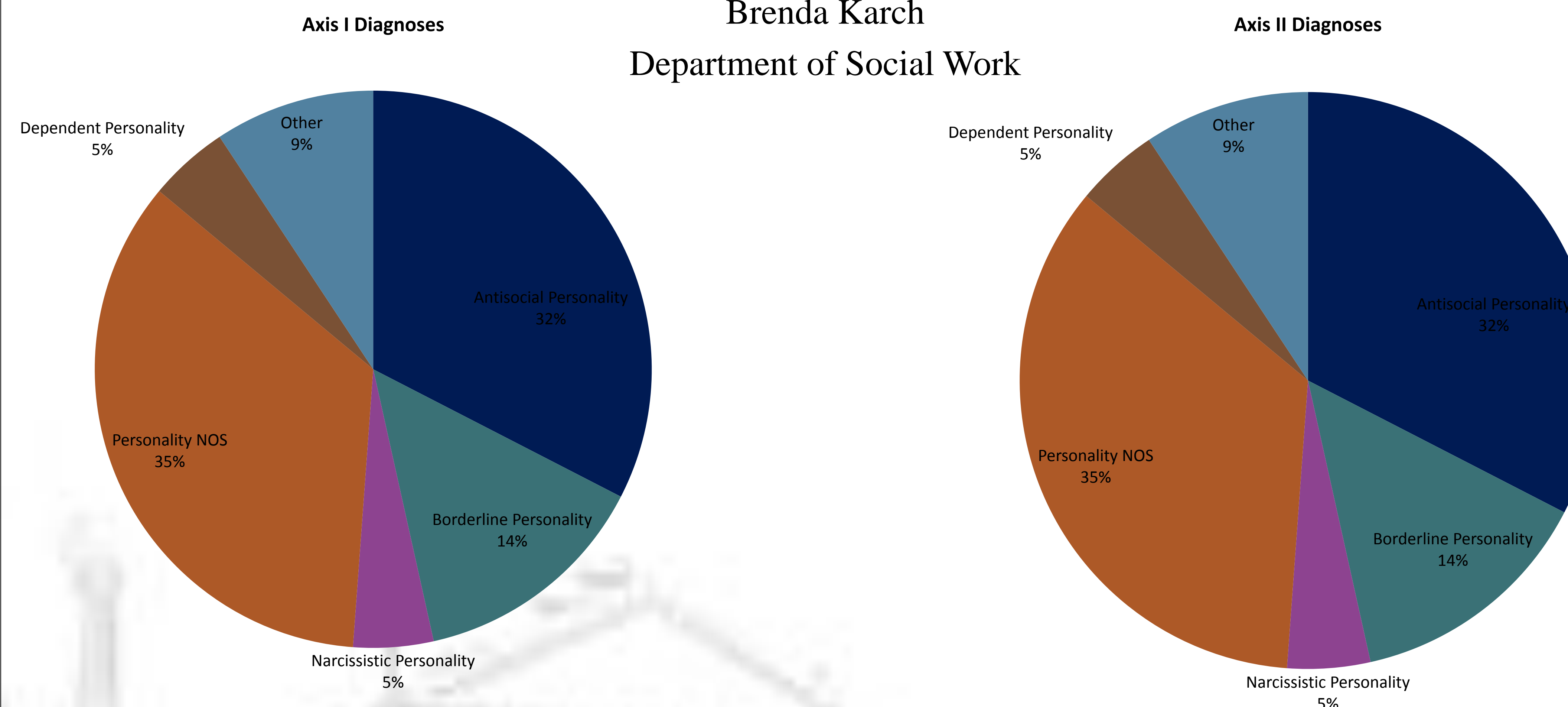
METHODOLOGY:

This research project employed a quantitative review of archived data comprised of patients that had been discharged from St. Peter Regional Treatment Center between 2002-2010. These patients were admitted to Minnesota Security Hospital for treatment and progressed through the program to Forensic Transition Services and eventually discharged to the community. IRB approval was granted by Minnesota State University, Mankato. Total number of discharges that occurred between 2002-2010 is 95 (N=95). Twenty-two (N=22) patients were excluded from this sample due to these patients being admitted to St. Peter Regional Treatment Center on revoked provisional discharges, thus they came back into the system to Forensic Transitional Services and not the Minnesota Security Hospital. The sample for the present study consisted of 73 patients (N=73).



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Archived data collected included the following independent variables:

- age of patient at admission and discharge
- gender
- ethnicity/race
- religion
- legal status
- admission date to hospital and transitional services
- discharge date
- date of commitment
- reason for commitment
- county of commitment
- where patients came from (i.e. jail, hospital, treatment center)
- diagnoses
- history of chemical dependency
- discharge facility
- type of discharge
- marital status
- highest education
- veteran status

The archived data was analyzed using SPSS, Statistical Analysis Software, which included frequencies, correlations, multivariates, and regression analyses.

FINDINGS:

In the statistical analyses that were conducted, the dependent variable was the total length of stay at St. Peter Regional Treatment Center. Independent variables included in the analyses were age, gender, ethnicity/race, reason for commitment, cause of commitment, number of commitments, diagnoses, number of diagnoses, and substance abuse diagnosis. The results of this research did not show any significant statistical relationship between total length of stay and the above independent variables with the exception of substance abuse. Based on this research, other patient characteristics, diagnoses, or reasons for commitment did not affect patient length of stay in this sample. Additional findings included:

- Patients diagnosed with an Axis II disorder has an average length of stay of 11 years and patients diagnosed with an Axis I disorder has an average length of stay of 8.5 years.
- Patients diagnosed with Schizophrenia or Schizoaffective disorder has an average length of stay of 9.4 years as compared to patients with an Affective disorder (Bipolar, Major Depression, OCD, and Phobia's) who has an average length of stay of 13 years.
- Patients with an Intellectual disability has an average length of stay of 13 years and patients without an Intellectual disability has an average length of stay of 9.3 years.
- Patients with an Chemically Dependent diagnosis has an average length of stay of 8.3 years and patients without a Chemically Dependent diagnosis has an average length of stay of 12 years.

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