

**Chairperson:** Dr. Robert Chayer  
**Senior Executive Assistant:** Jodi Mapp, 257-5202

## MILWAUKEE COUNTY MENTAL HEALTH BOARD QUALITY COMMITTEE

March 7, 2016 - 10:00 A.M.  
Milwaukee County Mental Health Complex  
Conference Room 1045

### MINUTES

#### SCHEDULED ITEMS:

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| 1. | <p>Welcome.</p> <p>Chairman Chayer welcomed everyone to the March 7, 2016, Mental Health Board Quality Committee meeting.</p>  |
| 2. | <p>2015 Year-End Behavioral Health Division Key Performance Indicators (KPI) Dashboard Update.</p> <p>The Dashboard contains all updated 2015 year-end information. The color scheme was derived from the indicator sheet, which reflects benchmarks, publically reported information, and other historical items referenced. The key performance measures include additional outcome measures as incorporated in Milwaukee County Behavioral Health Division (BHD) contracts. Discussion was held regarding HBIPS 6 and 7 due to their red status.</p> <ul style="list-style-type: none"><li>• Community Access to Recovery Services Annual Data Report 2015</li></ul> <p>This data sheet represents individuals served by level of care across the board, including enrollments.</p> <ul style="list-style-type: none"><li>• Centers for Medicare and Medicaid Services (CMS) Performance Measures 2016</li></ul> <p>CMS performance measures are effective July 1, 2016. They represent the timely transmission of the transition record, with specified elements, received by discharged patients screened for metabolic disorders. These elements will be incorporated going forward.</p> |
| 3. | <p>Contract Services Performance Measures.</p> <p>Outcome indicators include housing status and stability, educational and employment status, number of arrests, satisfaction, and level of functioning. These measures will be included in all provider contracts.</p>  |

**SCHEDULED ITEMS (CONTINUED):**

4.	<p>Satisfaction Report Data Update.</p> <ul style="list-style-type: none"><li>• Community Based Services</li></ul> <p>The Mental Health Statistics Improvement Program (MHSIP) consortium 2015 results is used across the country. In 2015, satisfaction scores were high. Scoring of the MHSIP, and the additional items that were included per the recommendation of the Mental Health Task Force, were discussed. The MHSIP is one of five satisfaction surveys in use at BHD. A group has been formed to review all the survey tools to determine if these surveys can be consolidated.</p> <ul style="list-style-type: none"><li>• Hospital Based Services</li></ul> <p>Hospital services also utilizes MHSIP, one for acute adults and one for children. BHD had the highest response rate in history, and the surveys reflected positive results. The results were reviewed in detail.</p> <p>The Acute Executive Team follows-up by reviewing the results and identifying improvement actions related to the areas of concern.</p>
5.	<p>Project Presentations.</p> <ul style="list-style-type: none"><li>• Wraparound Milwaukee – Quality Improvement (QI)</li></ul> <p>A performance improvement project is required annually per the Medicaid contract. The main emphasis of the project is the client/family-centered plan and includes a revision to the provider network internet-based resource guide. Pre and post surveys that focused on the newly enrolled were completed related to empowerment and knowledge/concerns about the resource guide and results after utilization of the guide. The information obtained was incorporated into family orientations and brochures that are part of the enrollment packet. Care coordinators and the provider network have been retrained on the resource guide. An access code is no longer needed to utilize the resource guide. Three primary objectives have been identified as increasing access to the resource guide, family empowerment to make provider choices, and increase newly enrolled families' access. Another survey will be completed closer to discharge. Recommendations are forthcoming from the State.</p> <ul style="list-style-type: none"><li>• Hospital QI</li></ul> <p>Reducing seclusion and restraint for the Observation Unit continues to be evaluated. Numbers reduced for 2015; however, an increase during the nine o'clock a.m. hour was noted. A community group was implemented to review each episode of seclusion and restraint. Certified Nursing Assistants will be responsible for facilitating group community meetings. These initiatives have been effective</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>thus far. The next phase of the project includes implementing a satisfaction survey for the patients who have voluntarily participated. There will also be a unit survey to address patients that did not participate.</p>
6.	<p>Quality Plans and Goals Annual Review.</p> <p>The 2015 plan initiatives included development of KPI indicators, creation of a best practice suicide assessment, prevention, and intervention to support the zero suicide initiative and the development and implementation of the pharmacy integration.</p> <ul style="list-style-type: none"><li>• Zero Suicide</li></ul> <p>A screening tool and survey is being developed and includes risk assessments, screenings, and how to address safety plans before discharge. The survey will guide the worker and determine other training needs to ensure the zero suicide initiative is fully implemented.</p> <ul style="list-style-type: none"><li>• Pharmacy Integration</li></ul> <p>Pharmacy integration with Pyxis has improved safety and supply chain management. One major change highlighted was the transition to bar code scanning. The bar coding system is approximately 95% accurate at this point. There continues to be problems with new or rarely used medications and label printing, which affect scanning. A workgroup has been formed to address the issues.</p>
7.	<p>2016 Quality Plan Goals, Recommendation, and Endorsement.</p> <p>Some goals and objectives identified in 2015, like simplifying the front door and training staff on basic quality improvement principals, are ongoing. The original plan was intended to be biennial, intentionally identifying goals and objectives that were long-term. There were three parts to the plan; broad system high-level strategic goals, objectives determined to be accomplishable near term, and specific improvement tasks. A number of goals have been accomplished, with some being ongoing.</p> <p>Incident reporting processes continue in paper format. The original incident report is forwarded to Quality Management Services to define areas of improvement. The process and the actual policy is somewhat outdated and needs revision. An electronic reporting option is being considered.</p> <p>A 2016 quality management services redesign charter has been created. Instead of operating as individual units, providers, the goal is to have an integrated quality system across the BHD health care continuum.</p>

**SCHEDULED ITEMS (CONTINUED):**

8.	<p>Waitlist Update.</p> <p>The Behavioral Health Division is experiencing increased use of waitlists due to reduced bed capacity on the inpatient units. The waitlist report was presented and weekly trends were explained.</p>
9.	<p>Joint Commission Update and Recommendation for Next Steps on Application Timeline.</p> <p>Background information was provided surrounding preparation for Joint Commission Accreditation and the original timeline for application, which was December 2015. Preparation activities continue as Joint Commission standards should be met regardless of application. Direction is needed regarding the application and/or timeline in view of other changes and strategic planning that has taken place.</p> <p>It was concluded that with all the moving pieces imbedded in the overall strategic plan and projects currently being undertaken, the Joint Commission application will be placed on hold. Application preparation and quality activities will, however, continue, and areas identified in the mock survey needing improvement will take priority. This topic will be revisited at the September 12, 2016, Quality Committee meeting at which time progress toward actions identified in the mock survey will be provided in a summary format.</p>
10.	<p>Endorsement of Work.</p> <p>After reviewing previous Quality Committee agendas, staff wanted to ensure the information provided thus far is meeting the Quality Committee's expectations. In reviewing quality activities, more community focused measures, proposed contract performance measures, and the integration of all those items were endorsed.</p>
11.	<p>Next Scheduled Meeting Dates:</p> <ul style="list-style-type: none"><li>• June 6, 2016, at 10:00 a.m.</li><li>• September 6, 2016, at 10:00 a.m.</li></ul> <p>The next meeting date was announced as June 6, 2016, at 10:00 a.m. The September 6, 2016, Quality Committee meeting was found to conflict with a full Mental Health Board meeting scheduled for the same date. Therefore, the date was changed to September 12, 2016, at 10:00 a.m.</p>
12.	<p>Adjournment.</p> <p>Chairman Chayer ordered the meeting adjourned.</p>

**SCHEDULED ITEMS (CONTINUED):**

This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.

Length of meeting: 10:04 a.m. to 12:05 p.m.

Adjourned,

***Jodi Mapp***

Senior Executive Assistant  
Milwaukee County Mental Health Board

**The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is Monday, June 6, 2016, @ 10:00 a.m.**