Milwaukee County Behavioral Health Division
2015 Key Performance Measure (KPM) Dashboard

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Program	Measure	2015 (1)	2015 Status (2)	2015 Target	Benchmark Source	Formula
Community Access To Recovery Services	Number Served - AODA	6,080		5,529	BHD (3)	Unduplicated count of clients served in AODA programs
	Number Served - Mental Health	5,097		4,663	BHD (3)	Unduplicated count of clients served in Mental Health programs
	Comprehensive Community Service (CCS) Enrollees	236		236	BHD (3)	Count of clients enrolled in the Comprehensive Community Service program
	Reduction in past 6 months psychiatric bed days, admission to six months after admission	52%		64.0%	BHD (3)	Change in the total number of psychiatric bed days from six months before the admission to six months prior to the first follow-up
	Reduction in past 30 days alcohol or drug use, admission to six months after admission	85%		79.0%	BHD (3)	Change in the proportion of clients with any self-reported days of drug use 30 days prior to the initial enrollment interview to the proportion with drug use in 30 days prior to the follow-up interview six months later
	Reduction in homeless or in shelters, admission to six months after admission	79%		82.0%	BHD (3)	Change in the total number of homeles/shelter days from the six months before the admission to the six months prior to the first follow-up
	Increase in employment (full or part time-competitive), admission to six months after admission	41%		54.0%	BHD (3)	Change in client's employment status from six months before the admission to the six months prior to the first follow-up
	Percent of clients returning to Detox within 30 days	24%		18.0%	BHD (3)	Percent of detox admissions occuring within 30 days of client's prior discharge from the program
Wraparound	Families served in Wraparound HMO (unduplicated count)	2,648		2,650	BHD (3)	Families served in Wraparound HMO (unduplicated count)
	Average level of Family Satisfaction (Rating scale of 1-5)	4.7		> = 4.0	BHD (3)	Average level of Family Satisfaction (Rating scale of 1-5)
	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	68%		> = 75%	BHD (3)	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)
	Average level of "Needs Met" at disenrollement (Rating scale of 1-5)	3.3		> = 3.0	BHD (3)	Average level of "Needs Met" at disenrollement (Rating scale of 1-5)
	Percentage of youth who have achieved permanency at disenrollment	72%		> = 70%	BHD (3)	Percentage of youth who have achieved permanency at disenrollment
	Percentage of Informal Supports on a Child and Family Team	43%		> = 50%	BHD (3)	Percentage of Informal Supports on a Child and Family Team
Crisis Service	Admissions	10,562		10,500	BHD (3)	PCS patient admissions
	Emergency Detentions	5,558		5,400	BHD (3)	PCS admissions where patient had a legal status of "Emergency Detention"
	Percent of patients returning to PCS within 3 days	8%		8%	BHD (3)	Percent of patient admissions occuring within 3 days of patient's prior discharge from the program
	Percent of patients returning to PCS within 30 days	25%		20%	CMS (5)	Percent of patient admissions occuring within 30 days of patient's prior discharge from the program
	Percent of time on waitlist status	20%		10%	BHD (3)	PCS hours on Waitlist Status / Total hours in time period x 100
Acute Adult Inpatient Service	Admissions	1,002		1,125	BHD (3)	Acute Adult Inpatient Service patient admissions
	Mean Daily Census	48.7		52.0	BHD (3)	Sum of the midnight census for the time period / Days in time period
	Percent of patients returning to Acute Adult within 30 days	12%		7%	NRI (4)	Percent of patient admissions occuring within 30 days of patient's prior discharge from the program
	Percent of patients responding positively to satisfaction survey	72%		74%	NRI (4)	Percent of patients selecting "Agree" or "Strongly Agree" to survey items
	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	55%		65%	BHD (3)	Percent of patients selecting "Agree" or "Strongly Agree" to survey item
	HBIPS 1 - Admission screen for violence risk, substance abuse, trauma history, & patient strengths	95%		95%	BHD (3)	Percent of patients screened for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths
	HBIPS 2 - Hours of Physical Restraint Rate	9.0		0.72	CMS (5)	Total number of hours patients were in physical restraint per 1,000 inpatient hours
	HBIPS 3 - Hours of Locked Seclusion Rate	0.41		0.31	CMS (5)	Total number of hours patients were in locked seclusion per 1,000 inpatient hours
	HBIPS 4 - Patients discharged on multiple antipsychotic medications	16%		10%	CMS (5)	Percent of patients discharged on 2 or more antipsychotic medications
	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	96%		30%	CMS (5)	Percent of patients discharged on 2 or more antipsychotic medications with documented justification
	HBIPS 6 - Patients discharged with a continuing care plan	10%		75%	CMS (5)	Percent of patients for whom the post discharge continuing care plan is created and contains the following: reason for hospitalization, principal discharge diagnosis, discharge medications and next level of care recommendations
	HBIPS 7 - Post discharge continuing care plan transmitted to next level of care provider	10%		68%	CMS (5)	Percent of patients for whom the post discharge continuing care plan was transmitted to the next level of care
Child / Adolescent Inpatient Service (CAIS)	Admissions	1,066		1,100	BHD (3)	CAIS patient admissions
	Mean Daily Census	10.8		11.0	BHD (3)	Sum of the midnight census for the time period / Days in time period
	Percent of patients returning to CAIS within 30 days	16%		11%	BHD (3)	Percent of patient admissions occuring within 30 days of patient's prior discharge from the program
	Percent of patients responding positively to satisfaction survey	69%		74%	BHD (3)	Percent of patients selecting "Agree" or "Strongly Agree" to survey items
	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	73%		80%	BHD (3)	Percent of patients selecting "Agree" or "Strongly Agree" to survey item
	HBIPS 1 - Admission screen for violence risk, substance abuse, trauma history, & patient strengths	95%		95%	BHD (3)	Percent of patients screened for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths
	HBIPS 2 - Hours of Physical Restraint Rate	5.6		0.23	CMS (5)	Total number of hours patients were in physical restraint per 1,000 inpatient hours
	HBIPS 3 - Hours of Locked Seclusion Rate	0.80		0.30	CMS (5)	Total number of hours patients were in locked seclusion per 1,000 inpatient hours
	HBIPS 4 - Patients discharged on multiple antipsychotic medications	3%		3%	CMS (5)	Percent of patients discharged on 2 or more antipsychotic medications
	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	96%		36%	CMS (5)	Percent of patients discharged on 2 or more antipsychotic medications with documented justification
	HBIPS 6 - Patients discharged with a continuing care plan	10%		88%	CMS (5)	Percent of patients for whom the post discharge continuing care plan is created and contains the following: reason for hospitalization, principal discharge diagnosis, discharge medications and next level of care recommendations
	HBIPS 7 - Post discharge continuing care plan transmitted to next level of care provider	10%		81%	CMS (5)	Percent of patients for whom the post discharge continuing care plan was transmitted to the next level of care
Financial	Total BHD Revenue (millions)	$120.5		$120.5		
	Total BHD Expenditure (millions)	$179.6		$179.6		

Notes:
(1) 2015 estimates are based on annualized 2015 mid-year data
(2) 2015 Status color definitions: Red (below 20% of benchmark), Yellow (within 20% of benchmark), Green (meets or exceeds benchmark)
(3) Performance measure target was set using historical BHD trends
(4) Performance measure target was set using National Association of State Mental Health Directors Research Institute national averages
(5) Performance measure target was set using Centers for Medicare & Medicaid (CMS) Hospital Compare national averages

MHSIP Consumer Satisfaction Survey

Mid-Year

2015

Prepared By:
Quality Improvement Department

Created 10/6/15

Introduction

The survey of Acute Adult Inpatient consumers is intended to obtain consumers' perceptions of services received during their inpatient episode of care. The survey is an ongoing performance improvement project that utilizes the information obtained to identify performance improvement initiatives for inpatient treatment. Consumers' perceptions of inpatient services are obtained regarding:

- Outcomes attained
- The environment in which services were provided
- Participation in treatment planning and discharge
- Protection of rights
- Being treated with dignity
- Empowerment
- Additional aspects of services received including cultural sensitivity, treatment choices, and medications

Method

At the time of discharge, unit social workers present the survey to all consumers and emphasize that the BHD values consumer input to the evaluation of services provided in its programs. They also explain to consumers that survey participation is voluntary, and assure consumers that analyses of the information obtained is summarized and does not identify any individual's responses. Individuals with multiple inpatient episodes are provided opportunities to respond to the survey after each inpatient stay.

Instrument

The MHSIP Inpatient Consumer Survey (2001) contains a total of 28 items. Twenty-one items are designed to measure six domains: *Outcome, Dignity, Rights, Participation, Environment and Empowerment*. Seven additional items ask respondents to rate other aspects of services received including treatment options, medications, cultural sensitivity, and staff. Respondents indicate their level of agreement/disagreement with statements about the inpatient mental health services they have received utilizing a 5-point scale: strongly agree – agree – neutral – disagree – strongly disagree. Respondents may also record an item as not applicable.

Additional survey items are completed to provide basic demographic and descriptive information: age, gender, marital status, ethnicity, length of stay, and legal status. Respondents may choose to provide written comments on the survey form about their responses or about areas not covered by the questionnaire. The following lists the consumer survey items.

NRI/MHSIP Inpatient Consumer Survey (2001)

Outcome Domain:

- I am better able to deal with crisis.
- My symptoms are not bothering me as much.
- I do better in social situations.
- I deal more effectively with daily problems.

Dignity Domain:

- I was treated with dignity and respect.
- Staff here believe that I can grow, change and recover.
- I felt comfortable asking questions about my treatment and medications.
- I was encouraged to use self-help/support groups.

Rights Domain:

- I felt free to complain without fear of retaliation.
- I felt safe to refuse medication or treatment during my hospital stay.
- My complaints and grievances were addressed.

Participation Domain:

- I participated in planning my discharge.
- Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.
- I had the opportunity to talk with my doctor or therapist from the community prior to discharge.

Environment Domain:

- The surroundings and atmosphere at the hospital helped me get better.
- I felt I had enough privacy in the hospital.
- I felt safe while in the hospital.
- The hospital environment was clean and comfortable.

Empowerment Domain:

- I had a choice of treatment options.
- My contact with my doctor was helpful.
- My contact with nurses and therapists was helpful.

Other survey items:

- The medications I am taking help me control symptoms that used to bother me.
- I was given information about how to manage my medication side effects.
- My other medical conditions were treated.
- I felt this hospital stay was necessary.
- Staff were sensitive to my cultural background.
- My family and/or friends were able to visit me.
- If I had a choice of hospitals, I would still choose this one.

Results

The following presents the results of the Inpatient MHSIP Consumer survey completed by consumers of the Acute Adult Inpatient Service in 2015. Data from 2012 – 2014 administrations of the survey are also presented in selected tables of this report to allow for comparisons.

The following are *general guidelines* for interpreting the inpatient consumer survey results based on eight years of administering the survey. The percentage of agree/strongly agree (positive) responses may be interpreted as:

- Percentages less than 70% can be considered 'relatively low' and below 60% can be considered 'poor'
- Percentages in the 70 - 79% range can be considered 'good' or 'expected'
- Percentages in the 80 - 89% range can be considered 'high'
- Percentages 90% and above can be considered 'exceptional'

Response Rate

Completed surveys were obtained at discharge from **56%** of the 743 consumers discharged from the Acute Adult Inpatient service in 2015 YTD (1/1/15-10/5/15). For the past 2 years, the Acute Adult Inpatient service MHSIP survey response rate has been below the target response rate of 40%.

Table 1 presents data on response rate by unit and the total BHD Acute Adult Inpatient Service for 2013 - 2015.

Table 1. Inpatient MHSIP Consumer Survey - Response Rate by Unit

Unit	2013		2014		2015 YTD	
	Completed Surveys	Response Rate	Completed Surveys	Response Rate	Completed Surveys	Response Rate
43A - ITU	141	35.3	48	19.6	58	27.5
43B - ATU	246	43.0	143	29.7	271	79.7
43C - WTU	100	21.1	94	25.7	84	43.8
Total	487	**33.7**	285	**26.1**	413	**55.6**

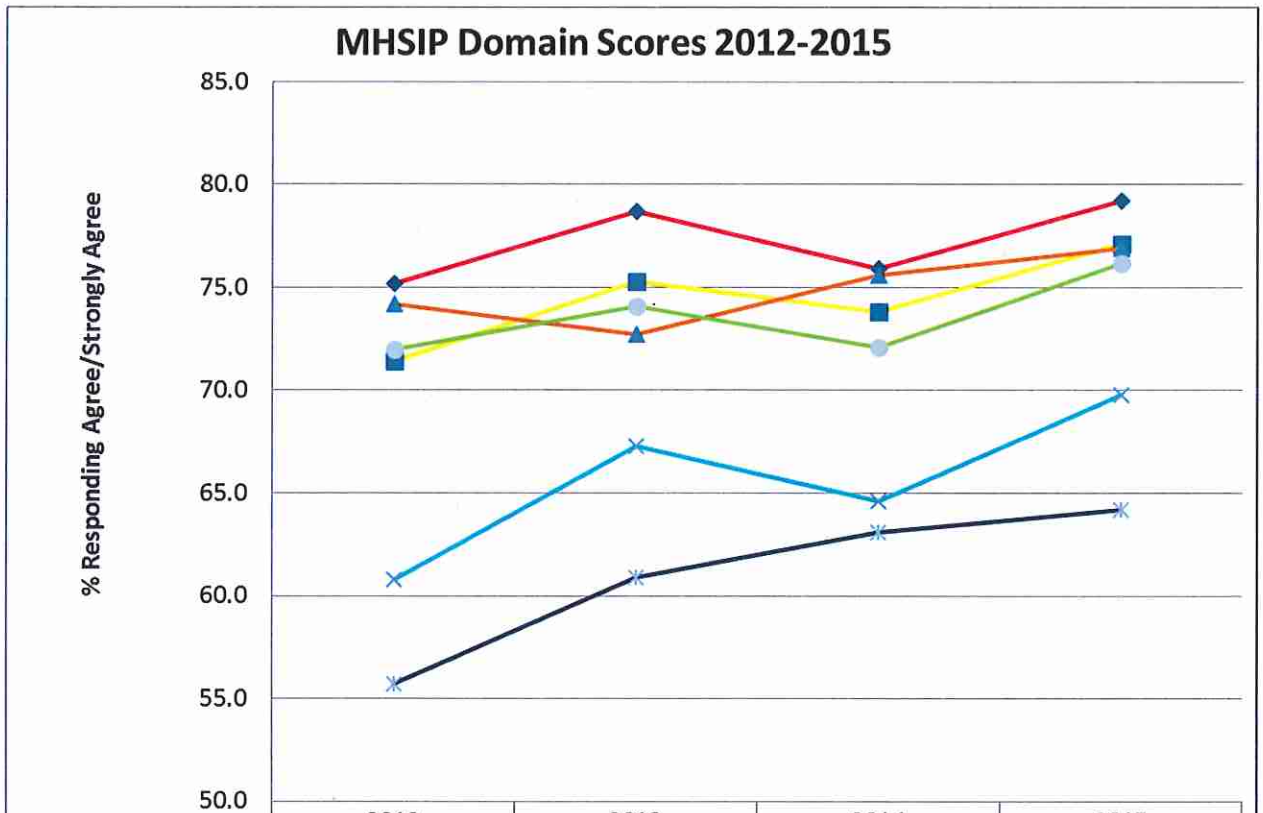
Acute Adult Inpatient Service

Table 2 presents Acute Adult Inpatient Service's consumer positive (agree/strongly agree) responses for 2012 – 2015 YTD. In 2015, the results revealed "Good" response rates for 5 of the 6 domains: 79% for Dignity, 77% for Outcome, 77% for Participation, 76% for Empowerment, and 70% for Environment. Relatively low response rates were obtained for patient Rights 64%.

Table 2. Inpatient MHSIP Consumer Survey - All Units

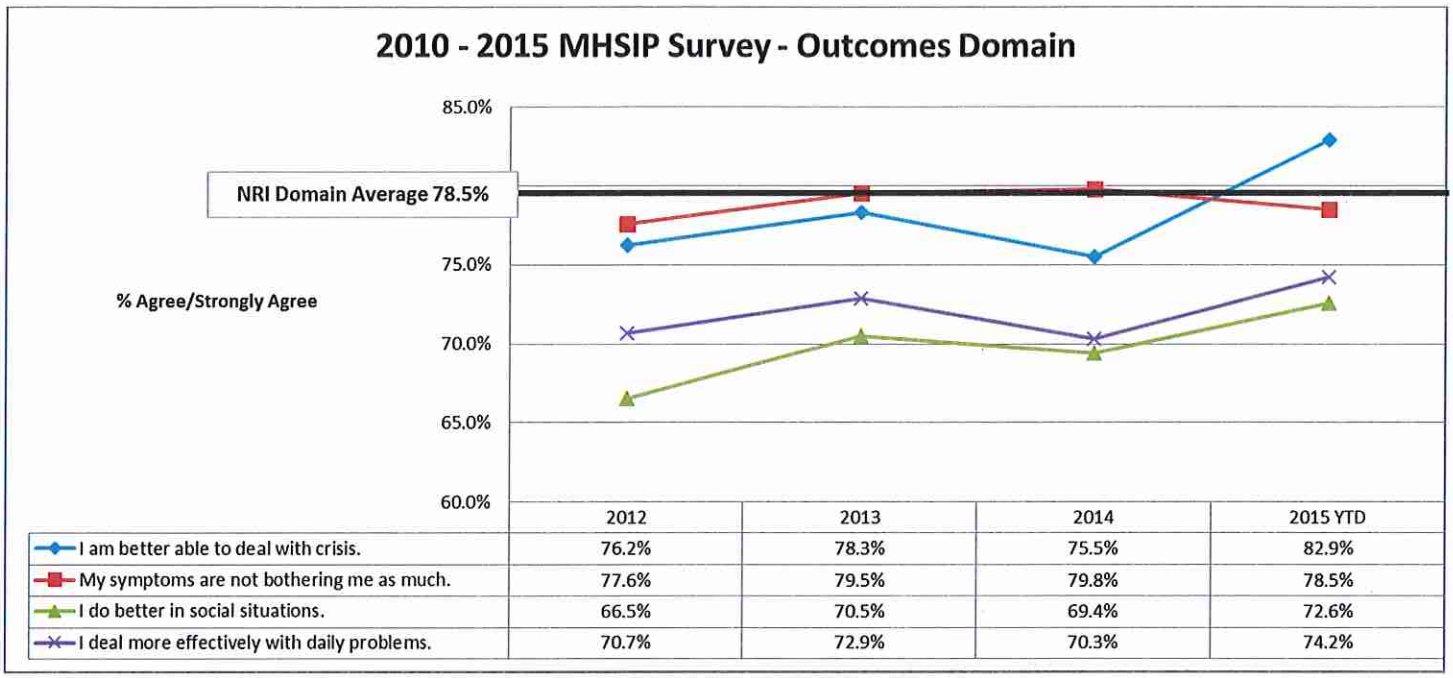
Domains	Agree/Strongly Agree Response %			
	2012	2013	2014	2015 YTD
Dignity	75.2%	78.7%	75.9%	79.2%
Outcome	71.4%	75.3%	73.8%	77.1%
Participation	74.2%	72.7%	75.6%	76.9%
Environment	60.8%	67.3%	64.6%	69.8%
Rights	55.7%	60.9%	63.1%	64.2%
Empowerment	72.0%	74.1%	72.1%	76.2%
Additional Questions				
My family and/or friends were able to visit me.	81.8%	79.0%	78.8%	78.7%
The Medications I am taking help me control my symptoms that used to bother me.	72.3%	73.2%	74.8%	77.2%
My other medical conditions were treated.	65.8%	72.4%	66.3%	68.1%
Staff were sensitive to my cultural background.	64.2%	61.9%	63.8%	68.7%
I felt this hospital stay was necessary.	66.7%	66.0%	68.4%	67.6%
I was given information about how to manage my medication side effects.	64.8%	64.7%	63.3%	71.9%
If I had a choice of hospitals, I would still choose this one.	58.1%	60.3%	55.3%	63.2%
Surveys Completed	484	487	285	413

The following graph presents Acute Adult Inpatient Service's 2012-2015 positive (agree/strongly agree) Domain scores.

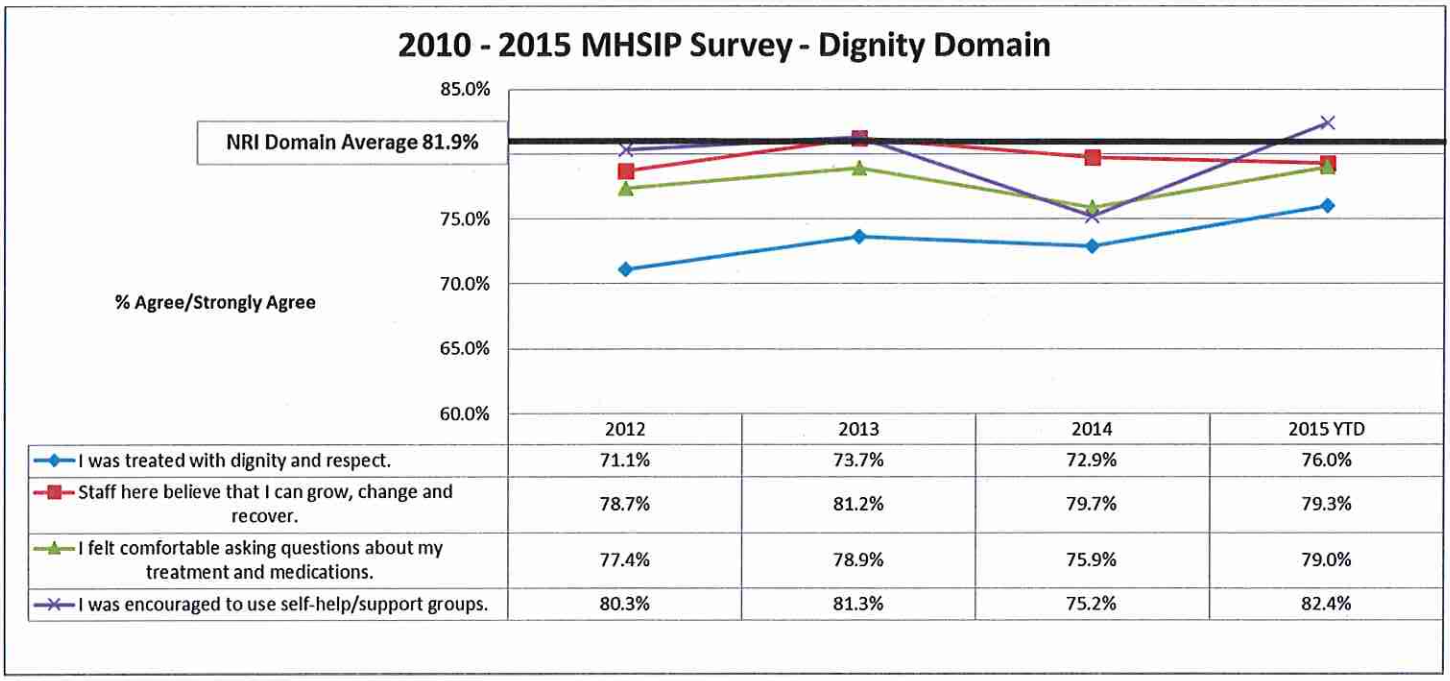


	2012	2013	2014	2015
Dignity	75.2	78.7	75.9	79.2
Outcome	71.4	75.3	73.8	77.1
Participation	74.2	72.7	75.6	76.9
Environment	60.8	67.3	64.6	69.8
Rights	55.7	60.9	63.1	64.2
Empowerment	72.0	74.1	72.1	76.2

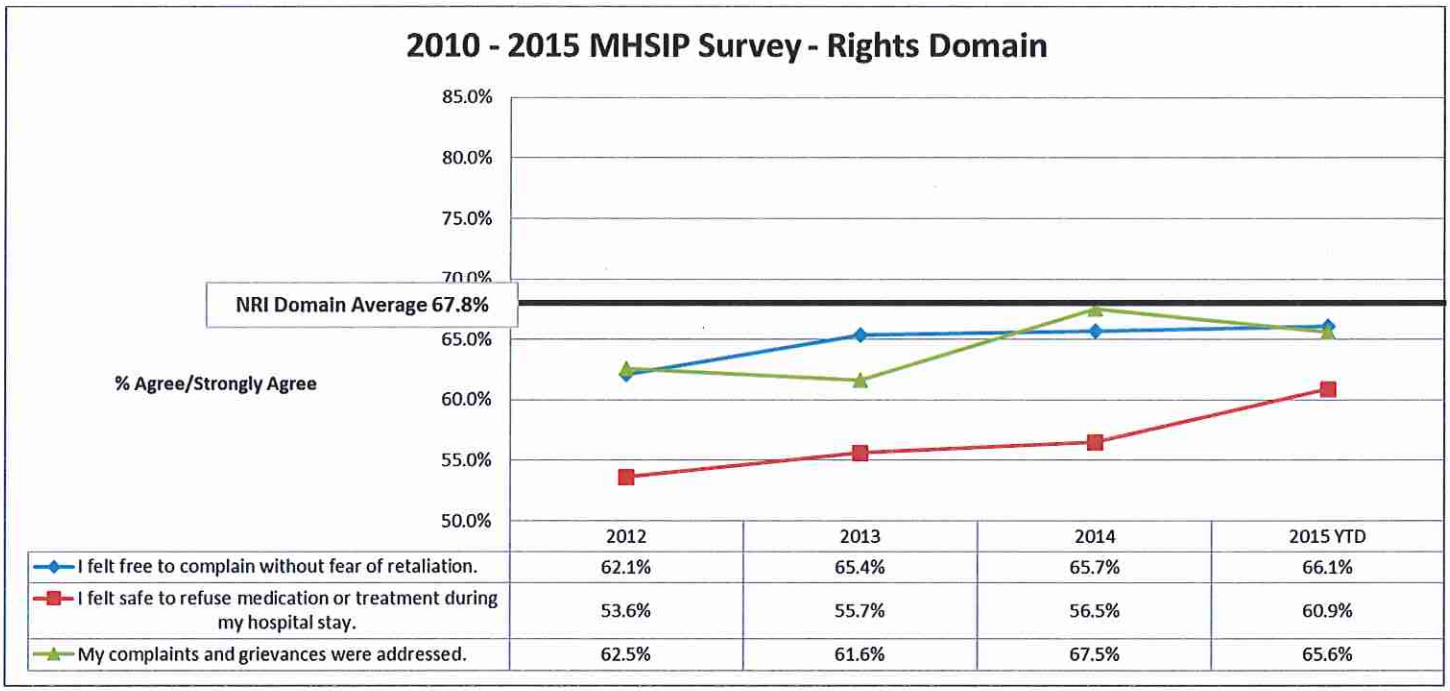
The following graphs present Acute Adult Inpatient Service's 2010-2014 positive (agree/strongly agree) survey item scores and NRI's domain average.



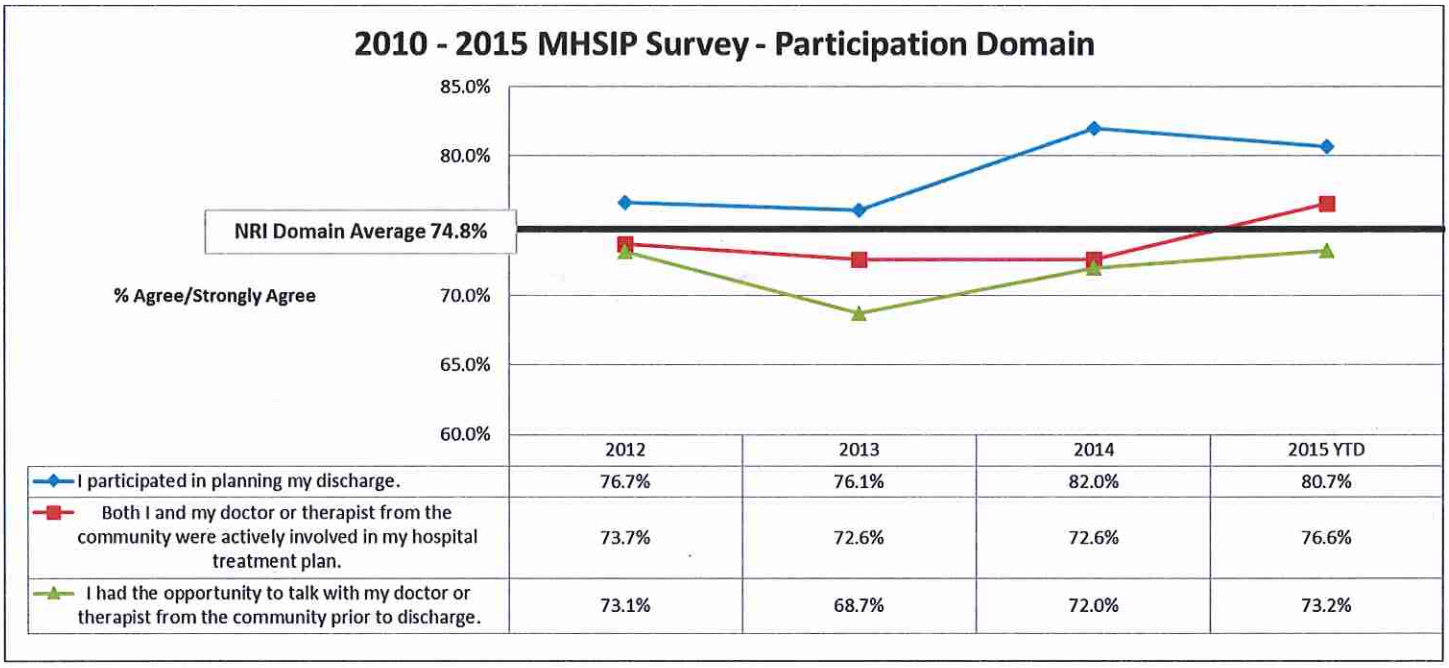
	2012	2013	2014	2015 YTD
I am better able to deal with crisis.	76.2%	78.3%	75.5%	82.9%
My symptoms are not bothering me as much.	77.6%	79.5%	79.8%	78.5%
I do better in social situations.	66.5%	70.5%	69.4%	72.6%
I deal more effectively with daily problems.	70.7%	72.9%	70.3%	74.2%



	2012	2013	2014	2015 YTD
I was treated with dignity and respect.	71.1%	73.7%	72.9%	76.0%
Staff here believe that I can grow, change and recover.	78.7%	81.2%	79.7%	79.3%
I felt comfortable asking questions about my treatment and medications.	77.4%	78.9%	75.9%	79.0%
I was encouraged to use self-help/support groups.	80.3%	81.3%	75.2%	82.4%

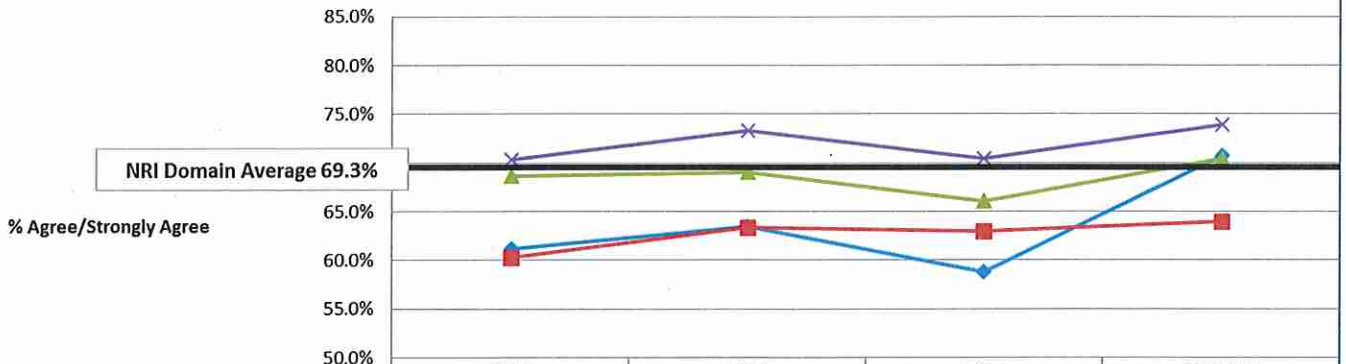


	2012	2013	2014	2015 YTD
I felt free to complain without fear of retaliation.	62.1%	65.4%	65.7%	66.1%
I felt safe to refuse medication or treatment during my hospital stay.	53.6%	55.7%	56.5%	60.9%
My complaints and grievances were addressed.	62.5%	61.6%	67.5%	65.6%



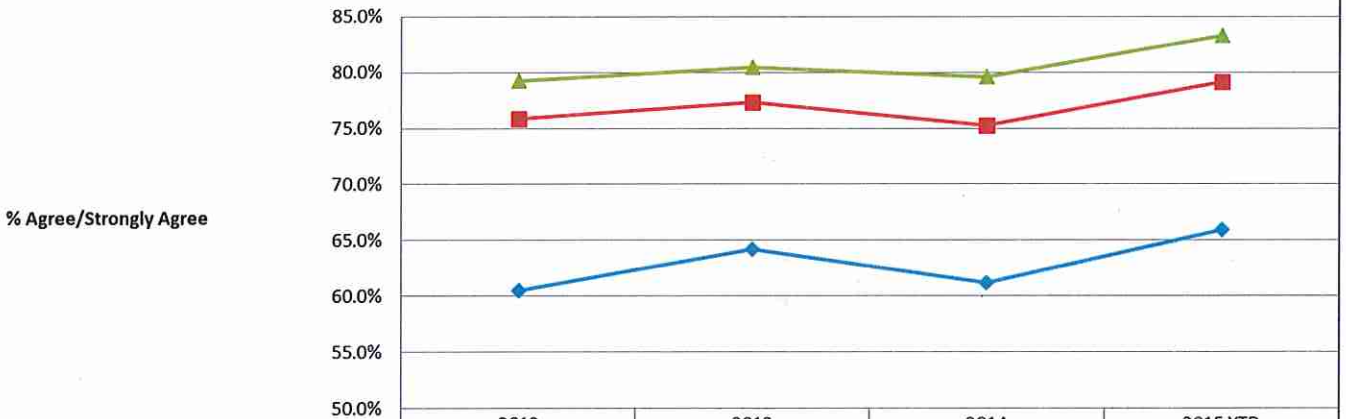
	2012	2013	2014	2015 YTD
I participated in planning my discharge.	76.7%	76.1%	82.0%	80.7%
Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.	73.7%	72.6%	72.6%	76.6%
I had the opportunity to talk with my doctor or therapist from the community prior to discharge.	73.1%	68.7%	72.0%	73.2%

2010 - 2015 MHSIP Survey - Environment Domain

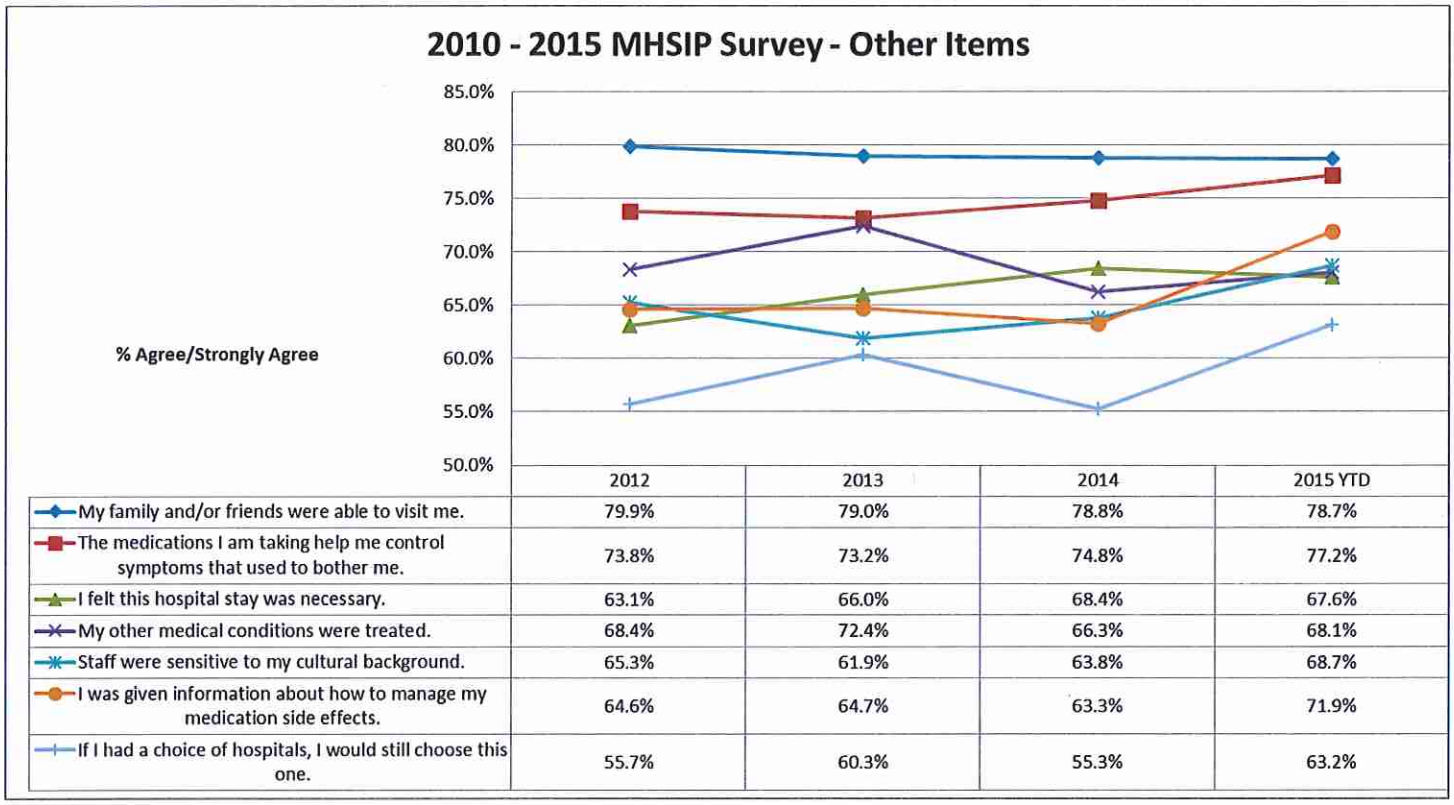


	2012	2013	2014	2015 YTD
The surroundings and atmosphere at the hospital helped me get better.	61.2%	63.5%	58.8%	70.7%
I felt I had enough privacy in the hospital.	60.3%	63.4%	63.0%	64.0%
I felt safe while in the hospital.	68.6%	69.0%	66.1%	70.4%
The hospital environment was clean and comfortable.	70.3%	73.3%	70.4%	73.9%

2010 - 2015 MHSIP Survey - Empowerment Domain



	2012	2013	2014	2015 YTD
I had a choice of treatment options.	60.5%	64.2%	61.2%	65.9%
My contact with my doctor was helpful.	75.8%	77.3%	75.3%	79.1%
My contact with nurses and therapists was helpful.	79.2%	80.4%	79.6%	83.3%



The NRI published national public rates from approximately 70 state inpatient psychiatric facilities that include MHSIP data as part of its Behavioral Healthcare Performance Measurement System. Due to possible differences in organizational and patient population characteristics, these aggregate data may not appropriately compare to BHD data.

Table 3. BHD Inpatient MHSIP Agree/Strongly Agree Domain Response Scores Comparison to NRI National Average

Domains	National Average	2015 BHD	BHD/National Avg Variance
Dignity	81.9%	79.2%	-2.7%
Outcome	78.5%	77.1%	-1.4%
Participation	74.8%	76.9%	2.1%
Environment	69.3%	69.8%	0.5%
Rights	67.8%	64.2%	-3.6%
Empowerment	Not Reported	76.2%	-

Table 4 presents 2015 survey results for domain and additional items by each Acute Adult Inpatient Unit. The following summarizes these comparisons and should be interpreted as a *general* measure of a unit's performance based on consumers' perceptions of their inpatient stay:

Table 4. 2015 YTD Inpatient MHSIP Consumer Survey - By Unit			
Domains	**Agree/Strongly Agree Response**		
	43A	**43B**	**43C**
Dignity	76.9%	80.0%	78.0%
Outcome	81.2%	74.8%	81.7%
Participation	75.0%	77.4%	76.6%
Environment	77.1%	68.1%	69.7%
Rights	69.6%	62.9%	64.6%
Empowerment	79.3%	75.0%	78.1%
Additional Questions			
My family and/or friends were able to visit me.	84.6%	74.8%	87.5%
The Medications I am taking help me control my symptoms that used to bother me.	83.9%	74.8%	80.2%
My other medical conditions were treated.	71.4%	68.6%	64.6%
Staff were sensitive to my cultural background	71.7%	66.9%	72.2%
I felt this hospital stay was necessary	70.2%	64.4%	76.3%
I was given information about how to manage my medication side effects	69.1%	74.0%	67.1%
If I had a choice of hospitals, I would still choose this one.	82.1%	61.4%	54.7%
Surveys Completed	58	271	84

Appendix

The comments below were written on surveys administered in 2015.

43A - Positive Comments

1. Even though my stay was involuntary I felt it helped me to adjust back to the community.
2. I really enjoyed the compassion of the medical staff. Security was top-notched and humble at the same time. The medicine, along with the good - prepared food, helped me coped during these trying times.
3. My stay on the unit 43A was helpful to me at this time in my life, sharp and focused for when I return to the public outside facility. Thanks for all of your help!
4. Good services
5. I want to personally thank the hospital and all workers who assisted me in my recovery. I love this hospital and the work they do even the security guards.

43A - Negative Comments

1. The doctors do not treat the patients in a respectful manner.

43B - Positive Comments

1. Dr. Singh and Dr. Holcom were very nice to me and the stay was short. And I appreciated everything they have done for me.
2. Excellent care, thank you deeply.
3. Great place to be for help!
4. Thank you deeply, love u all forever
5. Thank you!
6. The only concern when I was here better communication from the nurses I felt sometimes the staff was not treated fairly.
7. This hospital has what's necessary to achieve goal but an upgrade in food, community events and freedom will make it heaven!!
8. This place was helpful in my treatment plan and future.
9. During this stay I was treated for the most part with respect. The peer support specialist was of the utmost kindness thoughtfulness and respect. Doctors were respectful.
10. Everybody was great. Thanks so much for helping me out. Everybody so did.
11. Good stay
12. I appreciate everything that has been done to help me while I was here. I appreciate all the encouragement and musical encouragement in every way necessary.
13. Everybody was great thank so much for helping me out.
14. It was good.
15. Thank you for the help I needed during my stay.

43B - Negative Comments

1. Food here is horrible. Staff here needs to be nice and better available to others. Hospital is always cold my stay here has been very unwelcomed. Patient here some are very dangerous to others security needs to be on call more often.
2. Maintenance and cleaning not kept up on. CNA staff do not help meet my dietary needs - nurse often doesn't come out to talk with me regarding my requests, or tells me I must have family bring items that kitchen would have.
3. Most nurses were rude until they found out that I know and have a good relationship with their boss Katie. Food was garbage/ate rarely during my stay.
4. Some of the staff was disrespectful, while others were respectful. I felt forced to take the PM Meds. I felt if I didn't take the meds I'd be held here longer than if did.
5. The nurses should be nicer helpful and do more where able instead of saying see your own nurse.

43C - Positive Comments

1. I love Dr. Burroughs so much.
2. Todd is a great OT teacher
3. I feel this stay was very helpful to get myself stabilize on my meds. 3 thumbs up to mental health staff.
4. I felt that the doctors and nurses did a good job and although at time they were a little tough on us, I feel that was very necessary in order to keep the patients safe. I appreciate all the help they gave me. I am so happy to have had such a wonderful staff here that really care about their patients. Love and god bless, miss Jane will miss you all!
5. Ms. Karen was the best. Mr. Todd was fun. Ms. Michelle was wonderful. Food of choice would be nice or being able to buy snacks.
6. The staff here are helpful and hardworking. I didn't initially want to be here but I am grateful for this stay and believe it changed me for the better.
7. Thanks for everything. Fix all dietary issues - organic, gluten-free, high protein, etc.

43C - Negative Comments

1. Some of the C.N.A.'s rude...however I understand the amount of stress they are under. At certain times, depending upon the other patients I have at time not felt safe. Some of the behaviors were so severe and erratic. My social workers Christina went above and beyond in helping me also. I felt it was a miracle in how they helped me get better and I also think I have been hooked up to some very good community resources. I am not happy with daily programming. On the wall is listed all of these therapeutic programming that is supposed to be happening and most of it was not. (with the exception of Michele the music therapist and Joanne who did OT). Over the weekends we would have one OT session on Sat. and one on Sunday and that was all. I was referred to day hospital and that treatment was/is top-notch. Thank you for saving my life.
2. The food was horrible, didn't eat anything the entire time here.
3. Somewhat disappointed with MD's and medication prescribed.

CAIS Youth Survey

Mid-Year Report

2015

The CAIS Youth Survey collects demographic data about the age, gender, and race/ethnicity of respondents in addition to obtaining their opinions about the services received during the inpatient stay. In completing the youth survey, respondents indicate their level of agreement / disagreement with statements utilizing a 5-point scale: strongly agree- agree- neutral- disagree- strongly disagree. The CAIS Youth Survey contains 21 items measuring five aspects of the mental health services provided in the program:

- Access to Services
- Appropriateness of Treatment
- Participation in Treatment
- Cultural Sensitivity/ Respectful Treatment
- Outcomes

Prepared By:
Quality Improvement Department

Created 9/16/15

Method

Youth served in CAIS were requested to participate in the CAIS Youth Survey prior to discharge. Staff administering the survey explained that the Milwaukee County Behavioral Health Division values their input in the evaluation of the CAIS program, and would use the information to help improve the program. The patients filled out the surveys understanding that it was voluntary, confidential and anonymous. Additionally, staff determined whether assistance was needed to complete the survey (e.g. reading comprehension, following instructions, etc.). Assistance was provided as necessary, while maintaining the confidentiality of the responses.

Results

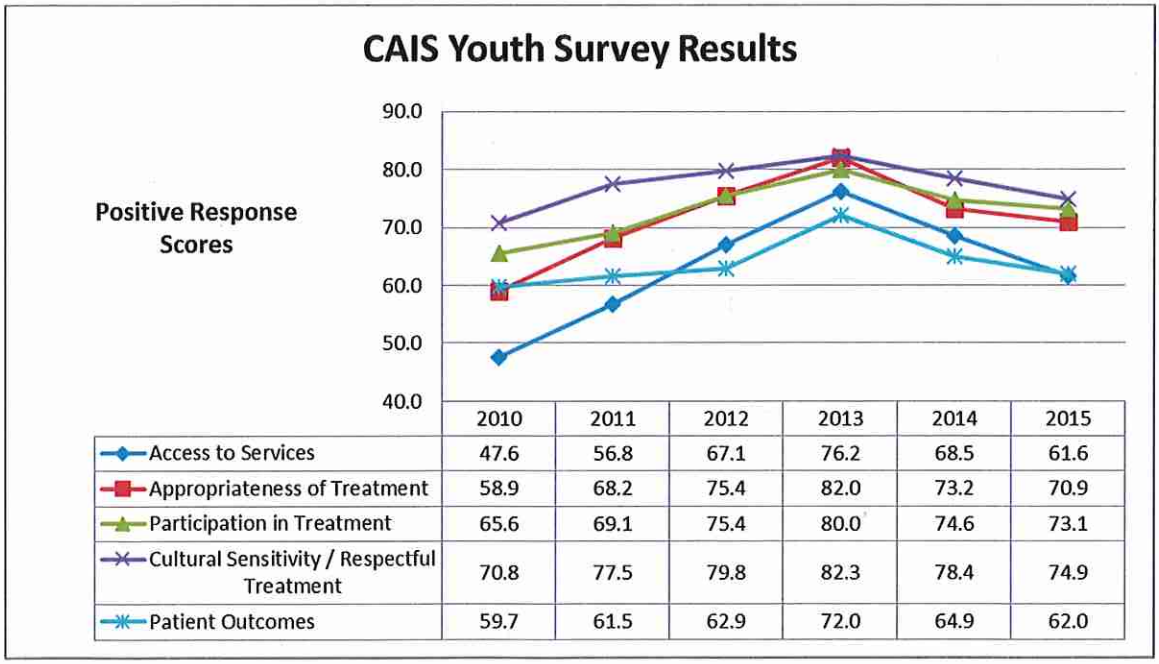
Responses were obtained from 395 of the 591 youth discharged from CAIS, yielding BHD's highest response rate ever **66.8%.**

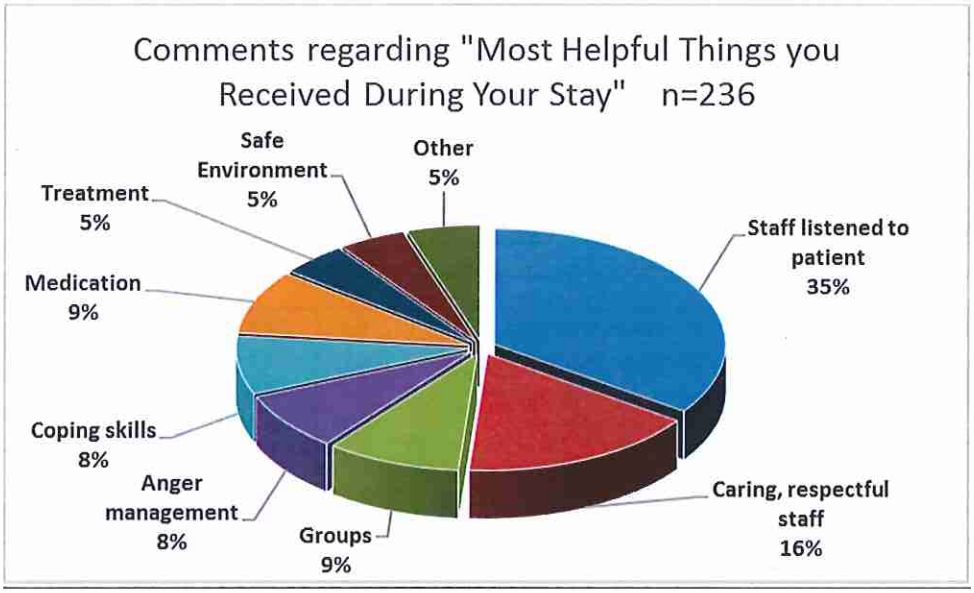
The survey results for 2015 revealed a decline in all five domain categories when compared to the 2014 results.

Demographics

Of the 395 respondents, 38% were male and 62% were female. Their average age was 14.3 years. The ethnicity of respondents was 47% African American, 40% Caucasian, 6% Hispanic/Latino, 3% Asian, and 3% American Indian.

Table 1. 2012-2015 CAIS Youth Survey - Positive Response Rate Summary					
Survey Item	**2012**	**2013**	**2014**	**2015**	**2014/2015**
	N = 261	**N = 112**	**N = 327**	**N = 395**	**Variance**
The location of services was convenient	62.8	73.4	62.0	58.1	-3.9
Services were available at times that were convenient for me	71.3	78.9	75.0	65.0	-10.0
Total Access to Services	**67.1**	**76.2**	**68.5**	**61.6**	**-7.0**
Overall, I am satisfied with the services I received	74.3	80.4	72.8	71.6	-1.2
The people helping me stuck with me no matter what	74.2	84.8	75.5	71.3	-4.2
I felt I had someone to talk to when I was troubled	76.8	80.4	74.9	71.3	-3.6
I received the services that were right for me	76.2	83.8	72.6	71.3	-1.3
I got the help I wanted	76.4	82.9	71.0	69.5	-1.5
I got as much help as I needed	74.2	79.8	72.6	70.6	-2.0
Total Appropriateness of Treatment	**75.4**	**82.0**	**73.2**	**70.9**	**-2.3**
I helped to choose my services	68.5	70.3	64.6	64.2	-0.4
I helped to choose my treatment goals	81.3	87.5	79.8	76.5	-3.3
I participated in my own treatment	76.4	82.1	79.4	78.7	-0.7
Total Participation in Treatment	**75.4**	**80.0**	**74.6**	**73.1**	**-1.5**
Staff treated me with respect	84.7	85.7	73.6	71.1	-2.5
Staff respected my family's religious/spiritual beliefs	76.4	75.9	78.5	77.7	-0.8
Staff spoke with me in a way that I understood	82.7	85.6	84.4	80.6	-3.8
Staff were sensitive to my cultural/ethnic background	75.2	82.0	77.0	70.2	-6.8
Total Cultural Sensitivity / Respectful Treatment	**79.8**	**82.3**	**78.4**	**74.9**	**-3.5**
As a result of the services I received:					
I am better at handling daily life	65.9	78.4	69.6	67.0	-2.6
I get along better with family members	60.2	69.4	57.1	59.3	2.2
I get along better with friends and other people	73.0	78.0	75.7	68.5	-7.2
I am doing better in school and/or work	54.8	62.7	59.4	55.0	-4.4
I am better able to cope when things go wrong	66.8	74.5	69.1	61.4	-7.7
I am satisfied with my family life right now	56.4	69.1	58.6	60.7	2.1
Total Outcomes	**62.9**	**72.0**	**64.9**	**62.0**	**-2.9**





Category	Comments "Most Helpful Things You Received During Your Stay"
Anger Management	Anger management
	Anger management talks.
	Controlling my anger.
	Help with my anger.
	Helped with my anger.
	Helping and teaching me to stay calm.
	How to keep calm.
	How to not get mad and flip out.
	I learned to better control my anger.
	My anger and how to cope with it.
	My anger (x2).
	They help me a little to control my anger.
	They help me to calm myself down.
	They help me when I get mad.
	They help me with my anger and they gave me way to control it.
	They helped me with my anger and I learned stuff in school.
	To control my anger.
	Working on my anger.
Caring, Respectful Staff	All the staff I needed.
	As much help as I can get.
	Being respected by staff and kids and got back on my meds.
	Friendly staff and medication.
	Friends helping with my issues.
	Having to meet nice staff and got meds.
	Help from my favorite Jessica.
	Help from nurse.
	Help that's needed.
	How they treated me with respect.
	I got help.
	Jessica and Jasmin most wonderful help! Sense of humor!

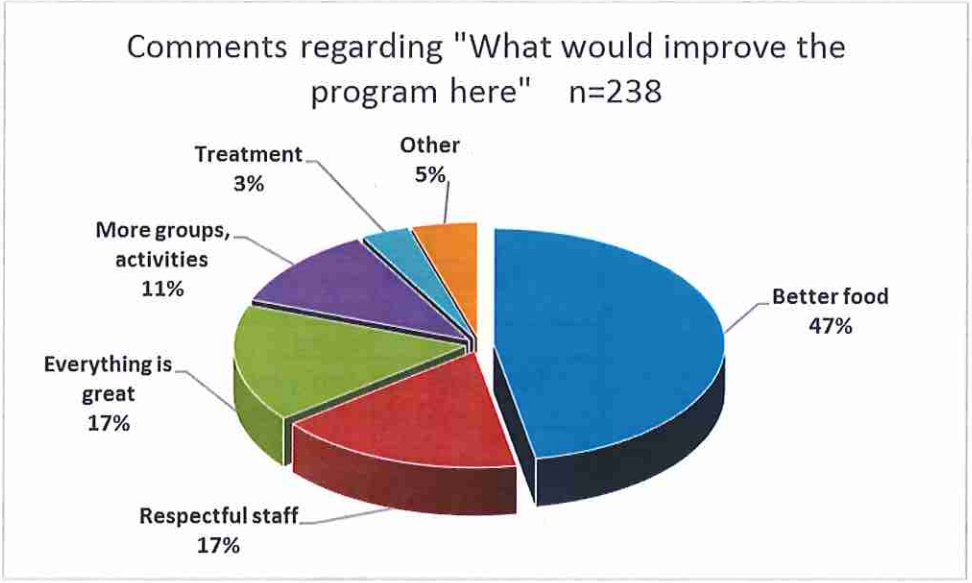
Caring, Respectful Staff	Learning how to deal with stress and not to worry to much.
	Nurses, drawing and sleep.
	People giving me respect.
	Respect.
	Seeing the doctors and getting the help I needed.
	Some nice people.
	That people understood my problems and helped me with it.
	That whenever something is wrong they treated me with the help I needed.
	The attention.
	The CNAs (x2)
	The constant checking on me by the doctors.
	The kindness and calmness of the overall stay.
	The nice staff.
	The nurses and workers.
	The people I met.
	The people trying to help me.
	The people who I could relate to and cheer up.
	The people.
	The respect of the staff
	The respect that the staff gave me.
	The staff were great and understanding.
	The staff were helpful.
	The staff.
	The support. Workers were nice and understanding.
	They was there for me.
	Well, I had to participate so I did and everyone treated me with respect and I liked it.
Coping	Being helped with all of my problems and working through coping skills.
	Coming up with ideas to cope.
	Coping skills learning.
	Coping skills (x3)
	Coping with stress.
	Help with coping.
	How to cope with others.
	I learned how to get along with family better.
	I learned that doing art is a great way for me to cope.
	I was able to cope with my emotions.
	That I could stay calm when things happen.
	The most helpful things to me were breathing techniques, walking away, and also learning to ignore people who are a nuisance.

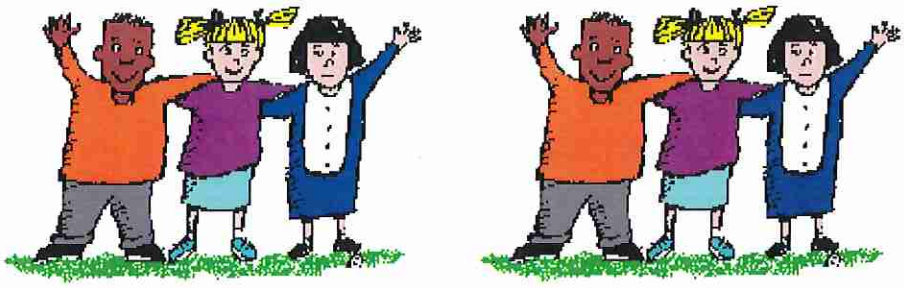
Coping	The relaxation.
	They help me stay calm.
	They helped me with the problems I had with other people here.
	Using coping skills.
	When nurse Gabriel taught me ways to deal with things.
Groups	Art and someone to talk to.
	Art class, music class.
	Art therapy
	Art therapy / someone to talk to.
	Being able to express myself in a artistic manner.
	Going to music group.
	Going to the groups and being able to cope with staff and peers.
	Group therapy.
	Groups
	I learned that I can use art as a tool.
	Music therapy and being social.
	O.T. (x2)
	O.T. group and snack time.
	O.T. therapy and the people who talk to me.
	OT and talking to my friends.
	OT Group was really fun.
	School / OT / Mr. Gabe RN.
	The group activities.
	The group treat we went to.
	Therapy and o.t. group.
	When I got to go to OT I was expressing some feelings and what was going on.
Medication	Being calm.
	Change in meds.
	Getting meds.
	Help with my meds.
	I got onto medication.
	Medications
	Medicine
	Medicine and other children that go through similar problems.
	Medicine change (x2)
	My meds.
	Receiving new medication.
	Taking medicine
	The change with my medicine.
	The doctor changing my meds that was very helpful.
	The fix of medication.
	The medication help me improve and I got a lot of help.
	The medicine to help me at night and talking to other people who understood me a little.
	The medicine.

Medication	The most helpful thing to me was the new medicines because it calmed me down and makes me think before I do something.
	The pills were a little helpful and they work…school helps me to…but I need to go.
Other	I've learned a lot thank you.
	Food and water
	Food.
	Hearing stories of other kids and being more grateful.
	How to relate with my parents.
	I feel better now.
	I learned that everybody needs help.
	Snacks.
	That I have a bright future a head of me.
	That there's more thing in life to live for.
	The most helpful thing were the…The food and the music therapy
	When I got some more food.
Safe environment	Being able to think and be relaxed to think about everything.
	Being away from home.
	Getting a break from the outside to teach me something.
	Help me being safe and respect to others.
	Rest.
	Sleep (x3)
	Staying safe.
	That I will be watched and helped whenever I needed anything.
	The beds were comfortable.
Staff listed to patient	A lot of talking.
	Advice from staff and doctors.
	Being able to talk my problems out and not having the staff or anyone judge me.
	Being able to talk to people who actually listen to me.
	Being able to talk to someone and open up about my issues/stressors.
	Being social and sharing my troubles with people that understand.
	By talking to me and not to do wrong
	Getting the chance to talk to many people.
	Getting to know others.
	Getting to talk to someone.
	Having my doctors to talk to.
	Having people to talk to all of the time instead of feeling alone and isolated.
	Having someone to talk to and respected me-Pat and others.
	Having someone to talk to.
	Having someone to talk to.
	I can talk to people.

	I got to talk about my problems and I got along with everybody even with the kids.
	I got to talk to people.
	I got to talk to some people when helped.
	I had someone to talk to.
	I had staff and kids to talk to.
	I received a lot of help people talked to me and helped me when I needed it.
	I received good advices.
	I received good talks from staff/residents during my stay.
	I received positive communication from staff and peers.
	I talked to the staff about my situation and they told me things that I would never forget.
	I was able to finally talk about my feelings and learn how to start coping with them.
	I was able to talk things out.
	Insight and good pep talks.
	It helped me open up more and not isolating.
	Jessica and Terry and Matthew taking time to listen.
	My ability to converse freely with my one on one.
Staff listed to patient	My mom being there and me opening up.
	People to talk to really helped me relax and think about what happened.
	People to talk to. (x3)
	People who actually listened and gave me advice.
	People who understood me.
	Someone to talk to and they listened.
	Someone to talk to.
	Someone to vent to.
	Staff talking and understand.
	Staff talking to me and respecting me.
	Support, help, good service, good staff and people to talk to.
	Talk.
	Talked to people about my problems.
	Talking things over.
	Talking to doctors and social workers.
	Talking to me nicely.
	Talking to my doctors and making sure I was okay.
	Talking to people.
	Talking to someone.
	Talking to staff and doctors and o.t and school and music.
	Talking to staff and drawing and talking to others.
	Talking to the doctors and nurses.

Staff listed to patient	Talking to the doctors and social workers and receiving medication.
	Talking to the doctors/social workers.
	Talking to the pastor.
	Talking with nurse Gabe.
	Talking with staff about my problems, keeping my mind off of stuff during the day.
	Talking with staff.
	Talking with the doctor about my problems.
	Talking.
	Talks with staff, family members and wraparound team.
	Talks.
	That I always had somebody to talk to.
	That I knew the staff really cared and whenever I needed to talk they would be there.
	That they talked to me and opened up.
	The doctors and OT group and talking to people that understand what I was talking about.
	The fact that I had other people to talk to.
	The most helpful things here in this program is that I got to communicate with people.
	The most helpful things I received were talking with my team of nurses, social workers and doctors.
	The staff talking to me, and helping me get anger over
	The talks people had with me.
	They talked to me and changed my medicine.
	They tried talking to me about things and help me out.
	They understand things that am going through.
	They were there when I needed to talk (staff).
	To have someone to talk to.
	Well one thing that was helpful for me was I had one nurse that could really talk to.
	When I need someone to talk to.
Treatment	Connections with therapy and social workers.
	Getting a better control with my anxiety.
	Knowing I'm getting help with therapy.
	The help is needed and actual therapy.
	Treatment. (x4)
	Therapy. I think it get to the root of how I was feeling.
	They had the best treatment to me they helped me throughout my entire visit.
	They help me in a good way.


Comments regarding "What would improve the program here" n=238
Treatment 3%
Other 5%
More groups, activities 11%
Better food 47%
Everything is great 17%
Respectful staff 17%



CAIS YOUTH SURVEY

Please help CAIS be a better program by answering the following questions. Your answers are confidential.
Directions: Put a cross (X) in the box that best describes your answer. Thank you!

Today's Date: _____ / _____ / _____

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. Overall, I am satisfied with the services I received.					
2. I helped to choose my services.					
3. I helped to choose my treatment goals.					
4. The people helping me stuck with me no matter what.					
5. I felt I had someone to talk to when I was troubled.					
6. I participated in my own treatment.					
7. I received services that were right for me.					
8. The location of CAIS was convenient.					
9. Services were available at convenient times for me.					
10. I got the help I wanted.					
11. I got as much help as I needed.					
12. Staff treated me with respect.					
13. Staff respected my family's religious/spiritual beliefs.					
14. Staff spoke with me in a way that I understood.					
15. Staff were sensitive to my cultural/ethnic background.					
As a result of the CAIS program:	**Strongly Disagree**	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**
16. I am better at handling daily life.					
17. I get along better with family members.					
18. I get along better with friends and other people.					
19. I am doing better in school and/or work.					

20. I am better able to cope when things go wrong.					
21. I am satisfied with my family life right now.					

22. What were the most helpful things you received during your stay in the program? _____
_____

23. What would improve the program here? _____
_____
_____

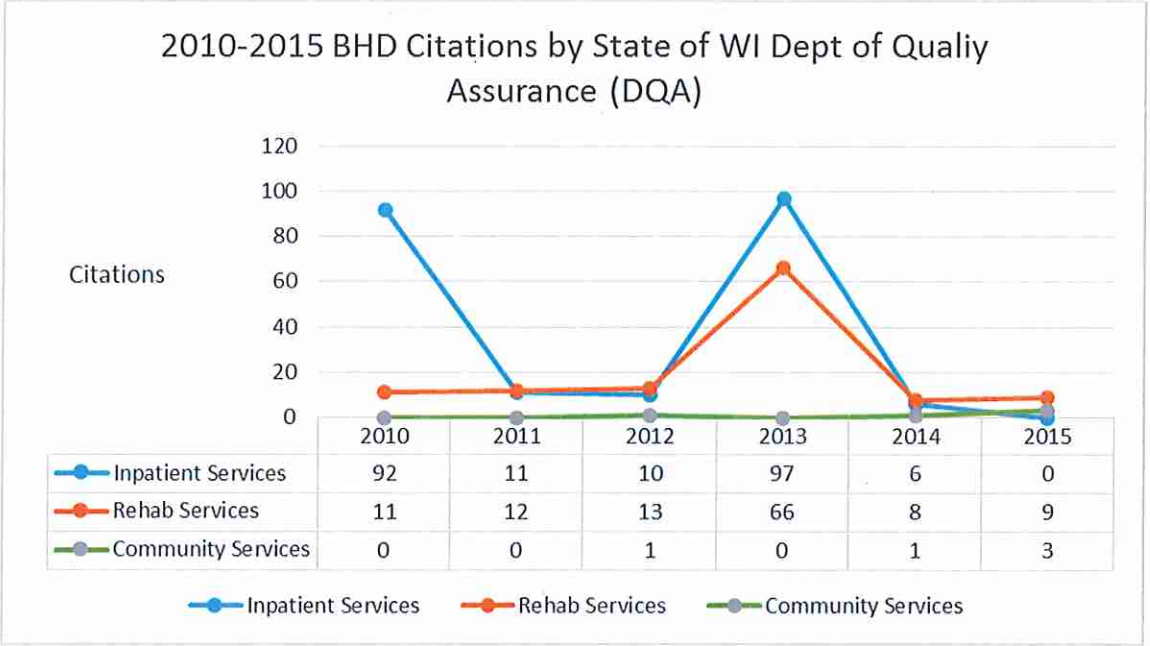
24. Other comments: _____
_____
_____

Please answer the following questions to let us know a little about you.

Race / Ethnicity (mark with an X the category that applies to you):

American Indian/Alaskan Native ___ White (Caucasian)
Black (African American) ___ Asian/Pacific Islander
_____Spanish/Hispanic/Latino ___ Other

Age: _____ years old **Gender (mark with X):** ___Male ___ Female



201-2015 BHD Citations by State of WI Department of Quality Assurance (DQA)					
Year	BHD Program			Total	%
	Inpatient Services	Rehab Services	Community Services		
2010	92	11	0	103	30.3
2011	11	12	0	23	6.8
2012	10	13	1	24	7.1
2013	97	66	0	163	47.9
2014	6	8	1	15	4.4
2015	0	9	3	12	3.5
Total	216	119	5	340	100.0

I. Joint Commission Mock Survey Follow-up

An Executive Summary was prepared by Critical Management Solutions and shared with BHD management. The survey which took place on August 18-19, 2015, was intended to assess compliance with standards and elements that the organization had been identified as being non-compliant with in the 2014 mock survey. The survey summary included a spreadsheet with each standard and element color-coded to indicate current state of compliance as follows:

Green= Complete; Standards compliance has been achieved
Yellow= Making steady progress; on target to be completed
Red= Little or no progress

The summary also included a bulleted list of nine areas where the organization is recognized as having made considerable progress. These areas include:

- Safety of medication ordering in Avatar
- Staff genuinely appear to be better qualified and more confident
- Narcotic inventory control
- Medication temperature monitoring
- Critical Test Reporting
- Nursing assessments
- Nutritional screening process
- Timely initiation of treatment plans
- Medication storage in Day Treatment

Areas identified as requiring continued attention will be addressed as described in the sections below.

II. Assessment

The consultants have assured that "should BHD fully resolve all of the issues identified" in the report "and sustain that performance, the likelihood of the organization meeting the criteria for Joint Commission accreditation is quite high."[1]

III. Goal

To prepare for survey application to the Joint Commission in December, 2015. All areas addressed in the Mock Survey report must be resolved by 12/01/2015.

IV. Plan of Action

QI has completed a tracking document including the 2014 and 2015 recommendations, assignments actions, and current status reporting columns. The standards and elements have been assigned to an administrative sponsor. The administrative sponsor has high-level and ultimate responsibility for completion of the element and changing the status to green. The sponsor assigns project leads to ensure completion of the work by appropriate staff.

It was also noted that several items had been identified in 2014 but surveyors reported that they did not have an opportunity to re-assess. These elements are also assigned.

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[1]Critical Management Solutions, Joint Commission Mock Survey Follow-Up Report Milwaukee County Behavioral Health, September 2, 2015, p.2.

QI will meet on a weekly or every other week with each sponsor to assess progress, determine roadblocks and update status report.

V. Process Improvement Cycle

Corrective action plans and areas identified for potential improvement will be addressed per the quality improvement program. BHD QI has a systematic quality improvement process which has been reviewed with the QI committee and the entire organization through meetings, presentations and newsletter articles. Recently, Plan-Do-Study-Act (PDSA) and Rapid-cycle improvement concepts were covered and some of the projects will be presented later in this report.

The following performance improvement cycle will be utilized in the development of project and departmental activities:

Plan: Identification of goals; defining an aim statement

Do: Carry out the change; test, collect data

Study: Compare to baseline

Act: What was learned and define next steps- Adopt/Adapt/Abandon

VI. Assessing and Reporting the Process Outcomes

Process improvement cycle results are measured and reported in a systematic and high-level manner at BHD. Collected data is assessed utilizing quality benchmarks and Key Performance Measures (KPMs) from all program areas. KPM targets are set utilizing national benchmarks and internal history and trends. KPMs include utilization, clinical, financial, and satisfaction metrics, to provide a balanced dashboard report. Each process improvement project is implemented with the goal of improving the overall Key Performance Measures which define the care and services provided at BHD.

KPM Dashboard Update

Community Access to Recovery Services

October 2015

Identified Issue:

To increase employment (full or part-time competitive) six months after admission into services from 41% to 54% for CARS clients.

CARS has identified continued support and expansion of the Individual Placement and Supports (IPS) employment model as one strategy towards an increase in client employment.

Background:

The Behavioral Health Division Community Access to Recovery Services (CARS) Department recognizes the important role employment and education play in an individual's recovery. As a result, CARS began piloting the integration of the Individual Placement and Supports (IPS) evidence-based model of supported employment into several of its treatment teams starting in 2014. The IPS supported employment model is a well-researched approach that has proven to increase competitive employment rates and successful participation in education programs. The model is driven by a fidelity scale and routinely subject to State fidelity reviews to ensure that participating programs are meeting the standards and expectations outlined within the model.

Analysis:

There are currently three (3) IPS pilots (two within Comprehensive Community Services (CCS) teams and one Community Support Program (CSP) team) in operation with a total of 38 consumers being serviced within IPS. Since August of 2015, The IPS teams have experienced a total of eight employment starts and one consumer enrolled in an education program.

Additionally, fidelity reviews are scheduled for one CCS team and the CSP team in December of 2015. The other CCS team will have a fidelity review at the end of January 2016.

Goal:

The goal will be to expand IPS services in 2016 to double (38 to 76 participants) the number of individuals being served within this model. The expected goal will be to have a minimum of 5-7 clients employed or enrolled in education programs per month.

Action:

CARS Service Manager, Tamara Layne, is coordinating efforts with the State of Wisconsin to schedule IPS trainings in the spring of 2016. This training is needed to prepare for the building of IPS into two additional CCS teams. It is with this expansion into two additional teams that additional clients will be able to be served within the IPS model to achieve full or part-time competitive employment.

COMMUNICATION WORKGROUP

Historical Perspective: A SWOT analysis of the nursing department performed by nursing administration revealed multiple opportunities for improvement in current processes and practices. Similar issues were grouped together and workgroups were formed to address several areas including teamwork, communication, education needs, recruitment and retention and staff scheduling. The focus of this workgroup is that of communication as trends regarding poor communication by and between nursing staff members had been identified. In addition to those concerns noted by nurse managers, customers including providers and vendors have identified the need for improved communication by staff when reporting on patient conditions, answering the telephone and during on unit conversations and meetings. After identifying and prioritizing needs, the workgroup decided to target reporting of patient condition by nurses to physicians and to develop a communication for this purpose.

Aim: To improve overall communication between nursing staff members

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done
Development of a communication tool based on current communication format expectations (SBAR) to be used by nurses when phoning a physician about a patient's status.	Lauren Hubbard/ Angela Post	August, 2015	All nursing units (including PCS/OBS)

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done
Initial setup of a standardized format for all workgroups	Linda Oczus	.July, 2015	Initial meeting
Formation of small workgroup to establish priorities.	Lauren Hubbard/ Angela Post	July, 2015	Informally
DON presence at first workgroup meeting to guide process, set expectations and administer a communication tool to all team members for cohesion amongst the members	Linda Oczus	July, 2015	Initial meeting

COMMUNICATION WORKGROUP

Review of SWOT analysis findings as it pertained to communication needs	Linda Oczus	July, 2015	Initial meeting
Prioritization of findings to identify initial project	Workgroup	July, 2015	Initial meeting
Illicit feedback from nurses and providers regarding what the tool to be developed should contain	Workgroup	August, 2015	Informally and via email
Draft version of communication form developed and reviewed with nurses/nurse managers/providers for feedback	Workgroup	August, 2015	Informally and via email
Education to staff regarding expectations and use of the form	Nurse managers	Septem-ber, 2015	Unit meetings
Auditing by nurse managers of use of the form	Nurse managers	Septem-ber, 2015	On units
Revise form if needed	Workgroup	October, 2015	Workgroup

Predict what will happen when the test is carried out	**Measures to determine if prediction succeeds**
The expected outcome is that this form will be used for all physician communications and that all information regarding the patient's status is communicated during the initial phone conversation rather than multiple phone calls being needed as per past practice (due to nurses not being prepared)	Report by physicians that the nurse was prepared when making the initial call Report forms are turned in to nurse managers for auditing purposes Audits will reveal at least 90% of the form will be completed

COMMUNICATION WORKGROUP

Do The communication tool was completed and distributed to staff in September, 2015. To date, only one unit is using the form on an inconsistent basis. Nurses cite knowing what information to tell a physician and do not see the need for the tool. Physician's report no change in practice.

Study The trial of the use of the form began at the end of September and continues to the end of October. Thus far, use has been minimal which is below expected results.

Act Physicians have been requested to inform the nurse to use the communication tool if they receive a call and the nurse is unprepared with the necessary information. Nurse managers will re-educate the nurses of the need to use the form as a patient safety tool and solicit feedback regarding their lack of desire to use the form.

Empowering Families Choice
Performance Improvement Project Proposal
Wraparound Milwaukee
2015

Rationale for Study:
Since Wraparound Milwaukee's inception 20 years ago, the importance of family voice & choice has evolved from family choice to a more defined family driven approach. Comparing the differences, there has been a shift from parent satisfaction to parent empowerment; from family inclusion, to increased capacity to make informed choices; from consideration of the family perspective to the families as primary decision makers (Marshall, 2012).

There is evidence from a family focus group, feedback from the Family/Provider Advisory Committee, responses to a question related to choice on the one month family satisfaction survey and the level of overall usage of the Provider Resource Guide that there is a need to improve families perception and knowledge as the primary decision makers within the Child & Family Team.

In order to increase feelings of empowerment for families earlier in the Wraparound experience which in turn will accelerate the restorative progression, a greater deliberative process of choice has been developed. Therefore, this study addresses both the growth in knowledge and information about service options in the community that results in an increased capacity for families to make informed choices which in turn results in greater feelings of empowerment in directing the renewed health of the child and family.

Study Questions:

1. The provision of enhanced/specific information about the Wraparound Provider Network and the Wraparound *Provider Resource Guide* increases (usage) access of the Resource Guide by families by 100% (from 18 to 36 individuals).

2. Families feel more empowered to make provider choices (increase of 10% over baseline) after accessing the Wraparound Provider Network Resource Guide

Research Design:

<u>For Study Question #1</u>

1. Collect baseline data of usage of the *Provider Resource Guide* online.
2. Redesign the *Provider Resource Guide* so that access is more direct and the descriptive information answers the family's questions about the credentials and characteristics of providers.
3. Raise awareness, Improve knowledge of how to access *Provider Resource Guide* and increase access options.
    a. Enhanced and more deliberate presentation at family orientation
    b. Create & distribute a brochure
    c. Clarification of Care Coordinator role in discussing options and teaching families how to access the Guide.

   d. Develop a Resource Guide Phone App
   e. Disseminate information through Families United

2. Collect Post- *intervention* usage of Resource Guide.

<u>For Study Question #2</u>

1. Pre-test using a Family Empowerment Survey
2. Access to an enhanced *Provider Resource Guide*, which allow families to assess the characteristics of a provider that are important to them
3. Posttest using a Family Empowerment Survey

Quality Education Report/Update

Education and staff development are expanding in a number of ways across the continuum of the Behavioral Health Division. This list provides examples of the types of education currently underway.

New Employees:

- Hiring and Candidate Screening and Selection
- New Employee Orientation and Onboarding

Current Employees:

- Investment in Leadership Development
- Rapid Cycle Quality Improvement Education via Quality Improvement Team
- BHD Bi-Monthly News Letter to Promote Performance Improvement and Shared Success
- Curriculum Development and Training for Administrative Support Team
- Continuing Education by Physicians for Clinical Staff – On-site
- Support External Education Opportunities for Employees
- Annual House-Wide Education and Training for all Employees
    - Based on annual requirements and internal quality data
- Educational Modules are Uploaded into Health Stream for Ease of Access
- Health Information Technology Training
    - Electronic Medical Record and PYXIS System etc.
- Individual and Group Education for Specific Needs – Re-Education
- Education and Certification for MANDT training; Recertification Improvement Indicated

Community Education

- Family and Community Education and Support
- Family Advisory Council

Health Information Technology/Audit

- Medical Records Director/Team is auditing the content of Electronic Health Care assessments and re-assessments for patients receiving care. To include:
    - History of behavioral health issue and treatment
    - Current mental status examination
    - History and Physical completion and timeliness
    - Psychosocial assessments
    - Psychiatric evaluation
    - Psychological assessments
    - Timing and Dating
    - Progress Notes
    - Patient Demographics
    - Summary List of medical diagnosis and conditions
    - Concise discharge summaries
    - Verbal Orders
- Physicians are provided a weekly record of feedback
- Medical Records reviews all coding for billing with feedback to physicians
- Utilization Review Nurse Team have initiated open record review for clinical documentation, compliance, and medical necessity with communication to physicians.
- Initiation of Clinical Audits by various subject matter experts

➢ Recommendations:
    - Implement the Problem List in Avatar
    - Create standard templates for Discharge Summary, Psychiatric Assessment and Progress Notes – and create a widget for ease of review.
    - Review of closed medical record audits to focus on compliance, quality, accuracy and timely completeness of records
    - Robust plan to review community provider network documentation in the EHR - initiation of phase 3

Leadership: Role in Safety and Quality

Joint Commission Standards

- The primary responsibility of leaders is to provide for the safety and quality of care, treatment and services.
- The Governing Body, senior managers and leaders of the organized medical staff are to address any conflict of interest involving leaders that affect or could affect the safety or quality of care, treatment, and services.
- Leaders including the Governing Body are to evaluate how well they both plan and support planning, and how well they manage change and process improvement.
- The organization is to manage conflict between leadership groups to protect the quality and safety of care.
- Leaders are to monitor contracted services by communicating the expectations in writing to the provider of the contracted services.
- Organizational leaders are to provide the Governing Board with written reports of system or process failures and actions taken to improve safety, both proactively and in response to actual occurrences.
- Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.

➢ Recommendations to Governing Board and Organizational Leaders:

- Develop and implement a conflict of interest and confidentiality policy.
- Develop and implement a conflict resolution process.
- Develop, collect and analyze data to measure contract performance expectations.
- Provide an annual report provided to Governing Board with system or process failures and performance improvement activities.
- Complete an organizational culture of safety survey
- Complete a Governing Board self-assessment