BHD Quality Plan Goals and Objectives 2015-2016

The BHD Quality, Compliance and patient Safety Council will identify and define goals and specific objectives to be accomplished each year. Goals and objectives will be embedded in all aspects of operational and clinical planning in all parts of BHD. Alignment of Goals and Objectives will cascade down into each leadership committee and every staff annual performance review. Progress in meeting these goals and objectives will be periodically reviewed, reported and progress adjusted as needed.

Quality Plan Goals for 2015-2016

1. Ensuring all services enable people's ability to have maximum quality of life and health while living in the community.
2. Improving the patient experience in all services.
3. Evolving state of the art quality structures, processes and a culture of safety in all we do.

Quality Plan Objectives for 2015

1. Simplify the "Front Door" access and ability to navigate health care options in Milwaukee County.
    - North side strategy
2. Focus all services on engaging patients around their self-selection of health outcomes
    -
3. Develop programming and coordination for in creating family/support system involvement and engagement in all services.
    - Family Advisory Council
4. Increase staff competency around human interactions.
    - Educational sessions offered
5. Train all staff on basic quality improvement principles
    - Progress toward quality staff working together across the continuum of BHD
6. Implement Key Performance Indicators for all programs and leadership committees.
    - Data reports structured for PCS, Acute, CARS, Wrap

Quality Improvement Initiatives for 2015

1. Develop a Community Key Performance Indicator Dashboard of meaningful patient outcome measures
    - KPIs for community added to the overall performance dashboard. Continuing to refine

2. Develop a best practice update of our Suicide Assessment and Prevention Interventions in support of the Zero Suicide in Health and Behavioral Health Care goal of the National Action Alliance.
    - Progress to be discussed in Quality Committee meeting.
3. Develop and implement integration of pharmacy, electronic health record and staff practice for an updated state of the art medication management policy and procedure.
    - Implementation of closed loop med system, along with advanced in EHR for med management
    - Impressive implementation approaches and outcomes

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

Program	Measure	2015 (1)	2015 Status (2)	2015 Target (3)
Community Access To Recovery Services	Number Served - AODA	6,080		5,529 *
	Number Served - Mental Health	5,097		4,663*
	Comprehensive Community Service (CCS) Enrollees	236		236 *
	Reduction in past 6 months psychiatric bed days, admission to six months after admission	52%		64% *
	Reduction in past 30 days alcohol or drug use, admission to six months after admission	85%		79% *
	Reduction in homeless or in shelters, admission to six months after admission	79%		82% *
	Increase in employment (full or part time-competitive), admission to six months after admission	41%		54% *
	Percent of clients returning to Detox within 30 days	24%		18% *
Wraparound	Families served in Wraparound HMO (unduplicated count)	2,648		2,650 *
	Average level of Family Satisfaction (Rating scale of 1-5)	4.7		> = 4.0 *
	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	68%		> = 75% *
	Average level of "Needs Met" at disenrollement (Rating scale of 1-5)	3.3		> = 3.0 *
	Percentage of youth who have achieved permanency at disenrollment	72%		> = 70% *
	Percentage of Informal Supports on a Child and Family Team	43%		> = 50% *
Crisis Service	Admissions	10,562		10,500 *
	Emergency Detentions	5,558		5,400 *
	Percent of patients returning to PCS within 3 days	8%		8%
	Percent of patients returning to PCS within 30 days	25%		20%
	Percent of time on waitlist status	20%		10% *
Acute Adult Inpatient Service	Admissions	1,002		1,125 *
	Mean Daily Census	48.7		52.0 *
	Percent of patients returning to Acute Adult within 30 days	12%		7%
	Percent of patients responding positively to satisfaction survey	72%		74%
	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	55%		65% *
	HBIPS 1 - Admission screen for violence risk, substance abuse, trauma history, & patient strengths	95%		95% *
	HBIPS 2 - Hours of Physical Restraint Rate	9.0		0.72
	HBIPS 3 - Hours of Locked Seclusion Rate	0.41		0.31
	HBIPS 4 - Patients discharged on multiple antipsychotic medications	16%		10%
	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	96%		30%
	HBIPS 6 - Patients discharged with a continuing care plan	10%		75%
	HBIPS 7 - Post discharge continuing care plan transmitted to next level of care provider	10%		68%
Child / Adolescent Inpatient Service (CAIS)	Admissions	1,066		1,100 *
	Mean Daily Census	10.8		11.0 *
	Percent of patients returning to CAIS within 30 days	16%		11%
	Percent of patients responding positively to satisfaction survey	69%		74% *
	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	73%		80% *
	HBIPS 1 - Admission screen for violence risk, substance abuse, trauma history, & patient strengths	95%		95% *
	HBIPS 2 - Hours of Physical Restraint Rate	5.6		0.23
	HBIPS 3 - Hours of Locked Seclusion Rate	0.80		0.30
	HBIPS 4 - Patients discharged on multiple antipsychotic medications	3%		3%
	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	96%		36%
	HBIPS 6 - Patients discharged with a continuing care plan	10%		88%
	HBIPS 7 - Post discharge continuing care plan transmitted to next level of care provider	10%		81%
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) * notes that performance measure target was set using historical BHD trends

Joint Commission on Accreditation of Hospitals—Behavioral Health

Background:

Milwaukee County Behavioral Health Division maintained accreditation of acute services by the Joint Commission until about 2000. Over the past several years, there has been engagement to pursue Joint Commission standards and actually seek accreditation. An external consultant, Critical Management Solutions, was contracted to do periodic site visits to educate, counsel and assess. Their latest visits were in August, 2014, and now August 18-20, 2015.

Summary of Findings:

Two of the three surveyors onsite were present in 2014 as well as now. They identified

Significant improvements over the past year related to:

--General workplace environment has successfully shifted to being more proactive and stable, rather than reactive and crisis oriented.

--Improvement in qualified and competent staff and their engagement in improving care delivery.

--Significant improvements in aspects of medication management including the closed loop medication system

--Multiple other processes were improved based on previous review.

And beyond.

Additional improvements are needed in:

--Environment of care aspects throughout the facility

--Maintaining and in creating life safety measures

--Contract management processes to include expansion of performance measures and assurance that vendor staff are qualified, oriented and competent

--Improved HR processes and completeness of employee records

--enhanced processes and quality controls in use of point-of-care testing

--improved infection control plans

And beyond.

Related to Joint Commission standards for the governing board, there is a need for:

--Annual Board self evaluation

--Annual completion of conflict of interest declarations by all board members

--Board policy on conflict management and resolution

Multiple steps and improvements have already been taken since the time of the survey and the feedback report.

Recommendations

--Improve and sustain performance with all Joint Commission standards

--Apply for Joint Commission accreditation in December 2015

--Initial survey to be carried out, unannounced, in the following 12 months

--Anticipated cost of this survey is about $48,000

Transition to Closed Loop Medication System Quality Update

9/15/2015

The BHD Pharmacy department strives to deliver clinical expertise related to pharmaceutical distribution, storage, dispensing, and administration for the hospital to meet the needs of the patients served. The process should be completed efficiently and cost effectively while maintaining optimal patient outcomes. To meet this goal a Closed Loop Medication System, was put into action on June 17th, 2015. Automated Dispensing Cabinets by Pyxis were installed throughout the facility in June 2015 to enhance the Closed Loop Medication System.

The Closed Loop Medication System process at BHD:

1. Computer Physician Order Entry by which physicians enter orders electronically.
2. Pharmacy verifies the Physician Electric Order with an electronic interface.
3. Confirmed order information is electronically sent from the interface to Automated Dispensing Cabinet for nurse medication accessibility.
4. Nurse accesses medication from the Automated Dispensing Cabinet electronically.
5. Nurse scans bar-code of medication with wrist band of patient to confirm right medication, right dose, right time, and right patient.
6. Confirmation of patient identity before administration,
7. Nurse confirms administration electronically.

Since start-up BHD Pharmacy department, with appropriate BHD services, began to evaluate the Closed Loop Medication System as it related to patient outcomes.

The bar code-scanning system and Closed Loop Medication System is a safeguard that helps prevent medication errors from the time a prescription is ordered through each time a drug is given.

Three months of Micromedex and software (Medication database) updates were installed in the BHD electronic medication systems. This combined effort improved nurse scanning of doses at time of medication administration from an estimated 60- 65% at startup to over 90%. Current industry standards indicate scanning of medications to ensure right medication, right dose, and right patient is about 95% Prior to startup no medication doses were scanned.

The Closed Loop Medication System has proven to be beneficial to physicians, nursing, the clinical staff, and patient safety in providing timely administration of medications and improving patient outcomes.

Overall, the Closed Loop Medication System implementation has been successful in reducing medication variances and has promoted a more efficient pharmaceutical process with positive patient outcomes.

Variances

Since start up there has been a reduction in medication variances from 1st quarter 2015 of 33 to 4. (Since startup June 17th, 2015).

This is a reduction of medication variances by 90% in units currently served.

All variances rated as Category A or B (Lowest severity rankings)

Additional Services by BHD Pharmacy

Forty-Two Clinical Pharmacist interventions to improve patient safety

Weekly Clinical Pharmacist attendance on patient care rounds.

BHD Pharmacy passed State of Wisconsin inspection with no variances

Conclusion

Automated Dispensing Cabinets have proven to be beneficial to nursing, the clinical staff, and patient safety in providing timely administration of medications and improving patient outcomes. Overall, the Closed Loop Medication System implementation has been successful in reducing medication variances and has promoted a more efficient pharmaceutical process with positive patient outcomes as the primary goal.

The number of variances has been significantly reduced.

Over 90% of doses dispensed are confirmed through the Closed Loop Medication System process.

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COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: September 16, 2015

TO: Dr. Robert Chayer, Chairperson, Quality Sub-Committee,
Mental Health Board

FROM: Patricia Schroeder, Administrator, Behavioral Health Division (BHD)
Prepared by Jennifer Bergersen, MSW, Chief Clinical Officer, (BHD)

SUBJECT: Informational Report: Update Rehabilitation Centers – Hilltop and Central

In April 2012, the Milwaukee County Department of Health and Human Services notified the State Division of Long Term Care the intention to begin closure of the Rehabilitation Center Hilltop facility. Hilltop and approximately sixty-five residents that had resided at the BHD were relocated to community settings and the program closed end of year 2014.

In August 2013, the BHD also filed intent to close the skilled nursing facility, Rehabilitation Center Central (RCC). As of September 10, 2015, fourteen residents remain from the total of approximately sixty-five at the BHD Rehabilitation Center Central with several more community transitions of individuals targeted within the next several weeks. Twenty-Eight residents had been residing at RCC at the start of year 2015. Rehab Center Central is targeted for closure end of year 2015. The two remaining RCC resident care units 44A and 44B will soon be consolidated as census reduces.

The Behavioral Health Division (BHD) continues to be actively engaged in comprehensive resident community relocation activities. This includes the bi-weekly oversight from participants of the Rehab Center Central Relocation Team in the review of all discharge planning elements including attention to individual resident strengths and planning for potential obstacles, while engaging each resident and their support system, facility team and providers to secure an appropriate community home setting. Careful attention to resident rights, health, safety and welfare are considered by all in the development and implementation of these plans.

Plans are in place to transition the remaining residents upon the conclusion of new site construction, community provider readiness, and participation by residents and/or guardians in the final selection of services, locations and funding agreements. The BHD facility staff continue to participate with the planning, preparation and transition of each resident as to ensure a successful and safe move. Special attention to resident reaction and preparation for relocation

is a priority as to best address the emotional, physical and behavioral health needs of each resident, many who have resided in this facility for some many years.

There continues to be incident and stories of successful initial community transitions. Staff from BHD have also assisted in ensuring residents have participated in the transition activities including engaging with community providers and case managers, facilitating home tours and overnight passes for residents and families, visiting after discharge, and ensuring residents have special items to ensure a warm and welcoming move while under the continued oversight of the clinical treatment team. As a measure of further quality, the BHD is eagerly anticipating the results of the quality reviews of these community placements conducted by advocacy agency (DRW) in conjunction of a grant to review resident progress both at thirty days and six months post-discharge. Further measures of quality are being determined.

The BHD continues to monitor these individuals who have utilized Crisis and Inpatient Services as well, also understanding that use and access to these services may not in itself be identified as an indicator of a treatment failure rather a potential opportunity for improvement or a necessary step in some residents recovery paths. The graph below is a general overview to monitor the frequency individuals from Hilltop and Central accessed Crisis Mobile Services Psychiatric Crisis Services (PCS), Observation and admission to an Acute Inpatient unit respectively. An individual may have accessed several levels of service within a particular time frame. Readmission rates have been calculated and included. Further detail by individual resident is available for additional analysis and quality review.

2013 - 2015 BHD Crisis Service & Acute Adult Admissions from Discharged Rehab Center Residents (Discharged after 4/1/13) – Update 9/3/15

Program	Year	Resident Discharges	Admissions From Discharged Rehab Center Residents						Inpatient Readmission Rate
			Crisis Service			Acute Adult			
			Crisis Mobile	PCS	Observation	43A	43B	43C	
Central	2013	19	1	3	1	0	1	0	5.3%
	2014	23	5	12	3	1	4	0	14.3%
	2015	13	5	23	9	2	3	1	10.9%
	Total	**55**	**11**	**38**	**13**	**3**	**8**	**1**	10.2%
Hilltop	2013	8	0	0	0	0	0	0	0.0%
	2014	45	6	9	4	1	0	0	2.2%
	2015	1	7	18	7	0	0	0	0.0%
	Total	**54**	**13**	**27**	**11**	**1**	**0**	**0**	0.7%

Informational item only.