

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

**MILWAUKEE COUNTY MENTAL HEALTH BOARD
QUALITY COMMITTEE**

September 28 2015 - 10:00 A.M.
Milwaukee County Mental Health Complex
9201 Building, Conference Room 413 (Near Auditorium)

MINUTES

SCHEDULED ITEMS:

- | | |
|----|---|
| 1. | <p>Welcome.</p> <p>Chairman Chayer welcomed everyone to the September 28, 2015, Mental Health Board Quality Committee meeting.</p> <p>It was announced that the person who was in the Chief Quality Officer role left the organization. A decision was made to not fill the position. Going forward, Jennifer Bergersen has graciously agreed to absorb the duties.</p> |
| 2. | <p>Behavioral Health Division 2015 – 2016 Quality Plan Goals and Objectives.</p> <p>A look was taken at the quality plan presented to the Board at the beginning of the year. The report related to this item reflects the progress in meeting those goals and objectives. The objectives for 2015 include some items and initiatives that were already underway, including simplifying the Behavioral Health Division’s front door access and the ability to navigate the healthcare options offered by Milwaukee County.</p> <p>Simplifying front door accessibility includes the creation of Northside and Southside sites. With input from the community, the needs will be determined in order to create a model. To help with this process, internal teams and the community have been engaged, as well as patients, their families, and external stakeholders.</p> <p>Other objectives highlighted were the establishment of the Family Advisory Council, education and training, and the Quality Improvement Key Performance Measure Dashboard.</p> |
| 3. | <p>Quality Dashboard and Improvement Plan.</p> <p>The appropriate comparison and benchmarks have been incorporated into the Dashboard. It continues to be refined to identify what needs to be measured. The Dashboard was reviewed in detail with explanations provided related to yellow and red status items. It is important to make sure to capture the appropriate data to make it meaningful and to better target the changes. National standards will be included in future reports. This Dashboard contains key points and does not include all data being collected, analyzed, and improved.</p> |

SCHEDULED ITEMS (CONTINUED):

	<p>Information was also provided regarding contract redesign.</p>
4.	<p>Joint Commission Mock Survey Update.</p> <p>Findings of the latest visit by the external consultant, Critical Management Solutions, were explained. Improvements from the August 2014 site visit included a shift in workplace environment to being more proactive and stable as opposed to reactive and crisis oriented, qualified and competent staff and delivery of care, and medication management. Improvements still needed included environment of care aspects throughout the facility, maintaining and creating life safety measures, contract management processes, human resources processes, quality controls in use of point-of-care testing, and infection control plans.</p> <p>It was recommended that the Board do a self-evaluation, complete conflict of interest declarations, and create policy on conflict management and resolutions.</p> <p>The Behavioral Health Division's plan entails improving and sustaining performance with all Joint Commission standards, applying for Joint Commission accreditation in December of 2015, and an initial survey to be carried out, unannounced, in the twelve months following.</p>
5.	<p>Transition to Closed Loop Medication System Quality Update.</p> <p>This system was implemented on June 17, 2005. The process involves computer physician order entry; the pharmacy verifies the order; the confirmed order information is electronically sent from the interface to the automated dispensing cabinet; the nurse scans the bar-code of medication with the patient wrist band to ensure right dose, right time, and right patient; and electronic confirmation of patient identity before administration. A process evaluation has been conducted to see if there are additional safeguards that can be put in place to prevent errors.</p> <p>Additional services provided by the pharmacy include forty-two clinical pharmacist interventions to improve patient safety, weekly clinical pharmacist attendance on patient care rounds, and a passed State of Wisconsin inspection with no variances. This significant transition was guided by data tracking, education, and continuous improvement.</p>
6.	<p>Rehab Central/Long-Term Care Resident Transitions - Monitoring Outcomes.</p> <p>There are thirteen individuals that remain in Rehab Center Central (RCC), and everything is on target for relocation of those individuals to the community by December 2015. The two remaining resident care Units 44A and 44B will soon be consolidated as the census reduces. RCC is targeted for closure at the end of the year. Readmission rates were discussed and 2013 – 2015 Behavioral Health Division Crisis Service and Acute Adult Admissions from Discharged Rehab Center Residents were reviewed.</p>

SCHEDULED ITEMS (CONTINUED):

7.	<p>Zero Suicide Initiative.</p> <p>In April of 2015, seven staff members attended the State of Wisconsin Zero Suicide academy. The overall purpose of the initiative is to, of course, reduce the number of suicides occurring and to evaluate internal practices and policies. It is recognized that this is not just a Behavioral Health Division (BHD) issue but an issue that needs to be addressed throughout the County. BHD is taking an internal approach to this problem. The work that needs to be done was broken down into the following five stages: organization structure and assessment, build support and planning, communication and training, implementation, and evaluation and on-going improvement practices.</p>
8.	<p>Active Shooter/Environmental Safety Review.</p> <p>Details were provided regarding an incident where the Behavioral Health Division (BHD) received two threatening telephone calls on August 20, 2015. A decision was made through leadership to declare an essential movement only condition, which is a modified form of a lockdown. Unfortunately, a BHD staff member notified a family member of the situation, who in turn, notified the police. Overall, the event response was successful. Strengths and improvement opportunities were reviewed.</p>
9.	<p>Next Scheduled Meeting and 2016 Meeting Dates:</p> <ul style="list-style-type: none">• November 2, 2015, 10:00a.m. <p>The next meeting date was announced as November 2, 2015, at 10:00 a.m. The location is to be determined.</p>
<p>The next regular meeting for the Milwaukee County Mental Health Board Quality Committee is Monday, November 2, 2015, @ 10:00 a.m.</p>	