

South Peninsula Behavioral Health Services 2014 Performance Improvement Summary

The SPBHS Performance Improvement Team provides ongoing operational leadership of continuous performance improvement activities across the organization. In this, its second year, the PI Team has grown to 8 members, representing programs across all of SPBHS. The team met 10 times in 2014. The members of the performance improvement team act as champions of performance improvement and work as liaisons between their functional teams and the performance improvement team.

Performance Improvement Team Activities for 2014

- Developed and approved the 2014 annual Performance Improvement Plan.
- Reviewed Critical Incident Reporting and Human Resources Summary Reports for 2013 and made recommendations to improve the CIR form and staff training.
- Helped develop the PRIDE consumer survey, SPBHS employee survey and Stakeholder survey; reviewed and analyzed of the results of the various surveys.
- Reviewed the Behavioral Health Consumer Survey Report Card.
- Completed a Conflict Resolution Self-Assessment and recommended making the tool available to all staff.
- Provided input into developing and refining the Qualitative records review tools, process and results.
- Responsible for Suggestion Box Project- The team obtained permission and selected suggestion boxes to go in 7 locations in SPBHS facilities. Various team members are responsible to bring the contents of the boxes to each monthly PI team meeting for review, response and appropriate referral.
- Active throughout the CARF accreditation process, including review of the Quality Improvement Plan following the survey.
- Developed indicators for the 2015 annual Performance Improvement Plan.

Overview of Performance Indicators for 2014

Business Functions:

- Regulatory Efficiency- All grant funding reporting requirements were submitted timely.
- Financial Stability- SPBHS maintained at least 90 days of funds on hand for SPBHS operations.
- Regulatory Compliance- Maintained AKAIMS required minimal data set average of 98.91%.

Effectiveness:

- Improved Life Domains- 65% of Behavioral Health (BH) clients reported improvement in their life domains (financial/basic needs, housing situation, meaningful activities/employed, mental/emotional health, physical health and thoughts of self harm) within the first 135 days of treatment at SPBHS. *
- Improved Quality of Life- 62% of BH clients reported improvement in their quality of life domains (productivity, physical health, mental/emotional health, thoughts about self harm, family and social support for recovery, feeling safe, sense of connectedness, well-being and spirituality, financial security and housing situation) within the first 135 days of treatment at SPBHS. *
- Satisfaction with Quality of Life- 85% of BH clients reported being "satisfied" or better regarding their quality of life within the first 135 days of treatment at SPBHS. *

Efficiency:

- Client Status Review (CSR) Timeliness- Of the total number of BH clients who were expected to have at least one follow-up CSR in 2014, 97% had at least one follow-up CSR.
- Frequency of Contact- 95.5% of active BH clients had a face-to-face contact at least every 135 days.
- Documentation Completeness- 100% of BH clients completed the Alaska Screening Tool (AST) and the Client Status Review (CSR) at the time of admission. The average elapsed time between date of admission and date of first service was 12 days.
- Timely Submission of Documentation for Services- For all full-time staff, documentation was submitted timely (by Tuesday of the week following the service) 54% of the time.

Access:

- Initial Clinical Assessment- 87% of adults who presented for non-emergent Behavioral Health services were provided an initial clinical assessment the same day (admission).
- Initial Psychiatric Evaluation- 76% of BH clients who were internally referred for a non-emergent Psychiatric Evaluation were provided the evaluation within 30 days.
- Initial Clinical Engagement- 92% of BH clients received treatment services within 30 days of enrollment.

Stakeholder Input:

- Persons served I/DD- 100 % of persons served and 95% of family/guardians surveyed “agreed or strongly agreed” that services were built around what they and/or their family want. 92 % of persons served and 100% of family/guardians surveyed “agreed or strongly agreed” that they were satisfied with their care providers.
- Persons served/ BH- 93% of BH clients reported as “Satisfied” or better regarding their services and being treated with respect within the first 135 days of treatment at SPBHS. *
- Staff Satisfaction-Full-time staff who “agreed or strongly agreed” that everyone is treated fairly at SPBHS increased from 38% to 56%. Part-time staff who “agreed or strongly agreed” that they are paid fairly for the work they do increased from 47% to 66%.

Additional Areas for Review & Assessment

The Performance Improvement Team identified several areas for on-going review and analysis that are important to SPBHS performance improvement but do not lend themselves to the definition of performance indicators or that would be subject to benchmarking:

- Annual Review of Critical Incident Reports- separate report attached.
- Annual Review of Number of Involuntary Commitments- SPBHS clinicians provided 589 Emergency Services ES contacts in 2014, with 19 contacts resulting in involuntary hospitalization (13 of whom were not currently clients at SPBHS).
- Quarterly Review of Medication Errors Report- With the oversight of Mari Turtainen, RN., medication errors were reduced by 85% in 2014.
- Trends from Qualitative Records Reviews- The current Qualitative Records Review process (that provides for 16 records to be reviewed each year) did not produce adequate results this first year to accurately display trends. However, the results from the reviews were shared with the PI team and clinical staff on a case-by-case basis.
- There were no sentinel events reported or client grievances filed in 2014.

* Data only available for FY 2014.