

South Peninsula Behavioral Health Services 2015 Performance Improvement Summary

The SPBHS Performance Improvement Team provides ongoing operational leadership of continuous performance improvement activities across the organization. In this, its third year, the PI Team continues to represent programs across all of SPBHS. The team met 10 times in 2015. 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 2015

- Reviewed the 2014 annual Performance Improvement Report and made recommendations for CY2015 plan.
- Completed annual team self-assessment
- Implemented PI Team bulletin board (The Real Scoop) to support SPBHS “positives” and strengths and share PI Team activities and focus.
- Reviewed Critical Incident Reporting throughout 2015, which resulted in several PI Team meetings and activities about safety issues regarding workplace violence and prevention. Focus continues into CY2016 on developing and implementing measures to support workplace safety.
- Reviewed and analyzed the results from the PRIDE consumer survey and SPBHS employee survey.
- Provided feedback and support for the staff holiday party
- Maintained SPBHS Suggestion Box Project- The team reviewed and responded to or referred 29 suggestions received in the suggestion boxes in 2015. In 2016, Team members are committed to increasing the use of the suggestions boxes to promote better communication.

Overview of Performance Indicators for 2015

Business Functions:

- Employee Safety- SPBHS had 4 reportable worker's compensation cases. This was the first year for this indicator and tracking will continue for 2016.
- 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 99%.

Effectiveness:

- Suicide Prevention- Sadly, SPBHS reported 1 suicide during 2015.
- Serious Adverse Outcome Prevention- SPBHS reported no other sentinel events during 2015.
- Improved Life Domains- 76% of Adults and 59% of Youth 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- 59% of Adults and 40% of Youth 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- 68% of Adults and 86% of Youth 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 2015, 98% of Adults and 98.8% of Youth had at least one follow-up CSR.
- Frequency of Contact- The total count of active BH clients not having a face-to-face contact at least every 135 days was 16 for Adults and 15 for Youth.
- 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 9.5 days for Adults and 12.2 days for Youth.
- Clinician Productivity- “direct patient care” hours average was 21.1 for BH Adults and 16.7 for BH Youth.
- Timely Submission of Documentation for Services- Has been moved to the SPBHS dashboard for closer tracking and reporting.
- Accuracy of Documentation for Services- indicator delayed until EHR or other tracking developed.

Access:

- Initial Clinical Assessment- 93% of adults who presented for non-emergent Behavioral Health services were provided an initial clinical assessment the same day (admission).
Note: Adult BHA CY 2015 # 125--- CY 2014 # 175; - # 50 or 28.5% reduction; no significant change in number of youth BHAs CY2015 # 78—CY 2014 # 79
- Initial Psychiatric Evaluation- 60% of Adult and 73% of Youth BH clients who were internally referred for a non-emergent Psychiatric Evaluation were provided an evaluation within 30 days.
- Initial Clinical Engagement- 96% of Adult and 95% of Youth BH clients received treatment services within 30 days of enrollment.

Stakeholder Input:

- Persons served I/DD- 86 % of persons served and 92% of family/guardians surveyed “agreed or strongly agreed” that services were built around what they and/or their family want. 96 % of persons served and 97% of family/guardians surveyed “agreed or strongly agreed” that they were satisfied with their care providers.
- Persons served/ BH- 91% of Adult and 94% of Youth 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%.
- Received 2014 Statewide Behavioral Health Survey results- 85% of Adults, 90% of Caregivers and 83% Adolescents reports overall satisfaction with SPBHS services.
- Staff satisfaction- 78% of staff surveyed agree or strongly agree that they are treated fairly at SPBHS. 70.5% of staff surveyed agree or strongly agree that they are paid fairly for the work they do.

- Validity of 2015 Staff Survey- 41.7% of staff completed annual survey. Trend: 2012= 44%, 2013= 61.9%, 2014= 57.9%

Human Resources: Human Resource Performance Indicators were moved to separate HR report for CY2015.

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 and Use of Restrictive Intervention reports-** No reports received of use of prohibited Restrictive Interventions in 2015. Currently, the policies and procedures regarding use and reporting of use of prohibited restrictive interventions are being revised to develop a more formalized form and reporting process. When these policies and procedures are finalized, staff training will be revised to implement the new procedures and reporting form.
- **Annual Review of Number of Involuntary Commitments (now called Involuntary Hospitalization Petitions)-** 15 involuntary hospitalization petitions submitted by SPBHS EMS and all were granted, 2 petitions were submitted by others (one family, one the Anchorage Psychiatric ER) and granted, 6 of the 15 above petitions were for active SPBHS clients, 2 of these were for the same client
- **Number of recipient grievances (including resolution)-** None for CY 2015
- **Number of employee grievances (including resolution)-** None for CY 2015
- **Review of Medication Errors Report-** Medication Administration errors that result in needing medical intervention are reported on the Critical Incident Form; these medication administration errors did NOT require medical intervention. Total of 29 errors; 9 of these were due to the client not being present/leaving without taking their meds with them.
- **Trends from Audits/ Records Reviews-** The records review from the 2015 Myers & Stauffer DD and MH audits (for services provided in 2011) has been received and the feedback is being reviewed and analyzed for use to improve SPBHS records. The DD findings were due to missing documentation (notes). This information was passed onto QA; the QA review to prevent missing notes has been tightened significantly since 2011. The findings from the MH audit were due to service documentation (notes) and treatment plans. The plan for 2016 is to use this feedback to improve training and QA review of notes and treatment plans to prevent further audit findings.

New Indicators and Focus of PI Team for CY2016

- New Indicator(s) tracking no-show and cancellations for BH clinician and psychiatric services baselines and analysis.
- On-going analysis of Psychiatric Evaluation access and timeliness.
- Options to increase Employee Survey responses.
- On-going focus and analysis of prevention of work-place violence.