

South Peninsula Behavioral Health Services
2016 Performance Improvement Summary

The SPBHS Performance Improvement Team provides ongoing operational leadership of continuous performance improvement activities across the organization. In this, its fourth year, the PI Team continues to represent programs across all of SPBHS. The team met 10 times in 2016. 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 2016

- Reviewed the 2015 annual Performance Improvement Report and made recommendations for CY2016 plan.
- Completed annual team self-assessment.
- Maintained PI Team bulletin board (The Real Scoop) to support SPBHS “positives” and strengths and share PI Team activities and focus.
- Reviewed Critical Incident Reporting quarterly and helped in the revision and update of the Critical Incident Report Policy and training to include Restrictive Intervention Reporting.
- Reviewed Medication Error Reports quarterly.
- Reviewed Complaints and suggestions about services or personnel- One Client Grievance received and resolved 3rd Quarter.
- Reviewed and analyzed the results from the PRIDE consumer survey and SPBHS employee survey.
- Hosted staff Ice Cream Sunday gathering to promote the closing of the employee survey; hosted staff Root Beer Float gathering (left-over ice cream) and staff Nacho Lunch gathering; follow-up to survey results requesting fun staff activities and positive staff feedback.
- Maintained SPBHS Suggestion Box Project- The team reviewed and responded to or referred 26 suggestions received (19 from SPBHS staff and 7 from other than SPBHS staff) in the 7 suggestion boxes in 2016.
- Added Direct Service Provider to Performance Improvement Team.

New Indicators and Focus of PI Team for CY2017

- Recommend adding Indicators collecting data about successful completion of BH treatment, Emergency Services provided at South Peninsula Hospital and at SPBHS offices and distribution of BH services.
- Recommend continuing Indicator(s) tracking no-show and cancellations for BH clinician and psychiatric services baselines and analysis even through new ECR will produce different data.
- Develop meaningful indicators for I/DD services (PRIDE Program) for 2018 plan
- Encourage staff engagement by hosting staff social events throughout 2017.

Overview of 2016 Performance Indicators

Business- Indicators #1-4 SPBHS continues to hold to high standards with timely grant reporting and required minimum AKAIMS entry. SPBHS was able to maintain through the year funds-on-hand for at least 90 days of SPBHS operations. Human Resources reports 7 reportable cases of work-related injuries or illnesses.

Effectiveness- Indicators # 5-9 SPBHS experienced no suicides by persons served and no sentinel events involving persons served. Data for indicators # 7, #8, #9 comes from AKAIMS and is a measurement taken from 1st-2nd Client Status Reviews (CSR). The numbers are not representative of the larger number of CSR's completed by persons served annually and have not been meaningful. The 2017 plan replaces these indicators with data from Emergency Services and Discharge from BH Treatment.

Efficiency- Indicators #10-12 SPBHS maintained the 95% target set for completion of the CSR by all BH clients. SPBHS was also able to discharge clients timely and maintain a target of less than 5% of clients without contact for 135 days or more. Indicator #12 somewhat duplicates Indicator # 16 and is being replaced with available AKAIMS data looking at distribution of BH client services.

Access- Indicators # 13-16 Non-Emergent BH assessments (admissions) for Youth declined slightly from 78 to 70 completed for the year. Due to an unforeseeable shortage of clinicians, assessments for Adults were down for the 4th quarter as client needs were addressed through on-call services until new clinical staff could be hired. Psychiatric evaluations completed within 30 days of referral increased from 67% to 73% though still short of the 95% target. Adult clinic and psychiatric services noshow and cancellation tracking has shown a consistent 25% average. This was first attempt at collecting this data and it will be changing with Carelogic (EHC) implementation. We maintained an average of 95% of clients receiving services within 30 days of admission (engagement).

Stakeholder Input- Indicators #17-23 Satisfaction with services was evident in data from persons served and their families both for I/DD and MH services. The employee survey was totally revised with the goal of increasing the response rate- increased 13% from 2015 to 47% staff response. 96% of staff answered 5 or higher on a scale of 1-10 rating their overall happiness with their job. The stakeholder survey that was planned for 2016 was delayed until 2017.

Other Trends Adverse Drug Reports (Medication Errors without Medical Intervention) continued to consistent mainly of personserved exercising their choice regarding medication. Large increase in Involuntary Hospitalizations was identified (2015 =15; 2016 =31) and shared with Leadership.