PIP at-a-glance – September 28th, 2017

This report shows the most recent data for the current non-clinical performance improvement project (PIP). Data updated 8/16/2017

Non-Clinical PIP: Will a standardization of processes increase the timeliness of initial access or needed clinical services for beneficiaries?

PIP Committee Membership: Don Taylor, Assistant Director; Laura Williams, Compliance Officer; Sésha Zinn, Manager; Essence Davis, Manager; Dawn Rollins, Program Manager; Cathleen Ouimet, Program Manager; Rick Jackson, Supervisor Analyst; Jaclyn Peterson, Senior Analyst; Matthew Gothan, Manager; Andrea Monahan, Clinician; Amanda Thomas, Senior Analyst; Leslie Glass, QA Coordinator; Misty Veerkamp, MRT; Christina Hernandez, Counselor; Grace Garberson, Analyst; Kelly Marinello, Program Manager

Objectives:

1. Improve percentage of non-urgent specialty mental health services (SMHS) appointments offered within <u>15 business days</u> of the initial request by the beneficiary or legal representative for an appointment.
   Goal: <u>95%</u>

Percentage of non-urgent SMHS appointments offered within 15 business days of the initial request by client or parent/guardian
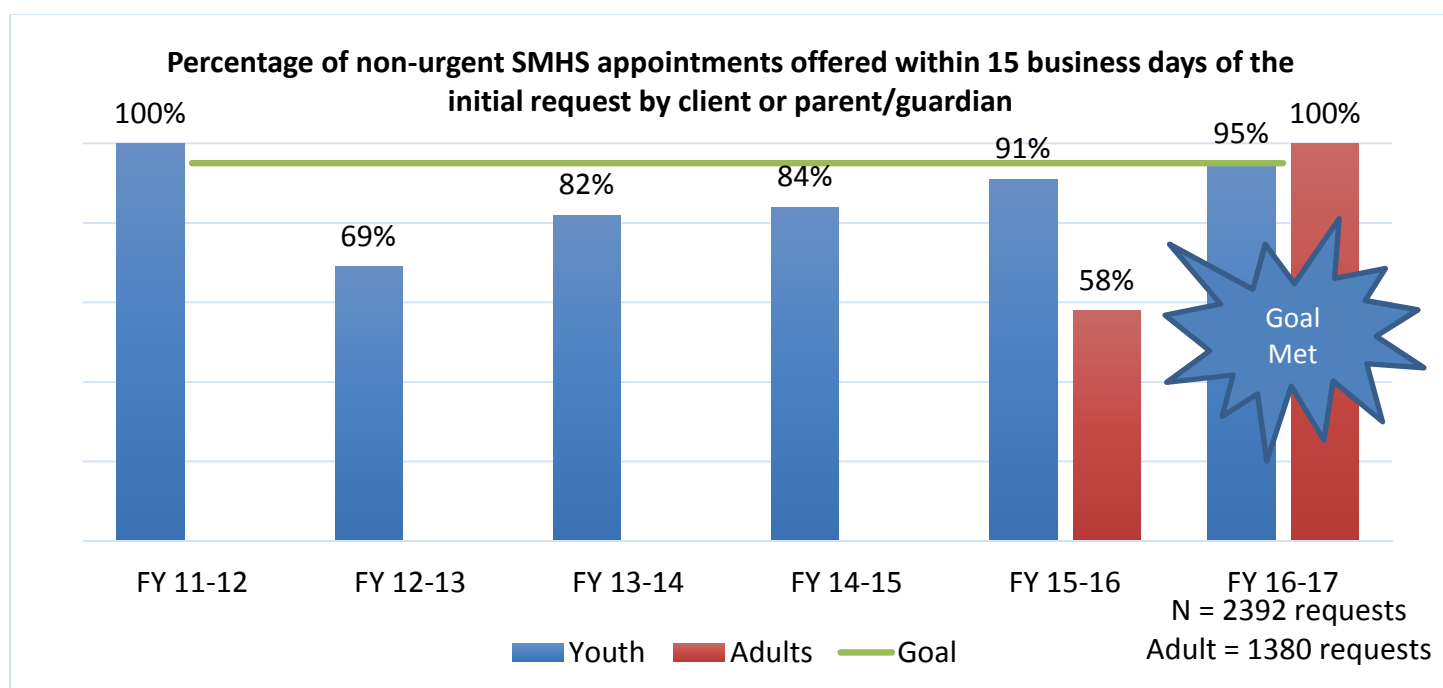
*These data were collected from the data entered in the Youth Contact Log (2011-2015) and the BCDBH Contact Log (2015-2017)

Department initiatives:
1. Improve data entry in contact/request for service logs (trainings, accuracy, completion)
2. Revising request for services forms
3. Meeting standards. Continue to monitor.

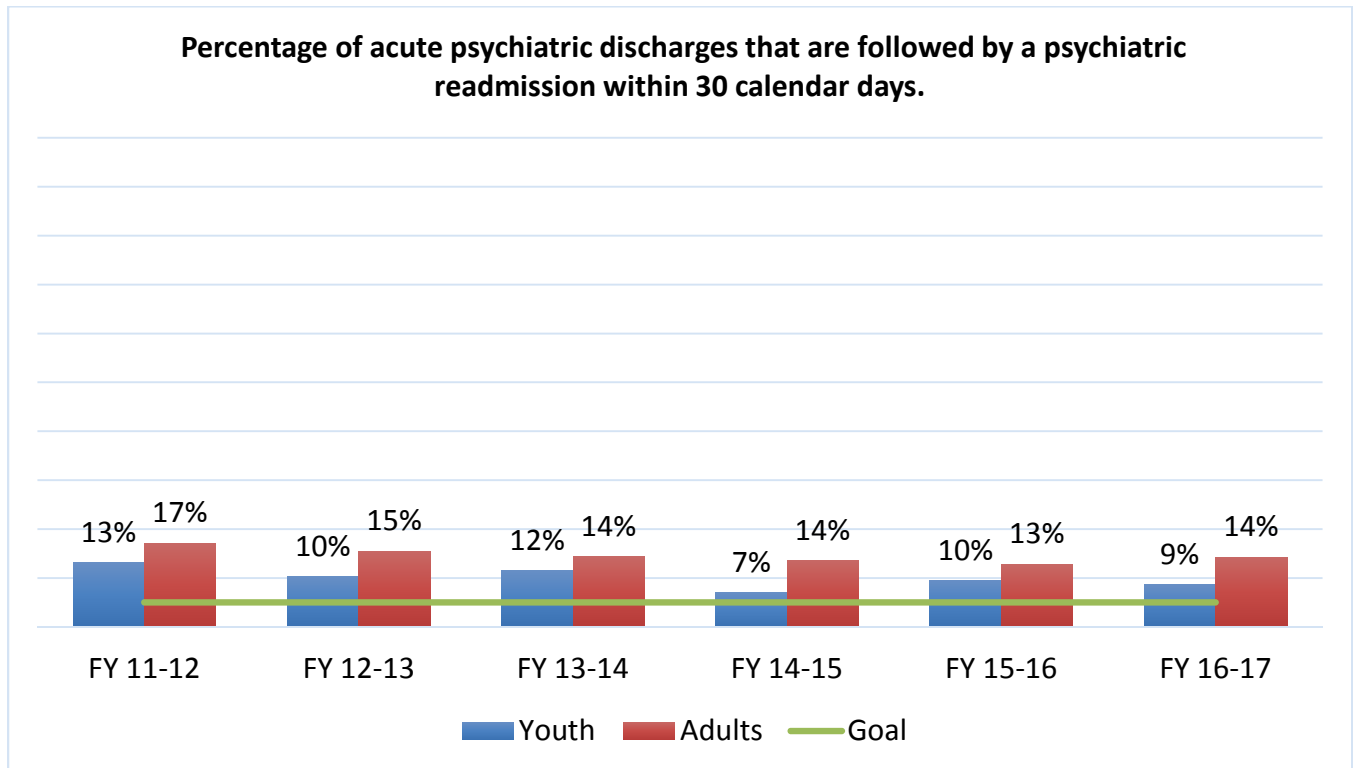Created by
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2. Decrease the *number and percentage* of acute psychiatric discharges that are followed by a _psychiatric readmission_ within 30 days during a one year period. **Goal: 5%**

Percentage of acute psychiatric discharges that are followed by a psychiatric readmission within 30 calendar days.

	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17
Youth	13%	10%	12%	7%	10%	9%
Adults	17%	15%	14%	14%	13%	14%

Legend: Youth, Adults, Goal

*These data were collected from admission and discharge dates entered into Avatar for programs 44281, PHF and 44285, OOC.
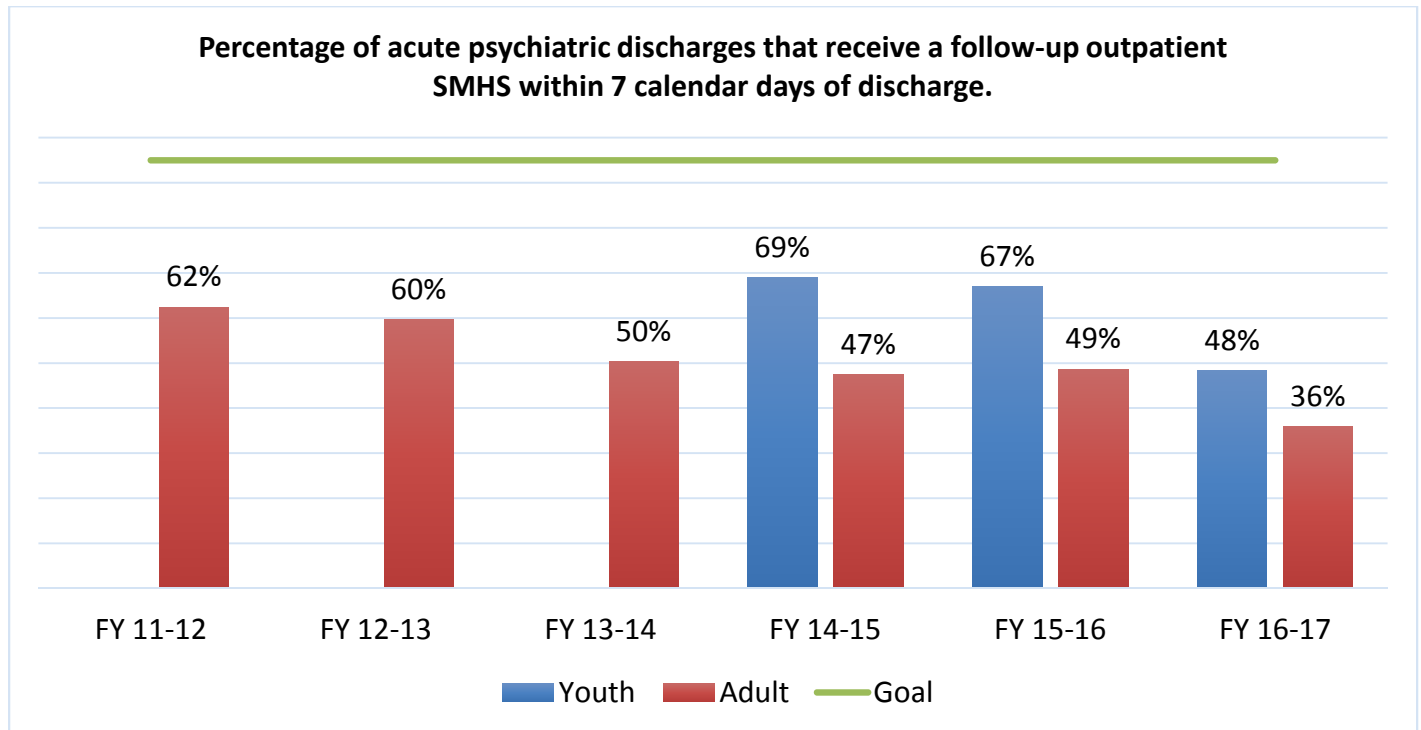
Department initiatives:
1. Drill down into adult data to determine population being included in percentage above
   a. *Readmission rate for PHF discharges to any inpatient hospital: FY 16/17 = 16.8% (58/345)*
2. Review same-day discharge-readmit cases
3. Determine if there was Post-PHF Linking with client
4. Track Multi-disciplinary teams
   a. *Done – Added to Client Charge Input and OP Prog Note forms*
5. Determine which clients received services within 7 days of discharge
6. Remove consumers transferred to IMD or SNF
7. Track discharges for acute medical treatment

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3. Increase *number and percentage* of acute (psych inpatient and PHF) discharges that receive a follow up outpatient SMHS (face to face, phone or field) within <u>7 days</u> of discharge, except for those transferred to an IMD or SNF. **Goal: 95%**

Percentage of acute psychiatric discharges that receive a follow-up outpatient SMHS within 7 calendar days of discharge.

*These data were calculated by determining the first service date for all programs except for 44281, PHF, and 44285, OOC, and only including those that fell within 7 days.
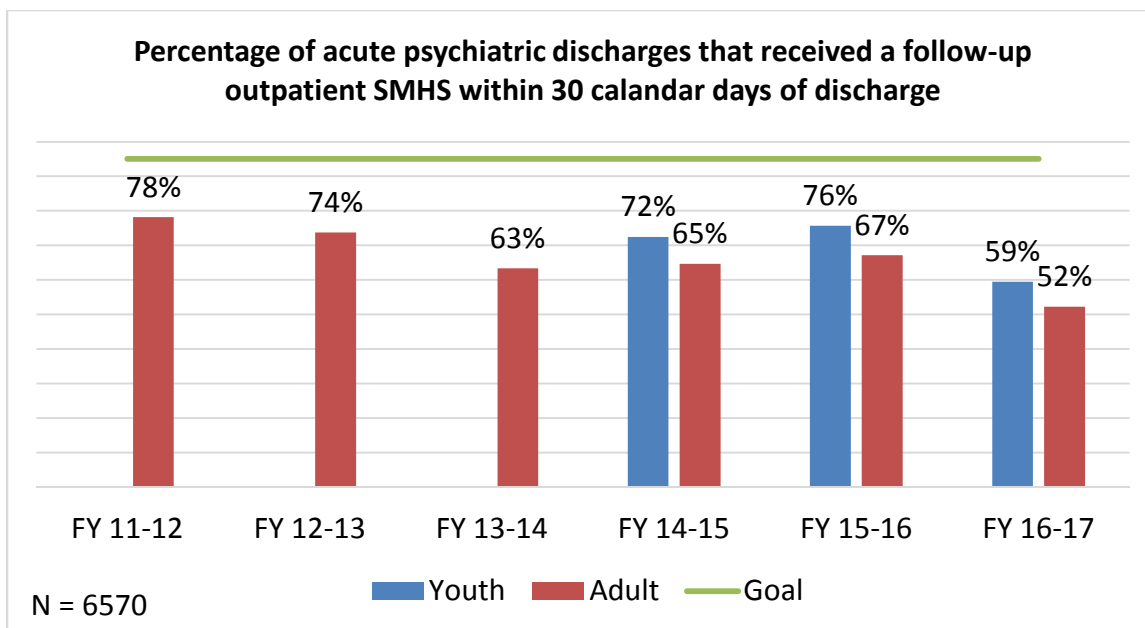
Department initiatives:
1. Recalculate data to limit the population to consumers who would be eligible to receive outpatient services. See pie chart below.

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4. Increase *number and percentage* of acute (psych inpatient and PHF) discharges that receive a follow up outpatient SMHS (face to face, phone or field) within <u>30 days</u> of discharge, except for an IMD or SNF. **Goal: 95%**

Percentage of acute psychiatric discharges that received a follow-up outpatient SMHS within 30 calandar days of discharge

N = 6570

Youth | Adult | Goal

*These data were calculated by determining the first service date for all programs except for 44281, PHF, and 44285, OOC, and only including those that fell within 30 days.

Department initiatives:
1. Recalculate data to limit the population to consumers who would be eligible to receive outpatient services. See pie chart below.
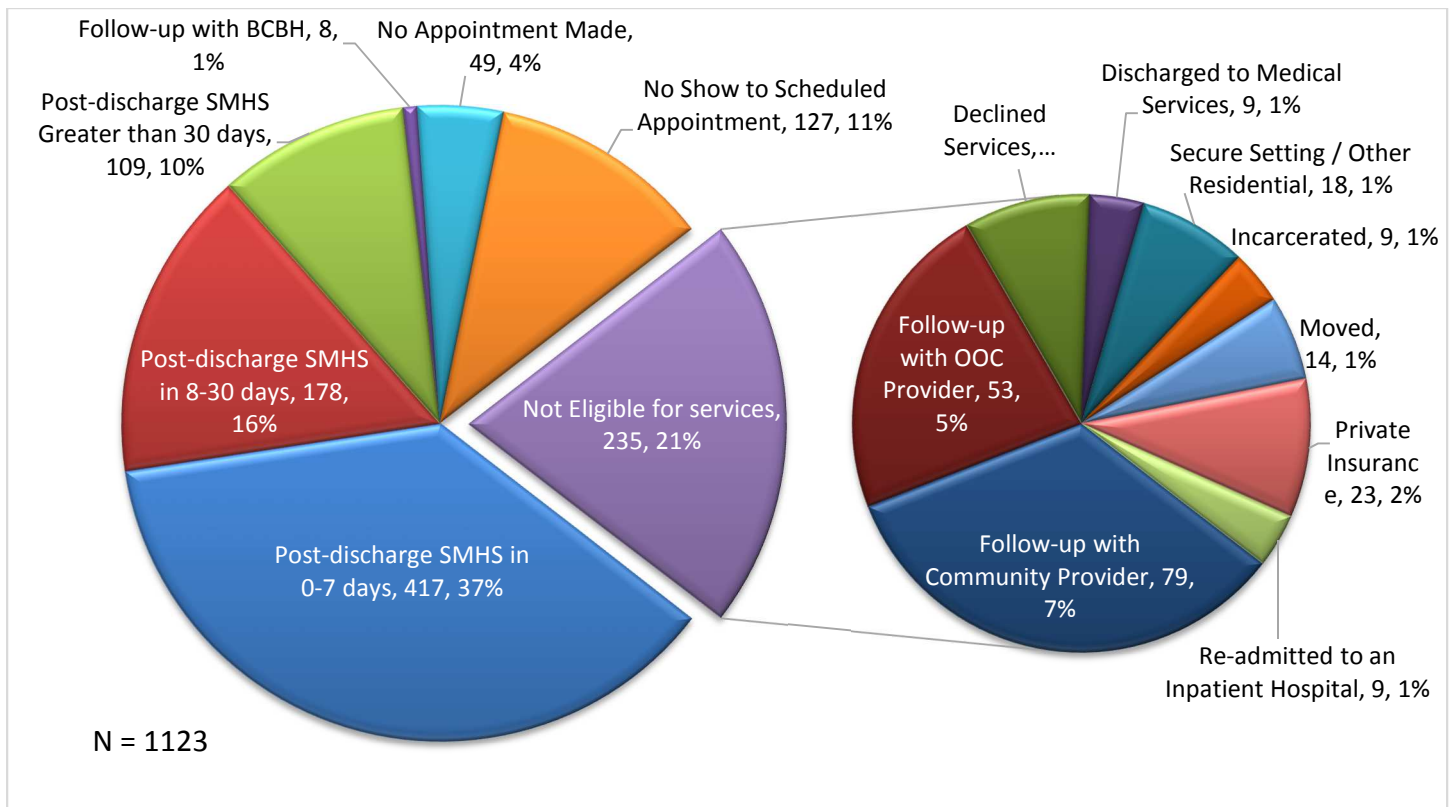
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Chart and table below demonstrate the disposition of inpatient discharges: Received follow-up appointment, No Shows for scheduled appointments, consumers who chose to pursue follow-up services without BCDBH assistance, instances in which no appointment was made, and those who were not eligible for services.

Date range: Inpatient Discharges during Fiscal Year 2016/2017 (July 1, 2016 to June 30, 2017)

Pie chart data:
- Follow-up with BCBH, 8, 1%
- No Appointment Made, 49, 4%
- No Show to Scheduled Appointment, 127, 11%
- Post-discharge SMHS Greater than 30 days, 109, 10%
- Post-discharge SMHS in 8-30 days, 178, 16%
- Post-discharge SMHS in 0-7 days, 417, 37%
- Not Eligible for services, 235, 21%
- Declined Services,…
- Discharged to Medical Services, 9, 1%
- Secure Setting / Other Residential, 18, 1%
- Incarcerated, 9, 1%
- Follow-up with OOC Provider, 53, 5%
- Moved, 14, 1%
- Private Insurance, 23, 2%
- Follow-up with Community Provider, 79, 7%
- Re-admitted to an Inpatient Hospital, 9, 1%

N = 1123

Objective #3 and #4 Recalculated for FY 16/17:

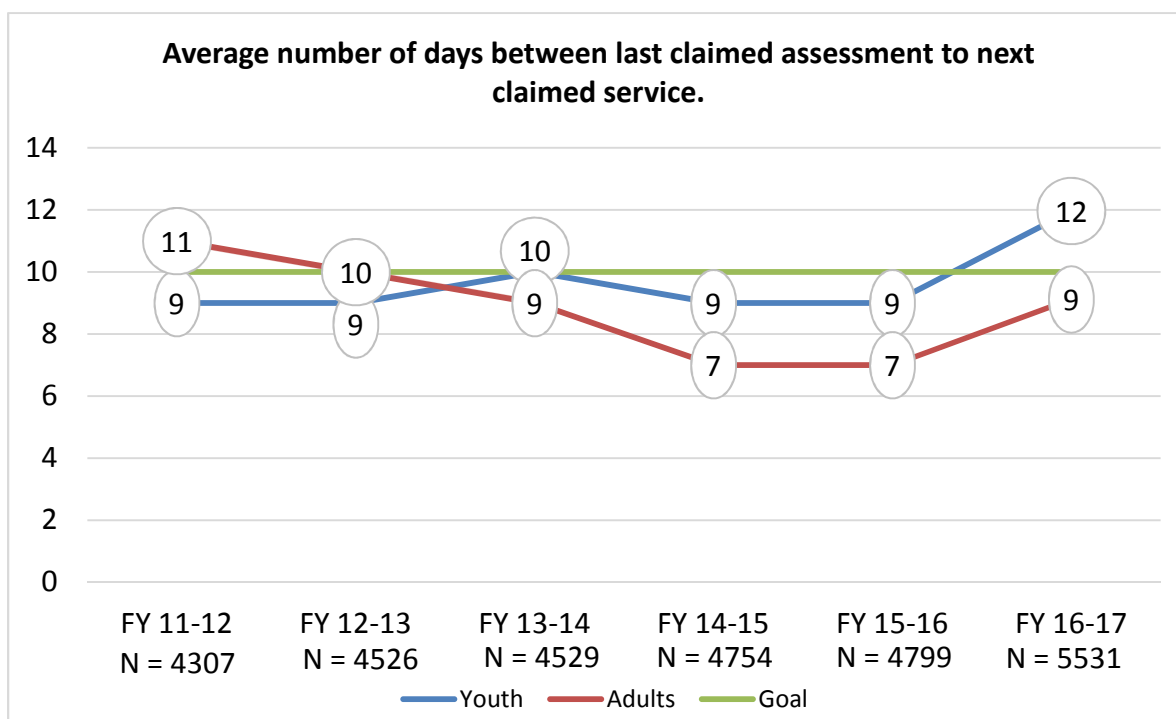| Discharges eligible for services = 890 out of 1123	Service within 7 business days	Service within 30 business days
Youth	(56)	(69)
Adult	(361)	(526)
Total	**46.9% (417)**	**66.9% (595)**

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5. Decrease the Wait Time to First Claimed Assessment: Date of initial request for an appointment to the date of the first claimed assessment. **Goal: 10 business days**
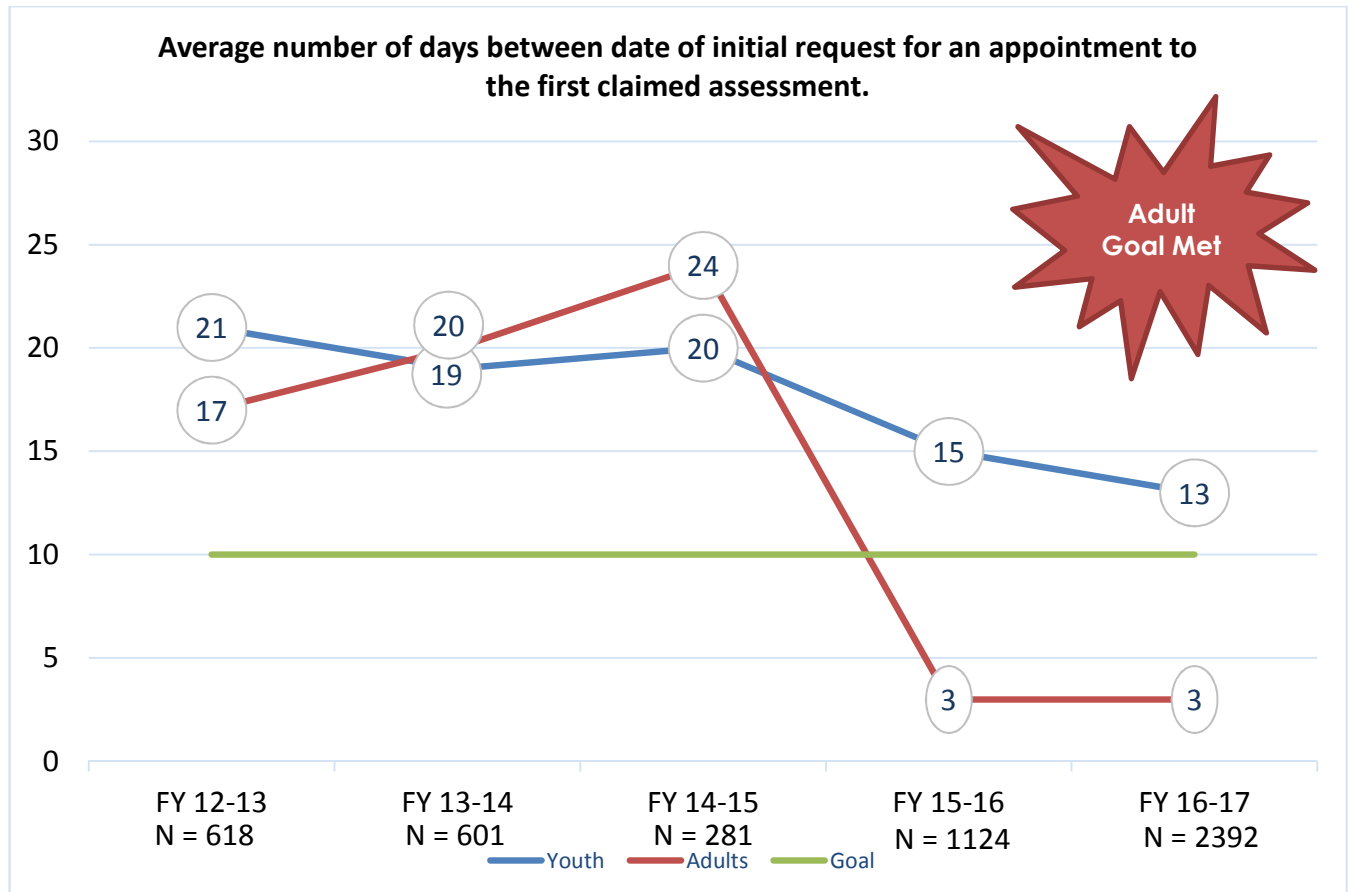
Average number of days between date of initial request for an appointment to the first claimed assessment.

Adult Goal Met

| FY 12-13 | FY 13-14 | FY 14-15 | FY 15-16 | FY 16-17 |
| N = 618 | N = 601 | N = 281 | N = 1124 | N = 2392 |

Youth — Adults — Goal

*These data were calculated using the BCDBH Contact Log "Date of Contact" and the date of the when the service 3310, 90792, or 6300 (assessment service codes) was billed.

Department initiatives:
1. Improve data entry in contact/request for service logs (trainings, accuracy, completion)
2. Revising request for services forms
3. Retrain youth staff on contact/request for service logs
4. Define "Closing the Contact"
    a. Done – added to Request for Service logs
5. Look into outliers – remove these records from dataset and recalculate averages
6. Investigate how to improve the 'N'

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6. Improve the <u>Wait Time to First Offered Provider Appointment</u>: date of last claimed assessment appointment to date of first offered provider appointment.

Scheduler has not been implemented, therefore the time between a client's assessment appointment and first offered provider appointment cannot be calculated.
It was recommended that we look at other ways of capturing this data.

7. Improve the <u>Wait Time to Provider Claimed Appointment</u>: date of last claimed assessment to date of first provider claimed appointment. **Goal: <u>10 business days</u>**

Average number of days between last claimed assessment to next claimed service.

	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17
	N = 4307	N = 4526	N = 4529	N = 4754	N = 4799	N = 5531

Youth — Adults — Goal

*These data were calculated using date of the when the service 3310, 90792, or 6300 (assessment service codes) was billed and the date the following service was billed while excluding programs 44281, OHF, and 44285, OOC.

Department initiatives:

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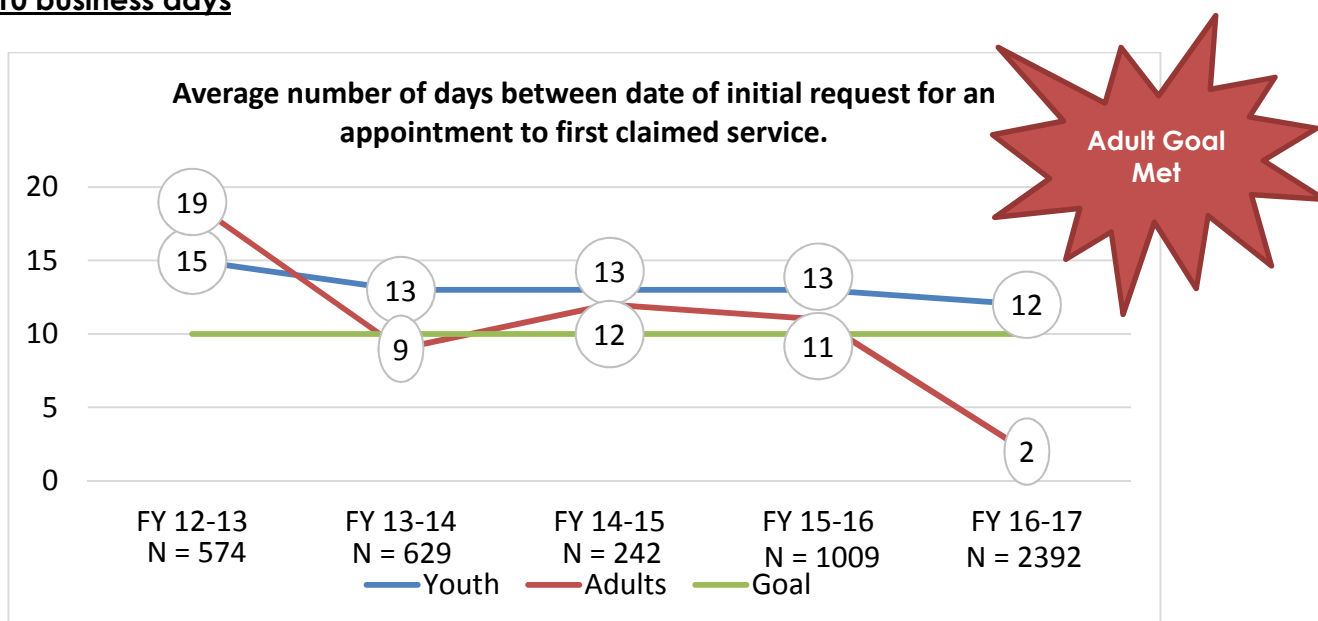Systems Performance, Research & Evaluations
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8. Improve <u>First Appointment Timeliness</u>: Reduce number of days between request for services and first full clinical assessment or the *first actual outpatient service appointment.*
   Goal: <u>10 business days</u>

*These data were calculated using the BCDBH Contact Log "Date of Contact" and the date of the when the next service billed with no program restrictions. N=contacts with service by age group

Department initiatives:
1. Drill-down in the data for details on breakdown by location
2. Non-clinical PIP Committee will discuss and provide Department recommendations
3. Drilldown by location for youth, and examine outliers
4. Remove outliers from the dataset and re-run data to determine new averages
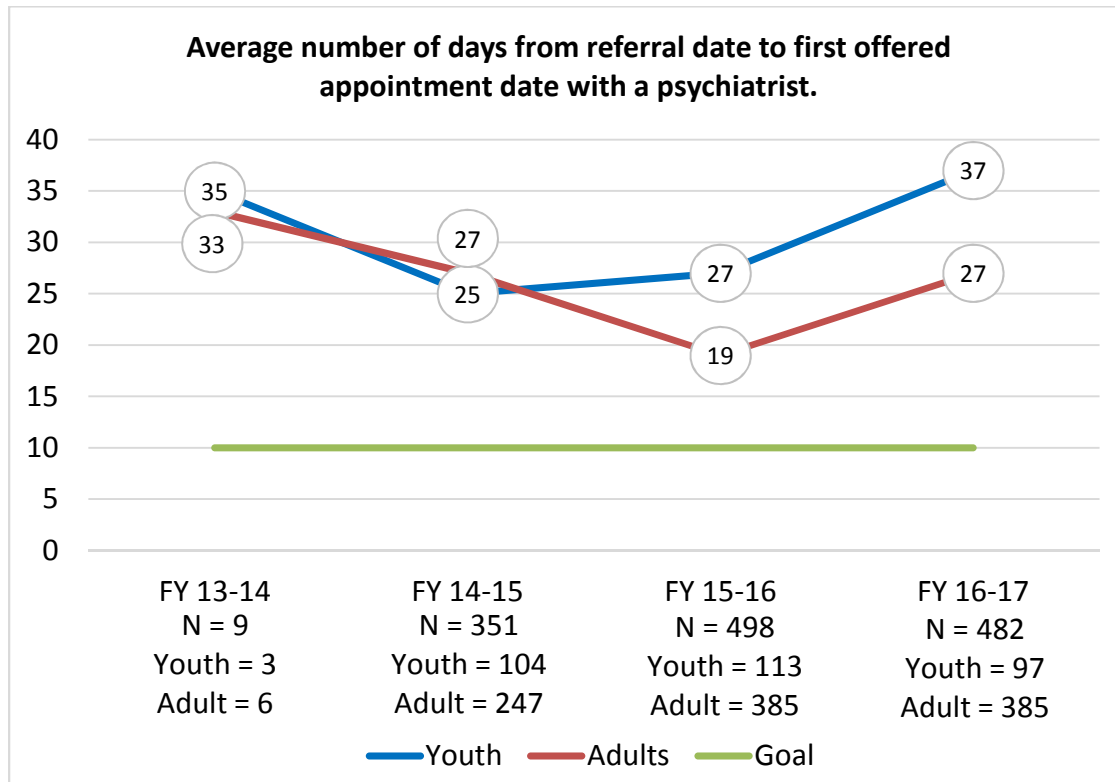
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BEHAVIORAL HEALTH

9. Improve <u>Psychiatry Appointment Timeliness</u>: Need or the referral to see a psychiatrist.
   Goal: <u>10 business days</u>

Average number of days from referral date to first offered appointment date with a psychiatrist.

	FY 13-14	FY 14-15	FY 15-16	FY 16-17
	N = 9	N = 351	N = 498	N = 482
	Youth = 3	Youth = 104	Youth = 113	Youth = 97
	Adult = 6	Adult = 247	Adult = 385	Adult = 385

Youth values: 35, 25, 27, 37
Adults values: 33, 27, 19, 27

——Youth ——Adults ——Goal

*These data were calculated using the BCDBH Psychiatric Referral Form "Referral Date" and the "First Offered Appointment Date".

Department initiatives:
1. Continue to increase use of BCDBH Psychiatric Referral Form in both Youth and Adult clinics
   a. Train/re-train staff on use of form
2. PIP Committee discussion and recommendations for initiatives to improve timeliness and data integrity
3. Drilldown by location for details on which programs are using/have been using the form
4. Remind staff of the <u>BCDBH Psychiatric Referral Form</u>, and retrain PMs/SUPs
5. Policies and Procedures
6. Drilldown average number of days from referral date to scheduled appointment date by center
7. Determine how many initial medical evaluations were conducted by each site during the fiscal year. This will provide us with an estimated number of referrals we can anticipate in a full dataset. (Note: "Initial medical evaluation" is defined as any service billed as an initial psychiatric evaluation in episodes for which no medical service was billed by a doctor for the previous 6 months). Also, look at number of admissions in general.