

Performance Improvement
 End of Year Data Analysis and Planning
 July 29, 2016

Data is collected through a variety of sources to gain analytics regarding all service delivery areas. Formal review is held, at least semi-annually, or sooner depending on the critical is the information is critical and requires immediate attention.

Data is gathered through quarterly client satisfaction surveys, suggestion boxes strategically placed throughout the organization, verbally from clients to staff or publically discussed.

Discovery, Interpretation and Communication of meaningful patterns in data.

Adult Services – Screening; Assessment and Service Planning; Therapy; Case Management; Medication Clinic (Includes Eufaula location)

SATISFACTION	DISATISFACTION
Walk-in accessibility	Amounts of paperwork
Caring attitude of staff	Not getting meds same day
Being able to get “all things done in one day”	Having to see so many people
The location of services were good	Had to wait too long to see a therapist
I am actively involved in treatment planning	
Services have had a positive impact on my life	
Availability of staff	
Staff respected me	

Data gathered from client satisfaction surveys indicate repeated concerns related to the amount of paperwork required “to get help” and the length of time it takes to complete paperwork is disproportionate to the paperwork at other “medical” clinics. We see a consistent pattern of dissatisfaction regarding this topic. It has been prevalent for years and continues to be the primary gripe of the people we serve. Not only at the initial time seen but that they “have to do it all again twice a year or more often.” Again, not understanding why the regulations exist in mental health but not in other medical driven fields.

In or about January of 2016, a statewide committee was formed to review the standards and requirements from ODMHSAS, CARF, COA, JCAHO to discuss ways to reduce the amount of paperwork required to provide services to clients. Through this committee, we have been able to reduce the amount of time a client has to spend answering questions.

There are times when a new client first access services that may be eligible for emergency medication visits; however, the majority of clients are required to have their assessment and initial treatment plan completed before they are referred to the medication clinic. Each case is handled differently. There are multiple factors that influence the decision on whether or not an emergent need is present. Review of these cases indicate that when a psychological emergency was present, we were able to divert from the crisis unit and access medication clinic effectively. However, we found there were cases that had we been able to “work someone in” through the outpatient medical clinic we probably would not have sent the client to the crisis unit.

Providing staff education regarding crisis intervention and alternatives to crisis unit and making sure that staff access supervisors and utilize consultation will impact this trend.

Children’s Services – Screening; Assessment and Service Planning; Therapy; Case Management, Medication Clinic (Includes Eufaula location)

SATISFACTION	DISATISFACTION
Happy with all services	Amounts of paperwork
Could walk in for services	
Staff encourage my child	
Caring attitude of staff	Not getting meds same day
Staff respected me and my child	
The location of services were good	Had to wait too long to see a therapist
I am actively involved in treatment planning	Wanted more services for my kids (Eufaula)
Services have had a positive impact on my life	

Overall, children and families accessing services through the Children’s Department were very satisfied with services. They have consistently responded positively about access, staff, location, and service impact. Negative responses were much the same as in adult services – the amount of paperwork, not getting meds on access day, waiting too long to see a therapist after assessment; and wanting a larger array of services in our Eufaula office.

The same statewide committee working on the adult paperwork will also be looking at children’s paperwork sometime in the future.

We are examining ways to expand services to children and families. We are currently limited in the number of schools we can adequately provide services, due to the limited number of licensed and licensed eligible staff.

This last year we also got exclusive permission to provide services for Hilldale Public Schools. The relationship has allowed a greater access to services for children and their families.

MEDICATION SERVICES

Review of our medication clinic services.

We discussed our staffing pattern and service delivery. Do we have the right amount of staff to provide the services we expect? We had discussion about moving the PRSS we currently have in med clinic to the front door and hiring a new PRSS that can work in medication clinic. The current PRSS has many years of experience and understands all parts of our organization. It would be difficult for a brand new staff person to know all that we want. We will pursue hiring at least one new PRSS.

How we are doing clinic in Eufaula?

We have clinic three times a month in Eufaula. We have limited space there and it is quite crowded when we are there, but we are confident that we are providing good quality and enough services at this time.

Who is providing pharmacological management to our clients?

We have contracted with Strength of Mind to provide psychiatric services for us since 2011. We receive excellent care from them. They have a multidisciplinary group who provides medication management to our clients. The negatives are that they only provide tele-health and don’t always attend required trainings in a timely manner.

The availability of Psychiatrists in Oklahoma is very limited. We know that as a state we are in need of more providers willing to provide psychiatric care, that is also the reason many agencies are looking at general practitioners to provide a full array of care.

Are we comfortable in the provision of telehealth?

This works fine for us and we have had no client complaints.

Are the medication error rates acceptable?

The DON provided us with medication error rates and we have had one in the last year. One of the nurses at the crisis unit accidentally threw away some medicine thinking the package was empty. No clients were involved nor suffered from this mistake.

Health Home Services

Continued education with staff and community for a greater understanding of services. There are many moving parts to integrated care and the idea of population management versus traditional client care is foreign to staff, clients and the community.

One of the barriers to effective service delivery is understanding the chronic care model. We are including both new health home supervisors to the statewide technical assistance opportunities in the hopes it will further understanding.

Another piece of service delivery that continues to be a barrier is the medical community “buying in” to the chronic care model. We have had a great amount of difficulty getting MOU’s from medical providers. Added to that frustration is the lack of time there is to actually meet with the doctors. We have solicited help from both the ODMHSAS as well as the OKHCA regarding MOU’s we need. We will continue to work to get MOU’s. Our goal is to have agreements with every medical clinic in Muskogee and McIntosh counties.

A positive of health home has been the increase in clients getting medical care. We have established a system where clients (both and out of our health home) receive baseline blood work and follow-up care.

Certainly, a HUGE influence that effects client outcomes is the medical consultation we are receiving and putting that knowledge to use in the care we provide.

The patient registry we have designed and continue to use enables us to have a snapshot of data readily available. Treating the “low hanging fruit” is critical to successful integrated service delivery.

Although we have been providing this service for a couple of years now, there are still areas we need to improve. Although, client satisfaction with services is relatively high we know, due to the complexities and chronicity of this model of care that we must continually monitor and analyze data.

Another area of potential concern is the ProAct registry the state is proposing we use. No one has started using it yet, but we know there will be problems with data migration from our registry to that system.

Summary

Strengths of our system is evident in the care we provide and the positive feedback we get from the people we are serving. Our staff is very dedicated to our mission and it is displayed in the services we provide as well as the support from all of our staff.

Potential reduction in paperwork and time spent doing administrative duties versus actual client care is a real possibility in the coming months.

We have clinical staff trained in a variety of treatment models and use them effectively. Our staff is as diverse as the people we serve.

Barriers include the need for licensed eligible and licensed staff. This is a statewide problem. We have limited space and no room for expansion in our Eufaula office.

Our current electronic record system has many obstacles as far as reports. It is difficult to extract data and effectively use it. We are looking at a variety of EMR's with the plan to move asap.