

PHF Governing Board Report

Psychiatric Health Facility Annual Update

January 2019



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Annual Report to Board of Supervisors

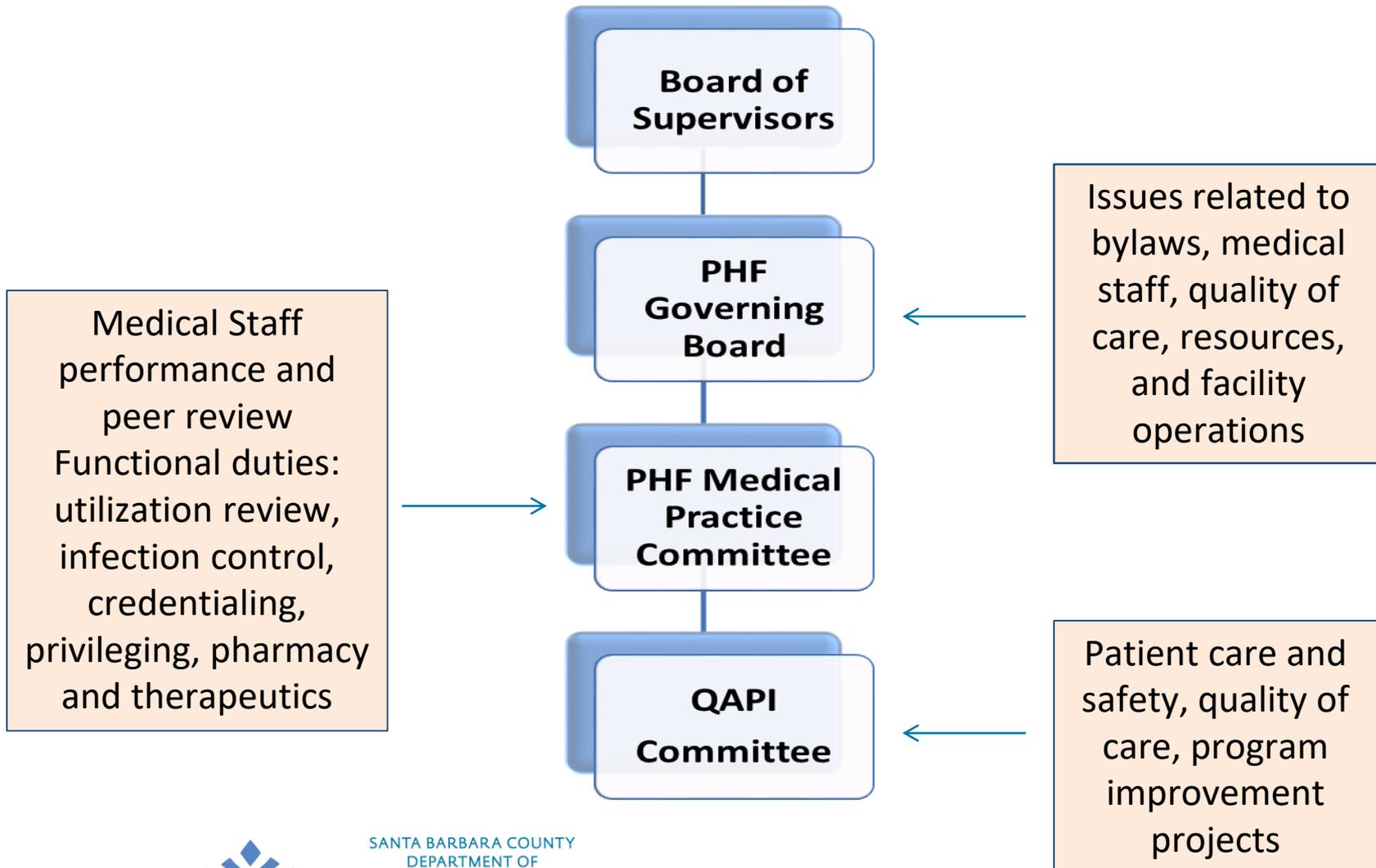
It is requested that the Board of Supervisors:

- ❑ Receive and file a report on the Psychiatric Health Facility (PHF), providing an annual update from the PHF Governing Board regarding operations of the PHF, including quality of care and other program activities; and

- ❑ Determine that the above actions are exempt from the California Environmental Quality Act (CEQA) pursuant to section 15378(b)(5) of the CEQA guidelines, as organizational or administrative activities of governments that will not result in direct or indirect physical changes in the environment.



PGB Governance Structure



PHF GOVERNING BOARD MEMBERS

Supervisor Steve Lavagnino,
Santa Barbara County Board of Supervisors, 5th District

Supervisor Janet Wolf (Alternate) - TBD

Vincent Wasilewski,
Chief Deputy of Custody Operations for the Sheriff's Department

Terri Maus-Nisich,
Assistant County Executive Officer, Health and Human Services

Van Do-Reynoso, Director of Public Health Department

Janette Pell, Director of General Services

Arlene Diaz, Public Guardian's Office Representative

Polly Baldwin, M.D., Public Health Medical Director



What is PHF?

- ❑ 16 bed acute psychiatric inpatient hospital serving severely mentally ill Santa Barbara County residents.
- ❑ Super PHF = a facility subject to regulation by both the federal Centers for Medicare and Medicaid Services (CMS) and the state Department of Health Care Services (DHCS)- One of two “Super-PHF’s” in California.
- ❑ 20-25% of PHF revenue is generated by Medicare
- ❑ 14% of individuals served have no funding source/non billable



2018 PHF Update

During 2018:

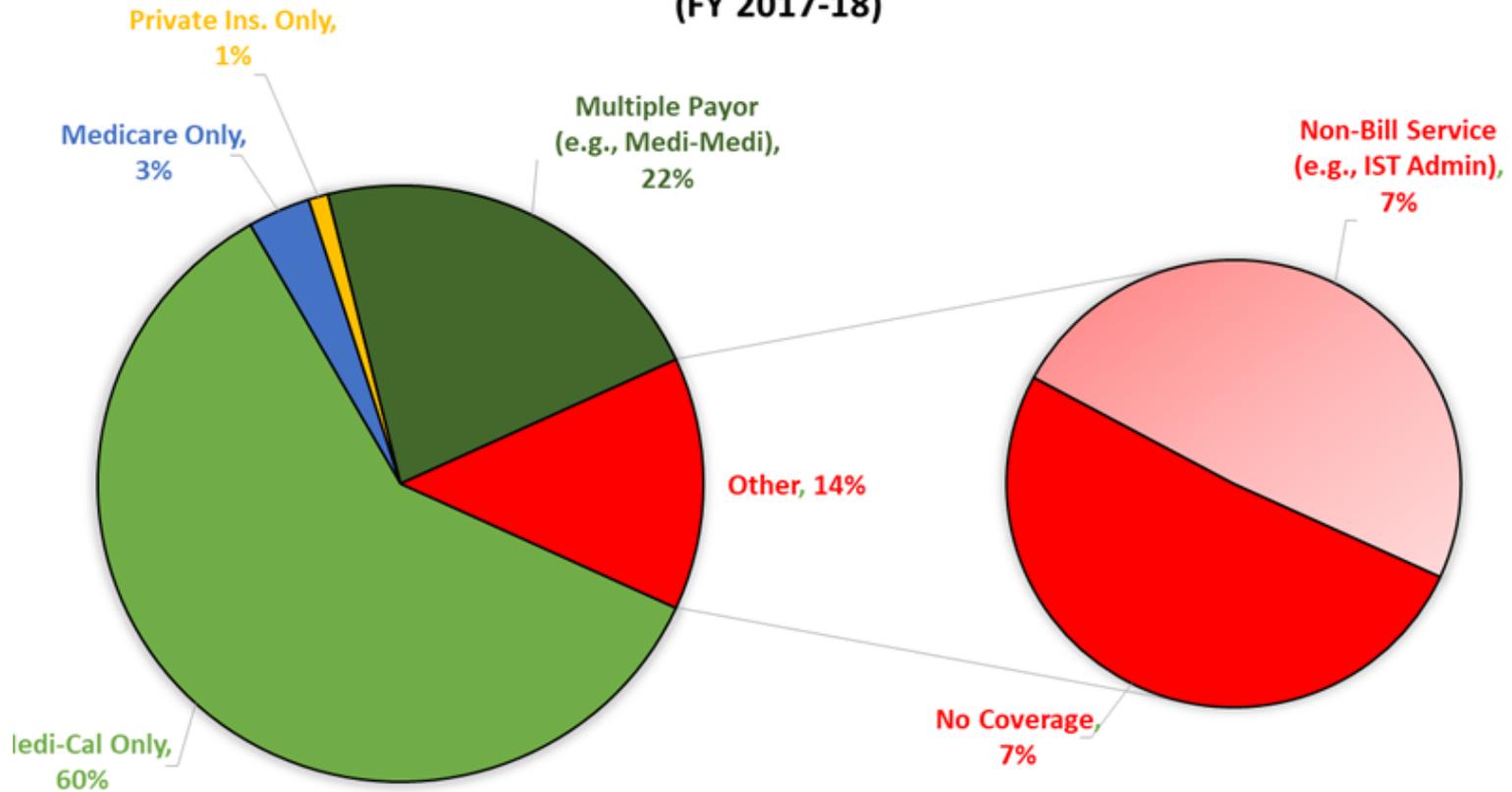
- ❑ 462 Hospitalizations (7/1/2017 to 6/30/2018)
- ❑ Opened an Inpatient Pharmacy (9/18/18)
- ❑ New PHF Manager and Infection Control Registered Nurse
- ❑ Adopted an Emergency Preparedness Plan (2/2018)



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

PHF Payor Mix: FY 2017-2018

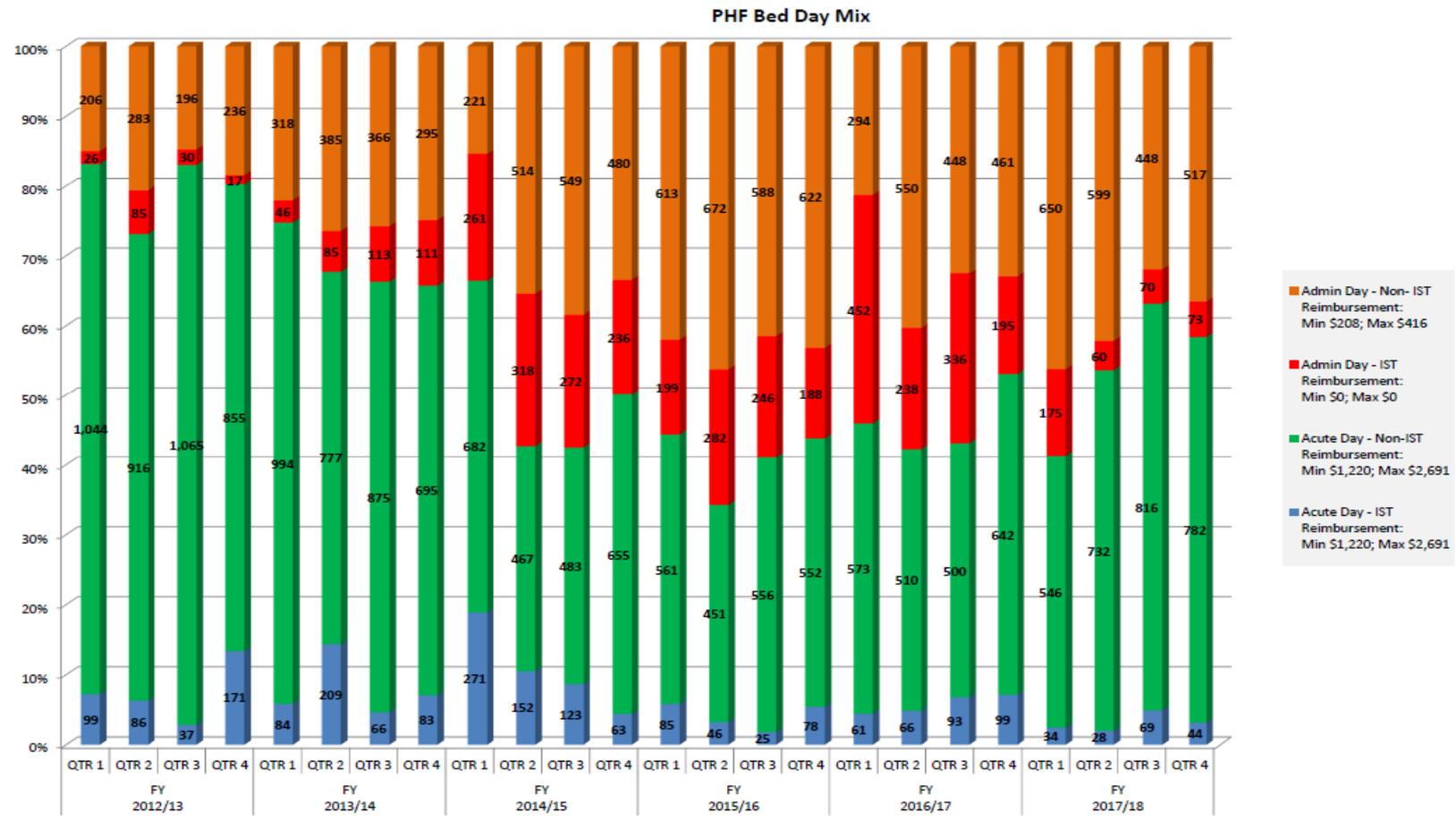
PHF PAYOR MIX
(FY 2017-18)



KEY

IST = Incompetent to Stand Trial

PHF Bed Day Mix: Acute v Administrative

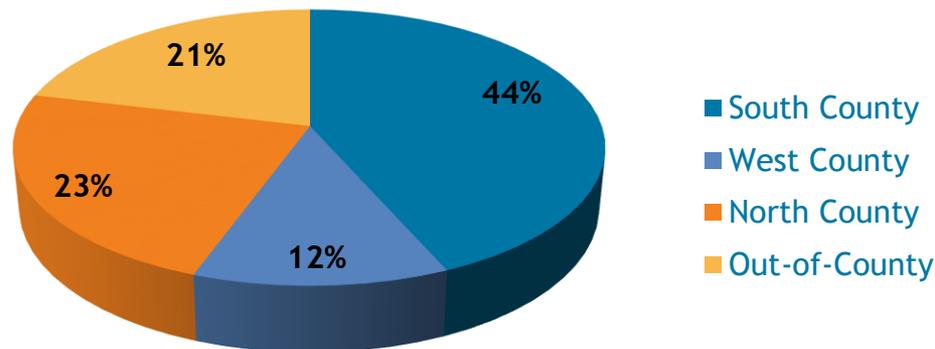


Inpatient Hospitalization Demographics

INPATIENT HOSPITALIZATION DEMOGRAPHICS FY 2017-2018

- ❑ The largest percentage (44%) of clients hospitalized lived in South County.
- ❑ Nearly all (97%) were adults aged 64 or younger

PHF Clients Hospitalized by Region of Residence, FY17/18



A Day at the PHF

- Daily Multidisciplinary Team Meeting
- Structured Meals and Snack Time
- Outside Recreational Time
- Community Meeting with Patients in morning and evening
- Multiple Holistic Group Activities including the following:



- Daily MD rounds
- Client centered treatment planning
- Pet therapy
- Nutrition education
- Exercise-equipment and groups
- Sobriety support/ Alcoholics Anonymous
- Anger management
- Music and Art therapy
- Stress management
- Medication education
- Legal issues/know your rights



Inpatient Pharmacy

- ❑ The PHF Inpatient Pharmacy was opened on September 18, 2018.
- ❑ The PHF Inpatient Pharmacy was opened to:
 - Increase compliance.
 - Reduce errors.
 - Improve patient safety.
- ❑ Medication dispensing machine (Pyxis): the nurse requests and then the system provides access to that medication as prescribed while all the other pill storage areas stay closed.
- ❑ This machine provides secure automated access to just one medication at a time and helps to reduce medication errors.
- ❑ Improved tracking for every medication with a bar-coding which is used each time medication is refilled into drawers.



What is a Pyxis?

Pyxis® MedStation® system



Pyxis Eases Traceability

- ❑ BioID: nurses use their fingerprint to access the Pyxis.
- ❑ All controlled substance access is printed out and reported to the pharmacy daily.
- ❑ Nurses do a count every time they access any medication (no need for end of shift count).
- ❑ Automatic prompt to re-count if any discrepancy is noted.
- ❑ Discrepancies investigated by Pharmacy ASAP.

CUBIE® drawer



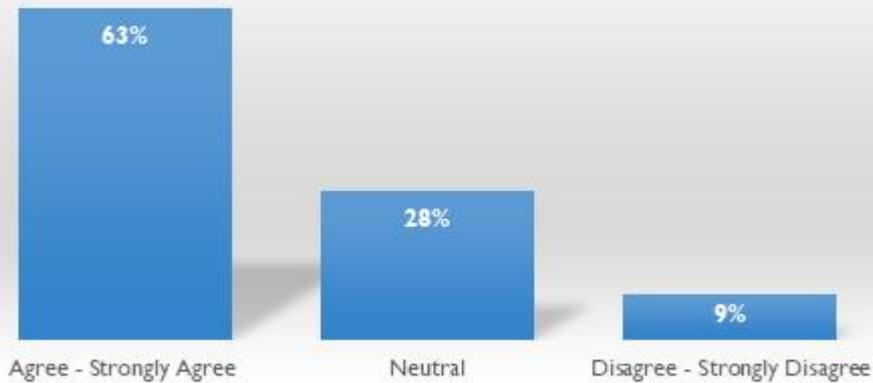
- Single Drug Access
- Controlled medications
- Non-Controlled medications with need for limited access
- Three sizes



Patient Survey Results

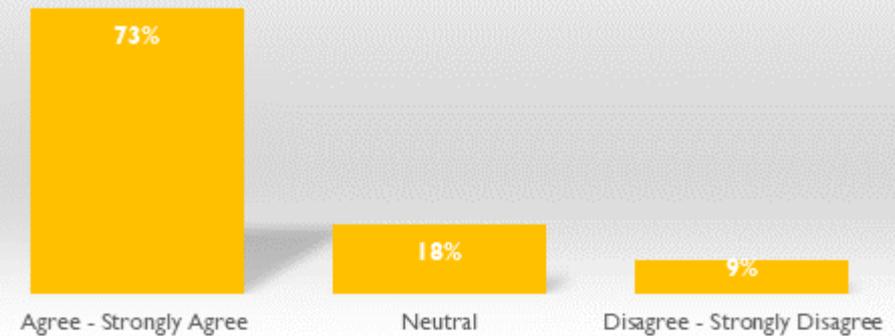
"I liked the services I received here"

PHF Patient Survey Q1 FY 18/19



"My symptoms are not bothering me as much as before"

PHF Patient Survey Q1 FY 18/19



Quality Assessment and Performance Improvement (QAPI) Primary Indicators

Focused attention on environment of care in the areas of:

- environmental services
- emergency preparations
- restraint/seclusion reduction

Current areas of improvement include:

- Increasing duration of hand washing to meet Center for Disease Control (CDC) guidelines. Corrective action includes providing training to staff and presenting monthly stats at team meetings.
- Increasing compliance in discharge summaries containing all required elements. Corrective action includes PHF leadership staff meeting with Traditions Behavioral Health (TBH) director to provide feedback and follow up with current contracted doctors to provide refresher training.



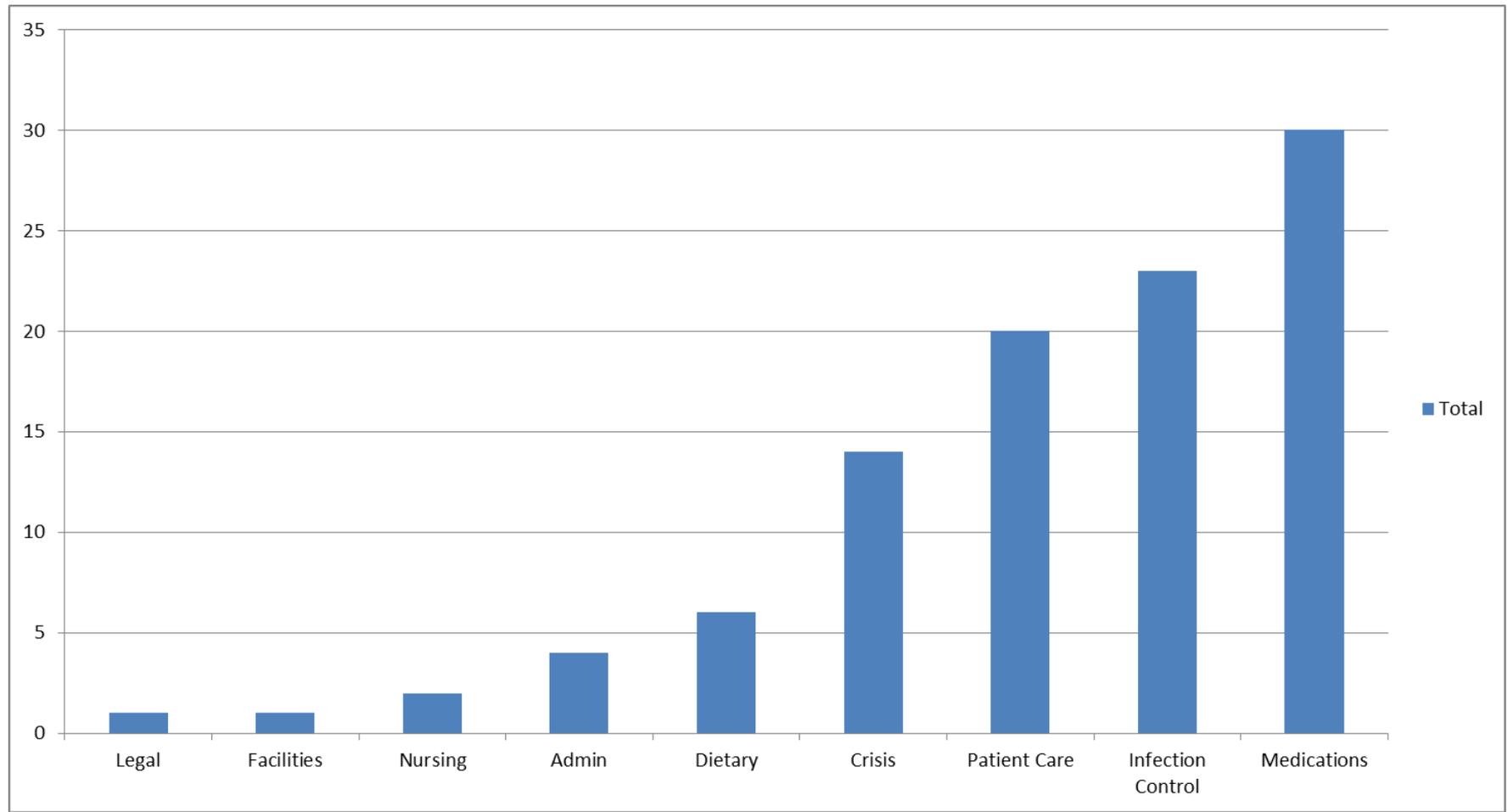
Since PGB's inception in September 2016 through December 2018 101 total policies have been reviewed by and approved by the PHF Governing Board.

This total includes revised forms of previous policies.



PGB Policy And Procedure Approvals: 2016-2018

Policies Approved by Category (Total: 101)



QAPI Indicator Report Example

Indicator	Measures	Description	Target	Sep-18			Previous Quarter
				On Target	Off Target	Data	July 2018-September 2018
Environmental Services	Correct staff reply when queried on disinfectant dwell times	# of correct responses from staff when queried on disinfectant dwell (wet/kill) times / # of queries (2 queries per week)	>95%	X		8/8; 100%	On Target
Environment of Care	Staff knowledge: Unsafe environment or hazard reporting	# of staff able to articulate how to report unsafe	>95%				On Target
	Role in internal/external disaster	# of employees correctly describing their role in the event of an internal/external disaster # of employees interviewed	>90%				On Target
	Articulation of fire plan components	# of staff articulating fire plan components correctly / # of staff queried	>90%				On Target
	Work order completion w/in 30 days	# of work orders completed within 30 days of creation / # of work orders created	95%				On Target



PHF Impact: Thomas Fire/Debris Flow

- ❑ Extraordinary Efforts by Staff
 - Two evacuation preparedness drills
 - Arriving by boat, bus, and train to staff the PHF
 - Kept the PHF open and the patients safe

- ❑ Contingency Plan in Place if Evacuation Was Needed

- ❑ Adopted an Emergency Preparedness Plan (2/2018)

- ❑ Entered into Memorandums of Understanding (MOUs) with both North and South bordering Counties for the provision of Emergency Mutual Aid for each county's Psychiatric Health Facility (PHF) or Acute Care Hospital Psychiatric Unit:
 - County of San Luis Obispo Health Agency Behavioral Health
 - County of Ventura Health Care Agency Behavioral Health



Ongoing Needs to Improve System of Care

- ❑ MHRC remains a capital priority.
- ❑ In-county long term care also remains a priority.

Least restrictive alternative mandate

- ❑ Placement required at lowest level of care to meet needs.
- ❑ The continuum still has gaps in and remaining needs for Adult Residential, Supported Housing, and Permanent Housing with on-site services provided.



Summary

- ❑ The PGB generally meets monthly. Regular agenda items include:
 - **Report on Quality Indicators** (e.g., Complaints and Grievances, Infection Prevention and Control, Patient Services, Care and Safety, Restraint/Seclusion, and Medication Use/Pharmacy Services)
 - **Budget Development**
 - **Policies and Procedures**
 - **Medical Staff Bylaws**

- ❑ In September 2018 the **PHF Inpatient Pharmacy** was opened; resulting in workflow efficiencies, increased compliance and reduced errors.

- ❑ Administering the **PHF Patient Satisfaction Survey** in-house has cost savings (\$13,000) and a higher response rate. In the first quarter of its implementation, the response rate was 44% (prior response rate was 12%).



RECOMMENDED ACTIONS

It is requested that the Board of Supervisors:

- ❑ Receive and file a report on the Psychiatric Health Facility (PHF), providing an annual update from the PHF Governing Board regarding operations of the PHF, including quality of care and other program activities; and

- ❑ Determine that the above actions are exempt from the California Environmental Quality Act (CEQA) pursuant to section 15378(b)(5) of the CEQA guidelines, as organizational or administrative activities of governments that will not result in direct or indirect physical changes in the environment.

