

PHF Governing Board Report

Psychiatric Health Facility Annual Update

March 2020



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.



What is the 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.
- ❑ 15-20% of PHF revenue is generated by Medicare
- ❑ 20% of individuals served have no funding source/non billable (up from 14% in FY 2017/2018 - Due to an increase of IST Admin Days)



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:

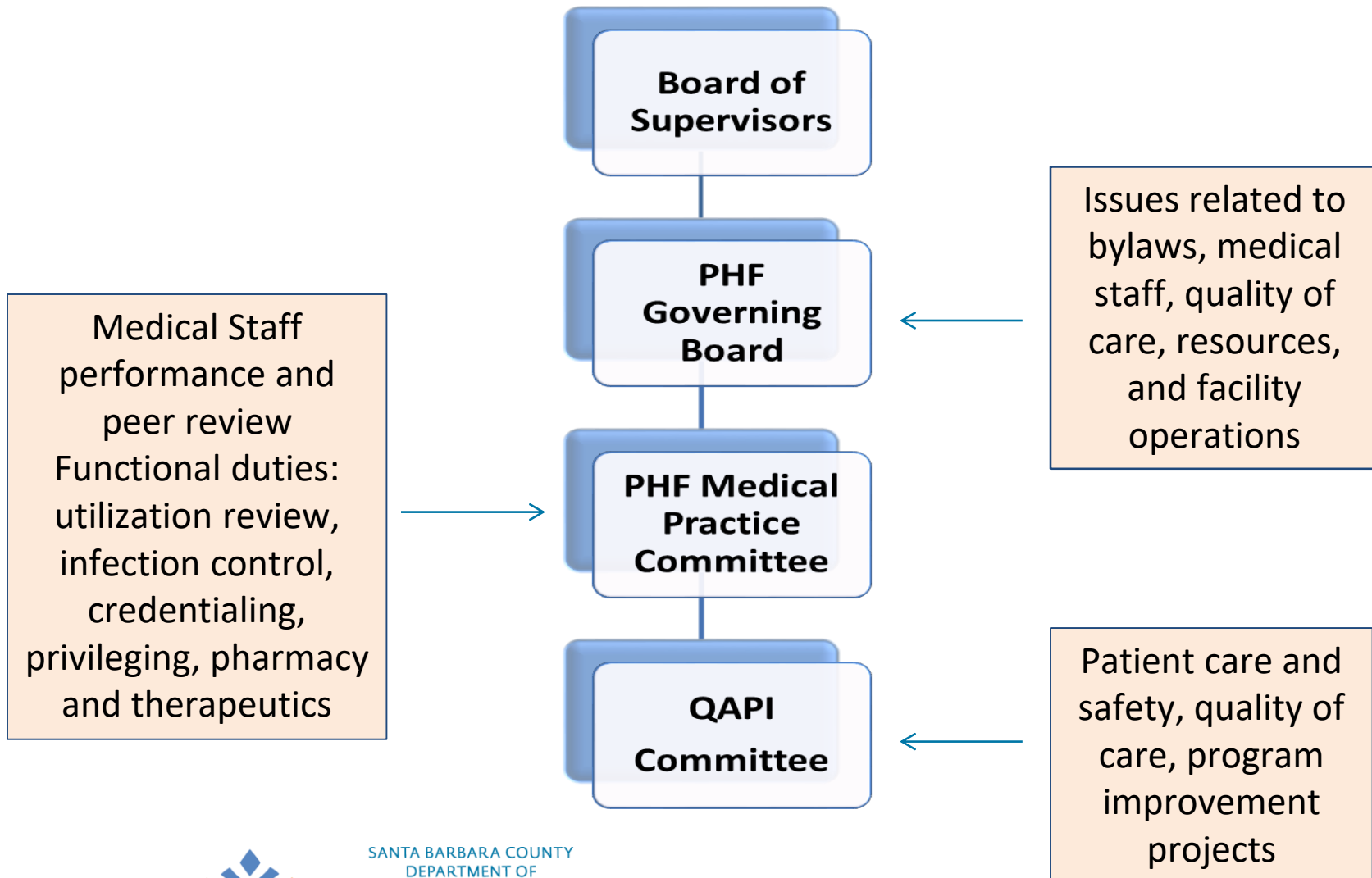


- Daily MD rounds
- Client centered treatment planning
- Pet therapy
- Nutrition education
- Exercise-equipment and groups
- Sobriety support/ Alcoholics Anonymous
- Anger management
- Music and Art therapy
- Stress management
- Medication education
- Legal issues/know your rights
- Patients' rights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



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PGB Governance Structure



PHF GOVERNING BOARD MEMBERS

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

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

Supervisor Das Williams, Santa Barbara County Board of Supervisors, *1st District*

Supervisor Gregg Hart, Santa Barbara County Board of Supervisors, 2nd District, *Alternate*

Van Do-Reynoso, Director of Public Health Department

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

Janette Pell, Director of General Services

Arlene Diaz, Manager, Public Administrator - Guardian



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**
 - **Medical Staff Credentialing and Privileging**



2019 PHF Update

During 2019:

- ❑ 422 Hospitalizations (7/1/2018 to 6/30/2019)
- ❑ Hired New Director of Social Services
- ❑ DHCS audit completed (biennial)
- ❑ CMS audit completed (triennial)
- ❑ Facility upgrades including installation of non-ligature doors in designated areas

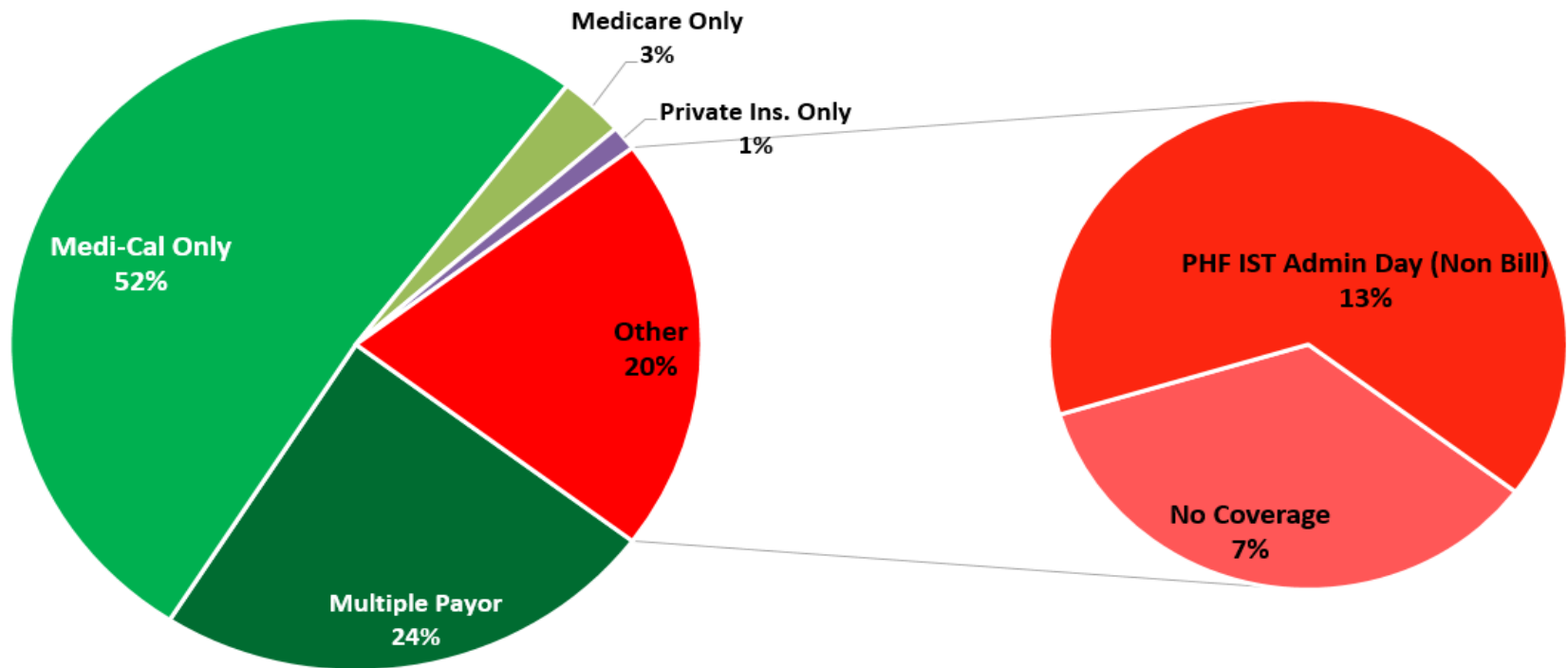


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PHF Payor Mix: FY 2018-2019

PHF PAYOR MIX FY 2018/19



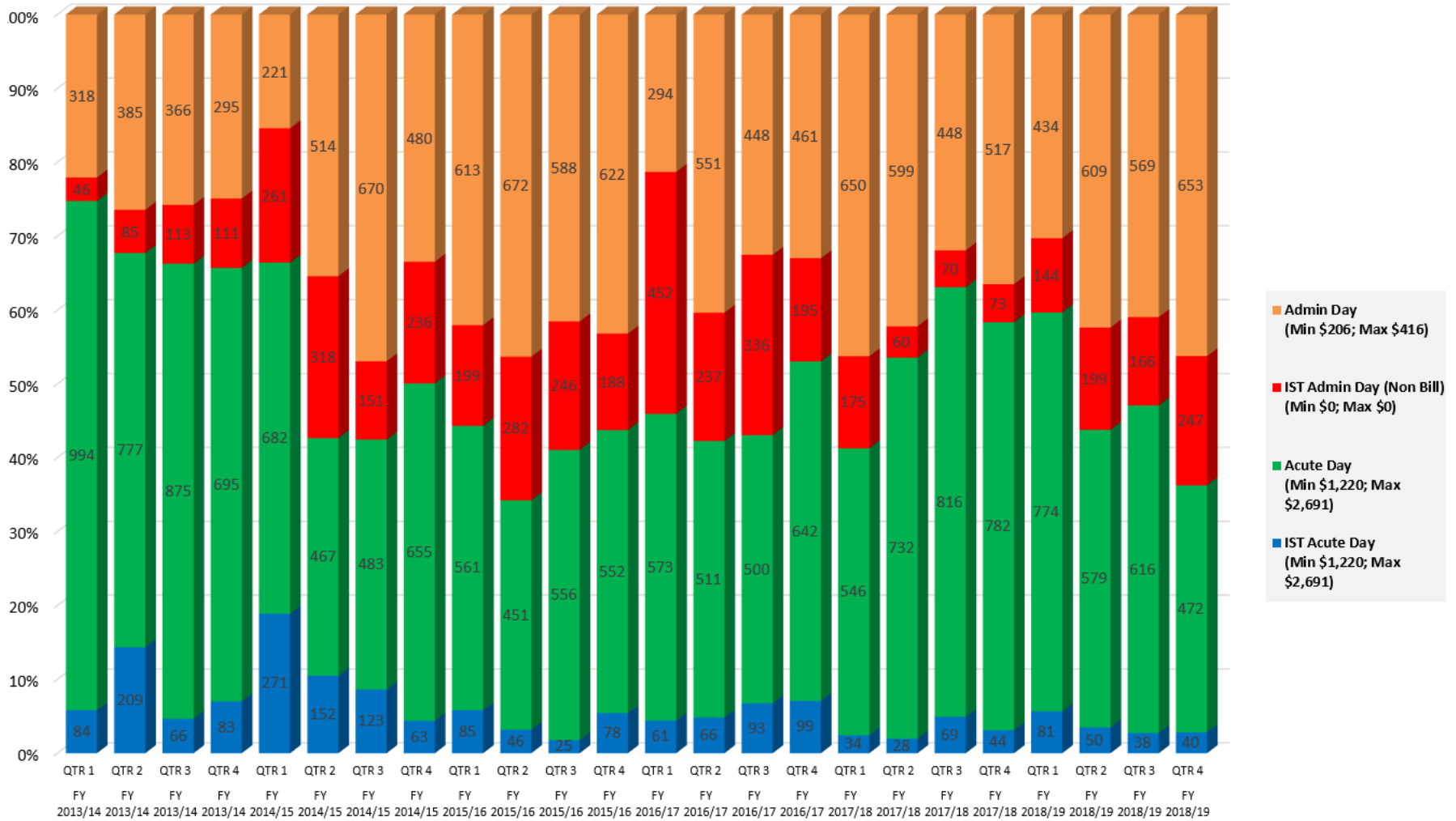
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KEY

IST = Incompetent to Stand Trial

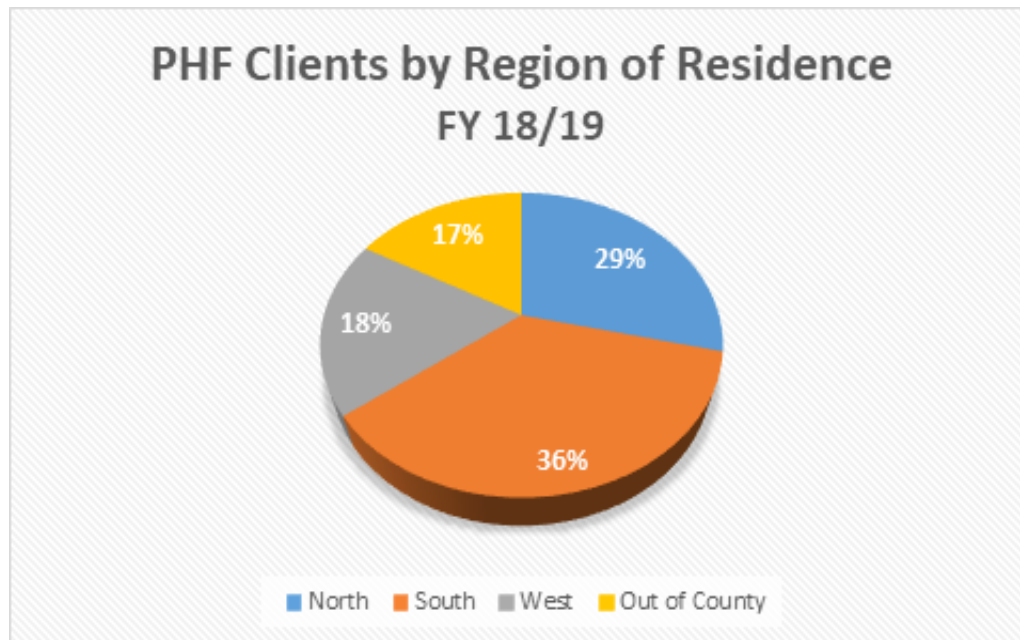
PHF Bed Day Mix: Acute v Administrative

PHF Bed Day Mix



Inpatient Hospitalization Demographics

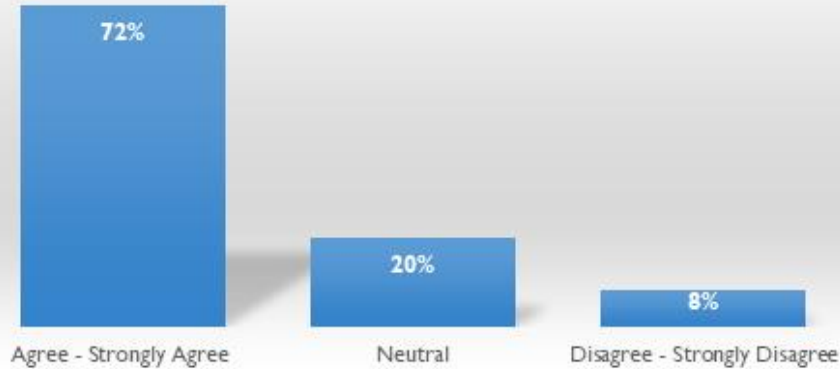
- ❑ *The largest percentage of PHF clients were aged 25-34. The average age was 42 (with a range of 19-85).*
- ❑ *Nearly half (44.5%) were 25-44 years old.*
- ❑ *The largest percentage (36%) of clients hospitalized lived in South County*



Positive Patient Survey Results

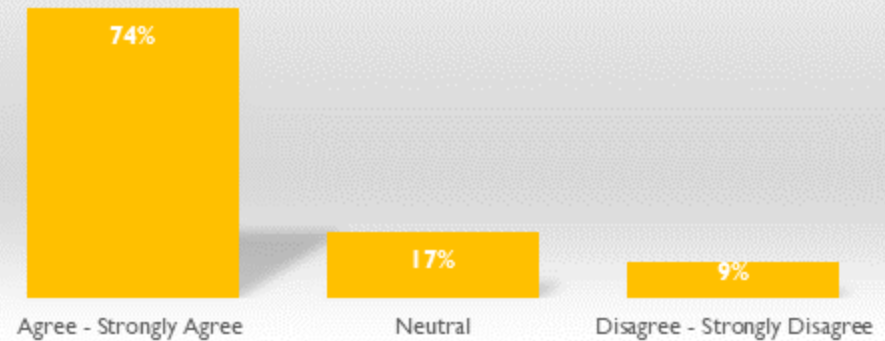
"I liked the services I received here"

PHF Patient Survey FY 18/19



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

PHF Patient Survey FY 18/19



Challenges that Contribute to Long Lengths of Stay

- ❑ PHF is currently the only locked in-county placement a judge can order a misdemeanant individual for restoration care if outpatient is not an option
- ❑ Limited beds statewide at higher levels of care with long waitlists for admissions including at State Hospitals
- ❑ A small number of individuals are admitted as Incompetent to Stand Trial (IST) and require lengthy stays to establish conservatorships leading to stays of 90 or more days (3 individuals accounted for 4% of all bed days in this category)



Length of Stay Analysis Preliminary Data

2018-2019			
Month	IST	Non-IST	Conserved
July	11.9	12.3	0
Aug	13	12.7	17
Sept	15.6	12.9	15
Oct	11.1	14.3	18
Nov	10	15	12
Dec	14.3	7.9	19
Jan	12.1	10.8	11
Feb	11.5	8.8	15
Mar	10	11	29
Apr	13	11	14
May	17	9	23
Jun	21	10	21
Average	13.4	11.3	16.2

2019-2020			
Month	IST	Non-IST	Conserved
July	15	10	15
Aug	10	8	19
Sept	15	12	31
Oct	2	9	18
Nov	19	9	16
Dec	13	5	35
Jan	23	10	25
Feb			
Mar			
Apr			
May			
Jun			
Average	13.9	9.0	22.7



Quality Assessment and Performance Improvement (QAPI) Quality Indicators

The PHFs QAPI Committee receives monthly reports on quality indicators related to health outcomes, patient safety, enhancing the efficiency/ quality of patient care and utilization review. Quality indicators measure the effectiveness and safety of facility services, and quality of care. The QAPI Committee oversees implementation of corrective actions improving performance and reports progress to the PHF Medical Practice Committee and the PHF Governing Board.

Focused attention on the environment of patient care and safety:

- Infection prevention and control
- Emergency preparations for internal/external disasters
- Patient's rights



QAPI Quality Indicators

- Maintaining and increasing compliance with staff hand hygiene compliance with Center for Disease Control (CDC) guidelines. Corrective actions include: duration timers placed in handwashing stations, implementation of ‘secret hand hygiene watchers’, installation of non-alcohol based hand sanitizer stations on the unit, staff training on hand hygiene practices, and report of monthly compliance statistics at team meetings.
- Increasing compliance in documentation of acute criteria for inpatient bed days. Corrective actions include: Quarterly QCM and PHF Leadership training meetings with Traditions Behavioral Health (TBH) providers, contracted providers and BeWell providers on medical necessity criteria documentation standards and individual training as needed for refresher training.



SAMPLE QAPI/PGB MONTHLY REPORT

QAPI/PGB REPORT OCTOBER 2019 (September 2019 Data)

Indicator	Measures	Description	Target	September			Previous Quarter
				On Target	Off Target	Data	July- September
Complaints and Grievances	Total grievances	# of patient grievances / Total Bed days per month	10%	X		0/459 0%	On Target
	Clinical care/skill-related grievances	# of grievances related to clinical care/skill / # of grievances	5%	X		0/0 0%	On Target
Infection Prevention and Control	Hand hygiene according to guidelines	# of observations when the care giver performed hand hygiene per CDC guidelines / # of	80%		X	19/25 76%	Off Target
	Cleaning/disinfecting product usage	# of cleaning products EPA approved for hospital use / All cleaning products (4 observations per month)	100%	X		4/4 100%	On Target
	Infection rates (athlete foot)	# of athlete foot infections / Total Bed days per month	0%	X		0/459 0%	On Target
Patient Services, Care and Safety	Patient injuries	# of patient injuries w or w/o treatment / Total Bed days per month	0%	X		0/459 0%	On Target
	Medical emergency transfers	# of patients transferred emergently to an acute hospital / Total bed days per month	2%				On Target
	Adverse outcomes	# of inpatient adverse outcomes / Total Bed days per month	2%	X		0%	On Target
	Readmissions within 30 days	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%				On Target



Treatment Plans were recognized as being exceptional in their multidisciplinary approach and high level of patient involvement. Facilities updates were received positively and mentioned several times by the surveyors during the review.

Audit based improvements resulted in:

- Creation of Peer Review Committee to review medical staff performance and provide technical assistance
- Hiring of a permanent PHF Director of Social Services and a Health Records Administrator
- Expanded 48 hour in-service education to include all PHF staff



Centers for Medicare and Medicaid 7/2019 Survey

Cleanliness of the unit was remarkably improved from 2016
Pharmacy excellence was highlighted throughout the survey
Audit based improvements resulted in:

- Installation of SafeHinge Primera en-suite doors to increase patient safety.
- PHF Leadership and Santa Barbara Sheriff collaborated to update MOU to maintain safety and protect Patient's Rights.
- PHF contracted a National Healthcare Consultant who provided training to all treatment plan staff across disciplines to ensure comprehensive, individualized, multidisciplinary goals and interventions are specific to patient needs.
- Improved the processes and procedures for all PHF Medical Staff selection, credentialing, privileging and performance reviews to engage PHF Governing Board oversight.



New Anti-Ligature Doors

SAFEHINGE PRIMERA^o

ANTI-LIGATURE EN-SUITE DOOR FOR MENTAL HEALTH

Commended as "lifesaving" by Design in Mental Health Network judges, our en-suite door seamlessly balances your safety, recovery and practicality needs – removing all known ligature points whilst providing privacy and dignity.

Here are some of its lifesaving details:

- Doors load-release at 8kg, but stay attached during day-to-day use
- Staff-only reset minimises ligature learning
- Enables partial observation

Product



Enhancing service user recovery

The leaves can be printed with images, brightening up bedrooms and enabling designers to create modern, recovery focused environments with vibrant, uplifting designs.

Improving safety

The soft, lightweight leaves reduce the risk of weaponisation, while the staff-only reset mechanism prevents ligature learning. And they're tear resistant and fire retardant.

Ensuring practicality

You told us that any en-suite door needed to be practical, so we designed the magnets to sit at the top and bottom of the leaves – providing a superior hold and reducing unwanted detachment.



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Established INPATIENT PHARMACY Leads to Improvements

Improvements also include increased monitoring of medication room and nursing practices and a 99% compliance rate with the established Formulary.

Reduced polypharmacy (the use of multiple psychotropic medications) upon discharge. Polypharmacy increases risk of adverse effects, drug interactions, and poor adherence.

- Rate of polypharmacy before the pharmacy opened: 7% on average
- Rate of polypharmacy after the pharmacy opened: <1% on average



Monitoring Automated Drug Machine (Pyxis) reports including controlled substances. Each of the elements are inspected by the Pharmacist, variances result in reporting, changes in practice and as needed training for staff.

Daily reports which track:

1. Medications needing to be refilled
2. Controlled substance activity
3. Medication returns/waste
4. All Discrepancies



Hard to Fill Positions

Job Bulletin Title	Vacancy	Date Opened	Date Closed	Web Hits	No. of Appl ications	No. of Applicants Rejected	No. of Applicants on Eligible List	No of Applicants Hired
Crisis Medical Dir-Assistant Department Ldr.	1	11/14/2018	12/23/2019	3638	9	5	4	1 Pending
Social Services Supv.	1	4/5/2019	12/31/2019	6437	56	50	6	1 Hired
Nutritionist	2	8/31/2016	9/12/2016	630	7	2	5	2 Hired
Pharmacist In Charge	1	6/16/2017	6/22/2017	247	8	1	7	1 Hired
Psychiatric Technician I	6	2/26/2019	12/23/2019	3989	60	38	22	2 Hired
Psychiatric Nurse I	13	2/19/2019	12/23/2019	3261	97	51	46	4 Hired
Psychiatric Nurse Senior	NEOGOV shows an exam plan established #19-6149-01; however the recruitment was not opened; went back through 2017; did not see any other recruitments for Psychiatric Nurse Senior.							

Employee of the Month
March 2020

Congratulations PHF Staff!

WHEREAS, the PHF staff offer care to those in our community with grace, kindness and dedication, in the face of adversity PHF staff have embodied the true spirit of county service demonstrating resilience and teamwork while providing patient centered care



Santa Barbara Psychiatric Health Facility Staff



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Additional System Updates

- ❑ Opened 10-bed crisis residential treatment facility in Santa Maria - Agnes
- ❑ CBO added 10 additional board and care beds in south county focused on the care of older adults
- ❑ County continues to pursue all opportunities to bring long term care beds in county
- ❑ Local Hospitals exploring creation of crisis stabilization units
- ❑ On March 10, 2020 the BOS authorized the Chair to execute a MOU with Crestwood Behavioral Health for the Champion Healing Center in Lompoc.
 - 32 new in-county MHRC beds for SBC, 80 total
 - November 2020 opening date



Ongoing Needs to Improve System of Care

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 Facilities, Supported Housing, and Permanent Housing with on-site services provided and Board and Care homes.



RECOMMENDED ACTIONS

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