

PHF Governing Board Report

# Psychiatric Health Facility Annual Update

October 2017



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

Per 2016 request of the BOS, the PHF Governing Board is required to annually report updates on

- Activities of the PHF Governing Board
- PHF Medical Staff Issues
- Quality of Care
- Program Activities and/or Concerns
- Facilities Operations and Improvements



# What is PHF?

- 16 bed acute psychiatric inpatient hospital serving severely mentally ill Santa Barbara County residents
- Licensed 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
- CMS conducts inspections once every 5 years, with 4-6 routine annual DHCS/CMS visits to assure adherence to conditions of participation
- Unannounced on-site reviews result in on-going preparedness and constant state of readiness
- 50/50 mix of North and South County patients
- 1/3 of PHF clients have either Medicare only (6%) or both Medicare and MediCal (24%) - totaling \$800k - 1 million.



# A day at the PHF

- Daily 8:00 am 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:



- Hygiene support
- Stress management
- Pet therapy
- Nutrition education
- Exercise-bike and elliptical machines available for patients
- Sobriety support/AA
- Anger management
- Music and Art therapy
- Connecting with nature
- Medication education
- Legal issues/know your rights
- Discharge planning



# Daily Staffing and Patient Acuity

- PHF staffing meets the full-time equivalent staff-to-patient ratio required by California regulations (22 CCR 77061 (h)(1)).
- In addition, PHF completes a daily calculation of staffing need based on inpatient census and acuity.
- Acuity is the measurement of the intensity of nursing care required for each patient's individual level of need. **When patients' level of care increase, so do staffing needs.**
- The patients' level of need determines the intensity of nursing needed:
  - 1 to 1 observation
  - Insulin dependent diabetes
  - Seizure disorder
  - Risk of suicide, aggression, elopement, victimization
  - Risk of falling
  - Line of sight observation
  - Medication non-compliance
  - Wound care
  - Assistance with nutrition/hydration/hygiene
- PHF acuity reports are completed twice daily (each 12 hour shift) to identify, justify and guide the assignment of nursing staff.
- Patients' needs can change at any time. Ongoing acuity re-assessment and staffing level management occurs 24 hours a day to provide the correct level of care for the safety and quality care of patients.



# Improved Governance Structure

- The governance structure has been changed to a better system which is relevant and effective
- PHF Governing Board formed

## **Membership includes:**

Assistant County Executive Officer of Health and Human Services

Director of General Services

Public Health Director

Chief Deputy of Custody Operations for the Sheriff's Department

One Supervisor from the Board of Supervisors (and alternate)

## **The PHF Governing Board is requesting two additional members:**

a representative from the Public Guardian's Office

a Public Health Medical Doctor.

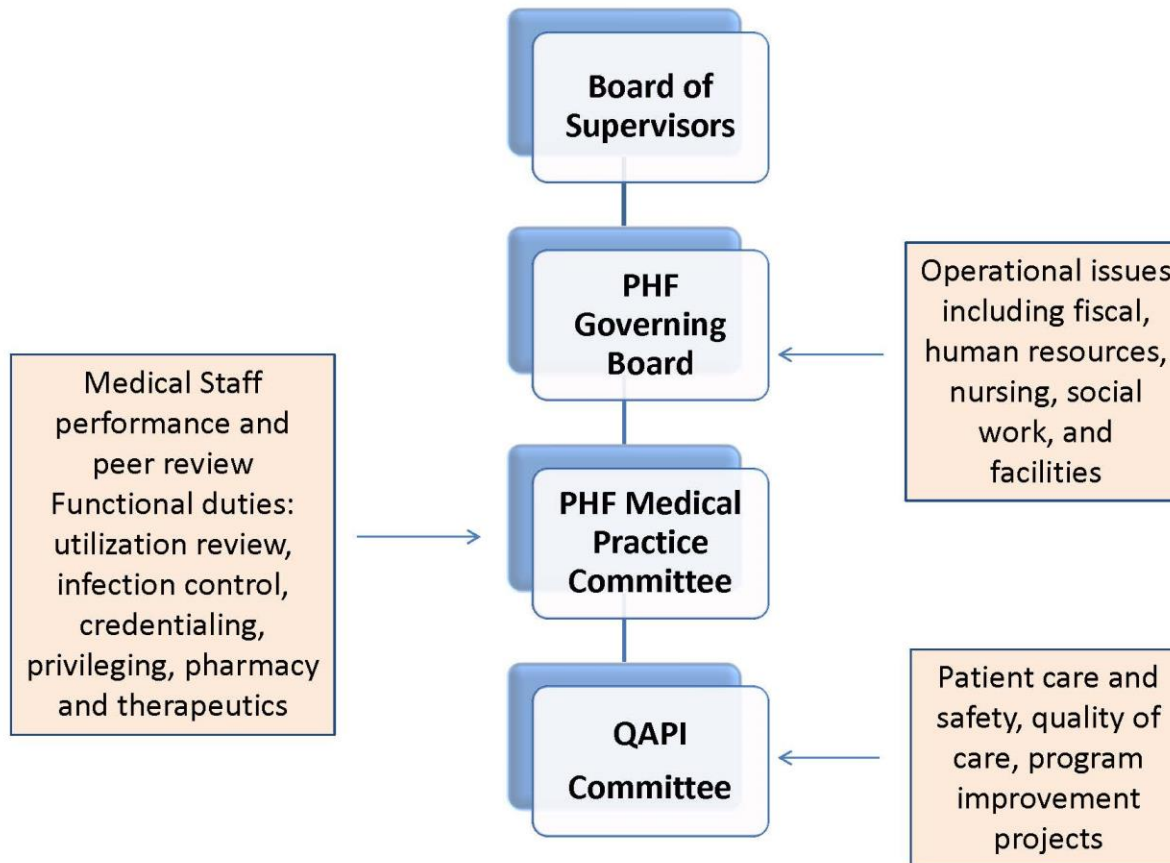
- The PHF Medical Practice Committee (MPC) has oversight to the functions of Infection Control, Pharmaceuticals and Therapeutics, Utilization Review and Credentials
- Significant increase in efficiency with this structure



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## PHF Governance Structure



# Additional Improvements

- **Expanded investment resources**

Fiscal, time, education, training, outside guidance

- **Expanded staffing resources**

Dedicated PHF Dietitian, Infection Control expert, PHF Manager, Director of Nursing, PHF QCM Coordinator

- **Changes made in data collection and analysis**

- **Formed a more robust Quality Assessment and Performance Improvement (QAPI) program and indicator tracking**

- **Amended or developed policies and procedures for addressing pharmacy services, infection control and dietary services**

- **Made immediate and ongoing facility plant enhancements**

- **New Governance structure**





# PHF Comfort Rooms - Example of Performance Improvement Project

- The comfort room offers a safe space for clients and includes therapeutic activities: art therapy, music therapy, quiet time, journaling, and weighted blankets.
- The comfort room allows for de-escalation, prevents crisis from occurring, promotes self recovery and has reduced the use of seclusion and restraint.
- Upon admission to the PHF, patients are presented with a comfort room card. This card describes the purpose of the room, when to use it, how to request use and what is available in the room.
- A performance improvement project (PIP) was conducted on the PHF comfort room to study and affirm the expected positive impacts on patient care.



## Many Policies Developed and Amended

- Infection Control 15
- Medication 13
- Dietary 7
- Nursing 5
- Safety and Crisis Response 5
- Patients' Rights 2
- Interdisciplinary Patient Care 2
- Administration and Management 2
- Hometown Pharmacy 24

*Total Policies developed or amended = 75*



# Physical plant changes

- New first aid kits purchased
- New ceiling tiles and lighting
- New patient bedroom furniture
- New dining room furniture
- New Recreation Room furniture
- New Tuff shed for patio storage
- New flooring throughout unit
- New anti-ligature faucets in patient restrooms
- New light fixtures in patient rooms
- New exercise equipment
- New anti-ligature door hardware in patient rooms and restrooms
- New paint throughout unit
- New toilet fixtures in patient restrooms



## How the PHF monitors practices and requirements

- The Quality Assessment and Performance Improvement (QAPI) committee, which operates through the QCM team, monitors the State and Federal regulatory requirements for a PHF. This includes:

Multiple indicators for measuring practice standards, outcomes and improvements (40 primary indicators and 16 secondary indicators)

- *Primary Indicators* are prioritized areas for focused improvement.
- The *Secondary Indicators* are areas that have consistently met targeted standards, and have been advanced to less frequent monitoring status.

Regular review of indicator measurement and outcome by the PHF Governing Board

Indicator list reflects consistent “on target” status in all areas



# QAPI Indicator Report Example

Indicator	Measures	Description	Target	Aug-17			Previous Quarter
				On Target	Off Target	Data	April 2017-June 2017
Complaints and Grievances	Total grievances	# of patient grievances / Total Bed days per month	10%	X		1/484; <1%	On Target
	Clinical care/skill-related grievances	# of grievances related to clinical care/skill / # of grievances	5%	X		0/1; 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 observations/opportunities (10 observations per month)	80%				On Target
	Cleaning/disinfecting product usage	# of cleaning products EPA approved for hospital use / All cleaning products (4 observations per month)	100%				On Target
	Infection rates (athlete foot)	# of athlete foot infections / Total Bed days per month	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		1/484; <1%	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		0/484; 0%	On Target
	Readmissions within 30 days	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%				On Target
	Mortality	# of inpatient deaths / Total Bed days per month	0%				On target
	Elopement	# of elopements / Total Bed days per month	0%				On target
	Suicide management	# of attempted suicides / # of inpatient admissions per month	0%				On Target
	Patient falls	# of inpatient falls reported during the month / Total Bed days per month	0.50%				On target
Social Work	Psychosocial Assessment	# of completed assessments / # of assessments audited				5/5	



# QAPI Corrective Action Summary Example

*Summary & actions taken to address any "Off Target" Indicators*				
Indicator	Measure off target	Description of issue(s)	Corrective Action Summary	Previous Corrective Action (if any)
EXAMPLE: Environment of Care	Work order completion w/in 30 days	One work order was over 30 days as completed within 35 days.	Facility staff to work with Contractor on timeliness of work orders and review continued use of Contractor if another work order not completed w/n 30 days.	



- The PGB has met 18 times since formation in September of 2016
- 75 PHF Policies and Procedures developed or amended in the last year
- All PHF measurement indicators reviewed regularly by the PGB and reflect as on target
- Immediate corrective action taken if any indicator is off target
- Many upgrades and improvements made to facilities and organization



# Thank you for supporting the work of PHF



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## 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 medical staff issues, quality of care, and other program activities;
- Adopt and authorize the Chair to execute a resolution amending membership of the PHF Governing Board to include a Public Guardian Representative and a Public Health Doctor, superseding Resolution 16-223 adopted and authorized by the Board of Supervisors on September 20, 2016; 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.

