



Hospital System of Care Initiative

December 2011



Department of
Mental Health

Ohio Department of Mental Health
Hospital System of Care

Introduction

One of the major priorities for the Ohio Department Mental Health Hospital Service Division is to acknowledge and promote improvements in the quality, consistency and efficiency of the clinical care within the Regional Psychiatric Hospital (RPH) system. As Deputy Director for Hospital Services, I engaged the hospital CEOs in adopting a statewide Hospital System of Care initiative. Our initial goal was to identify a work plan that addresses the pressing management and leadership processes necessary to have in place as all of the six RPHs become incorporated into a recognizable System of Care.

This work began during the spring of 2011, among Hospital Services staff, Regional Psychiatric Hospital CEOs and CCOs, and members of the ODMH Medical Director's Office. After achieving consensus on moving this initiative forward, more than 60 hospital personnel representing all six Regional Psychiatric Hospitals gathered over a period of three months during the summer of 2011 to operationalize the System of Care. The Work Teams created through this process continue to meet and report out to Hospital Leadership on a monthly basis.

This initiative identified major clinical and administrative priorities for the provision of patient care, with an emphasis on reducing variation and improving access, safety, quality and efficiency for the system as a whole. Through the Hospital System of Care initiative, we have also created a strategic plan, focusing on a shared set of goals, objectives and strategies moving forward.

The following report describes the Work Plan and the System of Care Strategic Plan produced by the members of the RPH leadership team. These system leaders developed a process that drives improvements within our hospitals to better serve our consumers and the citizens of Ohio.

I would like to thank ODMH Director Tracy Plouck, Hospital Services Assistant Deputy Director Karl Donenwirth, Acting ODMH Medical Director Max McGee, M.D., and each of the Hospital CEOs -- Liz Banks, Dave Colletti, Jane Krason, Mychail Scheramic, Jeff Sims and Karen Woods-Nyce -- for their leadership, support and guidance during the development of our Hospital System of Care.

*Robert Short, Deputy Director Hospital Services
Ohio Department of Mental Health*

Work Plan

Accomplishments:

The following represents the work related to the development of the System of Care:

- 1) A Hospital System of Care statement of Mission, Vision and Values was accepted.
- 2) Seven Priority-Focused Areas were adopted for the System of Care; however, Access, Safety and Quality were identified as the top three primary priorities.
- 3) ODMH Hospital Leadership agreed to this principal assumption regarding variation that occurs in the Hospital System of Care: If the variation results in higher risk and less efficient operations, the variation should be addressed by that organization or the system as a whole.
- 4) Work teams were identified to address the primary Priority Focused Areas (PFA) of Safety, Access and Quality. PFAs were broken down as follows:
 - a. Safety - Suicide Risk, Clinical Patient Engagement (Crisis Management), Medication Management;
 - b. Access - Utilization Management, Bed Management, Clinical Practice; and
 - c. Quality - Survey Readiness, Standards of Care (Best Practices), Critical Thinking.
- 5) Five Work Teams were assigned specific responsibilities to identify the “As Is” for each of the PFAs and create “Desired States” and work plans for each area.
- 6) Each team identified deliverables for their PFA. They also developed work plans and Strategic Planning initiatives that would include Goals, Objectives and Strategies.
- 7) In December 2011, the first draft of the 2012 -2014 Hospital System of Care Strategic Plan was shared with Hospital Leadership. Specific strategies and target dates for tasks associated with each PFA were also developed.

Next Steps

- 1) Develop a standard and efficient data collection system that recognizes excellence and areas of improvement with regards to the Priority Focused Areas and the Performance Expectation of our Hospital System Strategic Plan.
- 2) Develop performance-specific training initiatives related to the Strategic Plan as it progresses toward the system achieving the overall Mission of the Hospital System of Care.
- 3) Develop internal and external communication processes for the Hospital System of Care that shares information regarding overall performance of the hospitals and major Strategic Planning achievements.
- 4) Develop and support hospital work cultures that emphasize critical thinking, utilization of work teams, and personal responsibility of employees with clear performance expectation for individual staff members.
- 5) Develop a fiscally responsive Hospital System of Care that maintains and supports the clinical and business functions of the Hospitals.



Mission Statement

The mission of the Ohio Department of Mental Health's (ODMH) Hospital System of Care is to provide recovery-based, safe, high quality, cost-effective and accessible inpatient mental health services to persons with severe mental illness in partnership with our patients, their families and other community providers.

Vision

The ODMH's Hospital System of Care will be recognized as a leader in the provision of behavioral healthcare and the promotion of comprehensive recovery based services. We will deliver culturally competent care with dignity and respect to our patients and their families. Our hospitals will be viewed as responsive to our customers' needs, will be seen as active partners in the delivery of care with our patients, families and community customers, and will hold quality, safety, access and patient health/wellness as our highest priorities.

Values

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| Respect | We are committed to providing recovery based culturally competent treatment with courtesy, respect and dignity. |
| Quality | We are committed to excellence and working collectively to assure all patients are provided superior integrated healthcare. |
| Safety | We are committed to safe treatment environments and working collectively to minimize safety risks to our patients, families, visitors and staff. |
| Integrity | We are committed to ethical and honest behavior, and accept responsibility for our own actions. |
| Teamwork | We are committed to collaborating with patients, families, community providers and academic institutions to continually seek creative opportunities for improvement and to provide accessible care. |
| Efficiency | We are committed to the implementation of processes to assure the provision of efficient clinical treatment so that individuals have access to care and that it is provided in the least restrictive environment expeditiously. |

Priority Focused Areas

Safety (Risk Reduction)

- Implement System Wide Risk Free/Safe Treatment Environments
- Emphasize Patient Safety - NPSG/Coercion Free/Medication Management
- Promote Staff Safety - Injury Free Workplace

Access (Bed Management)

- Implement System Wide Utilization Management Practices
- Emphasize Successful Acute/Intake and Forensic Movement Processes
- Promote Front Door and Back Door Efficient Processes

Quality (Standards of Care)

- Implement System Wide Critical Thinking Processes
- Emphasis on Joint Commission/CMS - Readiness
- Promote Continual Improvement Processes
- Promote the Provision of Quality Clinical Care

Integrated Healthcare -Patient Health/Wellness (Clinical Initiative)

- Implement System Wide Initiative Focused on Chronic Disease Management
- Emphasize Physical and Behavioral Healthcare Interaction
- Promote Healthy Behaviors Including Nutrition, Physical Activity and Elimination of Smoking

Recovery (Model of Care Environments)

- Implement System Wide Person Centered Treatment Philosophy
- Emphasize Patient Voice, Hope, Dignity and Respect
- Promote Culturally Competent and Trauma Informed Care Environments

Cost-effective (Resource Management)

- Implement System Wide Efficiencies While Maintaining Clinical Quality
- Emphasize Efficient Clinical and Support Processes
- Minimize Administrative and Clinical Support Costs

Partnerships (Stakeholder Relationships)

- Implement System Wide Stakeholder Collaboration and Communication
- Emphasize Clinical Best Practices for Community and Hospital Systems
- Promote Information Sharing including Clinical Indicators with all Stakeholders
- Emphasize Educational Collaboration with Colleges/Universities as training sites for future healthcare providers and system partners.

Three-Year Strategic Plan 2012 – 2014

Realizing the System of Care Vision:

“Our Hospital system will be viewed as responsive to our customers’ needs, will be seen as active partners in the delivery of care with our patients, families and community customers, and will hold quality, safety, access and patient health/wellness as our highest priorities.”

Improve Inpatient Access to Our Hospitals

Goal: Create more access and capacity to ODMH Regional Psychiatric Hospitals (RPHs) while maintaining patient and community safety, through the implementation of enhanced clinical practice processes and utilization management.

Objective: Through the development and implementation of effective and efficient clinical and administrative management processes for patient movement, the RPHs will realize:

- A. Reduced average lengths of stay for newly admitted patients,
- B. Decreased readmission rates for discharged patients, and
- C. An overall reduction in the long term civil and forensic inpatient populations.

Improve the Quality of Care in Our Hospitals

Goal: Create a comprehensive and consistent approach to improving the quality of services provided in the RPHs.

Objectives: Through the development and implementation of effective and efficient clinical and administrative management processes for improving the quality of services the RPHs will realize:

- A. Reduced variation in the implementation of new clinical policies/protocols and guidelines through the establishment of structures and mechanisms that coordinate the adoption of system wide clinical best practices,
- B. Reduced variation in system wide performance improvement processes through the adoption of a culture that promotes and supports critical thinking and a standardized Performance Improvement model in our hospitals, and
- C. Increased sharing and learning related to Survey Standard Readiness, Findings and Responsiveness through the implementation of transparent communication processes.

Improve Patient Safety in Our Hospitals

Goal: Improve RPHs' ability to manage the patient safety risks associated with the high-risk areas of Suicide Prevention, Clinical Patient Engagement and Medication Management.

Objectives: Through the development and implementation of effective and efficient clinical and administrative management processes for patient safety the RPHs will realize:

- A. Reduced occurrences of suicide/self-harm events through the implementation of enhanced and improved clinical practices,
- B. Reduced occurrences of suicide/self-harm events through the implementation of enhanced and improved structural facility modifications in the built environments,
- C. Fewer episodes of restraint/seclusion and patient and staff injuries associated with clinical patient engagement through the implementation and promotion of an organizational culture that embodies a respectful, safe and recovery focused environment, and
- D. Assure safety and cost-effectiveness in medication management by reducing fragmentation and inefficient non-automated processes in areas of medication procurement, prescribing, verification, administration and monitoring through implementation of an integrated, effective and efficient clinical and administrative management processes.

Work Team Members

Access (Bed Management) Team Members

Karen Woods-Nyce - Lead	Tricia Anthony
Liz Banks - Lead	Bob Baker
Dr. Freeland	Carroll Hernandez
Dr. Peirson	Pat Wamsley
Dr. Momen	Laura Brooks
Jennifer Schwirian	Veronica Lofton
Lori Brown	Christopher Harvey
Nancy Swagart	Tammy Ristau
Linda Ellis	

Quality (Standards of Care) Team Members

Dave Colletti - Lead	Beth Powers
Karl Donenwirth –Lead	Dr. Smith
Jeff Sims – Lead	Jim Bartell
Dr. Ostrowski	Joe Gigliotti
Dr. McGee	Michael Schroeder
Dr. Thomson	Michael Nabors
Cari Spoon	Barb Valerius

Safety (Risk Reduction) Team Members

Suicide Risk

Jane Krason - Lead
Joy Stankowski - Lead
David Blahnik - Lead
Kelly Markins
Gary Sitton
Jim Skolmowski
Andrea Bucci
Doug Kern
Jeff Amend
Norine Wasielewski

Medication Management

Mark Hurst – Lead
Alan Pires - Lead
Mike Breakwell
Dianne McAlister
Martie Meeker
Mike Rynearson
Kurt Conkey
Neal Dunseith
Ian Halliday
Latoya Bostic
Lori Brown

Crisis Intervention (Positive Patient Engagement)

Mychail Scheramic - Lead
Kathy Anthony
Thomas Osinowo
Mary Brady
Jimmy Johnson
Allen Chambers
Brian Henry
Melinda Diaz
Mike Lacy
Mike Emerick
Dick Sexton
Frank Beel



Ohio Department of Mental Health Hospital Services