Institute for Behavioral Healthcare Improvement

Improving the Performance Curve in Behavioral Healthcare

Quality Improvement in Behavioral Health: Using Collaboratives and Improving Behavioral Health Care in Emergency Rooms

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About IBHI: IBHI is a charitable organization formed in 2006 dedicated exclusively to improving the quality and outcome of mental and substance use (behavioral) health care.

Our **AIM:**

C**reate a national learning organization and movement to invite organizations out of their silos. Bring people together to translate a passion for quality improvement into sustained action that dramatically improves behavioral health care outcomes.**

To learn more about translating a passion for quality Improvement check out our web page **www.ibhci.org**

IBHI is a national organization: Home Office – Albany New York

About PEOPLe Inc.

- A Peer operated organization that has developed an alternative for people in two counties on how to deal with crises differently
- Hospital ED Peer Advocates
- Hospital Diversion House
- Peer Companion Services
- Warm Line Services

PEOPLe, Inc

- ED Advocacy:
  - Engage with person in a friendly manner
  - Increase level of comfort & Safety
  - Provide ongoing information throughout screening process
  - Provide Peer Support
  - Nudge ED staff to promote efficiency

PEOPLe, Inc.
What We Do

- Listen
- Ask about basic needs (food, toilet, drink, personal needs)
- Inquire with hospital staff about status
- Push for quicker engagement
- Find answers to family or persons questions
- Provide peer support

PEOPLe, Inc.
Hospital Diversion House

- Crisis Response/Diversion
- Rose House
  - Self- referral
  - Guests stay 1 – 5 days
  - A place to breathe and heal
  - Comfortable and inviting

Hospital Diversion
Rose House

- 24 hour Peer Support
- Professional music instruments/art equipment/Play Station
- Self-help books, tapes, DVD's
- Exercise room

Hospital Diversion House Program

- Wellness Recovery Action Plan Education
- Advance Directive Education
- Recovery/Wellness Education
- Double Trouble in Recovery meetings
- Cook your own meals
- Respect the House Rules
- Learn how to break the cycle of Home to Crisis to Hospital

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Changing the System Not the People

"Every System is perfectly designed to achieve the results it gets. If you want better results you have to change to a better system."

Donald Berwick, MD Institute for Healthcare Improvement

"The Difference between the care we have and the care we should and could have is not a gap but a chasm. Working harder will not fix it. Changing the system of care will."

IOM Report Crossing the Quality Chasm

Improving Results not Practices

- IBHI is about improving results
- Most quality measures are about compliance not results
- The Bell Curve by Atul Gawande- http://www.newyorker.com/archive/2004/12/06/041206fa_fact
- The best way to improve results is to focus on results not practices
- One key method is the Breakthrough Collaborative

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Breakthrough Series Collaboratives (6 to 13 months time frame)

Select Topic (develop mission)

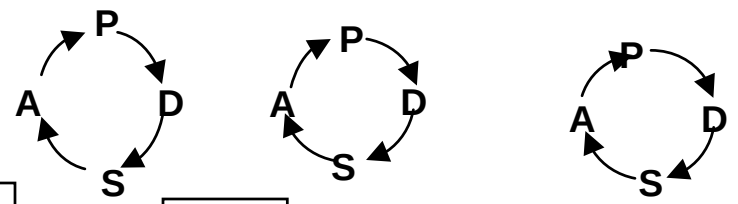
Expert Meeting

Develop Framework & Changes

Planning Group

Participants (10-100 teams)

Prework



LS 1 → **LS 2** → **LS 3**

Supports

Email | Visits

Phone | Assessments

Monthly Team Reports

Congress, Guides, Publications etc.

LS = Learning Session

Key Elements of Breakthrough Improvement

- ***Will*** to do what it takes to change to a new system
- ***Ideas*** on which to base the design of the new system
- ***Execution*** of the ideas

Essential Ingredients

- Clear, firm support from senior management
- A team ready to be innovators and dedicate their time
- A willingness to share data and the improvement process with other organizations in the Collaborative
- Resources sufficient to allow the team to function and to put changes into practice

Three Fundamental Questions for Improvement

- **What are we trying to accomplish?**
- **How will we know that a change is an improvement?**
- **What changes can we make that will result in improvement?**

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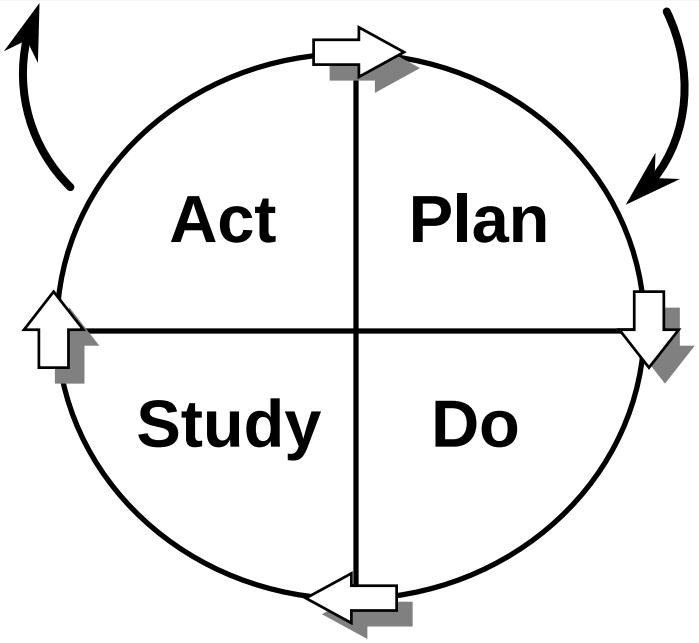
Model for Improvement

What are we trying accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



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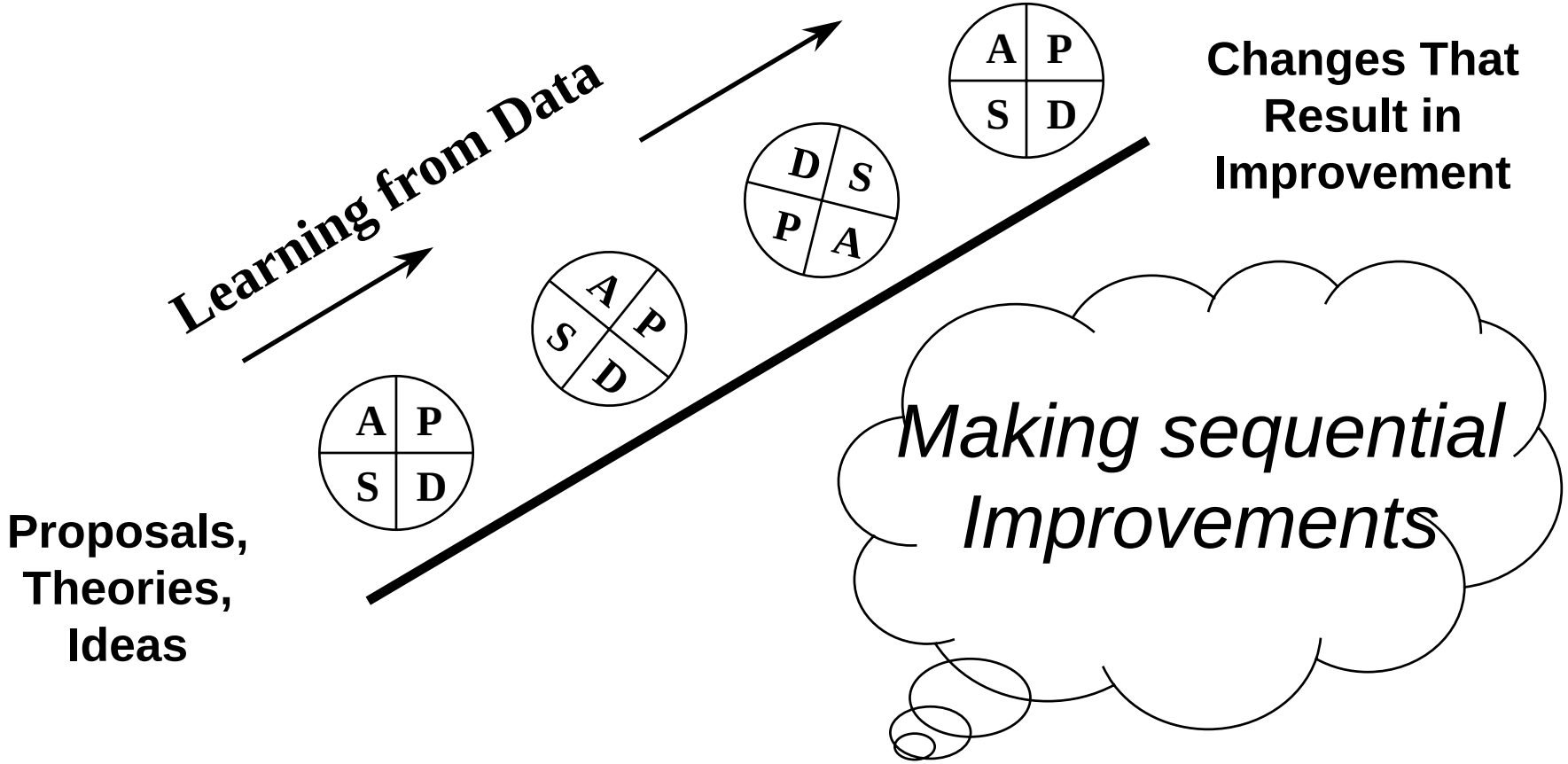
Repeated Use of the PDSA Cycle



Establishing the Team's Aim

- Involve senior leaders
  - Align aim with strategic goals of the organization
- Focus on issues that are important to your organization
  - Choose appropriate goals

Establishing the Team's Aim, Cont.

- Write a clear statement of aim with numerical goals
  - Make the target for improvement unambiguous
- Guidance
  - Include anything to keep the team focused (location, strategies, patient populations, office systems, spread plans, etc.)

How Do We Know That a Change is an Improvement?

Collaboratives are about changing your organization's approach to improving the health of patients

They are <u>not</u> about measurement.

However ……

Some Measurement Assumptions

- The purpose of measurement is for *learning* not judgment
- All measures have limitations, **but** the limitations do not negate their value
- Measures are one voice of the system. Hearing the voice gives us information on how to act within the system
- Measures tell a story; goals give a reference point

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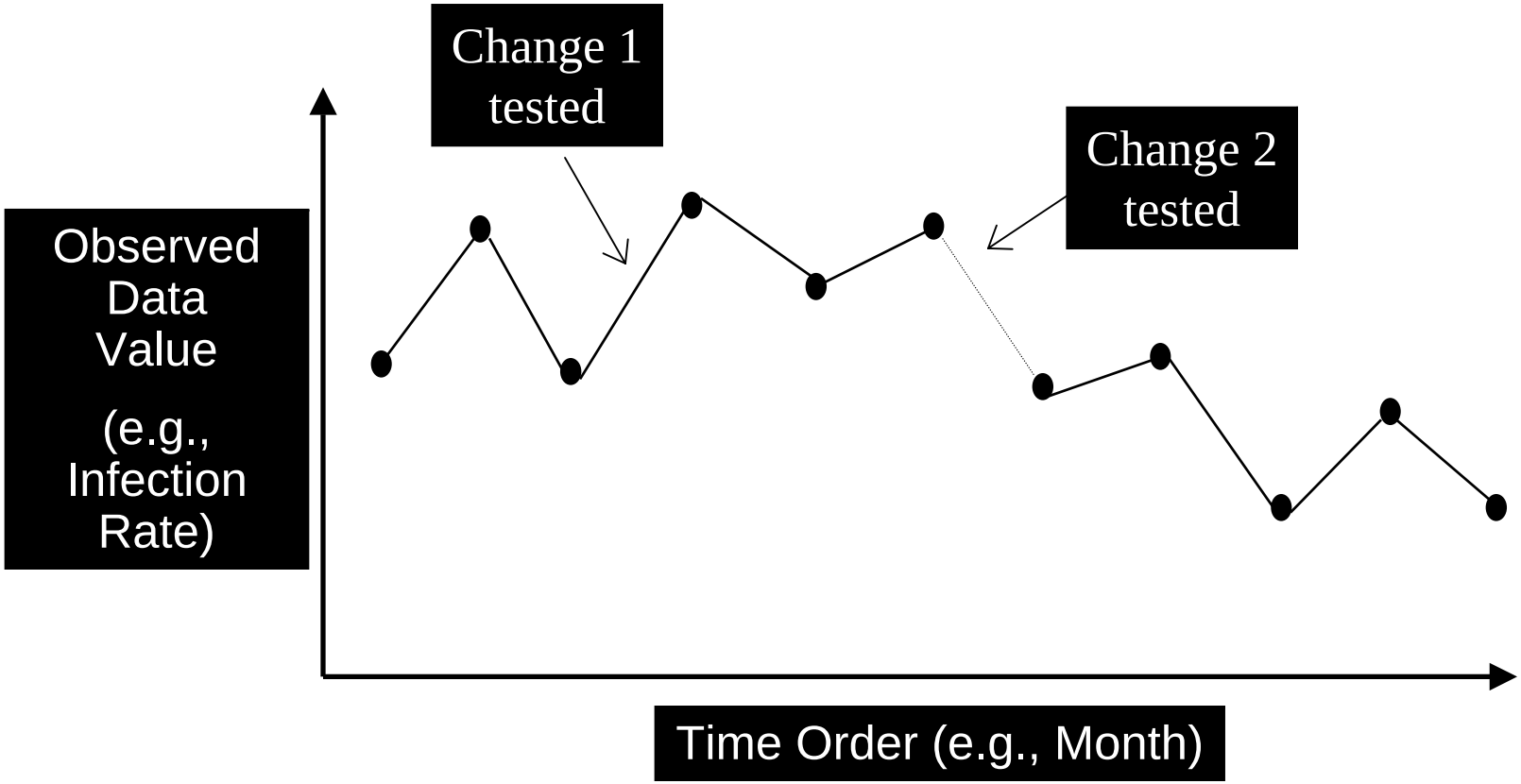
Annotated Run Chart



- Plot small samples frequently over time

What Changes Can We Make That Will Result in Improvement?

- The collaborative “change package” contains the key elements of high performing system
- You use the change package to identify the changes you want to make to your system to achieve your aim

For Example

One Problem Now Being Addressed by a Collaborative

Improving Care for Behavioral Health Clients in Emergency Departments

Collaborative Aims

- Create new knowledge for improving care of persons with behavioral healthcare needs cared for in hospital Emergency Departments;
- Improve client care and hospital functioning and effectiveness; and
- Establish subsequent collaborative efforts nationally.

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Collaborative Key Aspects

- Sponsoring Organization: The Institute for Behavioral Healthcare Improvement (IBHI)
- Collaborative Type: National
- Phase I “Pioneer”: January 27, 2008 – November 30, 2008
- Phase 2: “Early Adapter”- Connector January 1– November 30, 2009

Current Knowledge of Problem

- 2 million people seek care for Behavioral Health (BHC) problems each year in Hospital EDs incurring a cost of $4 billion; 25% or $1 Billion is largely waste.
- Numerous studies describe inadequate care and poor consumer experience
- Staff inadequacy in providing care is well documented. Staff may feel burdened by BHC consumers
- Administrators often view BHC in the ED as inefficient, costly & under-reimbursed.
- *Data suggests improvements in BHC improve care to general acute and primary care clients and vice-versa.*

Additional Current Knowledge

- Persons with serious mental health issues lose 25 years of life expectancy. Lack of coordination between general and M/SU needs is a prime contributor
- Improved care in emergency departments is crucial first step to reducing loss of life, and improving other outcomes
- There is little data to inform a robust change package
- Significant interests among providers and payers exists for making change
- Few if any “best” practices identified to date

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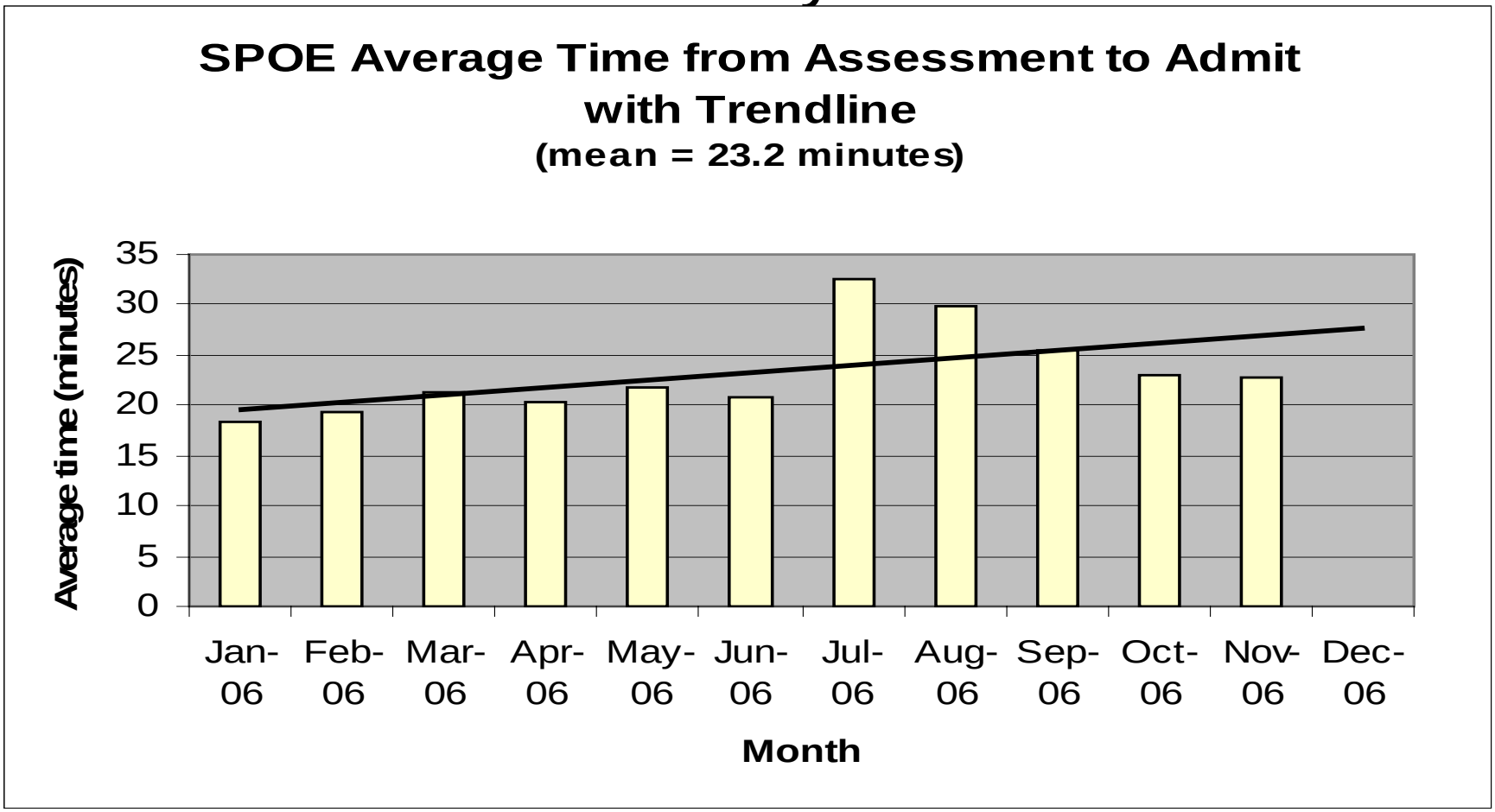
Example Statistics on Current Trend in Length of Stay



Organization of "Pioneering" Learning Collaborative

- July 1, 2006- April 30, 2007 -Listening and Framing (Talking Paper)-exploring Change Ideas
- May 1- November 1, 2007 – Creating the Expert Panel and Change Package
- Marketing and Promoting Collaborative
- Initial Learning Session, January 27-29, 2008 in New Orleans, LA
- Second Learning Session May 12-14 Chicago
- Learning Summit & Celebration, November, 2008

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Collaborative Faculty

Collaborative Co-Chairs:

Tammy Powell, Vice President and Chief Nursing Officer Behavior Medicine St. Anthony Hospital Oklahoma City, Ok; IBHI Board member

Stuart Buttlaire, PhD, MBA Regional Director Inpatient Psychiatry & Continuing Care Kaiser Northern California;

Faculty members

Jon S. Berlin, MD Medical Director Crisis Services, Milwaukee County Behavioral Health Division, Milwaukee, WI, former president American Association for Emergency Psychiatry

David Hnatow, MD Medical Director University Hospital Emergency Center, Chief of Staff University Health System, San Antonio, Texas

Darcy Jaffe, ARNP,Psychiatry Director Harborview Medical Center Seattle, WA

Steve Miccio, Director People, Inc., Kingston, NY

Susan Stefan, JD Center for Public Representation, Newton, MA

Pioneering Organizations

- Bon Secours- St Mary's Richmond, VA
- LSU Medical Center New Orleans, LA
- Memorial Hospital- Pikes Peak Behavioral Health Center Colorado Springs CO
- North Central Bronx Hospital New York City
- Regions Hospital St Paul, MN
- Sacred Heart Medical Center Spokane, WA
- St Anthony's Hospital Oklahoma City, OK

The Change Package

- Using the best available information
- Changing the culture
- Expediting care
- Creating client based service
- Measuring success based on consumer satisfaction
- Reducing restraint

A Key Strategy to Improve Results: Use of Peer Counselors in the ED

- Keep the peers role clear at all times
- Peers are not therapists!
- Peers are there to solely focus on the person being served
- Active Listening is the most important skill utilized in the ED

Collaborative Context

- Widely recognized problem; where dysfunctions of the non-system meet
- No “one clear” solution; few “best practices”
- If they existed; no system for deployment
- Interest exists to make changes and deploy
- Learning collaborative is a spread-deployment system – Shared support
  - **will, ideas and execution**
- Draft Charter-Talking Paper circulated - focus internally; second cycle both internal and external

Possible Areas for a Collaborative

- Improve consumers ability to be employed
- Reduce loss of years of life experienced by consumers
- Reduce polypharmacy (excessive prescription of drugs)
- Improve Access to BHC by Children and Adolescents
- Speed up access to community based care