ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

ZSFG Dept of Psychiatry Inpatient Program Performance and Core Measure Update

Joint Conference Committee of the SF Health Commission
26 April 2016

San Francisco Department of Public Health

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Goals for Today

- Review a brief history of our inpatient program changes and management mechanisms to assure ongoing fidelity to 2014 changes
- Compare University Hospital Consortium Benchmark data: ZSFG vs 8 other "academically run public hospitals"
- Review progress towards achieving CMS Core Measures and current challenges.

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Overall Goals of Reorganization

Improve patient treatment experience and documentation of care to reduce/eliminate audit exceptions

Increase REVENUE :
- Increasing acute days billed
- Decreasing non-acute days

Changes to Inpatient Service Post External Consultation

- Focus on Documentation: goals and objectives
- Re-organized SW services; Embedded UM
- More systematic interdisciplinary care planning and greater communication/coordination with Placement
- Treatment Programming: Meets/Exceeds Min Standards
  - Weekends same as weekdays
  - 3 professions/d: min of 5 hrs (MD, RN, SW, OT)
  - Individualized, daily treatment schedules
  - Detailed daily documentation of type, frequency, intensity and duration of treatment

Regular Auditing/Quality Compliance Reviews

- **Daily (M-F) 60+ Item chart completion review**; by Dept of Psychiatry Compliance Analyst.

- **UM nurses review charts for medical necessity daily and provides feedback to treatment team**

- **Monthly Dept compliance audits**: 25 charts
  Inpatient Leadership: M Leary, MD; K Ballou, RN, Director of Nursing: C Schwanke, RN, Mgt, and Inpatient Attendings

- **Compliance Billing reviews**: SFGH (Y Lowe) **q 6 months**; C Peralta, SFMHP (bi-annual) for Medi-cal Elements:
  - Covered discharge diagnosis; Plans of Care w/required elements
  - Medical necessity of admission; continued stay
  - Documentation to support charging for Admin Days

- **Weekly "Action Plan" leadership mtg**; Monthly Dashboard Review

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Sample Inpatient Psych Weekly Audit Error Report (M-F)

onent Reviewed	Findings							
	Total Audited	Met	Met %	Not Met	Not Met %	MD Notified	Corrected	Not Corrected
2 Midnight Rule Form:	20	17	85%	3	15%	3	3	**0**
Psychiatry Admission Note:	23	20	87%	3	13%	3	3	**0**
Initial Psychiatric Assessment (IPA):	27	27	100%	0	0%	0	0	**0**
Physical Exam:	27	27	100%	0	0%	0	0	**0**
Daily Progress Note:	216	208	96%	8	4%	8	8	**0**
IPOC	21	20	95%	1	5%	1	1	**0**
Date/Time	21	20	95%	1	5%	1	1	**0**
Primary Language/Interpreter needed	21	20	95%	1	5%	1	1	**0**
Chief Complaint	21	19	90%	2	10%	2	2	**0**
Reason for Admission	21	20	95%	1	5%	1	1	**0**
Current Symptoms & Behaviors	21	19	90%	2	10%	2	2	**0**
Diagnoses (Axis I-V completed)	21	20	95%	1	5%	1	1	**0**
Current Level of Functioning	21	20	95%	1	5%	1	1	**0**
LOCUS scale circled (All 4 areas)	21	20	95%	1	5%	1	1	**0**
Strengths/Weaknesses	21	20	95%	1	5%	1	1	**0**
Overall Goal	21	20	95%	1	5%	1	1	**0**
Completed by Midnight 2nd day	21	20	95%	1	5%	1	1	**0**
Initial IPOC Team Signature	21	20	95%	1	5%	1	1	**0**
Initial Patient Signature	20	19	95%	1	5%	1	1	**0**
Psychiatric Objective	21	20	95%	1	5%	1	1	**0**
Medical Objective	12	12	100%	0	0%	0	0	**0**
Rehabilitation Objective	20	20	100%	0	0%	0	0	**0**
Discharge Objective	21	20	95%	1	5%	1	1	**0**
IPOC Team Signatures	20	20	100%	0	0%	0	0	**0**
Patient Signature	20	20	100%	0	0%	0	0	**0**
IPOC Weekly Update	28	28	100%	0	0%	0	0	**0**
Social Work Initial Assessment	19	16	84%	3	16%	2	2	**1**
Social Work Follow up Note	31	28	90%	3	10%	1	1	**2**
Social Work Discharge Note	13	12	92%	1	8%	1	1	**0**

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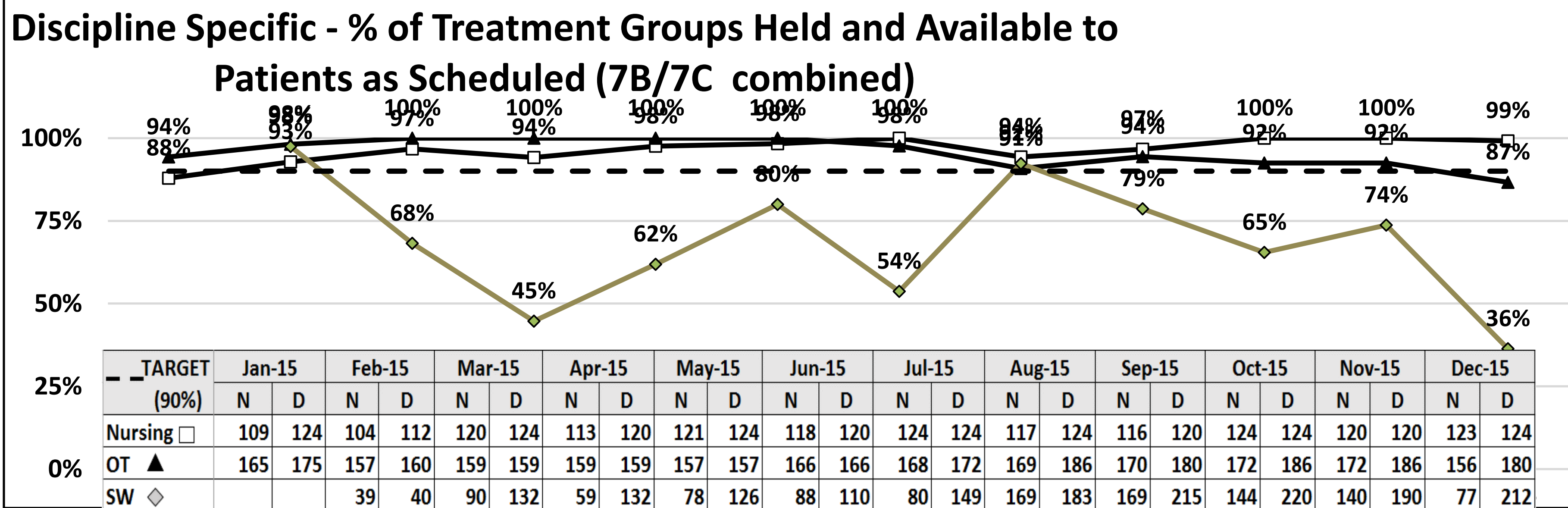
SFGH Inpatient Psychiatry Individual Error Report

Audit Date	Patient/Admit Date	Error	Doctor
1/5/2015	LW 12/29/14	2MN Rule	Doctor 1
1/5/2015	LW 12/29/14	Psy Admit Note	Doctor 1
1/5/2015	LW 12/29/14	IPA	Doctor 1
1/5/2015	WB 1/4/15	PE	Doctor 2
1/5/2015	SL 1/3/15	IPA-24Hrs	Doctor 2
1/5/2015	SL 1/3/15	PE	Doctor 2
1/5/2015	LD 1/4/15	PE	Doctor 2
1/5/2015	NW 10/26/14	Progress Note-Sign 1/2/15	Doctor 3
1/5/2015	RG 12/31/14	Progress Note-Missing 1/2/15	Doctor 4
1/5/2015	EJ 12/27/14	Progress Note-Sign 1/2/15	Doctor 3
1/5/2015	EB 12/5/14	Progress Note-Sign 1/2/15	Doctor 3
1/5/2015	VO 10/18/14	Progress Note-Missing 1/2/15	Doctor 4
1/5/2015	LM 12/21/14	Progress Note-Sign 1/2/15	Doctor 3
1/5/2015	KA 12/25/14	Progress Note-Sign 1/2/15	Doctor 3
1/5/2015	EH 12/31/14	Progress Note-Sign 1/2/15	Doctor 3
1/5/2015	EB 12/24/14	Progress Note-Sign 1/2/15	Doctor 3
1/6/2015	VS 1/4/15	PE	Doctor 2
1/6/2015	EB 12/5/15	Progress Note-Sign 1/5/15	Doctor 5
1/6/2015	KP 1/4/15	PE	Doctor 4
1/6/2015	NP 1/2/15	PE	Doctor 4
1/7/2015	PM 12/1	IPOC Weekly Update Patient Sign	RN
1/7/2015	EJ 12/27	Progress Note-Sign 1/6/15	Doctor 5
1/7/2015	NW 10/26	Progress Note-Sign 1/6/15	Doctor 5
1/7/2015	FG 1/4	IPOC Team Signatures	RN
1/7/2015	FG 1/4	IPOC Patient Signature	RN
1/7/2015	LM 12/21	Progress Note-Sign 1/6/15	Doctor 5
1/7/2015	EB 12/24	Progress Note-Sign 1/6/15	Doctor 5
1/7/2015	LD 1/4	IPOC Team Signatures	RN, OT, SW
1/7/2015	LD 1/4	IPOC Patient Signature	RN
1/7/2015	WB 1/4	IPOC Team Signatures	RN
1/7/2015	WB 1/4	IPOC Patient Signature	RN
1/7/2015	LW 12/29	IPOC Patient Signature	RN
1/7/2015	SK 1/6	PE	Doctor 6
1/8/2015			
1/9/2015	LW 12/29	Progress Note-Sign 1/8/15	Doctor 7
1/9/2015	EB 12/24	Progress Note-Sign 1/8/15	Doctor 5
1/9/2015	EJ 12/27	Progress Note-Sign 1/8/15	Doctor 5
1/9/2015	JC 12/26	Progress Note-Sign 1/8/15	Doctor 5

Monthly Psychiatry Dashboard

Includes 23 different charts summarizing data

- # of admissions to PES, LOS; PES Condition Red
- # of Admissions to Inpt Unit; LOS; readmissions w/in 30 days
- # and % of Groups Offered and 1:1's on each unit and combined
- # and % of Groups Held on each unit, 1:1's and combined data on 5 CMS core measures



TARGET (90%)	Jan-15 N	Jan-15 D	Feb-15 N	Feb-15 D	Mar-15 N	Mar-15 D	Apr-15 N	Apr-15 D	May-15 N	May-15 D	Jun-15 N	Jun-15 D	Jul-15 N	Jul-15 D	Aug-15 N	Aug-15 D	Sep-15 N	Sep-15 D	Oct-15 N	Oct-15 D	Nov-15 N	Nov-15 D	Dec-15 N	Dec-15 D
Nursing □	109	124	104	112	120	124	113	120	121	124	118	120	124	124	117	124	116	120	124	124	120	120	123	124
OT ▲	165	175	157	160	159	159	159	159	157	157	166	166	168	172	169	186	170	180	172	186	172	186	156	180
SW ◇			39	40	90	132	59	132	78	126	88	110	80	149	169	183	169	215	144	220	140	190	77	212

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Core Measures & Plan 2016

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Measure	Measure Name	Q4 2014	Q1 2015	Q2 2015	Q3 2015	National Rate (CY2014)	SALAR Hard Stop (Q1 2016)
HOSPITAL BASED INPATIENT PSYCHIATRY							
HBIPS-1	Admission Screening Completed		92%	88%	**97%**	Not Avail	
HBIPS-2*	Hours of Physical Restraint Use (per 1000 patient hours)	0.69	0.81	1.09	**0.41**	0.41	
HBIPS-3*	Hours of Seclusion Use (per 1000 patient hours)	4	6	6	**0.62**	0.21	
	Action Plan: Reduce Administrative Review of pts in S or R from 24 to 12 hrs. Add to Inpatient Steering agenda and investigate risk factors.						
HBIPS-4	Patients discharged on multiple antipsychotic medications (lower=better)	9%	15%	6%	**9.2%**	9.4%	SALAR Hard Stop
HBIPS-5	Patients discharged on multiple antipsychotic medications with appropriate justification	40%	42%	40%	**50%**	37%	SALAR Hard Stop
HBIPS-6	Post discharge continuing care plan created	90%	100%	100%	**100%**	85%	SALAR Hard Stop
HBIPS-7	Post discharge continuing care plan transmitted to next level of care provider upon discharge	74%	84%	52%	**90%**	78%	SALAR Hard Stop
SUB-1	Alcohol Use Screening	84%	91%	97%	**94%**	71%	SALAR Hard Stop
TOB-1	Tobacco Use Screening		95%	97%	**99%**	Not Avail	SALAR Hard Stop
TOB-2	Tobacco Use Treatment/ Practical Counseling Provided or Offered		0%	0%	**0%**	Not Avail	SALAR Hard Stop
	Action Plan: SALAR now has "hard stops" for HBIPS-4, HBIPS-5, SUB-1, TOB-1, and TOB-2, and will meet 100% compliance for these measures by March 2016. HBIPS-6 is required in LCR in the Discharge Instructions, which need to be completed before patient is discharged from the hospital ,printed out, and signed by patient. HBIPS-7 is documentation required in the Discharge Social Work Note. The Psychiatric Department Compliance Analyst monitors for HBIPS-6 and HBIPS-7, and alerts MD or SW if these are not completed.						
IMM-2	Influenza Immunization Status (Screened/Administered if Appropriate, Refused)		**13%**	Not Flu Season	**Not Flu Season**	Not Avail	
	Action Plan: **1. Change nursing workflow so that patient is screened on admission instead of at time of discharge** **2. Nurse Manager will review all admissions for completion of screening process and documentation of patient's acceptance or refusal of immunization** **3. If screening or documentation not present, manager will follow up with admitting RN.**						

CMS National benchmark
Source: CMS Inpatient Psychiatric Facilities Quality Reporting Program Preview Report January 2016

*HBIPS 2,3, measured in mins/1000 pt hrs

Benchmarking Inpatient Psychiatry UHC Data--2014

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Comparison to other "academically run public hospitals" reporting to UHC (8 out of 217)

San Francisco General (UCSF)
Santa Clara Valley Medical Center
UCLA Olive View
UCLA Harbor
Denver Health
Hennepin County Medical Center (Minneapolis)
Grady Memorial Hospital (Atlanta) Emory Univ
Montefiore Medical Center (Albert Einstein, SOM)

"apples to apples" comparison

Note: data from UHC website; provided by Sue Schwartz, Quality Mgt, SFGH

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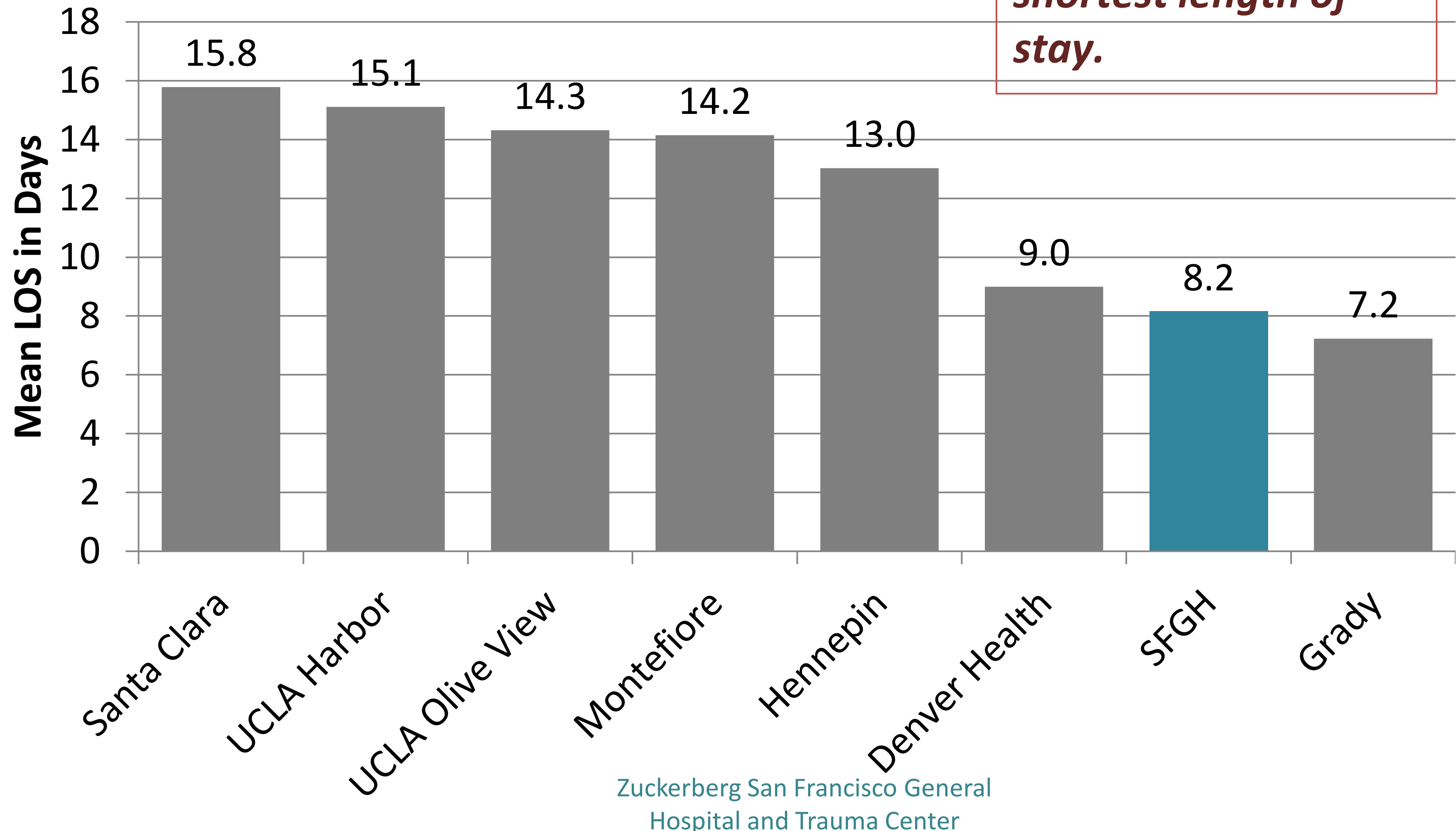
Outputs: Length of Stay CY 2014

SFGH has the next to shortest length of stay.



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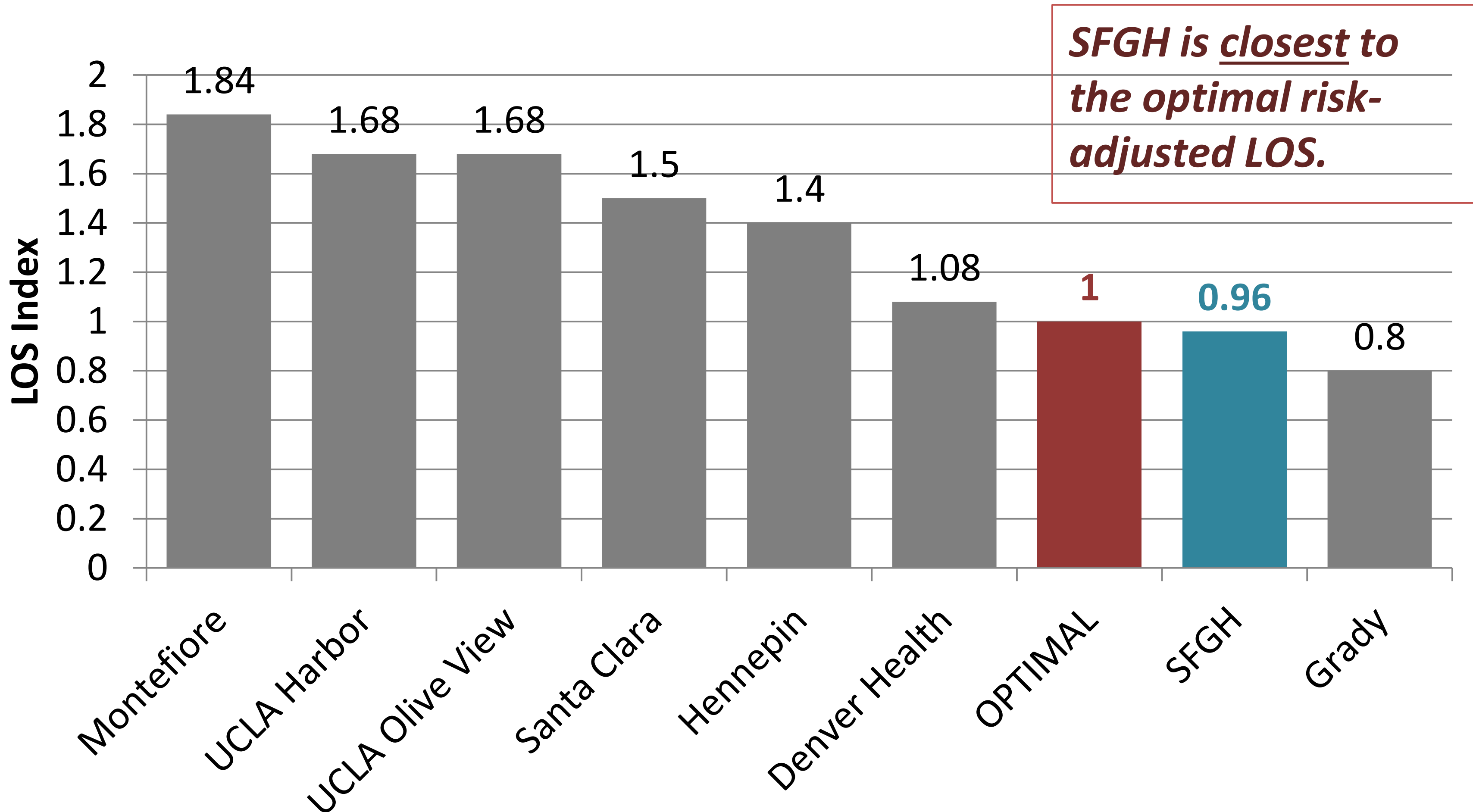
UHC Length of Stay Index

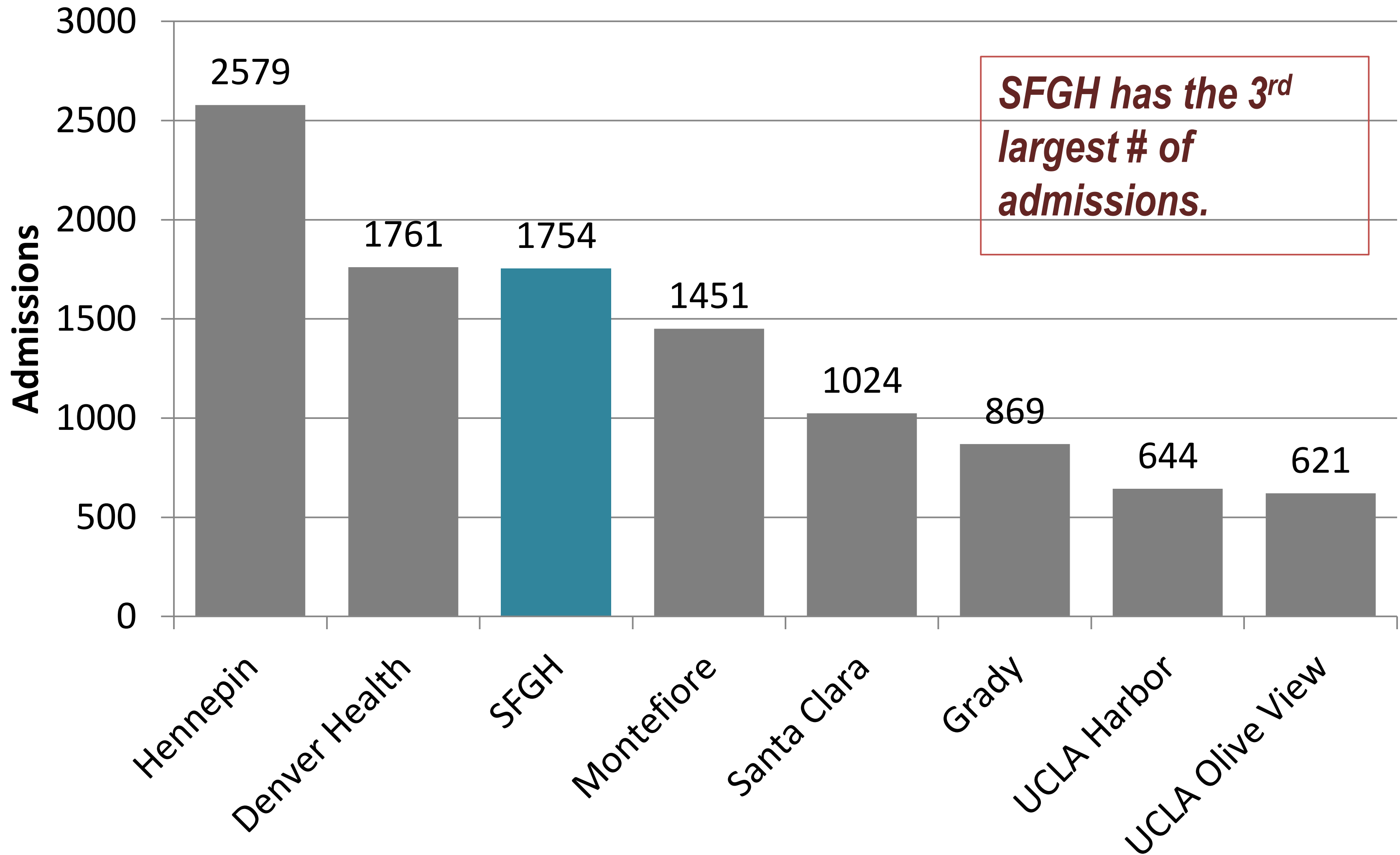
Inpatient Psychiatry

- *No clear evidence as to what the clinically optimal length of stay is*
  - In the absence of evidence, shorter stays are considered better
  - financially desirable to hospitals
  - less disruptive to patients' lives.....yet, in general:
- *More complex patients require longer hospitalizations.*
- UHC uses individual patient characteristics (primary diagnosis, co-morbidities, presence/absence of SUD, etc.) to "risk adjust" and estimate the optimal length of stay for each patient and calculate an "LOS Index."
  - LOS index is *1 if the LOS is optimal for a patient's characteristics*
  - LOS index values > 1 suggest patients stayed too long
  - LOS index values < 1 suggest patients were discharged too soon

“Appropriateness” of LOS



Outputs: Admissions Per Year



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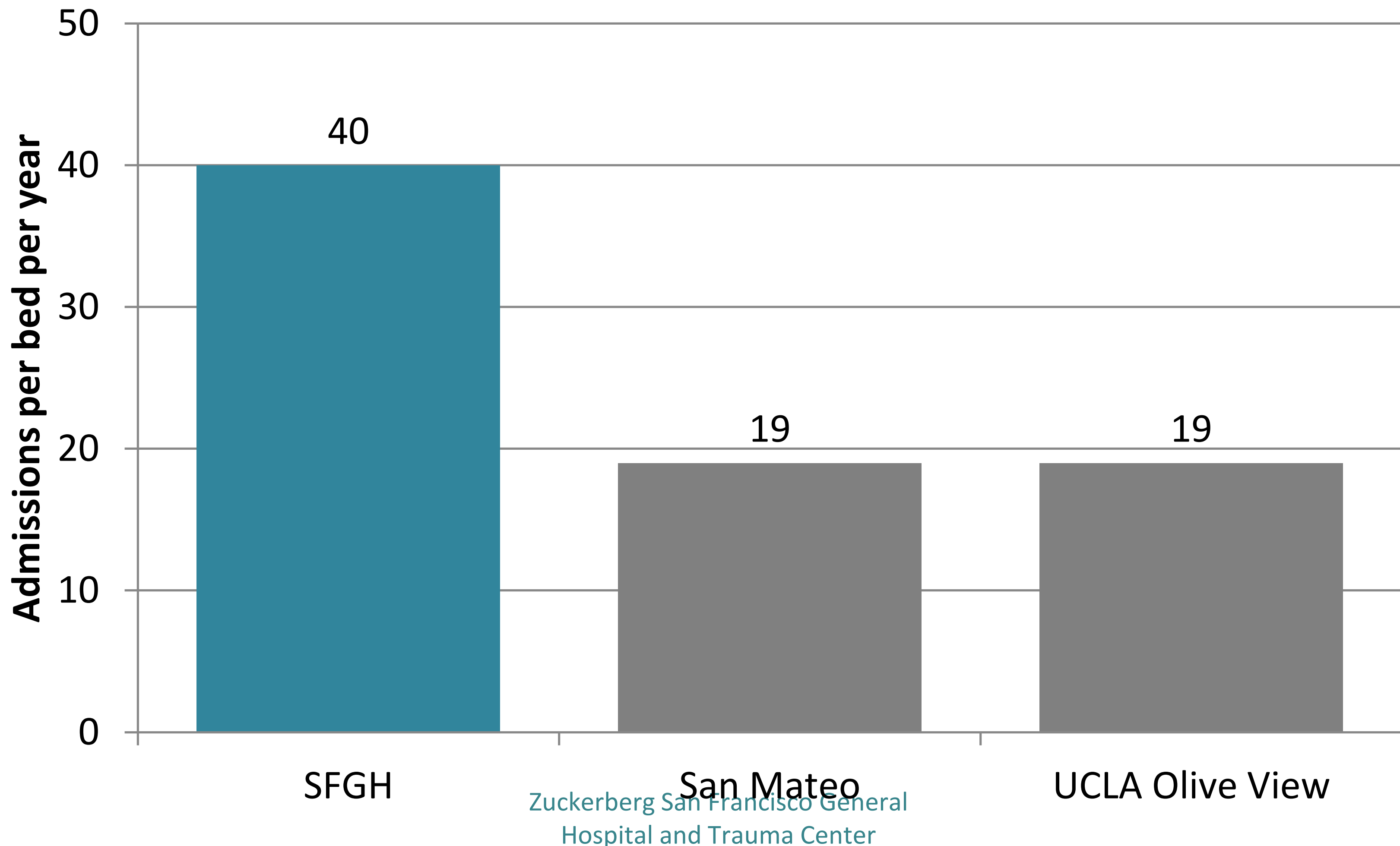
Inputs: # Beds and # MDs

- Cannot judge # of admissions without knowing what inputs are used—beds and MDs.
- UHC does not report these data. However, we have these data for:

Hospital	# Admissions per Year	# Beds	# MD FTE
SFGH	1,754	44	7.5
San Mateo Medical Center	556	30	3.4
UCLA Olive View	621	32	4.0

Inputs & Outputs: Admissions per bed per year



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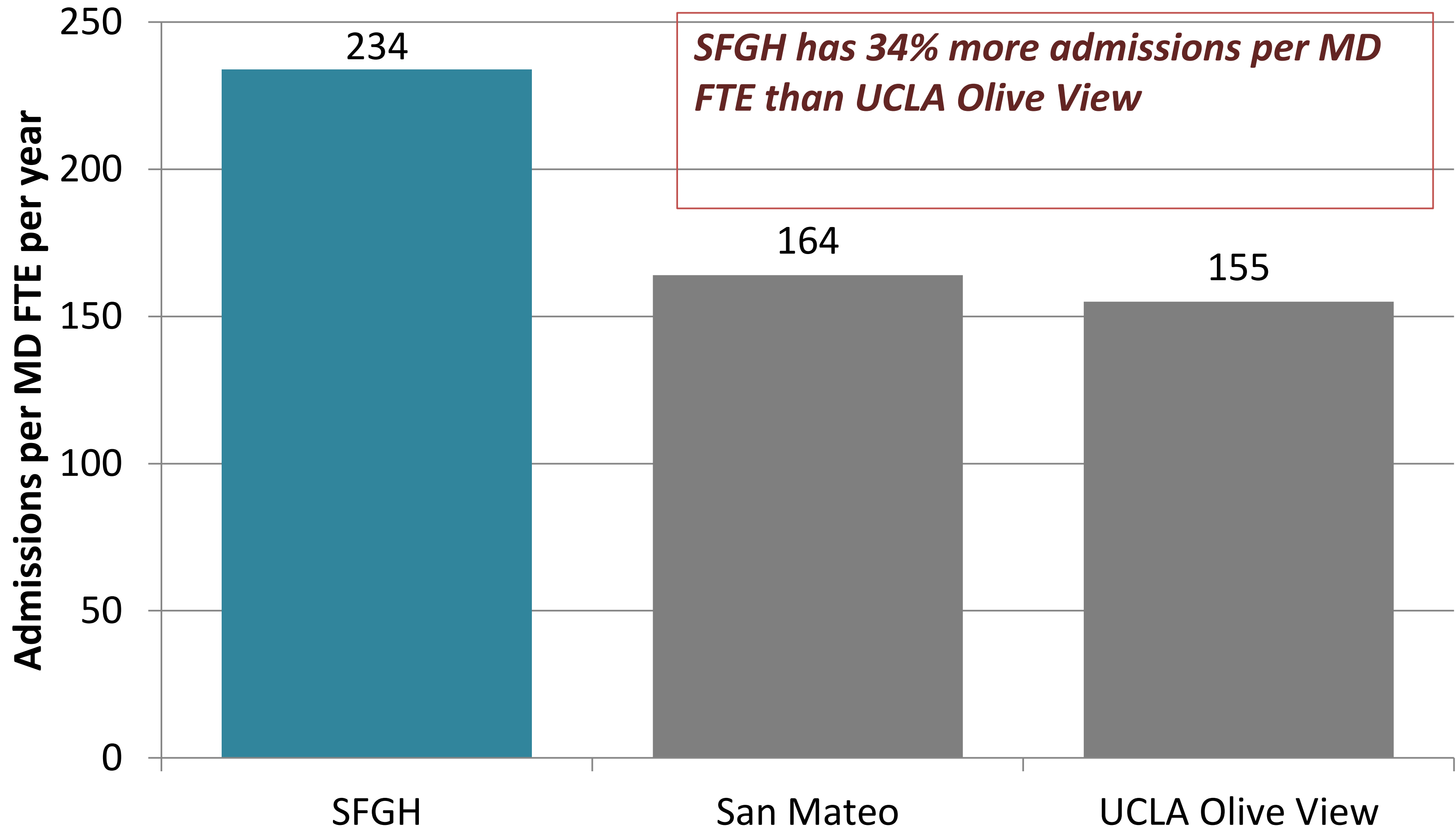
Inputs & Outputs: Admissions per MD FTE/ year



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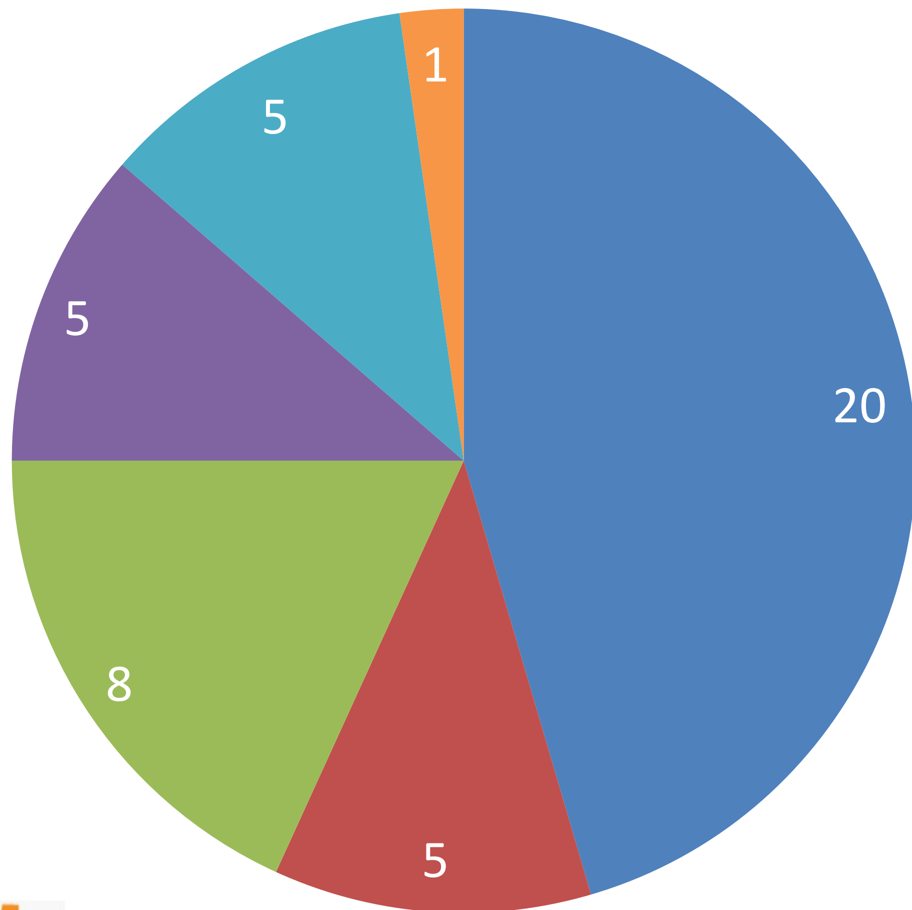
Current and Ongoing Challenges….despite changes/gains summarized in 2014…

April 6, 2016 Inpatient Census (N=44; 5 Acute) Average Length of Stay by Discharge Location



- LSAT / NAPA (N=20; ALOS 37 Days)
- Locked SNF/LHH Neuro-behavorial (N=5; ALOS 116 DAYS)
- Residential Treatment Facility (N=8; ALOS 8 DAYS)
- Residential Care Facility (N=5; ALOS 66 days)
- Home/Shelter (N=5; ALOS 18 days)
- ADU (N=1; ALOS 6 days)

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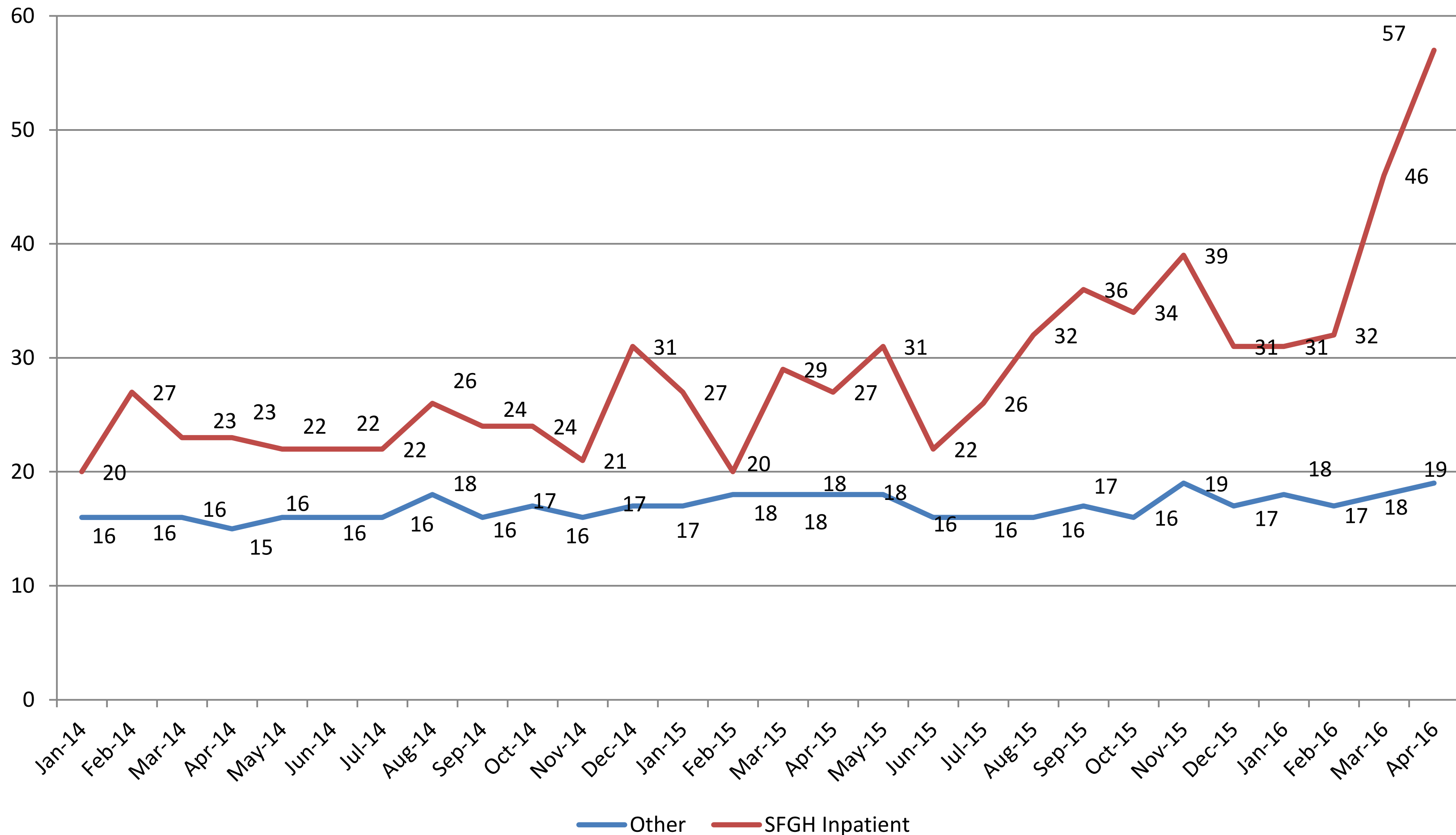
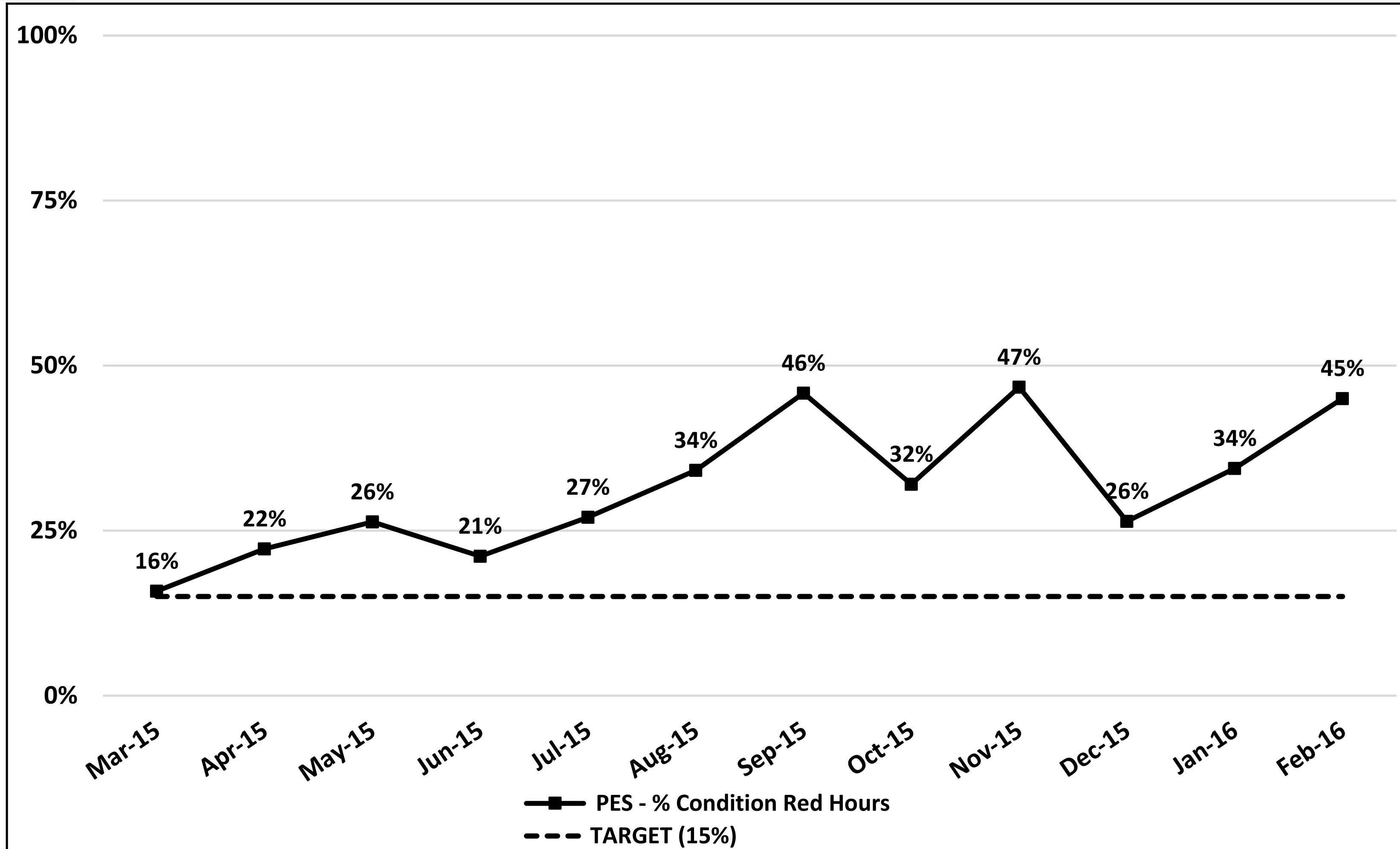
INPATIENT ADMISSIONS from PES VS OTHER DISCHARGES from PES PES AVERAGE LENGTH OF STAY (HOURS)



PES % Condition Red Hours



*PES MSE started April 2015; PES D/C rounds 6/25/15

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In sum:

Rise in Condition Red and Inc in LOS is primarily a symptom of:

*** *Decreased pt flow thru inpatient beds;***

*** Too few lower level of care placement options, esp, locked subacute facilities and residential care**

*** Increased use of our beds by the courts; and**

*** EMTALA change in Med Screening Exam process re: in increased PES utilization**

Recommendations

- Continue and expand lower level of care outreach/communications
- Continue regular Team based meeting with Director of Placement Team
- Re-evaluate existing rules that interfere with outplacement of inpts (eg., “ADU 7 d/rule)
- Continue to consider pros and cons of expanding “downstream” placement options