



**ZUCKERBERG
SAN FRANCISCO GENERAL**
Hospital and Trauma Center

ZSFG Dept of Psychiatry Core Measure Update

**Joint Conference Committee of the SF Health Commission
26 April 2016**



**San Francisco Department
of Public Health**

Goals for Today

- Review progress towards:
 1. Improving psychiatric patient care at ZSFG
 2. Achieving CMS Core Measures Performance
- Discuss current challenges and recommendations

Changes to Inpatient Service To Improve Care and CMS Core Measure Performance

- Focus on Documentation: goals and objectives
- Integrated 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 To Improve Care and CMS Core Measure Performance

- **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

Core Measures & Plan 2016

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

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.						

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

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

Recommendations

- Continue to improve utilization of lower level of care(including ADU) resources
- Re-evaluate existing rules that interfere with ADU outplacement of PES medically screened patients and those from inpatient units
- Continue to consider pros and cons of improving “downstream” placement options