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PHF Governing Board Report

Psychiatric Health Facility Annual Update

March 2020

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Exhibit 7a

Annual Report to Board of Supervisors

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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 quality of care and other program activities; 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.

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PGB Governance Structure

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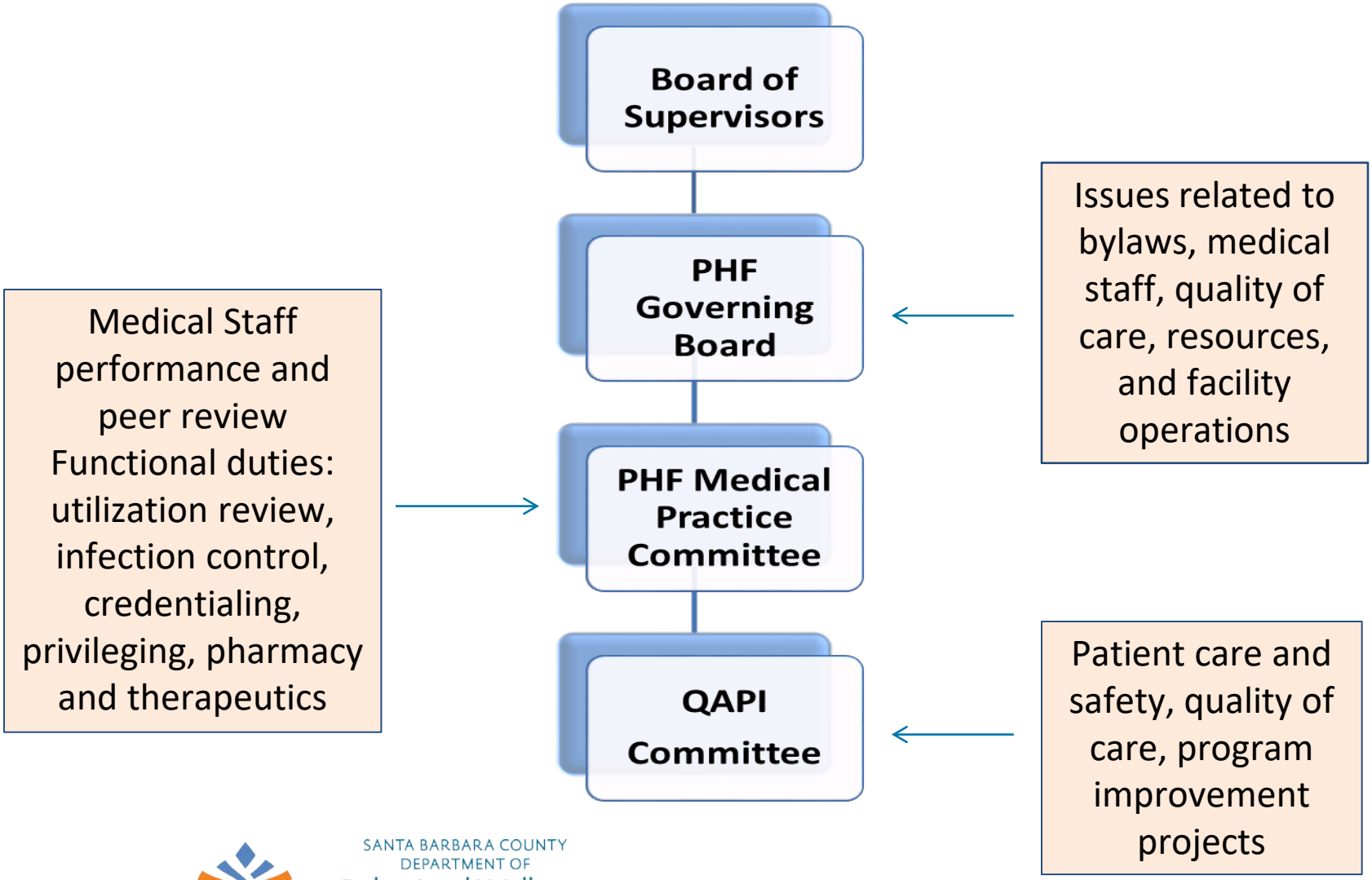

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PGB Members

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PHF GOVERNING BOARD MEMBERS

Terri Maus-Nisich, Assistant County Executive Officer, Health and Human Services, *Chair*

Vincent Wasilewski**,** Chief Deputy of Custody Operations for the Sheriff's Department, *Vice Chair*

Supervisor Das Williams, Santa Barbara County Board of Supervisors,*1st District*

Supervisor Gregg Hart, Santa Barbara County Board of Supervisors, 2nd District, *Alternate*

Van Do-Reynoso**,** Director of Public Health Department

Polly Baldwin**, M.D.,** Public Health Medical Director

Janette Pell**,** Director of General Services

Arlene Diaz, Manager, Public Administrator - Guardian

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What is the PHF?

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- 16 bed acute psychiatric inpatient hospital serving severely mentally ill Santa Barbara County residents.
- Super PHF = a facility subject to regulation by **both** the federal Centers for Medicare and Medicaid Services (CMS) and the state Department of Health Care Services (DHCS)- One of two "Super-PHFs" in California.
- 15-20% of PHF revenue is generated by Medicare
- 20% of individuals served have no funding source/non billable (up from 14% in FY 2017/2018 - Due to an increase of IST Admin Days)

2019 PHF Update

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During 2019:

- ❑ 422 Hospitalizations (7/1/2018 to 6/30/2019)
- ❑ New Director of Social Services pending
- ❑ DHCS audit completed (biennial)
- ❑ CMS audit completed (triennial)
- ❑ Facility upgrades including installation of non-ligature doors in designated areas

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Additional System Updates

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- Opened 10-bed crisis residential treatment facility in Santa Maria – Agnes
- CBO added 10 additional board and care beds in south county focused on the care of older adults
- County continues to pursue all opportunities to bring MHRC and long term care beds in county
- Marian Hospital received a grant and is exploring creation of a crisis stabilization unit

PHF Payor Mix: FY 2018-2019

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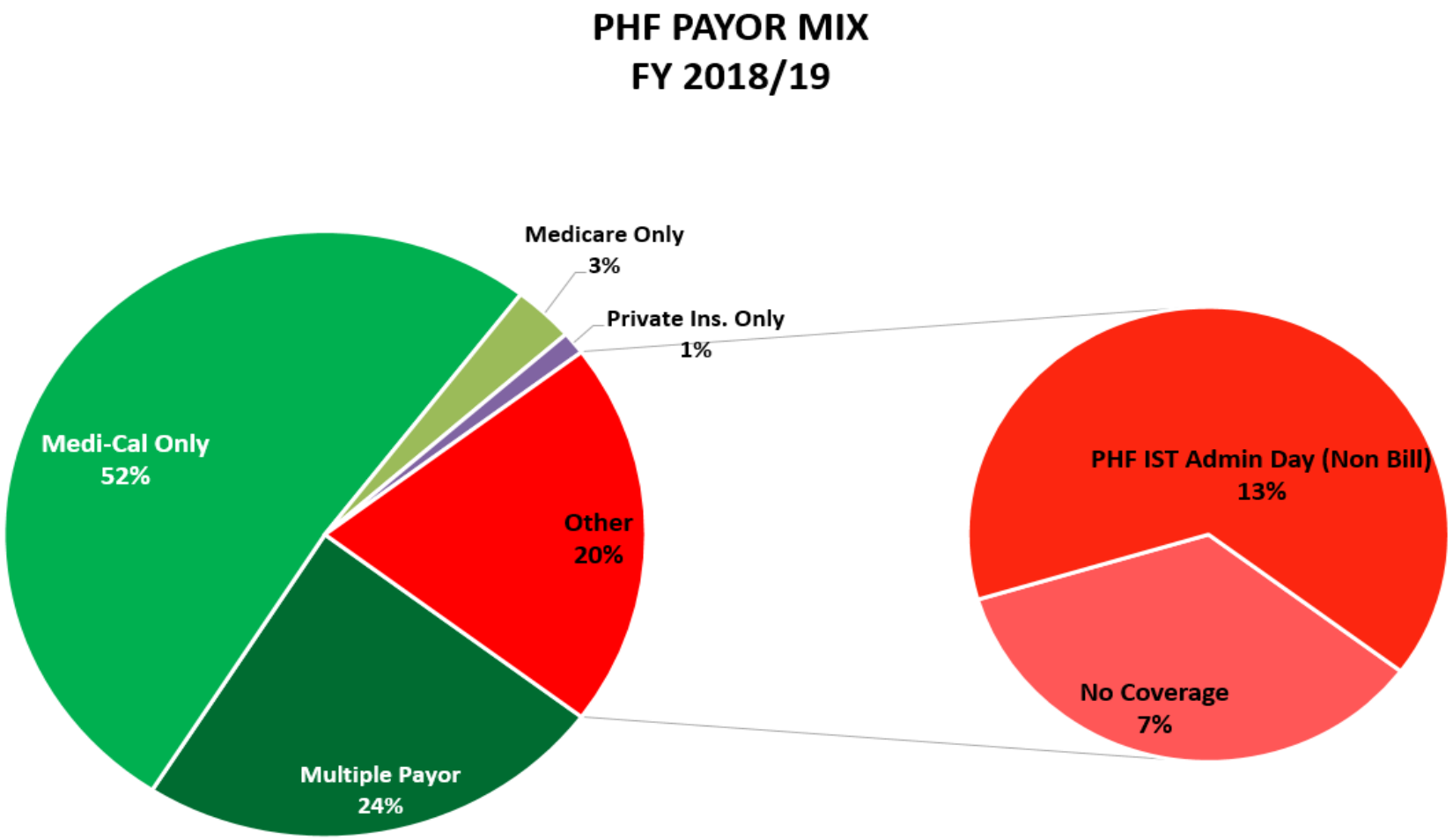

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KEY
IST = Incompetent to Stand Trial

PHF Bed Day Mix: Acute v Administrative

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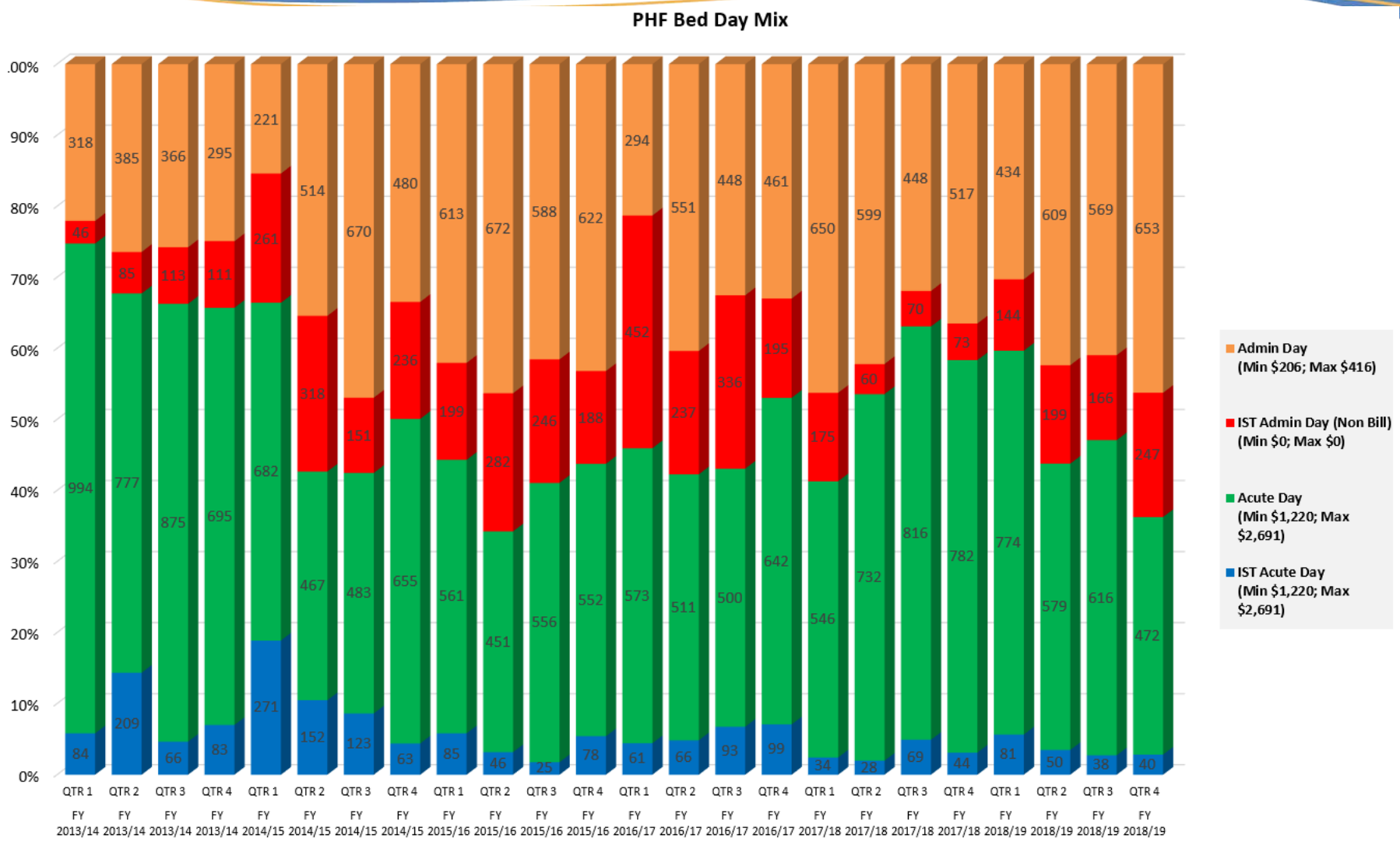

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Inpatient Hospitalization Demographics

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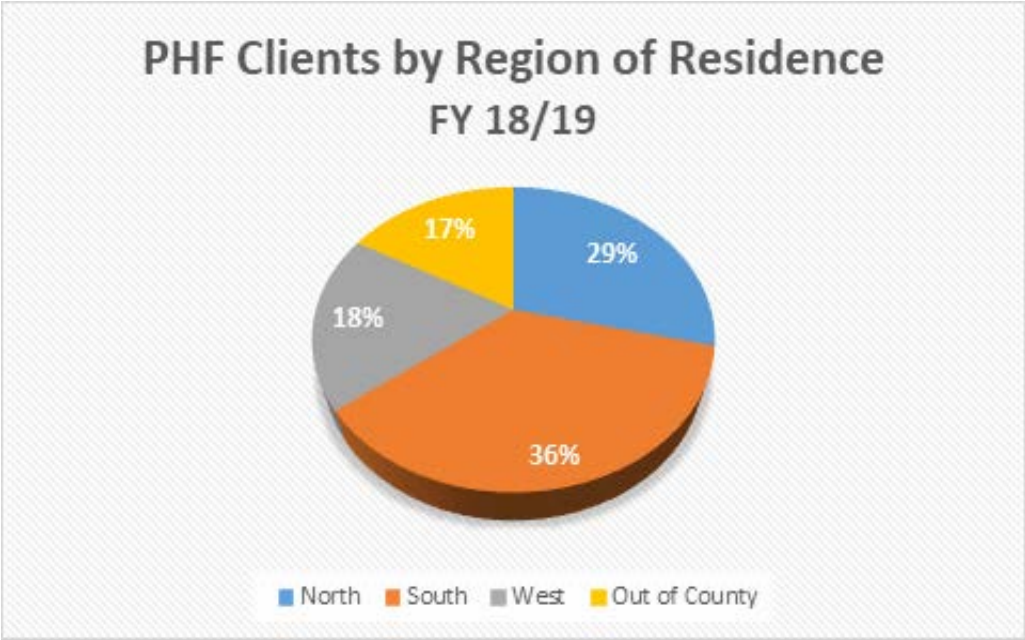
- ***The largest percentage of PHF clients were aged 25-34. The average age was 42 (with a range of 19-85).***
- ***Nearly half (44.5%) were 25-44 years old.***
- ***The largest percentage (36%) of clients hospitalized lived in South County***



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A Day at the PHF

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- Daily 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:

- Daily MD rounds
- Client centered treatment planning
- Pet therapy
- Nutrition education
- Exercise-equipment and groups
- Sobriety support/ Alcoholics Anonymous
- Anger management
- Music and Art therapy
- Stress management
- Medication education
- Legal issues/know your rights
- Patients' rights group

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Patient Survey Results

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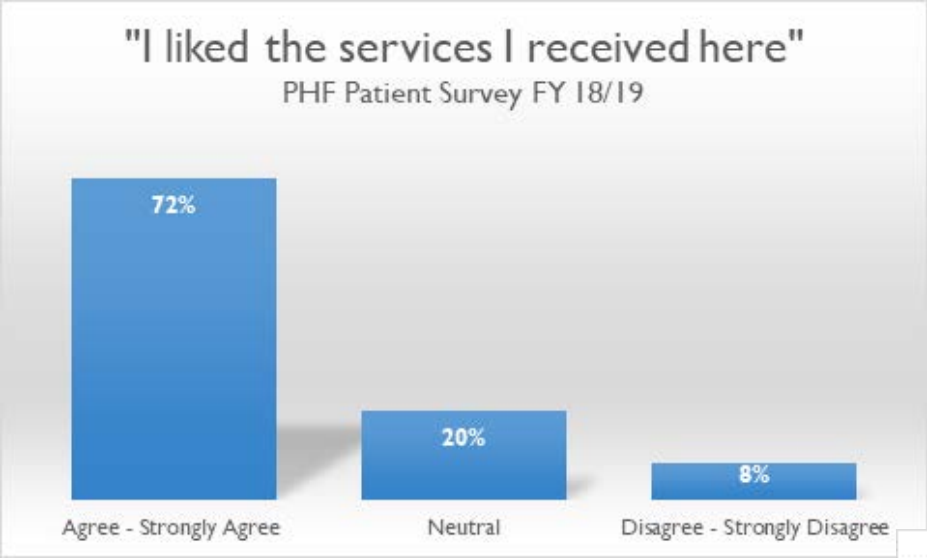

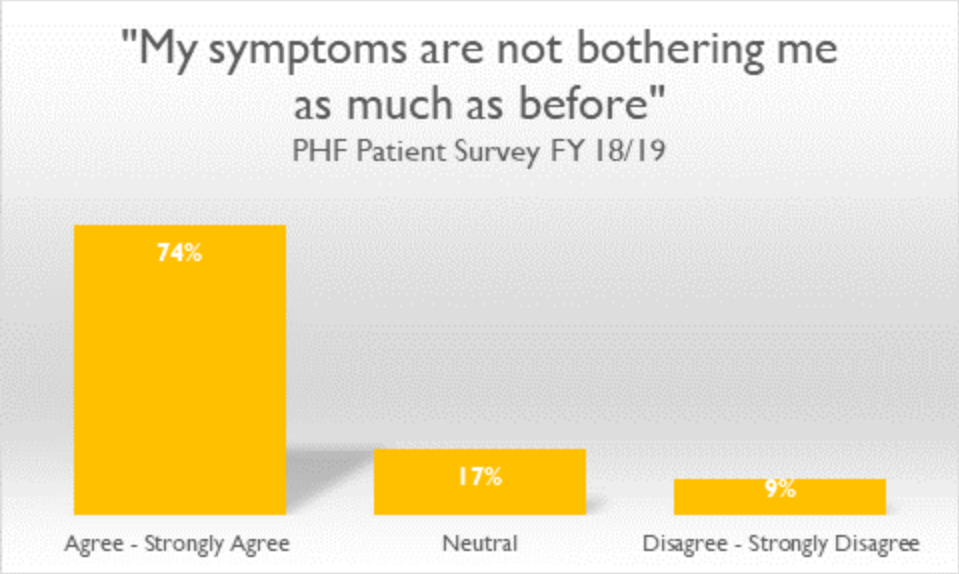

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Quality Assessment and Performance Improvement (QAPI) Quality Indicators

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The PHFs QAPI Committee receives monthly reports on quality indicators related to health outcomes, patient safety, enhancing the efficiency/ quality of patient care and utilization review. Quality indicators are used to measure the effectiveness and safety of facility services, and quality of care. The QAPI Committee oversees implementation of corrective actions improving performance and reports progress to the PHF Medical Practice Committee and the PHF Governing Board.

Focused attention on the environment of patient care and safety:

- Infection prevention and control
- Emergency preparations for internal/external disasters
- Patient's rights

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Current areas of quality improvement:

- Maintaining and increasing compliance with staff hand hygiene compliance with Center for Disease Control (CDC) guidelines. Corrective actions include: duration timers placed in handwashing stations, implementation of 'secret hand hygiene watchers', installation of non-alcohol based hand sanitizer stations on the unit, staff training on hand hygiene practices, and report of monthly compliance statistics at team meetings.
- Increasing compliance in documentation of acute criteria for inpatient bed days. Corrective actions include: Quarterly QCM and PHF Leadership training meetings with Traditions Behavioral Health (TBH) providers, contracted providers and Be Well providers on medical necessity criteria documentation standards and individual training as needed for refresher training.

SAMPLE QAPI/PGB MONTHLY REPORT

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QAPI/PGB REPORT OCTOBER 2019 (September 2019 Data)

Indicator	Measures	Description	Target	September			Previous Quarter
				On Target	Off Target	Data	July- September
Complaints and Grievances	Total grievances	# of patient grievances / Total Bed days per month	10%	X		0/459 0%	On Target
	Clinical care/skill-related grievances	# of grievances related to clinical care/skill / # of grievances	5%	X		0/0 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	80%		X	19/25 76%	Off Target
	Cleaning/disinfecting product usage	# of cleaning products EPA approved for hospital use / All cleaning products (4 observations per month)	100%	X		4/4 100%	On Target
	Infection rates (athlete foot)	# of athlete foot infections / Total Bed days per month	0%	X		0/459 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		0/459 0%	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%	On Target
	Readmissions within 30 days	# of inpatient readmissions within 30 days of discharge / # of inpatient admissions per month	10%				On Target

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Ongoing Needs to Improve System of Care

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- MHRC remains a capital priority.
- In-county long term care also remains a priority.

Least restrictive alternative mandate

- Placement required at lowest level of care to meet needs.
- The continuum still has gaps in and remaining needs for Adult Residential, Supported Housing, and Permanent Housing with on-site services provided.

Summary

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- The PGB generally meets monthly. Regular agenda items include:
  - **Report on Quality Indicators** (e.g., Complaints and Grievances, Infection Prevention and Control, Patient Services, Care and Safety, Restraint/Seclusion, and Medication Use/Pharmacy Services)
  - **Budget Development**
  - **Policies and Procedures**
  - **Medical Staff Bylaws**

RECOMMENDED ACTIONS

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