

Quality Improvement Newsletter

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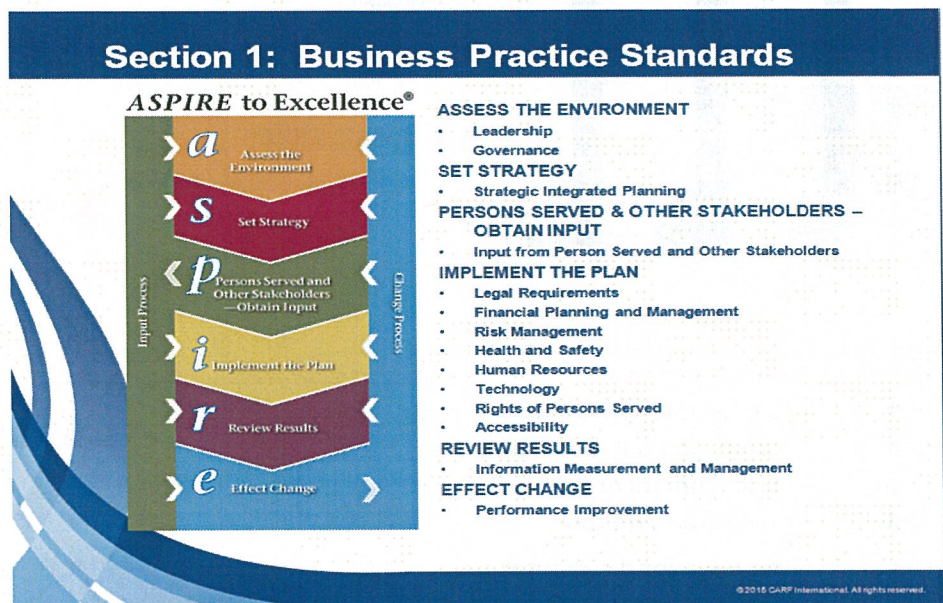
CARF Accreditation and Quality Improvement

The Commission on Accreditation for Rehabilitation Facilities (CARF) finally scheduled the accreditation survey of the Guam Behavioral Health and Wellness Center on June 21-23, 2017. Six (6) programs and the Administration, Business Functions shall be assessed and evaluated on how well it meets the international standards for quality. The six programs are as follows

1. Outpatient Mental Health: which include the Adult and the Child Adolescent Services Division .
2. Crisis Stabilization Program (both Adult Inpatient and Child Inpatient Unit)
3. Drug and Alcohol Program
4. Crisis Intervention program (Healing Hearts)
5. Residential Recovery Program
6. Prevention and Training Branch

An accreditation is a process that demonstrates a provider or a Department has met standards for the quality of its services. CARF International establishes these standards to guide providers in offering their services and also uses the standards to evaluate how well a provider is serving people and how it can improve.

Before becoming accredited, a provider or Department such as GBHWC must show that it focuses on Quality Improvement, the best possible out-



CARF Business Practices Standards

comes of its services, and customer satisfaction.

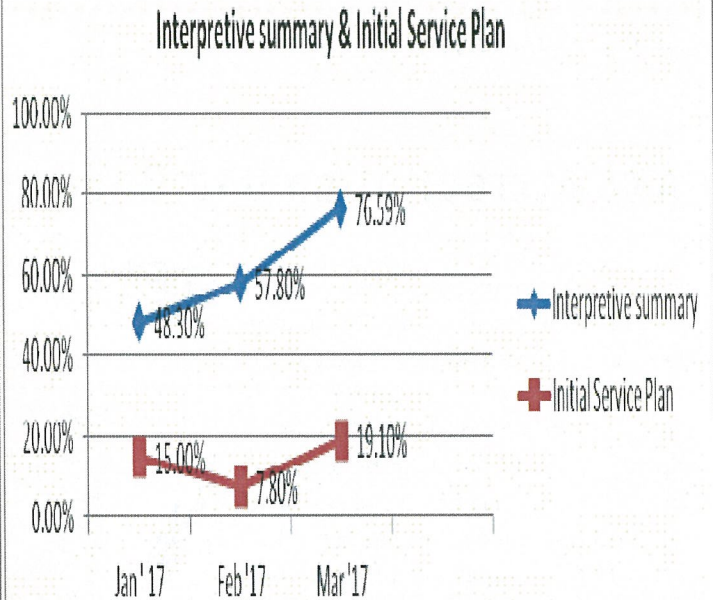
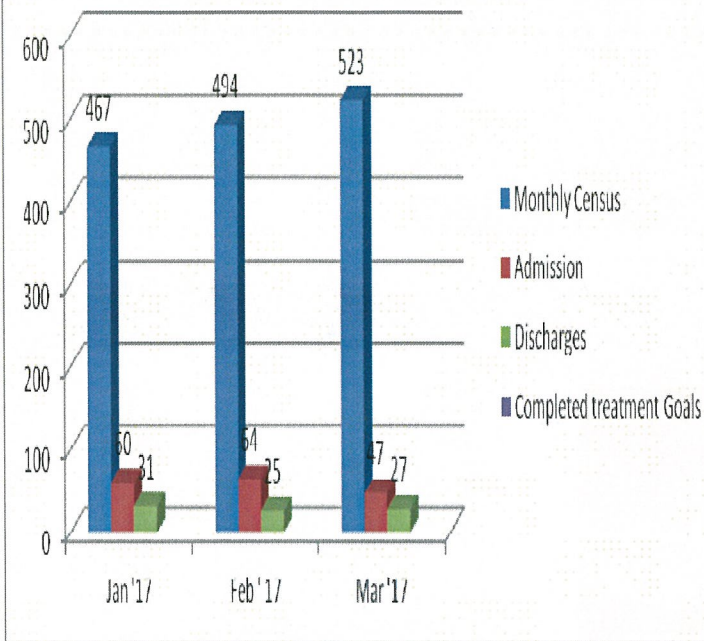
As part of the survey, the surveyors will interview people who receive services, their families, our staff, and others. Some questions the survey team members might ask people are:

- Do we provide a clean and safe setting?
- Do you receive the services you need ?
- Are you treated with respect?
- Do you take part in planning your services?
- Are your questions answered in a way you understand?

- Do you know where to go with questions or concerns?

The Guam Behavioral Health and Wellness Center through its Quality Improvement Program, will see to it that all the functional structures are in place and documentation of all the required processes, operational timelines and trainings to show conformance to standards are met. GBHWC is committed to continuous improvement of programs and services delivered to consumers and will be working double time to satisfy conditions to achieve accreditation.

Adult Out Patient Team 2 and Team 3 1st Q' 2017 Data



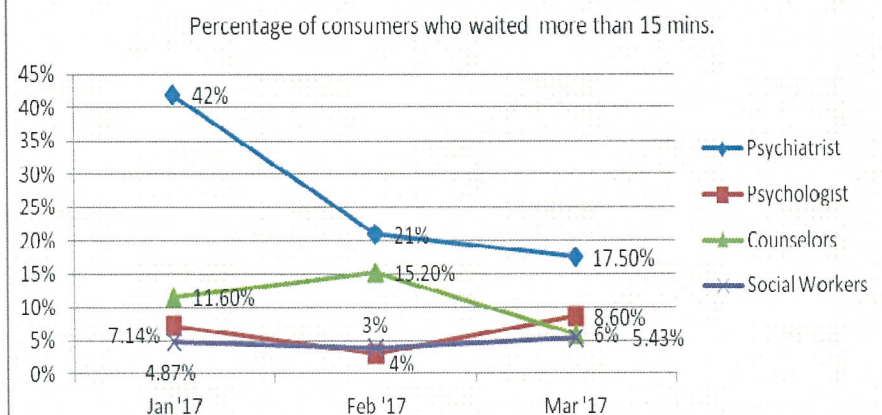
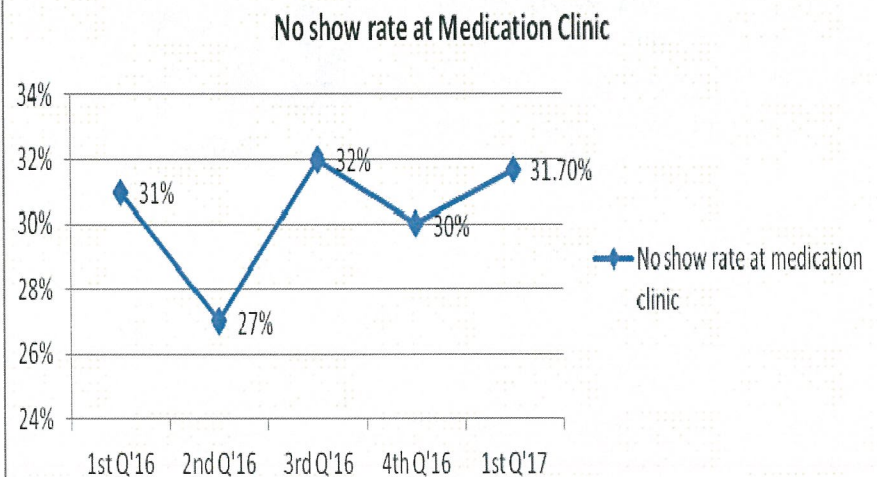
In this data 83 consumers were discharged from the program and out of these discharge only 8 consumers or **9.6% completed their treatment goals.**

Out of 171 admission for the quarter only 19% have an initial treatment plan. The interpretive summary has an upward trend, and is 76.5% compliant.

The No show rate at Medication Clinic is still high at 31.7%. Several initiatives have been implemented like following up of consumers, or asking consumers to call and reschedule their appointment if they cant make it.

Access to service Domain:

Out of the sampled consumers for each discipline (N=80) only less than 10% waited except in Medication clinic wherein 17.5% of consumers for the month of March waited for more than 15 minutes to see their Psychiatrist. This is already an improved data, from Jan 2017. The average wait time in medication Clinic is 30 minutes, which is acceptable in most clinics. For the next quarter the Adult Outpatient Mental Health Program will track the time the consumers were provided with an intake and assessment after screening.



Quality Management Performance Improvement

Last February 23-25, 2017, the Quality Improvement Coordinator and the Community Support Services Supervisor attended a CARF and Boston University training workshop on Quality Improvement, "Transforming Outcomes Data into Management Information in Tucson, Arizona. In this workshop planning tools and resources for measurements were provided, writing goals and performance indicators were tackled, transforming outcomes data and management reporting were explored, as well as hands on computer laboratory sessions on data management was provided. With this new information and resources at hand the GBHWC indicators for 2017 were revisited, objectives were formulated and targets were set for the outcomes measurement.

Developing and managing a successful outcomes system for GBHWC is the priority quality improvement initiative for this year since, data collection and management efforts are scattered and not continuously done.

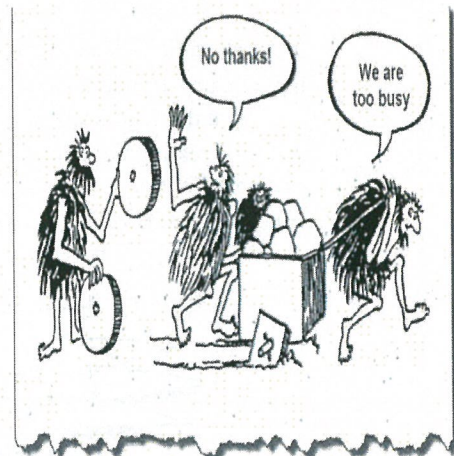
During the March 2017 QI Committee meeting, an annual analysis of the data collected from each program for 2016 were trended, analyzed and reported. Action plans for improvement were discussed by the different clinical programs and will be implemented. Below are several performance initiatives that were

discussed, and other initiatives to improve data collection.

Several Performance Initiatives were implemented this quarter and are still ongoing.

1. Developing and managing a successful outcomes system. Each program identify their own data person for collection of data and given to the QI Coordinator monthly for reporting.
2. Working with Foothold Technology to customize data collection and generating reports in EBHR.
3. BHR training on generating reports and collecting data.
4. Cleaning up GBHWC policy repository, creation of policy database in the GBHWC network.
5. Policy development; completing policy and procedure that's required by CARF.
6. Electronic Behavioral Health Record (EBHR) Initiatives such as: implementation team meetings set weekly to train staff and discuss how to streamline the process in EBHR.
7. Customizing EBHR and reviewing data elements to avoid redundancy in the charting and documentation. I
8. Redesign the workflow process of intake and assessment in EBHR for efficiency.
9. Improving the access to service in all

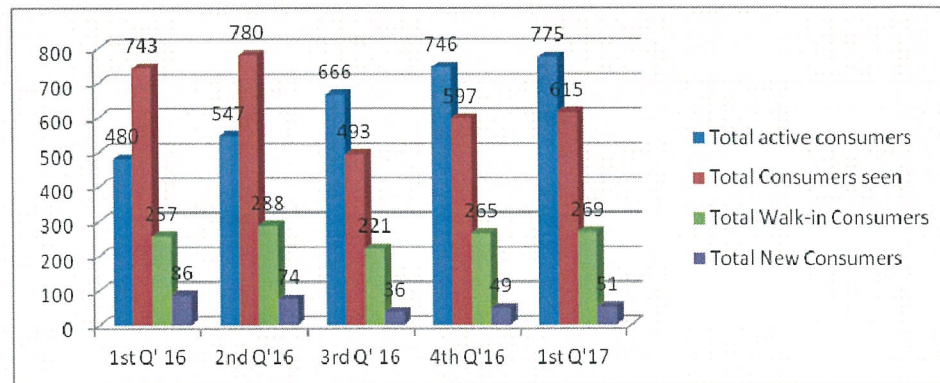
programs by reducing the number of days from intake assessment to first contact.



Adult Out Patient Mental Health Program Data

There are a total of **675 active consumers in the Adult out Patient** for the first quarter of 2017, who are receiving two or more services thus either belonging to Team 2 or Team 3. Team 1 **Medication Clinic has a total of 775 active consumers** getting services at medication clinic alone or in combination with other services.

Medication Clinic Volume data is shown.



Mission Statement

“To provide a culturally respectful, quality behavioral health services, that support and strengthen the well being of the persons served, their families and the community in a safe environment”.

Vision

“A healthy island, committed to promoting and improving the behavioral health and wellbeing of the community”.

Statement of Values:

Cultural Humility—Understanding of our cultural heritage and sensitivity to our consumers and their families.

Achievement—Providing gold standard care by utilizing evidence based program, policies and trainings while respecting and integrating cultural practices.

Respect—Treating our consumers and their families, colleagues, and professionals from other organizations with respect and dignity.

Engagement and cooperation with the persons and organizations working together for the benefit of our consum-

**“Be the Change you want to see in Guam
Behavioral Health and Wellness Center”**

Crisis Stabilization Unit

The following are the data collected from Crisis Stabilization Unit. Incidence of 15 and 30 day readmission has a downward trend. Improvement initiatives were implemented in the previous quarter, reviewing appropriateness of admissions and or pre-mature discharges, process of follow up in the outpatient program is also being strengthened. There was no re-admissions log in the Children’s Crisis Stabilization Unit. No Seclusion and Restraint was also reported. The average length of stay is still five to six (5-6) working days.

