

GBHWC Quality Improvement Newsletter



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By: Cydsel Victoria Toledo

Grand Rounds at Guam Behavioral Health

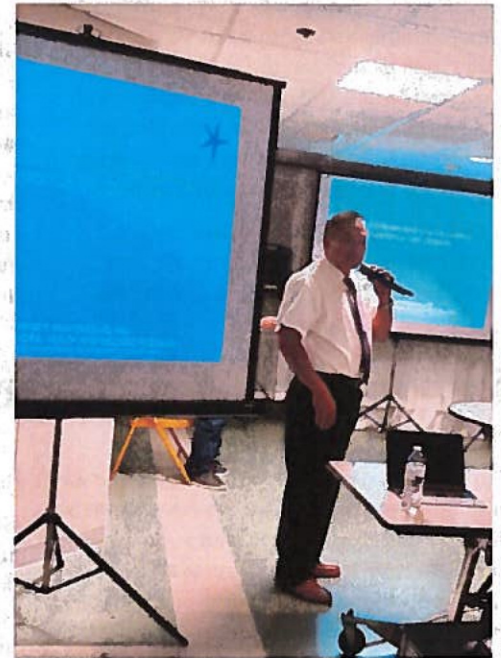
Another first for Guam Behavioral Health and Wellness Center. On July 25th 2018, GBHWC conducted its first Grand Rounds.

Grand Rounds is a formal forum of medical education and inpatient care. It helps doctors and other healthcare professionals keep up to date on important evolving areas which may be outside of their own core practice. Today Grand Rounds is more commonly used to educate students, interns and other disciplines in the health care field. GBHWC adopted the Grand Rounds model to foster multidisciplinary competence and promote collegiality.

The lecture was conducted by Dr. Abner Pasatiempo, GBHWC's only Addiction Psychiatrist. The topic was Mental Illness and Co-Occurring Substance Use Disorder. According to Dr. Pasatiempo addiction is like other diseases; it is preventa-

ble, treatable and if untreated it can last a lifetime. The National Institute on Drug Abuse (NIDA) reported that as of 2014 about 2.3 Million adults aged 18 and up have co-occurring serious mental illness and substance use disorder. Research shows that prolonged drug use changes the brain both structurally and functionally. Drugs of abuse engage motivation and pleasure pathways of the brain however prolonged use may compromise mental and motor function. Treatment of this bio behavioral disorder goes beyond than just fixing the chemistry. Dr. Pasatiempo emphasizes "we need to treat the whole person". Gone are the days where we treat the mental illness first before we treat addiction and vice versa. Today, treatment is integrated and involves holistic approach with pharmacological treatment interven-

tion, behavioral therapies, medical services and social services.



GBHWC New Drug & Alcohol Program Services



With the recent employment of Dr. Abner Pasatiempo a Psychiatrist with forensic and addiction medicine experience, Guam Behavioral Health and Wellness Center's Drug and Alcohol Program recently opened its Drug and Alcohol Day Clinic and Medication Assisted Treatment (MAT) services to the people of Guam.

Those clients who are found to be very dependent on drugs and alcohol are placed in the sixteen weeks New Beginnings Intensive Outpa-

tient program for intensive therapy, psychoeducation, & group sessions. Medication Assisted Treatment (MAT), is given when necessary to manage the symptoms of substance use withdrawal that often prompt relapse and allow individuals to utilize other treatments such as behavioral therapy. Dr. Pasatiempo provides this intervention and he holds day clinic at the New Beginnings Office every Thursday and Friday 1:30-5:30 pm.

CARF UPDATES

Every year CARF updates the Behavioral Health Standards Manual. The new and revised 2018 CARF standards took effect this July 2018. The new and revised standards are based on the field input which GBHWC also participated in. GBHWC continually stays abreast of the changes and try to keep up with the changes in addition to the current standards that GBHWC as a department is working on and is part of the Quality Improvement Plan that was submitted to CARF to maintain its accreditation.

As part of Accreditation Condition 4, GBHWC submitted last April 17, 2018 its Annual Conformance to Quality Re-

port (ACQR) in a format supplied by CARF. The report is due on each anniversary date of the accreditation

As of this report, GBHWC continues to work on improving its compliance to the CARF standards and to meet the timeline set in the quality improvement plan.

GBHWC were cited for 17 standard recommendations under the Administrative/Leadership Section, 20 standard recommendations under the General Program Section and 2 citations for the Residential Program and Crisis Stabilization core standards. Each of these standard has several elements that needs to be met. As of this quarter, 65 % of the Leadership rec-

ommendations were met and only 30% of the general program standards were complied with consistently as of this quarter. Policy development is an ongoing project as well as electronic health records customization, and clinical documentation trainings



original cartoon by Alpe T

Performance Improvement Project: Improving Clinical Documentation

For this quarter, our Quality Improvement monthly meeting is now being utilized to hold round table discussions on how to improve our clinical processes and our documentation in the electronic behavioral health record instead of reporting data. This is a long term project since it involves system enhancement of our electronic health record that requires our financial resource and customization and programming that requires the precious time of our "super users" who are also our clinical

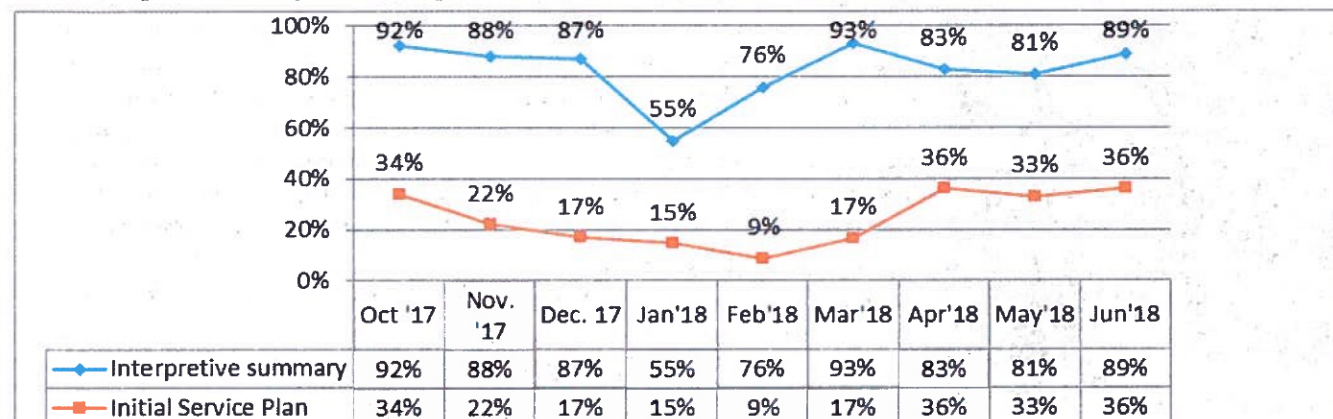
direct care staff.

GBHWC's clinical documentation compliance e.g., the interpretive summaries and the initial treatment plans being documented in AWARDS is improving. This is mainly due to the Screening Intake Triage model that was implemented last April 2018.

The clinical staffs were also given 4 hours a week to catch up with their clinical documentation and do administrative work. Discharging consumers who are not active-

ly engaged in treatment and services and have not been seen for more than 90 days and running contact audit lapse reports are a few of the performance activities that the staff are doing to clean up AWARDS and organize medical records.

Adult Outpatient Program interpretive summary and treatment plan documentation compliance.

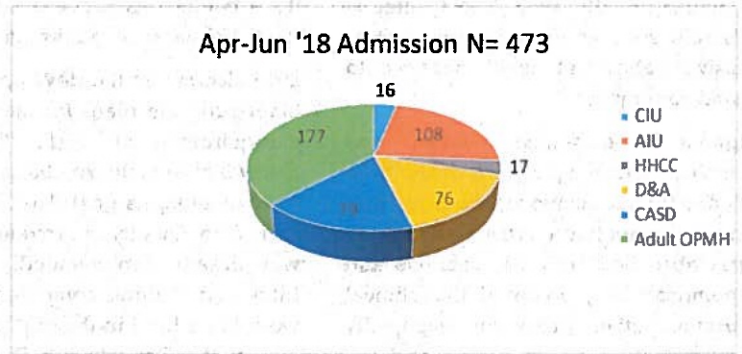
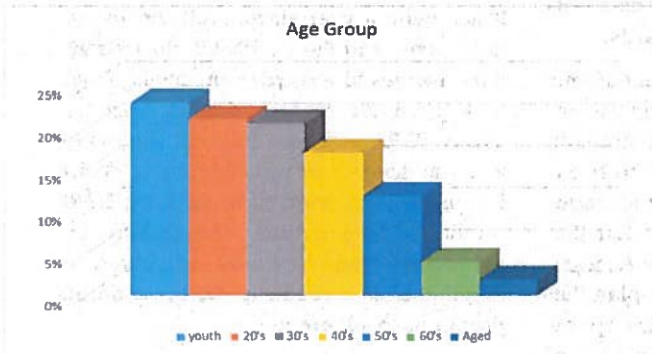


GBHWC consumer demographics

For the 2nd quarter April-June 2018 GBHWC has 2,813 active consumers. 58% are males and 41% are females. As in the previous quarter majority are under the age of 20, followed by the 20 year old bracket which constitute 21 % of consum-

ers. For the quarter a total of 473 were admitted to its different programs, namely; Crisis Stabilization or the Adult & Child Inpatient Unit, Healing Hearts Crisis Intervention, Drug and Alcohol Program, Child-Adolescent Services, Adult Outpatient

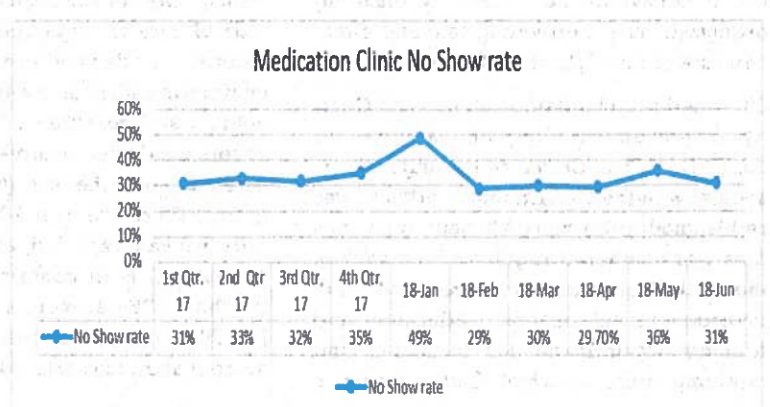
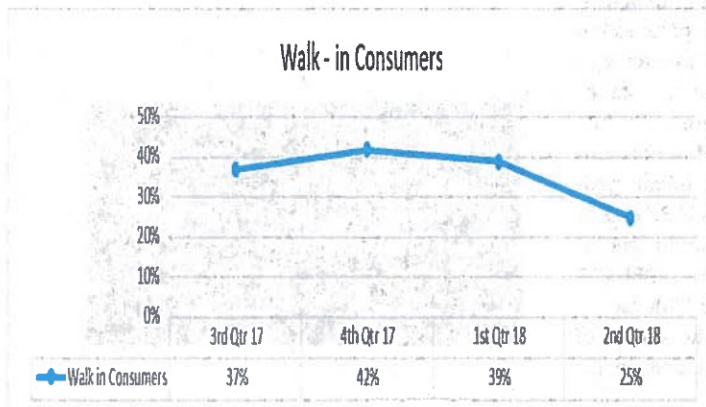
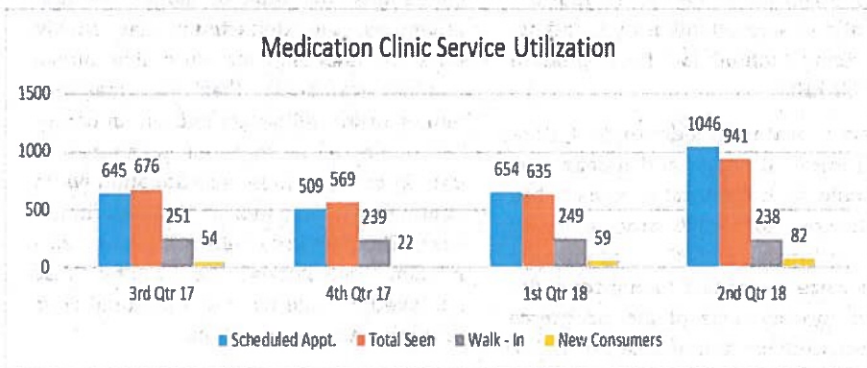
Program. The Residential Program has currently fixed number of consumers, admissions are through referral from the Out-patient program.



Medication Clinic: Service Utilization

Below is the Medication Clinic Service Utilization data and the no show rate. For this quarter there was a rise in scheduled appointments and total consumers seen. This was due to the addition of another Psychiatrist and working with the medical staff to find ways to maximize their schedules. The Walk-in consumers also dropped by 14% after the Psychiatrists' schedules were maximized, and a return follow up date rather than just asking consumers' to walk-in were set. The no show

rate is stable at a range of 30-36%.



GBHWC's Accomplishments: We have come a long way...

By : Cydsel Victoria Toledo

The creation of the Guam Behavioral Health and Wellness Center, formerly known as the Department of Mental Health and Substance Abuse (DMHSA) came with the passage of Public Law 17-21 and was established on August 19, 1983. The Center is Guam's sole state agency providing comprehensive behavioral health services to our island community.

Throughout its existence, GBHWC has faced multiple challenges, such as shortage of staff, and limited financial resources. Key positions were not filled, creating a vacuum that was absorbed by other sections and staff, compromising some of the clinical and administrative processes especially the documentation, policy update and development. Employees are made to wear 2 hats and multitasks. Despite all the challenges and obstacles, the staff and management remained resilient and persevered in providing services to its consumers.

In 2014, GBHWC embarked on its journey towards national accreditation by Commission on Accreditation for Rehabilitation Facilities (CARF).

CARF International is an independent, non-profit accreditor of health and human services specific to behavioral health. It has accredited close to 58,000 programs and services worldwide. CARF accreditation standards were designed to improve the value of responsiveness of the programs and services delivered to people in need of behavioral health services. It aims to improve behavioral healthcare by ensuring organizations are providing safe and effective care of the highest quality and value.

2016 marks the implementation of the Quality Improvement Program, a first for GBHWC. It has driven the change that is seen now in the Department; workflow was redesigned to be more efficient, outcomes data were gathered regularly from each of the clinical program and transformed into management information. Education and training opportunities for personnel and targeting areas in which improvement is

needed by reviewing results, performance indicators, and consumer feedbacks were identified. New Policies were developed, program manuals, and program descriptions were completed. It's a continuous process towards meeting CARF national quality standards.

2016 also marks the development of four other program plans for the Department a requirement of CARF. The Strategic Plan which sets the roadmap of the agency in meeting its goal, The Risk Management Plan, Quality Improvement plan that was already implemented, the Accessibility and Cultural competency plan that were imbedded in the day to day operation of the Department. Due to lack of personnel and units, committees were created to oversee the implementation and operation of the different plans.

In Oct. 2016 GBHWC submitted its application for accreditation. Despite the challenges, the lack of manpower and resources, the department has slowly built its functional structure that meets national standards. Staff and management worked diligently and put in countless hours to increase its standards of care in order to meet accreditation while continuing to face aforementioned limitations. The past year reflect the many significant milestones the Center has achieved despite its long and tumultuous journey since its inception.

In June 21-23, 2017, GBHWC went through rigorous evaluation of the standards of care through review of medical records, policies and procedures as well interviews with staff, management, stakeholders and consumers. Three (3) surveyors conducted a survey of the administration, and the six (6) clinical programs. There are over 2000 CARF standards that were applied, evaluated whether GBHWC is in conformance. GBHWC got the CARF decision on the 28th day of July 2017, it achieved the highest level of accreditation and was issued a three (3)

year accreditation to its entire program. This achievement is an indication that GBHWC is dedicated and committed to improving the quality of the lives of the consumers it served.

It has been a year since CARF Accreditation survey and the mindset is slowly shifting; changes to everyday practices began to happen for reasons deeper than because CARF says so. Instead, personnel were motivated increasingly by a desire for quality improvement while using CARF standards as a guide. The Quality Improvement plan that was submitted to CARF acts as a roadmap for the different programs to adhere to.

As part of Accreditation Condition 4, GBHWC submitted last April 17, 2018 its Annual Conformance to Quality Report (ACQR). The report is due on each anniversary date of the accreditation and it is a testament that GBHWC demonstrate its commitment to continuous improvement of programs and services with a focus on the needs and outcomes of the persons served. It aims to improve behavioral healthcare for the public by assuring that GBHWC is providing safe and effective care of the highest quality and value. The seal of Accreditation, is proof that finally Guam Behavioral Health and Wellness Center is the agency that provides quality behavioral health services in a safe environment that meets national standards, a line agency that Government of Guam can be proud of.

