The Joint Commission Behavioral Health Accreditation

Outcome Measures Roundtable

June 7, 2011

Webinar

Discussants
Robert E. Lieberman, M.A., LPC
Executive Director
Southern Oregon Adolescent Study Treatment Center
Grants Pass Oregon

Susan Boldt, MS
Clinical Support Manager
Southern Oregon Adolescent Study Treatment Center
Grants Pass Oregon

Toni Gartner, M.S.Ed, M.T. (ASCP)
Director of Information and Quality Management
Rosecrance Center
Rockford, Illinois

Randy Hayes, MA, LCPC
Senior Vice President
Quality Management
Timberline Knolls
Lemont, Illinois

Facilitator
Mary Cesare-Murphy, Ph.D.
Executive Director
Introductory Remarks

Mary Cesare-Murphy, Ph.D.
Executive Director
Behavioral Health Care

The Joint Commission
The Joint Commission is:

- Independent
- Not-for-profit
- Private sector, non-governmental organization

Our Mission Statement:

*To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating healthcare organizations and inspiring them to excel in providing safe and effective care of the highest quality & value.*

Our focus: helping behavioral health organizations help the people they serve.
Monitoring Performance

- Data Collection
- Data Analysis
- Performance Improvement
“New 2011”

Outcome Measures

- **Standard CTS 03.01.09**
  
  The organization assesses the outcomes of care, treatment or services.

- **Elements of Performance for Standard CTS 03.01.09**
  
  1. The organization monitors the individual’s progress in achieving his or her goals.
  
  2. The organization evaluates the outcomes of care, treatment, or services provided to the people it serves.
The On-site Survey Process

- The on-site survey agenda is in sync with an organization’s normal operational systems.
- Focus is on actual delivery of care, treatment, or services -- not just paperwork.
- On-site survey process is customized to the setting(s), service(s) and population(s) served by the organization.
Data Session

Discussion of how the organization uses data:

- Identification of data to be collected
- Turning data into information (Aggregation and analysis)
- Use of the data for change
- Performance Improvement initiatives
- Annual review of data plan
The Joint Commission Webinar
Outcome Measures

June 7, 2011

Guest Speakers
Robert E. Lieberman, M.A., LPC

Executive Director
Southern Oregon Adolescent Study Treatment Center
Grants Pass Oregon

Susan Boldt, MS

Clinical Support Manager
Southern Oregon Adolescent Study Treatment Center
Grants Pass Oregon
Southern Oregon Adolescent Study and Treatment Center

- Serving five local counties
- Community based
- Accredited since 1982
Our Services

- **Grants Pass Youth Residential (15 Beds)**
  - Psychiatric Residential for youth age 7 to 17
  - Residential Respite

- **Three Bridges Young Adult Services (12 Beds)**
  - Psychiatric Residential for young adults age 17 to 25

- **Kairos (5 Beds)**
  - Residential Treatment Home for young adults age 17 to 25

- **Therapeutic Foster Care (19 slots, 4 counties)**

- **Psychiatric Day Treatment (15 slots)**
  - Two classrooms located in public schools
Performance Measurement Activities

- Weekly data reports
- Functional Quality Surveillance (M)
- Utilization Review Reports (M)
- Standing QI Committee Reports (M)
- Treatment Plan Reviews (M)
- 90-day Functional Outcome Measurement
- Annual Program Evaluation
Functional Quality Surveillance

- Weekly/Monthly review of key output and process indicators by agency Quality Improvement Committees
  - Restraint and Seclusion data
  - Document Timeliness
  - Medication Errors
  - Service Delivery Hours provided by category
Agency-wide Annual Program Evaluation

- Demographic Output Data
- Process Indicators
  (high risk, high volume, problem prone areas)
- Functional Clinical Outcome Indicators
- Perception of Care Indicators
Functional Outcomes Evaluation

- **Goal Attainment Scaling**
  Individual and Family Therapist Assessment

- **Standardized Outcome Measures**
  Child & Adolescent Functional Assessment Scale (CAFAS)

- **Discharge Status**
  Individual and Family Therapist Assessment

- **Perception of Care**
  Youth and Family Satisfaction Surveys (YSS;YSS-F)
Standardized Assessments

- Child & Adolescent Functional Assessment Scale (CAFAS)
  - a measure of the severity of psychiatric symptoms and behavior, including functioning in school or work, home and the community, behavior toward others, moods, self-harm, drug use and psychotic symptoms. Ratings range from 0 (no significant problems in any area) to 240 (severe problems in all areas).
  - Assessed upon admission, discharge, and every 90 days in between

- (CANS)
  - Have used in the past and are reinstating its use
  - Assessed upon admission, discharge, and every 90 days in between
  - Will be adding the use of the (ANSI) for use with the Young Adult population

- GAF to be introduced with the Young Adult population
Perception of Care

- Youth Satisfaction Survey and Youth Satisfaction Survey for Families
  - Self report to rate the quality of services received on the following items:
    - Access
    - Participation
    - Sensitivity
    - Satisfaction
    - Outcomes
Use of Data

- Weekly review of Process Indicators by the Program Managers
- Monthly review of Process Indicators by the Quality Improvement Committee to identify improvement opportunities
- Client level review of goal attainment during treatment planning meetings
- Annual assessment of functional outcomes and perception of care to identify improvement opportunities for the coming year
Toni Gartner, M.S.Ed, M.T. (ASCP)

Director of Performance Improvement
Rosecrance Center
Rockford, Illinois
Selection of Measures

- Organization Mission and Vision
  - Patient Care, Safety, & Lasting Recovery

- Reason
  - Required – licensure, accreditation
  - Culture of improvement
  - Best Practices / Evidence based / research

- Validity – trustworthy

- Definition

- Collection methods

- 360 Degree Picture

- Evaluate
Actual Measures Used

- Progress on plan of care goals
- Quality of life after discharge
- Drug use after discharge
- Access to services
- Retention & Engagement
- Recidivism
- Incidents – high risk
- Perception of care surveys
  - Goals met
  - Quality of care
  - Respect
- Referral / provider surveys
- High volume
- Problem prone
Converting Data into Information

- Caveats
  - Educate users

- Analyze
  - Patterns
  - Trends
  - Sniff Test

- Reports
  - Customize to audience
  - Educate Users
  - Graphics

- Statistics
How Outcomes Reflect Better Patient Care

- Selection of Measures
  - Selection
  - Monitoring
- Changes implemented & tested
  - PDCA
- Undesirable outcomes
- Follow-up
  - Determine time frame
  - Prevent drift
  - Long-term view – re-evaluate
Randy Hayes, MA, LCPC

Senior Vice President
Quality Management
Timberline Knolls
Lemont, Illinois
Selecting Measures

- Timberline Knolls has an Outcome committee that reviews outcome measure process
- Committee is part of Quality Improvement committee
- Measures are both Process and Functional
  - Process= Are we doing what we need to do?
  - Functional= How are our residents responding to what we do?

Selection Criteria:
  - Applicability – Can it tell us what we want to know?
  - Ease of application – Can it easily be effected (Cost factor)?
  - Usefulness – Will what it tells us help us to improve?
Actual Measures

- **GAF Scores**
  - Differentiate Adolescent cp. Adults
  - Differentiate Diagnostic Categories
  - “Snap Shot” only

- **Change in BMI**
  - Standard measure of healthy weight

- **Beginning vs. Ending weights**
  - Weight gain or loss, per Dx appropriateness

- **Resident Report – Discharge**
  - Both Process and Functional Questions – Likert Scale
  - Upon discharge
  - 6 to 12 months post discharge
Data to Information

- Data are aggregated – Required first step
  - Adequate data must be collected

- Data are summarized -- ‘Tabled Averages’

- Data are graphed – Quick Snap Shot
  - Bar graphs for comparisons; Control Charts for Analysis

- Data are analyzed
  - Statistical processes- Conversion to Standard Scores; Correlation Coefficients for probable relationship of process to result

- Data analysis is reported and discussed in committee
  - Staff members are trained.

- Process improvements as required
How Outcomes Reflect Improvement

“Improvement” must be defined
- 1) Take what you get (starting point)
- 2) Decide what you want (Improvement goal)

‘Improvement’ could reference some standard
- Eg. Weight gain of X lb/week.

“Improvement” should be statistically significant

Can use standard scores to determine the stability of your processes
Comparison Beg. & End GAF

<table>
<thead>
<tr>
<th>Score</th>
<th>Admission</th>
<th>Discharge</th>
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</thead>
<tbody>
<tr>
<td>Standard Score</td>
<td>33.46</td>
<td>48.22</td>
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## Functional Outcome Questions

<table>
<thead>
<tr>
<th>Functional Questions</th>
<th>Discharge</th>
<th>Post Discharge</th>
<th>Disc StSc</th>
<th>P. D StSc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal relationships have improved</td>
<td></td>
<td>92.31%</td>
<td>-0.04</td>
<td></td>
</tr>
<tr>
<td>Relationship with family improved</td>
<td>92.31%</td>
<td>84.62%</td>
<td>-0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>Functioning more effectively work/school</td>
<td>84.62%</td>
<td>91.67%</td>
<td>-0.20</td>
<td>0.21</td>
</tr>
<tr>
<td>Improved ability to handle problems</td>
<td>84.00%</td>
<td>84.62%</td>
<td>-0.43</td>
<td>-0.29</td>
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</tbody>
</table>
### Weight Gain/Loss

<table>
<thead>
<tr>
<th>Beginning thru 1/20/2011</th>
<th>LOSS (LB/Week)</th>
<th>N=</th>
<th>GAIN (LB/WEEK)</th>
<th>N=</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Adolescents</td>
<td>0.81</td>
<td>61</td>
<td>1.03</td>
<td>219</td>
</tr>
<tr>
<td>Only ED Adolescents</td>
<td>0.6</td>
<td>32</td>
<td>1.08</td>
<td>138</td>
</tr>
<tr>
<td>All Adults</td>
<td>0.877</td>
<td>191</td>
<td>1.06</td>
<td>350</td>
</tr>
<tr>
<td>Only ED Adults</td>
<td>0.89</td>
<td>130</td>
<td>1.108</td>
<td>234</td>
</tr>
</tbody>
</table>
Closing Remarks
Complimentary support to guide you through your first accreditation

- Behavioral Health Accreditation Team
- Complimentary conference calls & webinars
- Standards Interpretation Group: (630) 792-5900
- Introduction to mentor organizations
- Account Executive
- More information at: www.jointcommission.org/bhcs
Joint Commission
Behavioral Health Care Accreditation

The Joint Commission’s Gold Seal of Approval™ means your organization has reached for and achieved the highest level of performance recognition available in the behavioral health field.
Behavioral Health Care Accreditation Team

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