

## **SECTION VIII: QUALITY ASSURANCE**

Our quality management approach will target each of the three major goals cited in this Plan, and include indicator assessment as prescribed by the Plan, as well as quality measures and performance objectives related to the three goals.

### **Goal 1 - Indicator Assessment and Performance Measures:**

During the five years of Plan implementation, Harrisburg State Hospital will:

- A. Track and report on a monthly basis, the numbers and proportions of clients who have been hospitalized no more than two years vs. those who have a length of stay exceeding two years, by county. At each (quarterly) Continuity of Care meeting, beginning July, 2005, the hospital will report the demographic characteristics and variances of these two lengths of stay groups to each county MH/MR program and to the Central Field Office of OMHSAS.
- B. Establish performance objectives and quality measures for this goal to include, but not limited to, the following:
  - 1. By the end of FY 2005-06, 80% of hospital admissions are discharged within two years; by the end of FY 2006-07, 85% are discharged within two years; by FY 2007-08, 90% discharged within two years; by FY 2008-09, 95% discharged within two years; and by FY 1009-10, 98% are discharged within two years.
  - 2. By the conclusion of FY 2005-06, the one-year readmission rate to Harrisburg State Hospital does not exceed 8% and by FY 2009-10, one-year readmission rates do not exceed 10%.
  - 3. By FY 2005-06, at the point of discharge, 90% of Harrisburg State Hospital clients report that they participated in treatment and discharge planning, and by FY 2009-10, this rate is increased to 95%.
  - 4. As a measure of hospital staff orientation and cultural change, by FY 2009-10, 90% of hospital clients report at discharge that staff believed they could grow, change and recover.
  - 5. By June 30, 2007, ninety-five percent (95%) of persons discharged from the hospital will be seen by a psychiatrist within 30 days of discharge and 99% will be seen within 45 days.
  - 6. Monitor the number of hospital clients who are admitted to a community inpatient psychiatric unit within three months, six months, nine months or 12 months after discharge (performance indicator rates to be determined).

- C. Revise the quality management system presently in place at Harrisburg State Hospital to evaluate all performance indicators and quality measures listed above except 5 and 6. A process to track the latter two will be developed jointly with the counties between FY 2004- 05 and FY 2005-06, to be operational no later than July 1, 2006.
- D. Continue to maintain a database containing names of clients who have been hospitalized longer than 2 years. Included in the database will be assessment information from each client's treatment team identifying those individual circumstances and unmet client needs precluding discharge. This information will provide a stimulus to the Hospital program staff to refocus or expand client skills building program curricula, and an indicator to community staff regarding deficits in the joint services continuum.

### **Goals 2 & 3 Indicator Assessment and Performance Measures:**

During the five (5) years of plan implementation the four (4) mental health programs in the seven (7) county service area will work collaboratively to develop a uniform data base, to allow for comprehensive and accurate tracking of the number of publicly funded consumers who are voluntary and involuntary committed to community hospital inpatient psychiatric units during each fiscal year.

The database will identify the consumers who have had 1, 2, 3, 4, 5, or 6+ 302 commitments during a fiscal year as a percentage of total consumers served.

The database will identify the publicly funded consumers who have had 1, 2, 3, 4, 5, or 6+ voluntary admissions during a fiscal year as a percentage of total consumers served.

This system will be planned and designed during FY 2004-05 and FY 2005-06 and ready for implementation no later than July 1, 2006.

### **ADDITIONAL QUALITY MANAGEMENT INITIATIVES**

- A. The Consumer/Family Satisfaction Team process will be expanded to include the interviewing and assessment of every Harrisburg State Hospital client within 6 to 12 months after discharge. Subsequent interviews and reassessment will be conducted on a 15-25% sample basis annually thereafter. Tabulated results of the interviews will be published quarterly and presented at quarterly service area Continuity of Care meetings. Consumer-identified process or service problems will be evaluated by frequency of occurrence, weighted for severity of failure and prioritized for performance improvement efforts.

Team training will be provided during FY 2005-06, and the teams will begin conducting client satisfaction surveys of discharged consumers by July 1, 2006.

- B. Recovery Model Training – In conjunction with the implementation of Goal 1, HSH and community provider agency staff will need extensive training in recovery model principles to expand their clinical expertise and competence in applying these principles in the consumer service settings.

Staff-in-training will be expected to demonstrate a reasonable level of knowledge competence regarding principles at the conclusion of the training sessions.

Training on recovery philosophy and principles for HSH staff will be planned and coordinated by the Hospital's Training Advisory Committee and will be provided to staff throughout FY 2004-05 and FY 2005-06. Similar training will be arranged for and delivered to staff providers into the community mental system by county program staff or training specialists familiar with recovery philosophy and principles. Whenever possible, recovery oriented training will be provided jointly to HSH and community staff to ensure all parties in the service system continuum are receiving the same types of training and demonstrating the same types of mastery of the content (competence).