

**Behavioral Health Services
QPSC Report Executive Summary
May 21, 2020**

COVID Response:

John George Psychiatric Hospital (JG) response to the pandemic was largely informed by the realization that we were dealing with a virus spread by community contact and our congregate environment that is highly susceptible to a possible outbreak. Our Psychiatric Emergency Service (PES) sees an average of 35 patients in a 24-hour period many of which arrive and are discharged from our facility to other congregate settings.

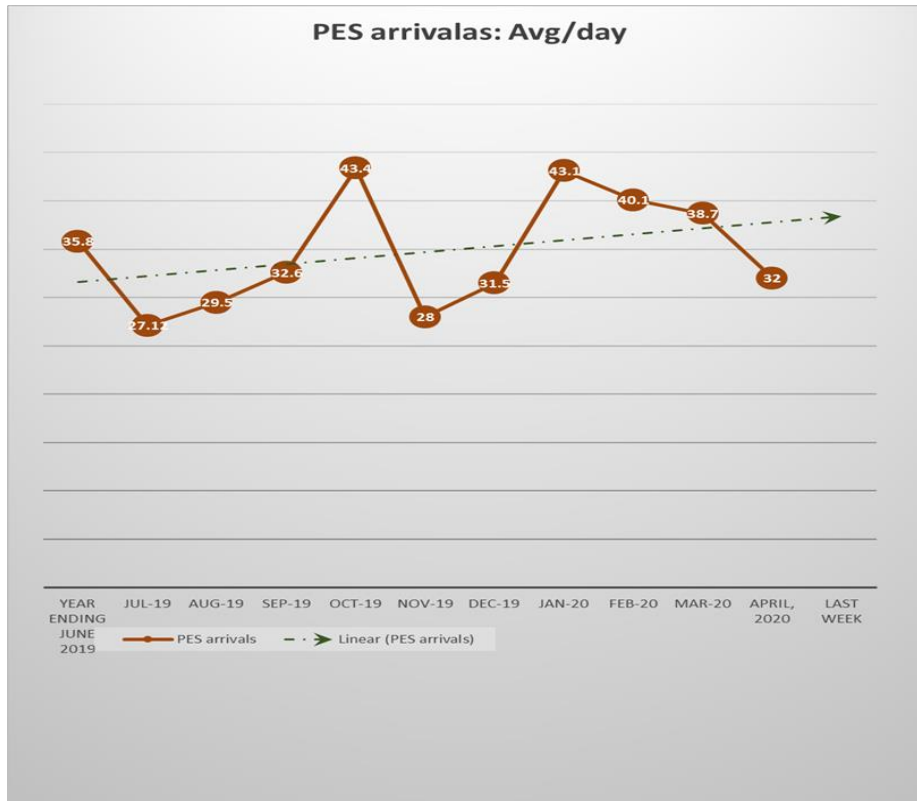
In accordance with CDC guidelines and established Public Health Order issued mid-March, we began screening patients on arrival for any respiratory symptoms or fever. All patients presenting symptoms were immediately transferred to AHS Emergency Departments and accepted back after resolution of symptoms or a negative COVID test. Of the approximately 120 patients that we have in our facility on any given day, we have transferred approximately 3 patients/week based on our criteria.

Additional measures were implemented that contributed to our ability to maintain a safe environment for our patients and staff. Of note, we employed hourly sanitization of frequent touch surfaces by EVS, education for patients about sanitation several times a day, and creating an activity for our patients that required them to perform hand hygiene every 2 hrs. We equally adopted universal masking of staff and patients early in the course of our response and ensured adequate supply of PPE.

One area of high concern was the continued overcrowding in PES resulting from about 20-25 arrivals in the evening and night shifts. With very limited disposition options in the late hours we were unable to make safe discharges resulting in unsafe census conditions exceeding 55 patients plus staff in a very confined space. Social distancing was virtually impossible, and the risk for transmission of the virus by asymptomatic patients was extremely high. In collaboration with the County Health Department, we decided to limit our census in PES to 25 patients at any given time. Concurrently, we made several improvements to our workflow to maintain access to those needing acute and emergency services and implemented telepsychiatry intended to support AHS Emergency departments with early triage, treatment, and disposition.

Since the initiation of the new diversion protocol, we have experienced an increase in the activation of full diversion during late night and morning hours due to late presentations to PES typically after 4 PM. However, the total hours of diversion in the 30 days after initiation of our new census management plan have decreased by 15% (119 hrs vs 140 hrs) compared to the prior 30 days. The number of patients seen in our PES over the past month has decreased slightly (from 33/day to 29/day). The PES arrival numbers tend to fluctuate by 10-20% every month so this decrease could be reflective of that variation. A definite increase in the number of

dispositions occurring directly from our Emergency Departments have contributed to this decline. However, to total number of visits YTD have shown a slight increase.



Survey Response and Readiness:

During the Joint Commission 2020 survey at John George there were several findings. The Interim Director, Unit Managers and Educator have worked to revise policies and procedures to improve safety and patient care. The Emergency Medical Cart was revised to include only supplies needed for a BLS rapid medical response. All staff and physicians were trained in the revision of the Emergency Medical Cart and its contents.

EVS has done phenomenal job in cleaning the facility. They have been performing extensive cleaning on all units paying extra attention to the findings of the Joint Commission Survey. The floors have greatly improved in appearance as well as baseboards and corners. The EVS team has focused on different cleaning products and utilizing outside cleaning crews to quickly improve the status of the cleanliness of the environment.

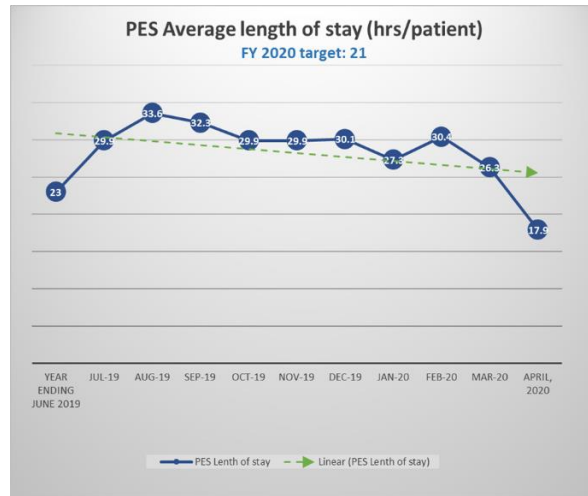
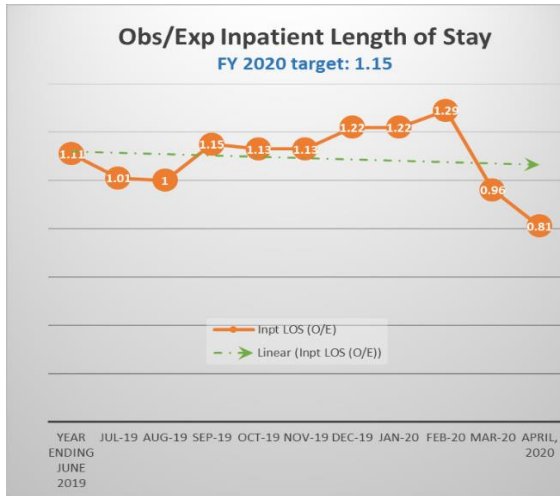
The Unit Managers have also taken ownership in their daily rounding to ensure their units are clean. Engineering has worked to upgrade the floors and painted the walls in the patient bathrooms to provide a fresh and clean appearance. Daily and weekly rounding of the environment has assisted in maintaining the efforts by both EVS and Engineering's dedicated work to provide a clean environment for our patients.

True North Metric Dashboard Review:

For the month of April, we demonstrated strong performance in all areas. YTD performance is also on target except for patient experience which continues to be closely evaluated. The arrival of COVID served as the burning platform requiring an urgent need to optimize patient flow in order to meet the dual needs of maintaining a safe census and maintaining access for our patients. Enhanced attention was paid to the key steps of the workflow at JGPH and adjustments made to better position us for a surge or outbreak. These changes have led to significant

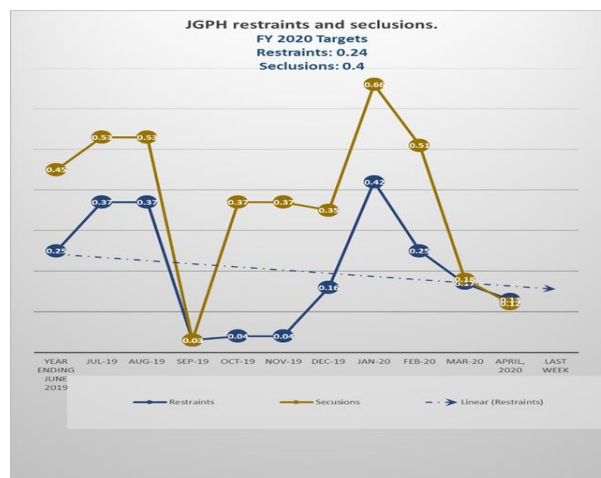
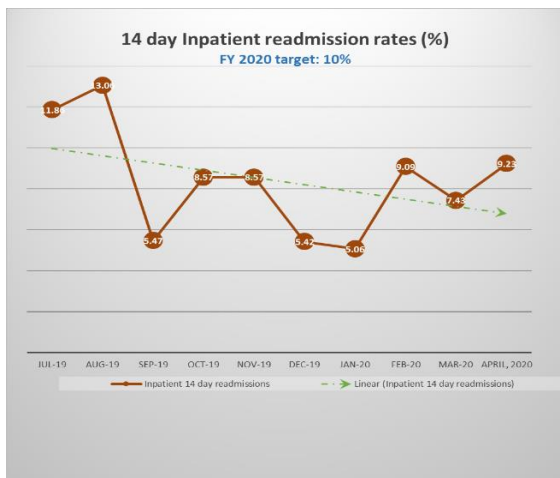
improvements which we aim to establish as the new normal. The most significant change has been a large drop in the length of stay in PES which has moved us closer to our target for this year.

Observed to expect Inpatient length of stay has shown a measurable decrease in the last two months. Workflow improvements led by Social Work and Psychiatry leadership have supported inpatient clinical treatment team's ability for early dispositions leading to improved efficiency by upwards of 30%. We expect to meet our goals for the FY 2020.



Quality:

We continue to demonstrate strong performance in the areas of readmission, restraints, and seclusions. This is largely attributed to clarification of clinical practices and protocols, effective management of the patients in the units, greater engagement from the nursing staff, and continued education. We expect to meet these targets in FY 20.



The Quality Assurance and Process Improvement (QAPI) Committee continues to meet weekly to review our Compliance with the approved CMS Plan of corrections. We are closely monitoring 16 metrics that capture our performance in the area of nursing services, medical care, suicide prevention and patient rights. The committee reviews findings from prior week and interventions are started to address fall outs. We expect to be at 90% compliance within the next quarter.

Patient Experience:

Patient experience as measured by Press Ganey continues to be higher than our FY 19 average and we make steady progress towards our FY 20 target. As the improvements in safety and quality get consolidated and continue to move in a positive direction, we believe the change will be reflected in this metric too. We are optimistic about meeting the goals by the end of this Fiscal Year.

