

GENESEE COUNTY CMH
Performance Improvement Project plan and report

Title of PIP: Improving monitoring and management of crisis utilization

Managed by: T. Malin / J. Nigrine

Date initiated: 1/5/09

Target completion date: 12/31/09

Problem to be addressed. Include rationale for addressing this problem at this time, and how it affects PHIP consumers / departments / functions.

Inpatient recidivism for adults is near the MDCH criterion of 15%, and for children it at times exceeds the criterion. This may imply an almost routine overreliance on crisis level services, including hospitalization, to care for a substantial number of high-risk / high-needs consumers.

Aside from inpatient recidivism, we have no established benchmark by which to measure and monitor the utilization of crisis services, or recidivism into the wider continuum of crisis services. Where crisis care is provided, and especially where a consumer returns to crisis care shortly after leaving care, questions arise about the appropriateness and quality of the consumer's after-care services, discharge and transition planning, and follow-up. Monitoring crisis services and crisis aftercare in a broader way; i.e., broader than just post-inpatient rates of re-hospitalization, may help to improve overall quality and reduce consumer risk.

Study question: Will the interventions the PIHP enacts reduce inpatient recidivism for adults and children to less than 10%, and significantly reduce crisis recidivism, and inpatient and other crisis utilization, compared to baseline FY 2008 values?

Project participants

Name	Title	Role in PIP implementation
Tracey Malin	Clinical Risk Officer	Initiated project; manage clinical review functions
Jon Nigrine	Outcomes Manager	Manage measurement and data reporting
John Holiday	Manager, UM and Access	Manage UM / Access involvement
Lauren Tompkins	UM / QM / Access director	Manage administrative decisions and actions
Sabina Hendrix-Williams	Consumer representative	Provide insights from the consumer perspective. Participate in all group meetings to plan, implement, and evaluate the project, review and contribute to plans and documentation.
Linda Emerson	UM Coordinator	Provide input re. UM factors; assist in implementing UM activities

Name	Title	Role in PIP implementation
Rose Cook	Medical Review Coordinator	Provide input re. risk management factors; assist in implementing activities related to the risk mgmt process
Sheri Richardson	QM Senior Secretary	Provide integrative input / feedback; manage PIP communications and other administrative needs
Tara Jones-Tartaglia	QM Supervisor	Coordinate group activities and quality audit functions / data
Renee Keswick (<i>ad hoc</i>)	Training / community relations manager	Assist in developing, implementing, and evaluating trainings

Analysis of barriers to improvement and plans to address them

Barrier	Evidence for barrier	Plan to address	Date to address
Lack of appropriate follow-up after discharge	Provider self-study data from FY 07-08	Develop monitoring mechanism and provide case-level feedback to providers	Begin 2/09
Failure to identify high-risk cases and meet service needs appropriate to the risk level	Review of high-crisis-utilization cases	1. Develop supervisor materials and staff training resources 2. Consider use of incentives\ 3. Develop easy-to-use methods to identify high-risk cases	1. Summer 09, with annual CM training 2. TBD 3. Begin 2/09
Providers lack knowledge of the available service array which negatively impacts discharge planning/aftercare service provision	Review of high-crisis-utilization cases	Develop training on available programs and resources	Summer 09
There is a need to continue to evaluate factors impacting crisis service utilization	Current rate of crisis service utilization	Continue case level and population level analyses of factors related to high crisis service utilization	Begin 2/09

Additional notes on interventions. e.g. detailed timeframes, need for buy-in outside the system, involvement of consumers

We will continue with ongoing case review and continue to identify and address issues dynamically as the project moves forward. The project will be driven by monthly meetings of the above-named individuals, to review cases, statistics, and intervention progress, and plan ongoing interventions.

Measures of progress (include one or more)

Measure	Measure 1	Measure 2	Measure 3	Measure 4	Measure 5
	<i>Inpatient recidivism rate: adults</i>	<i>Inpatient recidivism rate: children</i>	<i>Crisis recidivism rate: all</i>	<i>Inpatient utilization</i>	<i>Non-inpatient crisis utilization</i>
Baseline performance: FY 08	10.5%	11.4%	10.5%	0.357*	0.372*
Target performance	< 10% each quarter	< 10% each quarter	Significantly reduced	Significantly reduced	Significantly reduced
Remeasurements: schedule all dates initially, and fill in as measurement is completed; add rows if necessary	2009 Q1				
	2009 Q2				
	2009 Q3				
	2009 Q3				
	2009 Q4				

Notes on measurement (definitions, issues re. validity, etc.)

All measures defined as in the FY 09 PIHP QI Plan. Inpatient recidivism includes all cases known to the PIHP and referred to a PIHP program for aftercare.

Crisis recidivism is defined as the % of cases discharged from all crisis services (inpatient, PHP, crisis residential, crisis stabilization) that return to any crisis care within 30 days.

Inpatient and non-inpatient crisis utilization are measured as mean consumer-days in crisis care per consumer-month enrolled. Non-inpatient crisis services include PHP, crisis residential and crisis stabilization.

Significant reductions measured by chi-square probability < .05 in a quarter.

Narrative description of project status and progress, based on interventions completed and progress measures. If adding additional measures or interventions, identify here and add them to the appropriate grid above.

Date	Project status / progress (identify if project is completed)
1/5/09	Initial formulation of plan, development of PIP document.
2/16/09	Developed data analysis plan to identify patterns in crisis utilization
3/2/09	Plan to develop process benchmarking exercise for recidivism. Identified metrics for crisis provider effectiveness: crisis recidivism, crisis utilization post-dc.
4/23/09	Process benchmarking exercise with CM providers, to identify factors associated with low recidivism / crisis recidivism
5/12/09	2009 Q1 recidivism compliant: 11% child / 9% adult; Q2 initial #'s appear compliant: 11% child / 10% adult

Final summary. Consider topics such as the following: Was the PIP successful? What worked? What did not work? What should be monitored on an ongoing basis? What issues were raised that might merit further attention?