Psychiatric Health Facility Medical Care Evaluation Study

PATIENT ENGAGEMENT IN TREATMENT GOAL SETTING
JANUARY 2017 - JANUARY 2018

Purpose of MCE Studies

The purpose of medical care evaluation (MCE) studies is to promote the most effective and efficient use of available Psychiatric Health Facilities (PHF) and services consistent with patient needs and professionally recognized standards of health care.

A CMS audit, conducted in October 2015, found:

> "482.61(c)(1)(ii) TREATMENT PLAN
> The written plan must include short-term and long-range goals This standard is not met as evidenced by:
>> Based on interview and record review, the facility failed to provide Master Treatment Plans that identified patient-related short-term goals…"

The purpose of this MCE is to study and improve patient engagement in treatment. Specifically, this study will support and monitor patient generated treatment plan goal(s).

Description

Baseline & Benchmarks:

At baseline in December 2016, less than half (40%) of all of charts reviewed had a PET completed within 24 hours. Similarly, just 40% of charts reviewed showed evidence of a patient goal statement in the treatment plan. Additionally, in only 20% of the charts was there evidence of the PET being integrated into short-term goals.

Hypotheses

The hypothesis is that by implementing a training intervention and providing monitoring and feedback, staff will increasingly engage clients in treatment goal setting.

By way of training, staff are provided with both: a) skills and b) a tool - Patient Engagement Tool (PET) – to engage clients in personalized short-term goal setting, as part of their treatment plan. Monitoring and feedback are provided by way of:

a) a posted list of completed client PET's (or that it still needs to be completed), and
b) monthly chart review audits.

Intervention 1: Training
Training the PHF staff on three (3) Motivational Interviewing skills to use with completion of PET and treatment plan:
   1) the ruler
   2) agenda mapping
   3) miracle question

Intervention 2: List in Nursing Station
List of patients and PET completion status serves as a reminder to attempt to complete the PET if the patient refused or was unable to at admission (ideally completed within 24 hours of admission).

Rationale
Due to the finding of a CMS audit in October of 2015, the Mental Health Plan (MHP)/PFH was aware of improvements needed in terms of patient engagement in treatment planning. The MHP adopted the, "Patient Engagement Tool Policy" (see appendix) in October 2015. During the course of calendar year 2016 it became clear to PHF leadership that adopting the new policy was necessary but not sufficient in terms of changing clinical practice.

Underlying Concerns
Quality care
Individualized care
Patient engagement
Best practice in treatment planning

Usefulness of the Study
The present study is useful in that it helps the MHP/PHF learn about and support practices that are reflective of a patient-centered system of care and recovery, wherein patient preferences, needs and values are respected and incorporated into the course of treatment.

The present study is useful in that it directly addresses a deficit noted during a CMS audit.

Theoretical Framework

The Institute of Medicine identifies "patient centered care" as one of six elements of high-quality care.

> "Psychiatry is changing as the field of medicine adopts patient-centered care. This model of care places greater emphasis on the patient's involvement in determining the goals of treatment that are meaningful to them and the nature of their care. Meaningful goals for patients generally go beyond symptoms to include quality of life, functioning, and a sense of hope and self-efficacy. Patient-centered care isn't just about putting the patient at the center of the care equation. Rather, it shifts the balance of authority and responsibility of the doctor-patient relationship and incorporates shared decision making (SDM) between the clinician and the patient, particularly when it comes to treatment. SDM is defined as "a collaborative process that allows patients and their providers to make health care decisions together (Dixon and Lieberman, 2014)"

The Patient Engagement Tool (aka PET) is a core element of, a tool utilized to implement, patient centered care at the PHF.

Identify Components of Quality that are Assessed by this Evaluation

Patient centered care
Patient engagement in treatment planning
Timely treatment planning
Quality treatment plans with short and long term goals

Data Sources:

The primary data source for this study is a workbook in which PHF client chart reviews are documented. The following variables/fields are tracked:

1. # Charts Reviewed

2. PET completed within 24 hours (#/%)
   - Refusals (#/%)
   - Re-attempts (#/%)
   - Other/ PET Not Done (#/%)

3. PET Integrated in Short Term Goal (STG) (#/%)

4. Patient Goal Statement in Treatment (Tx) Plan (#/%)

Analysis:
Chart reviews were conducted on a monthly basis and the data entered into a spreadsheet. Data were summarized and shared on a quarterly basis.

Results:

Primary Measures

	December 2016 Baseline	Avg Jan-Mar 2017	Avg Apr-June 2017	Avg July-Sep 2017	Avg Oct-Dec 2017	*Annual Average*	*% change*
# Charts Reviewed	*5*	5	5	5	5		
PET within 24 hours	*2*	3.7	4.0	4.3	4.3	*4.1*	
	40%	73%	80%	87%	87%	*82%*	**104.2%**
PET Integrated in STG	*20%*	17%	25%	33%	33%	*27%*	**35.4%**
Signatures	*100%*	100%	100%	100%	100%	*100%*	**0.0%**
Patient Goal Statement in Ttreatment Plan	*40%*	40%	67%	67%	87%	*65%*	**62.5%**

Secondary Measures

LTG: Specific, Bx language, Measureable	*0%*	47%	27%	40%	67%	*45%*	**450%**
STG: Specific, Bx language, Measureable	*70%*	72%	62%	75%	77%	*71%*	**1.8%**
Interventions: Specific, Bx language, Measureable	*90%*	97%	72%	90%	93%	*88%*	**-2.3%**
Medical Treatment Plan	*40%*	51%	63%	60%	69%	*61%*	**52.1%**

LGT: Long –Term Goal; STG: Short –Term Goal; Bx: Behavioral

Program Impact:

Primary Measures: As can be seen in the summary table above, there were positive changes (increases) in: the percentage of PETS completed within 24 hours; PET integration in the short-term goal; and, the patient goal statement in the treatment plan. All but one of the primary measures improved, and that one, the percentage of signatures, remained at 100% throughout the study (no room for improvement)

Secondary Measures: As can be seen in the summary table above, there were positive changes (increases) in half of the secondary measures (2 of 4), including long term goals that were specific, measurable and included behavioral language and completion of medical treatment plans. There was little or no improvement in short term goals or interventions (specific, measurable and inclusion of behavioral language).

Recommendations for the Future:

It is recommended that chart reviews continue, with ongoing monitoring and reporting of outcomes to the Quality Assurance Performance Improvement (QAPI) committee. It also recommended that staff are periodically re-trained on treatment planning, patient engagement and particularly writing short and long-term goals.

Resources and References:

Patient engagement in the inpatient setting: a systematic review. Jennifer E Prey Janet Woollen, Lauren Wilcox, Alexander D Sackeim George Hripcsak, Suzanne Bakken, Susan Restaino Steven Feiner, David K Vawdrey. Journal of the American Medical Informatics Association, Volume 21, Issue 4, 1 July 2014, Pages 742–750, Published: 28 October 2013
https://doi.org/10.1136/amiajnl-2013-002141

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https://journals.lww.com/hnpjournal/Abstract/2017/11000/Seeking_Humanizing_Care_in_Patient_Centered_Care.2.aspx

Psychiatry Embraces Patient-Centered Care. Lisa Dixon, M.D., M.P.H., and Jeffrey Lieberman, M.D. Published online: February 07, 2014
https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2014.2a15

Promoting patient-centered care: a qualitative study of facilitators and barriers in healthcare organizations with a reputation for improving the patient experience. Karen Luxford, Dana Gelb Safran, Tom Delbanco. International Journal for Quality in Health Care, Volume 23, Issue 5, 1 October 2011, Pages 510–515, Published: 16 May 2011
https://doi.org/10.1093/intqhc/mzr024

The Values and Value of Patient-Centered Care. Ronald M. Epstein, MD and Richard L. Street Jr, PhD. Annals of Family Medicine. March/April 2011 vol. 9 no. 2 100-103
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ALCOHOL, DRUG AND MENTAL HEALTH SERVICES
POLICY AND PROCEDURE

Section	Psychiatric Health Facility		Effective:	10/16/2015
Sub-section	Nursing			
Policy	Patient Engagement Tool		**Last Revised:**	New policy
Policy #	6.2xxx			

Director's Approval		Alice Gleghorn, PhD	**Date**	
Medical Director's Approval		Leslie Lundt, MD	**Date**	
Supersedes:	New policy		**Audit Date:**	

1. **PURPOSE**

   1.1. To establish guidelines for the utilization of the Patient Engagement Tool (PET) (see Attachment A). The PET provides all patients admitted to the Psychiatric Health Facility (PHF) with a means to actively communicate and participate in his/her treatment based on individually identified long- and short-term goals.

   1.2. To promote practices that are reflective of a patient-centered system of care and recovery where patient preferences, needs and values are respected and incorporated into the course of treatment.

2. **DEFINITIONS**

   The following terms are limited to the purposes of this policy:

   2.1. **Patient Engagement Tool (PET)** – a self-administered treatment goal identification tool designed to actively involve the patient in treatment decisions which can support positive patient experiences, greater adherence to treatment recommendations and better outcomes.

   2.2. **Treatment Team** – consists of the patient and PHF personnel from various disciplines. The treatment team's membership will be dictated by the particular needs, strengths, and preferences of the patient and may include: a psychiatrist; social worker; recreational therapist; dietitian; nursing staff; and other identified professionals (i.e. outpatient case

manager, psychologist, contracted providers). Family, guardians and/or significant support persons may also be involved in the treatment planning process.

3. POLICY

3.1. Within 24 hours of admission, all PHF patients will be given the opportunity to independently complete and submit a PET to his/her treatment team.

4. ENGAGEMENT AND DOCUMENTATION PROCEDURES

4.1. At admission, the admitting nurse (or for patients admitted overnight, the following morning's assigned nurse) will present the PET to the patient. This preferably occurs after intake and once the patient has been oriented to the unit.

4.2. A brief explanation of the PET's purpose should be provided. For example,

"The information we gather on this form will be used by your treatment team to help you reach your goals. We would like for you to write (or say) in your own words what you hope to achieve by discharge".

The patient will be encouraged to fill out the PET independently, but will be provided assistance if needed.

4.3. If the patient is too agitated, delusional, mute or otherwise uncooperative and unable to participate in the completion of the PET, the admitting/assigned nurse will check the box at the bottom of the PET that reads:

"□ *Unable to participate in shared decision making at this time due to severity of symptoms."*

The admitting/assigned nurse will document his/her initials and the date under the checked box.

4.4. The admitting/assigned nurse will communicate to the oncoming shift the need to complete the PET. Every assigned nurse on each shift thereafter will attempt to engage the patient in completing the PET and enter the date and initials of each attempt up until the initial treatment planning day.

4.5. If the PET has not been completed by the initial treatment planning meeting, the treatment team will assist the patient in completing the tool at this time.

4.6. Once completed, the patient and the assigned nurse will sign and date the bottom of the PET.

4.7. Completed forms are filed in the patient's chart under the tab labeled "Treatment Plan".

4.8. During the patient's weekly review of his/her individualized treatment plan, the PET will be reviewed to identify any changes the patient wishes to make and hence guide the treatment team's treatment planning.

5. LONG- AND SHORT-TERM GOAL DEVELOPMENT

5.1. When developing long-term goals, help the patient focus on goals that are practical, clear and achievable by discharge. Prefacing goals with *"At discharge, I would like to..."* or *"At discharge, I plan to…"* can help direct statements that are individualized and patient-oriented.

Some examples:

"At discharge, I would like to continue collaborating with my outpatient team to work towards recovery and the reduction of my symptoms related to my diagnosis."

"At discharge, I would like to have a safe place to live, access to community resources for meals and assistance with managing my medications."

"At discharge, I plan to attend abstinence meetings and meet with my sponsor to continue my path of sobriety. Sobriety helps me to feel less depressed and function in my daily life."

5.2. Short-term goals are the incremental steps a patient takes to reach his/her long-term goal. When selecting short-term goals, ask the patient to place a check mark in the rightmost row. In the example below, the red check marks illustrate the patient has chosen to actively

The steps I am willing to take to reach my goal(s) are (Short term goals):

Actively Participate in treatment:		✓
	Attend treatment plan meetings	✓
	Participate in groups	
	Adhere to treatment plan/medications	✓

participate in treatment by:

1. Attending treatment plan meetings, and

2. Adhering to treatment plan/medications

Note that the patient is free to select as many or as few short-term goals he/she pleases.

5.3. For the short-term goal titled "Attend therapeutic groups", ask the patient to select and circle which group(s) he/she is interested in or were recommended by treatment team members from the PHF's *Weekly Groups Program Schedule* (see Attachment B). Training for staff on the purpose and objectives of groups is available.[1]

5.4. At the end of the PET, patients may include "Other Goals" that are not necessarily linked to the services and scope of the PHF, but are more oriented to personal fulfillment or life objectives. While the PHF cannot directly help the patient achieve these types of goals, staff

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[1] Contact the PHF's Director of Social Services for more information.

can provide information or resources to the patient. Examples of "other goals" include *"Go back to school and get my associates degree"* and *"Reconnect with old friends or family."*

ASSISTANCE

Charlotte Balzer-Gott, RN, PHF Nursing Supervisor

Veronica Heinzelmann, LCSW, PHF Director of Social Services

REFERENCE

Code of Federal Regulations – Public Health
Title 42, Sections 482.61

Centers for Medicare and Medicaid Services (CMS) State Operations Manual for Psychiatric Hospitals – Interpretive Guidelines and Survey Procedures
Btag 103B

ATTACHMENTS

Attachment A – Patient Engagement Tool

Attachment B – PHF Weekly Groups Program Schedule

RELATED POLICIES

C-1.0 – Treatment Planning

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies
Alcohol, Drug and Mental Health Services (ADMHS) is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All ADMHS policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).

Attachment A

County of Santa Barbara   **Patient Engagement Tool**   **Psychiatric Health Facility**

Patient Name: _____   Date: _____

Our program is based on shared decision making to assist you in reaching your treatment goals. Please list your goal(s) and identify the steps you are willing to take to achieve them.

What I want to accomplish by discharge: (Long term goal):_____

_____

_____

_____

The steps I am willing to take to reach my goal(s) are (Short term goals):

Actively Participate in treatment:		✓
	Attend treatment plan meetings	
	Participate in groups	
	Adhere to treatment plan/medications	
Learn about my medications:		
	1:1 with doctor/nurse	
	Med Education Group	
	Read about them	
Attend therapeutic groups:		
	Circle choice(s) on back of form	
Work with my case manager to:		
	Identify Housing Options	
	Address legal problems	
	Identify community resources	
	Link to outpatient treatment	
Complete activities of daily living:		
	Attend to oral hygiene	
	Attend to sleep hygiene	
	Attend to grooming	
Maintain a balanced diet:		
	Attend nutritional groups	
	Consume > 50% of meals	
	Adhere to intake/weight monitoring	
	Exercise healthy food choices	

Other Goal: _____

_____

_____

☐ **Unable to participate in shared decision making at this time due to severity of symptoms.**
   (*Staff Initials/Date:*_____)

_____   _____
        Patient Signature/Date   *Staff Signature/Date*

Patient Sticker

Attachment B

County of Santa Barbara | Patient Engagement Tool | Psychiatric Health Facility

Weekly Groups Program Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
☐9:00-9:30 (RT) Community Meeting	☐9:00-9:30 (RT) **Community Meeting**	☐9:00-9:30 (RT) **Community Meeting**	☐9:00-9:30 (RT) **Community Meeting**	☐9:00-9:30 (RT) **Community Meeting**	☐9:00-9:30 (RT) **Community Meeting**	☐9:00-9:30 (RT) **Community Meeting**
☐9:30-10:00 (RT) Morning Stretch	☐9:30-10:00 (RT) **Morning Stretch**	☐9:30-10:00 (RT) **Morning Stretch**	☐9:30-10:00 (RT) **Morning Stretch**	☐9:30-10:00 (RT) **Morning Stretch**	☐9:30-10:00 (RT) **Morning Stretch**	☐9:30-10:00 (RT) **Morning Stretch**
☐10:00-10:45 Wellness & Recovery (Peer Recovery Specialist)	☐10:00-10:30 (RT) **Know Your Rights**	☐10:00-10:45 **Wellness & Recovery** **(Peer Recovery Specialist)**	☐10:00-10:30 **Know Your Rights** **(Patient's Rights Advocate)**	☐10:00-10:45 **Resources in Your Community** **(Peer Recovery Specialist)**	☐10:00-10:45 (RT) **Current Events**	☐10:00-11:00 (RT) **Self Expression Through Art and Crafts**
☐11:00-11:45 DBT (LCSW)	☐11:00-11:45 **Nutrition Group (R.D.)**	☐11:00-11:45 **Practicing Healthy Alternatives**	☐11:00-11:45 **Life Skills (RT)**	☐11:00-11:45 **Nutrition Group (R.D.)**	☐11:00-11:45 **Coping Skills (MFT)**	☐11:00-11:45 **Relapse Prevention (MFT)**
☐1:30-2:15 (RT) Practicing Healthy Alternatives	☐1:30-2:15 (RT) **Art/MusicTherapy**	☐1:30-2:15 (R.N.) **Medication Education**	☐1:30-2:15 (RT) **Socialization Through Fine Arts**	☐1:30-2:15 (RT) **Healthy Actions to Help Reduce or Prevent Stress**	☐1:30-2:15 (RT) **Leisure Skills**	☐1:30-2:15 (RT) **Socialization with a focus on Sports**
☐2:30-3:00 **Open Patio**	☐2:30-3:00 **Open Patio**	☐2:30-3:00 **Open Patio**	☐2:30-3:00 **Open Patio**	☐2:30-3:00 **Open Patio**	☐2:30-3:00 **Open Patio**	☐2:30-3:00 **Open Patio**
☐3:00-3:45 (RT) Coping Skills	☐3:00-3:45 (MFT) **Restoration to Competency**	☐3:00-3:45 (PhD) **DBT**	☐3:00-3:45 (MFT) **Accessing Community Resources**	☐3:00-3:45 (RT) **Recreation Time: Patio/Leisure Skills**	☐3:00-5:00 (RT) **Socialization: Movie & Popcorn**	☐3:00-3:45 (R.N.) **Medication Education**
☐4:00-4:45 Voice Hearer's Group (Peer Advocate)	☐4:00-4:45 (MFT) **Harm Reduction**	☐4:00-4:45 **Substance Abuse Education** **(Peer Recovery Spc)**	☐4:00-4:45 (MFT) **Harm Reduction**	☐4:00-5:00 (RT) **Anger Management Skills**		☐4:00-5:00 **AA Group** **(H & I Volunteer)**
☐5:00-5:30 (RT) Wrap-up Group	☐5:00-5:30 (RT) **Wrap-up Group**	☐5:00-5:30 (RT) **Wrap-up Group**	☐5:00-5:30 (RT) **Wrap-up Group**	☐5:00-5:30 (RT) **Wrap-up Group**	☐5:00-5:30 (RT) **Wrap-up Group**	☐5:00-5:30 (RT) **Wrap-up Group**
☐6:00-6:30 T.V. Time-Evening News	☐6:00-6:30 T.V. Time-Evening News	☐6:00-7:00 **AA Group (H & I Volunteer)**	☐6:00-6:30 **TV Time-Evening News**	☐6:00-6:30 **TV Time-Evening News**	☐6:00-8:00 **Patient's Choice/Vote**	☐6:00-8:00 **GAME NIGHT**
☐9:00-9:30 Sleep Hygiene	☐9:00-9:30 **Sleep Hygiene**	☐9:00-9:30 **Sleep Hygiene**	☐9:00-9:30 **Sleep Hygiene**	☐9:00-9:30 **Sleep Hygiene**	☐9:00-9:30 **Sleep Hygiene**	☐9:00-9:30 **Sleep Hygiene**

Patient Sticker

PHF MCE PET Timeline

December 2016	January - March 2017	April - December 2017

Baseline	Intervention Period	Post- Intervention Study Period

◄──────── **Monitoring/Chart review:** 1) Presence of PET 2) Patient goal statement in PET and Tx plan ──────►

2/13/17 MI Training 1
3/6/17   MI Training 2
3/27/17 MI Training 3

Intervention: Training
Training the PHF staff on three (3) Motivational Interviewing skills
to use in completing the PET and Tx plan:
1) the ruler
2) agenda mapping
3) miracle question

Intervention: List in Nursing Station
List of patients and completion status serves as a reminder to
complete PET and Tx plan.