National Council for Behavioral Health

Trauma-Informed Care Learning Community
2016-2017

Domain 7 – Performance Improvement
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Today’s Presenters

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Today’s Presenters

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Agenda

• Domain 7 standards
• Overview of the performance improvement process:
  • What is a quality trauma-informed care system?
  • Principles and practices of performance improvement
• Data to monitor process improvement in domains
• Data to measure organizational and client outcomes
• Lessons from the field
Answering the Question: How do we know.....?

Performance Indicators:

- Measures that indicate your improvement efforts are moving in the desired direction
  - Reliable and practical measures that are easily collected
  - Simple, understandable and meaningful
  - Can often be accomplished with counting and/or scoring by hand
The organization has a system in place to regularly measure performance on each of the 6 core trauma-informed care domains.

What are the characteristics of an effective system?

- Committed Core Implementation Team
- Regular meetings that focus on data collection and analysis as part of the agenda
- Selection of performance indicators that are practical and reliable
Data related to each domain is **tracked, analyzed and used** to address challenges and/or reinforce progress.

Questions to address: do you have a system that identifies:

- **WHO** will collect the data?
- **HOW** will data be collected?
- **WHEN** and how often will data be collected?
- **WHAT** happens next - how will data be used to monitor progress? Identify barriers or areas that need to be improved?
Domain 7: Performance Improvement
Standard B

• **Share outcomes**
  • Share with leadership, agency board, staff and consumers in a manner that is clear and easy to understand

• **Clear and understandable display of data**
  • Transparent information to share with others
  • Report if the program is staying level, improving or declining in a particular improvement area.
Domain 7: Performance Improvement
Standard B

Questions to consider:

- **Who** needs to know about our progress in adopting the principles and practices of trauma informed care?
- **How** will we inform others about our progress?
- **Who** will report on our progress? (The messenger)
- **What** is the message? Is the data self explanatory?
Domain 7: Performance Improvement
Standard C

• The organization has a work group of key stakeholders \textit{empowered} to sustain a continuous organizational focus on trauma informed care

• The work group
  • Includes high level leadership with \textit{authority} to address barriers, secure resources, and influence the commitment of the workforce
  • Utilizes the data and develops \textit{action plans} that contribute to positive performance outcomes
Domain 7: Performance Improvement
Standard C

Questions to consider:

• Is leadership represented on your team?

• Does your team have the authority, support, resources to implement changes/improvements?

• Is your team using data to make decisions and influence organizational strategic planning and investment?
Domain 7 Performance
Measuring Tools available to the TIC Learning Community

Sample tools

• Organizational Self-Assessment (OSA)
• Performance Monitoring Tool (PMT)
• Feedback survey to assess impact of a TIC presentation/training on the audience
• Client survey on their experience of the organization
OK, so we know the standards, we have the will, but we need a way!

Overview of the Performance Improvement Process
What is Performance Improvement?
What is Quality?

Best definition of quality I have come across:
“Doing what you intended to do in the first place”
Why Improve Performance?
Why should we care about measuring our progress? Why change?

Catalysts for Change
• Leadership values and vision
• New information or knowledge aligned with mission
• Incidents (adverse events)
• Complaints from internal or external customers
• Regulatory/statutory requirements
• Accrediting requirements
• Market forces and organizational survival
• System reputation as a high quality organization
• Demonstrate value to payers, government officials, grant funding agencies
Performance Indicators typically address one or more dimensions of quality

**Ask Yourself:** What Dimensions of Quality are we striving to achieve by adopting a Trauma-Informed Care Perspective? What dimension of quality are we improving by domain area?

- Safety and security
- Effectiveness
- Efficiency
- Accessibility
- Timeliness
- Continuity
- Coordination
- Appropriateness
  - Efficiency
  - Client centeredness
Let’s Chat: Lightning Round

For each quality area, type in one example of how to measure that quality indicator
First Law of Performance Improvement

Every system is perfectly designed to achieve exactly the results it gets!

C2002 Institute for Healthcare Improvement
Second Law of Quality Improvement

To change the **RESULTS**
you must change the **SYSTEM**!

- Working harder won’t do it!
- Getting rid of poor performers won’t do it!
- Throwing more money at the existing system won’t do it!
Major Accelerations of Change

- Do not happen in a vacuum
- Are relational; utilizing people’s insights, creativity, imagination, and wisdom
- Happen when a group of people come together and learn together and dare to think new thoughts and then pass them on
- Have a common goal that resonates for the majority
Main points about the engagement of the workforce in change*

• Change is inevitable but forces exist in organizations to maintain the status quo

• Understanding the human response to change enables leaders to engage the workforce in a way that is more likely to promote a successful change

• Engaging the workforce to support an innovation or a change in organizational expectations is not a nice thing... It is a critical thing

Continuous Quality Improvement: FOCUS PDCA Method

Find: a process or identify a problem that needs improvement. Problems are pretty easy to identify. Just think about the chronic complaints you get or those things that simply frustrate you at work.

Organize a team: a team that understands or works with the process or problem. The team consists of people who know the process well and can speak to what works and what needs changing.

Clarify the knowledge: Clarifying the knowledge of the process can help to ensure there’s agreement on what the real issues are.

Understand what impacts the variations in the quality of the process. There are variations in every process. The trick is to discover what causes the variations so you can minimize the peaks and valleys.

Select a strategy/solution that meets many of the criteria associated with practical success.
Find a Problem/Area for Improvement: Sizing up your current performance

- What’s dissatisfying about our current policies and practices?
- What challenges/problems do we face that TIC may help to address?
- What is the gap between where we are and where we want to be?
- How do we identify what we should keep doing, stop doing and start doing?
Using Data to Guide the Decision Process: P- D- C- A Cycle

- **Plan**..... an improvement strategy
- **Do**...... the improvement strategy
- **Check/Study** ...the outcome of your improvement strategy
- **Act** ......on the results/outcomes
PLAN: What’s a really good improvement strategy?

- Not too expensive
- Can tell if the idea is working or not
- Affects many (appropriate for the population felt need)
- Felt need of leadership (How high on the priority list)
- Reinforcement contingencies for those you execute the innovation
- Can be done in a reasonable timeframe
- Training and supervisory demands are manageable
- Is in the control of the organization
- Aligns with regulations, fiscal requirements and law.
- Unlikely to cause other problems (unintended consequences dilemma)
- Practical in light of other organizational priorities
- Easy of use and implementation (least burden for max benefit)
- Reasonable in light of staff demands on time and energy
- Tools and resources available
The use of data to inform and accomplish the trauma-informed care domain specific improvement goals
Measuring Improvement

Two Primary Performance Indicators

- Process Indicators
- Outcome Indicators

Two data sources to measure performance

- Quantitative data: type of numerical value to be used to express the indicator (percentage, rate, number of occurrences etc.)
- Qualitative data: Focus groups, expert opinions, interviews, surveys involving written feedback
Quantitative and Qualitative Measures

- Quantitative refers to data that involves counts and ratings (numerically presented data)
- Qualitative includes conversations and feedback from clients and staff
  - Focus groups
  - Minutes of meetings
  - Client report in individual or group programs
  - Staff feedback
- Both sources of data are helpful
The Organizational Self-Assessment: Graphing System wide change- It’s about moving your dot over time
Performance Indicators: Process Indicators

• These indicators help you monitor and track the degree to which you are implementing your improvement plan strategies as you envisioned
  • Practice fidelity is an example of a process indicator (intervention delivered as designed)
• Monitoring process improvements is critical to insure the evaluation of outcome indicators

Example: Implementation of a trauma screening process

• Quantitative
  • Total number of clients screened
  • Number who screen positive (defining what is meant by positive)
  • Number who screen negative (defining what is meant by negative)
• Qualitative
  • Response and feedback from the client
  • Feedback from staff involved in the process
  • Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Performance Indicators: Outcomes

• The degree to which the organization accomplishes its stated aims
• The primary purpose and mission of the organization
• The central benefit to the recipient of services
• Consider the triple aim of healthcare
  • Improves the patients’ experience of care
  • Improves population health
  • Benefit to cost ratio is high
Performance Indicators: Outcomes

Personnel factors
- Staff retention
- Productivity
- High morale/satisfaction

Clinical outcomes
- Health improvement
- Substance use reduction
- Mental health improvement

Person centered Functional Outcomes
- Employment
- School
- Home stability/living situation
- Social/emotional relationships

Reduction in high risk/safety compromising events
- Adverse Incidents
- Relapse rates
- Time from referral to treatment
- Restraint/seclusion
- Rapid readmission
- Diagnostic and treatment appropriateness
- Emergency room utilization
- Hospitalizations
- Engagement in services (e.g., Attendance/kept appointments/satisfaction)
# Performance Indicator Matrix

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<th>OUTCOME</th>
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Performance Indicators by Trauma-Informed Care Domains

Domain 1: Early Screening & Comprehensive Assessment
Domain 2: Consumer Driven Care and Services
Domain 3: Workforce Development
Domain 4: Evidence-Based and Emerging Best Practices
Domain 5: Safe and Secure Environment
Domain 6: Community Outreach
Performance Indicators:
Domain 1 - Screening and Assessment

Process Indicators
Implementation of the screening process

• Quantitative
  • Total number of clients in the selected cohort who are screened
  • Total number who refuse the screening
  • Number who screen positive (defining what is meant by positive)
  • Number who screen negative (defining what is meant by negative)

• Qualitative
  • Client response and feedback
  • Feedback from staff involved in the process
  • Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Performance Indicators

**Process Indicators**

Implementation of the assessment process

- **Quantitative**
  - Total number of clients in the selected cohort who are assessed
  - Total number who refuse the assessment
  - Number who have a positive assessment (defining what is meant by positive)
  - Number who have a negative assessment (defining what is meant by negative)

- **Qualitative**
  - Response and feedback from the client
  - Feedback from staff involved in the process
  - Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Performance Indicators

Process Indicator Example: Implementation of the TIC assessment process

• Quantitative
  • Total number of clients who screen positive who receive a more indepth assessment
  • Number who have a positive assessment (defining what is meant by positive)
  • Number who have a negative assessment (defining what is meant by negative)

• Qualitative
  • Response and feedback from the client
  • Feedback from staff involved in the process
  • Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Performance Indicators: Domain 2 - Consumer Driven Care and Services

**Process Indicators**

- **Quantitative**:
  - Number of peers employed, volunteer
  - Number of respondents vs number invited
  - Number of decision making activities/meetings that include a peer/consumer representative
  - Number of activities that elicit formal feedback from patients
  - Aggregated client survey results

- **Qualitative**:
  - Focus group feedback from clients
  - Feedback from staff regarding the role of client volunteers, workers, committees etc.
Measuring Client Experience: Do recipients of services detect a difference?

Client Feedback Survey
Performance Indicators: Domain 3
Workforce Development

**Process Indicators**

- **Quantitative**
  - Total number of staff who select to participate in TIC workgroups
  - Number of staff who sign up for more training in TIC
  - Percent of all new employees who receive TIC 101 during orientation
  - Number of staff who buy into the importance of TIC via a quantitative survey

- **Qualitative**
  - Formal and informal focus groups and meeting discussions that address vicarious trauma
  - Feedback from supervisors and staff involved in the process
  - Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process
Measuring the effect of awareness building and buy-in strategies

Survey
Performance Indicators: Domain 4
Evidence and Emerging Best Practices

**Process Indicators**

Intervention to address trauma related concerns

- **Quantitative**
  - Number of staff with expertise in providing trauma specific interventions
  - Total number of clients who agree and attend at least one individual/group trauma focused service
  - Total number who agree initially but do not attend any sessions
  - Total number of individual/group sessions attended by client

- **Qualitative**
  - Response and feedback from the clients
  - Feedback from staff involved in the process
  - Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process
Performance Indicators: Process

**Process Indicator Example:** Intervention to address trauma related concerns

- **Quantitative**
  - Total number of clients who agree and attend at least one individual/group trauma focused service
  - Total number who agree initially but do not attend any sessions.
  - Total number of individual/group sessions attended by client.

- **Qualitative**
  - Response and feedback from the client
  - Feedback from staff involved in the process
  - Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Performance Indicators: Clinical Outcomes

High priority clinical behavioral health indicators aligned with the needs of clients

- Quantitative:
  - Mental health symptom measures
  - Substance use measures
  - Reduction in PTSD related symptoms
  - Relapse Prevention: ER and hospital use
  - Days homeless, incarcerated

- Qualitative
  - Response and feedback from the client
  - Feedback from staff
  - Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Performance Indicators: Person Centered Goals

High priority indicators aligned with the expressed life goals of clients

• Quantitative:
  • Goal attainment/progress measures (work, relationships, school, living situation, social involvement)
  • Percent of clients who terminate services prematurely
  • Retention rate of clients

• Qualitative
  • Response and feedback from the client
  • Feedback from staff
  • Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Performance Indicators: Health Outcome Indicators

High priority health indicators aligned with the health needs of the selected cohort

• Quantitative:
  • Mechanical indicators (BMI, Weight, Blood Pressure, waist circumference) and
  • Blood chemistry indicators (A1C, Cholesterol, other physiological measures pertinent to the health needs of the selected cohort)

• Qualitative
  • Response and feedback from the client
  • Feedback from staff involved in the process
  • Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Performance Indicators:
Domain 5 - Safe and Secure Environments

Process Indicators

- Quantitative:
  - Aggregated Survey Results (e.g., client survey tool)
  - No show rates, kept appointments, number of clients who register at reception but leave before appointment time.
  - Brief feedback survey (e.g., 5 items) given to all clients in the waiting room
  - Number of injuries due to falls etc.
  - Number of incidents in waiting room, common room, recreation room
  - Number of incidents at the residence

- Qualitative
  - Focus groups
  - Routine question about the environment as part of each visit (staff meeting to discuss feedback)
  - Walk through the entire behavioral health/medical visit process from initial call to treatment and follow up
  - Staff feedback
Performance Indicators: Domain 6 - Safe and Secure Environments

Reaching out to the community

• Quantitative:
  • Number of community entities engaged in learning about TIC
  • Aggregated survey results designed to assess buy in and awareness
  • Number of collaborative and joint projects with community entities
• Qualitative
  • Formal and informal focus groups and meeting discussions
  • Minutes of “First cup of tea” meetings with community organizations (Designed to build relationships and identify common areas of interest)
Poll Question

What best describes your answer to a policy maker’s question: *So, what data do you have that demonstrates the benefits of TIC?*

A. We have measured a number of key outcomes and can definitely show you the benefit
B. We have at least one measure of benefit
C. We don’t have hard data but we have very promising anecdotes
D. At this time, we only have a sense that things are going in the right direction
CONTEXT: Oregon State Hospital

A forensic psychiatric hospital that inspires hope, promotes safety, and supports recovery for all.

Two campuses serving approximately 630 patients with over 2500 staff.

People are involuntarily committed in one of three statuses: GEI (34%), Civil (28%), or .370 (38%).
CURRENT STATE: Baseline Measurements
Core Implementation Team & OSA 1

Organizational Self-Assessment

- **Domain 1 Screening Assessment**: 1.30 (2.42-...)
- **Domain 2 Consumer Driven**: 1.11 (2.30-2.98)
- **Domain 3 Workforce**: 0.88 (2.37-3.05)
- **Domain 4 Best Practices**: 1.22 (2.01-2.69)
- **Domain 5 Safety Environment**: 1.52 (2.37-3.05)
- **Domain 6 Community Outreach**: 0.48 (2.64-2.69)
- **Domain 7 Evaluation Data**: 1.22 (2.43-...)

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CURRENT STATE: Baseline Measurements
OSA 1 & OSA 2

Organizational Self-Assessment

Domain 1 Screening Assessment
Domain 2 Consumer Driven
Domain 3 Workforce
Domain 4 Best Practices
Domain 5 Safety Environment
Domain 6 Community Outreach
Domain 7 Evaluation Data

OSA1  OSA2

0.00  0.50  1.00  1.50  2.00  2.50  3.00  3.50  4.00
CURRENT STATE: Baseline Measurements
Resident Organizational Assessment

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CURRENT STATE: Baseline Measurements
CIT / OSA / ROA

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LESSONS LEARNED

1. **Communication is critical.**
   - People need to receive the right information, at the right time.
   - People need to be able to ask questions and have their concerns addressed.
   - Misinformation spreads fast and is difficult to overcome.

2. **Collaboration is essential.**
   - We all benefit from drawing upon our individual and collective skills and expertise.
   - Coordination between treatment malls and units produces the best results.

3. **Champions are key.**
   - Treatment malls and units who found someone to take the lead were most successful.
   - Having a peer (staff and resident) encourage and promote participation made a huge difference.
   - We need to seek resident champions next time.

4. **Choice is empowering.**
   - Let people take the survey *where* they are most comfortable.
   - Let people take the survey *when* they are most comfortable.
   - Let people take as much time as they need with the survey.
   - Provide support, if requested.
2017 National Conference Events
Seattle, Washington

• 2016 Trauma-Informed Learning Community Summit Meeting
  • Saturday, April 1, 11:00 am to 5:00 pm

• Learning Community Meet and Greet
  • Sunday, April 2, 5:30 to 7:00 pm
    • Register for both at: https://www.surveymonkey.com/r/HH56C88

• Preconference University - Hurt and Healing in our Work and World – The Impact and the Promise
  • Laura van Dernoot Lipsky and National Council Trauma-Informed Care Experts
  • Sunday, April 2, 9:00 am to 5:00 pm
Conference Discount Codes

• **NCStaff50** - $50 discount for past LCs
• **50LCsave17** - $50 discount for staff to use for family and friends
Q&A
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