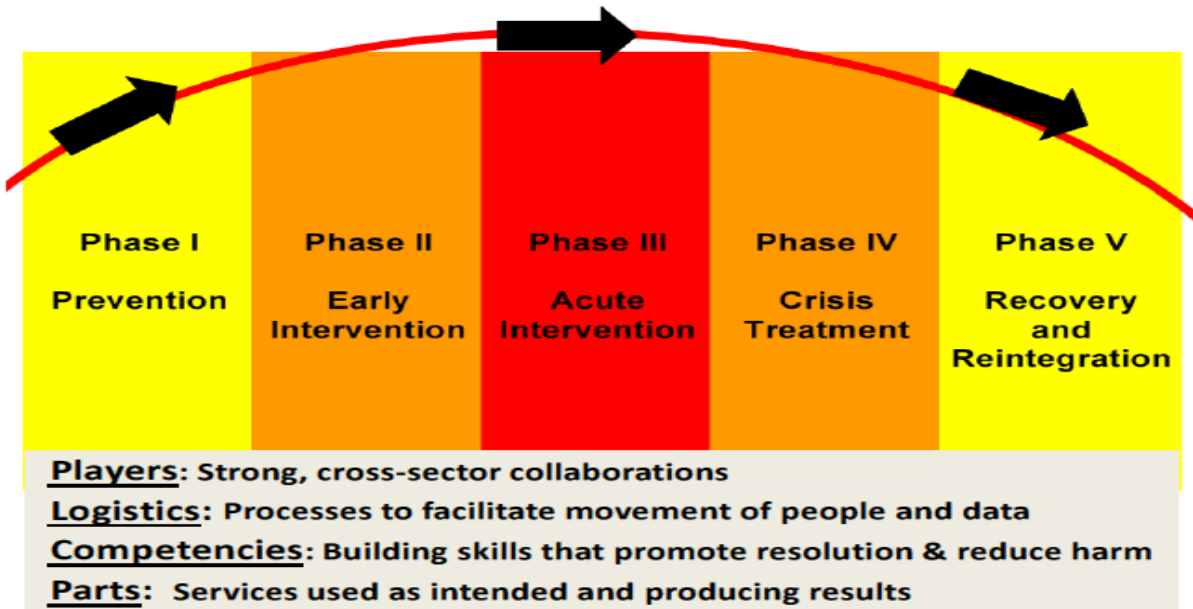


## Agenda

<b>Meeting Title:</b>	Clark County Crisis Collaborative
<b>Date/Time:</b>	July 20, 2017 3:00-4:30 PM
<b>Location:</b>	Children's Center, 13500 SE 7th St, Vancouver, WA 98683 phone 650-479-3208 pc: 7999-9944

- 3:00 – 3:10                    Introductions
- 3:10 – 3:30                    Follow up from last meeting, announcements and updates on recommended key action steps
- Read Crisis data article, next meeting to determine what key measures we want to track
  - Medical Clearance- Aaron add rationale for current practices, work group can work on recommendations next time
  - Identify crisis system intersections that are not clearly documented or defined with roles and responsibilities (e.g. crisis line during business hours/after hours, crisis line and crisis team hand off, crisis line/team with PACT/WISe/COMET, crisis team and behavioral health providers, crisis teams and law enforcement, crisis team and hospitals, voluntary and involuntary services, non-emergency requests for evaluation, etc.) Future work to develop protocols and document processes
  - ProtoCall will follow up with Providers and individuals and their experience with using the crisis line
  - Youth suicide: Dede follow up with Dr. Melnick about championing a county wide approach from a public health concern; Daniel bring back to ACH re: county wide approach
- 3:30 – 4:10                    Small group work
- Data measures: identify the goal of crisis system and what data components represent that
  - Medical clearance: Make recommendation for changes
- 4:10 - 4:25                    Group report out, discussion and assign homework
- 4:25 – 4:30                    Summary of meeting and next steps



Madenwald & Day, Technical Assistance Collaborative, Inc.



## 1. REVIEW MEDICAL CLEARANCE PRACTICES

Many communities have grappled with this issue of requiring medical clearance prior to psychiatric hospitalization. This is the case in Southwest Washington. However, the practice is time-consuming, costly, and generally is not patient-centric. From a patient-first lens, it is important to balance the potential health benefit that comes from the medical clearance with what potential harms it may introduce. This includes costs that the patient must bear, risk of unnecessary testing, discomfort, testing under coercive circumstances, delay in treatment of the crisis condition, and additional transportation. We recommend that the community review the necessity of this practice and seriously consider transitioning to a practice where medical clearance is the exception and not the rule. This practice is already in place at the detox facility operated by Lifeline Connections.

Rationale of current practices:

Practice recommendations to facilities:



## Types of Measures<sup>1</sup>

Structure Measures- refer to the environment in which care is delivered, a facility's organization and resources

- What do you HAVE?
  - o Is there a psychiatrist co-located in a clinic?
  - o Staff to patient ratios

Process Measures- refer to the techniques and processes used to treat patients.

- What do you DO?
  - o % patients screened for depression
  - o Turnaround time for evaluation

Outcome Measures- refer to the consequences of the patient's interaction with the healthcare system

- Does it WORK?
  - o Mortality
  - o Patient satisfaction
  - o Improvement in rating scales
  - o Readmissions

## Measure Selection

- 1) Is it meaningful? Does it reflect a process that is clinically important and is there evidence supporting the measure?
- 2) Is it feasible? Is it possible to collect the data and can it be done accurately, quickly and easily?
- 3) Is it actionable? Do the measures provide direction for quality improvement activities?

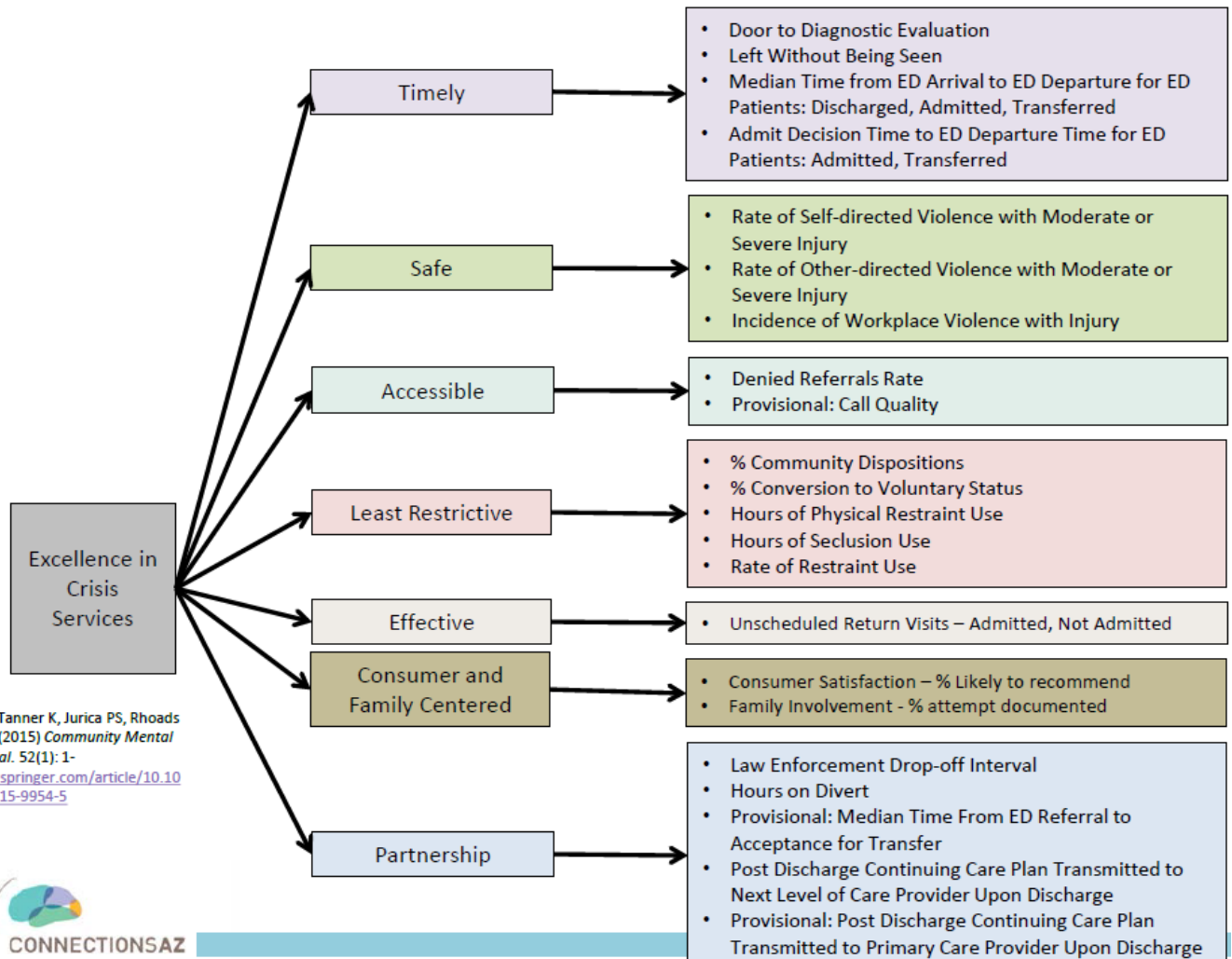
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<sup>1</sup> Margaret Balfour, slide deck: "Measuring Success: Development and Implementation of Values-Based Performance Measures for Behavioral Health Crisis Services"



## CRISES- Crisis Reliability Indicators Supporting Emergency Services<sup>2</sup>

Sample of Value Based Performance Metrics (for facility-based psychiatric emergency services and 23-hour observation)



Balfour ME, Tanner K, Jurica PS, Rhoads R, Carson C. (2015) *Community Mental Health Journal*. 52(1): 1-9. <http://link.springer.com/article/10.1007/s10597-015-9954-5>

<sup>2</sup> Balfour, Margaret E., et al. “Crisis Reliability Indicators Supporting Emergency Services (CRISES): A Framework for Developing Performance Measures for Behavioral Health Crisis and Psychiatry Emergency Programs.” *Community Mental Health J* (2016) 52:1-9

