Healthcare Organization Commitment

Contact Details

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Commitment Details

Commitment Name
Challenge 13B: Optimizing Collaborative Care Planning in Mental Health

What Patient Safety Challenge does your Commitment address?
Challenge 13B - Collaborative Care Planning in Mental Health

Commitment Start Date
01/01/2018

How Many Hospitals Will This Commitment Represent

Patient Safety Movement Foundation | patientsafetymovement.org
**Action Plan**

- Provide low barrier ways for staff and patients to collaborate on care planning.
  - Collaborative care planning begins on admission with nursing:
    - Unit orientation
    - Community meeting and goal setting each morning
    - Group therapy schedules
    - Goals completion / follow up group daily
  - Collaborative care planning continues on admission day with nursing/SW/CM and MD in rounds
  - Improvement opportunity: staff should be in the milieu at all times, only one person at the nurse’s desk.
    - Improves group attendance, observable patient status and communication on interventions or needs for discharge
  - Promote patients to take more of an active role in identification and management of symptoms.
    - In California patients have the right of refusal, which gives choice and active participation it can result in the need for Reise hearings for appropriate treatment
    - Improvement opportunity: with staff constantly and consistently in the milieu, there is a quicker response to potential escalation where de-escalation can be successful and prn medications given to reduce violent episodes.
    - Increased awareness and insight on appropriate discharge placement to be communicated to and discussed with interdisciplinary team
    - Potential decrease LOS
    - Reduce restraint
    - Reduce seclusion
  - Increase patient safety by increasing awareness of and interventions for strong negative emotional states which may precede harm of self or others.
    - First and foremost the EOC is essential
    - Ongoing and consistent treatment team meetings and daily team rounds
    - Initiation of constant observation if warranted or 1:1 if actively suicidal
    - 15 min safety checks consistently 24/7 with room checks for safety
    - Thorough room checks when warranted
  - Improvement opportunity: Staff in the milieu heightens awareness, increases patient interaction, improves overall trust and communication
    - Potential decreased LOS
    - Decrease violent episodes
    - Improve patient satisfaction
  - Be evaluated with metrics such as Client Satisfaction Surveys, patient lengths of stay, patient readmission rates, Code White frequency, and seclusion room use.
  - Press Ganey patient satisfaction surveys
  - HBIPs which include:
    - SA (Drugs Alcohol Tobacco)
    - Seclusion and Restraint data

**Commitment Timeline**

These actions are underway and will continue through December 2018

**Impact Details**

**Lives Lost in Last Calendar Year**

0

**How many lives do you expect to spare from harm in the next calendar year?**

0

**How many lives do you expect to save in the next calendar year?**

0
Methodology for Determining Lives Saved
This calculation will be included in APSS #1