

# BEHAVIORAL HEALTH

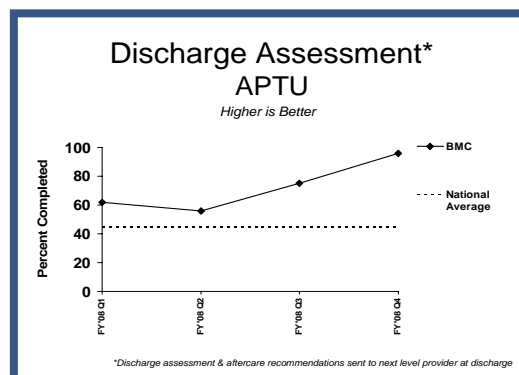
## Where we've been...

In 2007, the Adult Psychiatric Treatment Unit (APTU) at Baystate Medical Center began voluntarily collecting the proposed Joint Commission Hospital-Based Inpatient Psychiatric Services (HBIPS) core measures and reporting the data internally to the Behavioral Health Performance Improvement Committee. HBIPS is a set of performance measures for hospital-based inpatient psychiatric services that has undergone a rigorous process of public comment, alpha testing and broad-scale pilot testing, and the measures are recognized by the field as important indicators of hospital-based inpatient psychiatric care. They have been promoted by the Joint Commission and are being reviewed by the National Quality Forum (NQF) for possible endorsement for widespread national use. The measures are admission screening for violence risk, substance use, psychological trauma history and patient strengths; hours of physical restraint use; hours of seclusion use; patients discharged on multiple antipsychotic medications; and post-discharge continuing care plan transmitted to next level-of-care provider upon discharge.

Use of restraints and seclusion pose an inherent risk to the physical safety and psychological well-being of patients and staff. Reducing their use has been a priority on both APTU and Baystate Franklin Medical Center's Mental Health Unit (MHU). At the center of these efforts has been a change in unit culture from a more traditional rigid, rules-based psychiatric milieu to a more patient-centered approach.

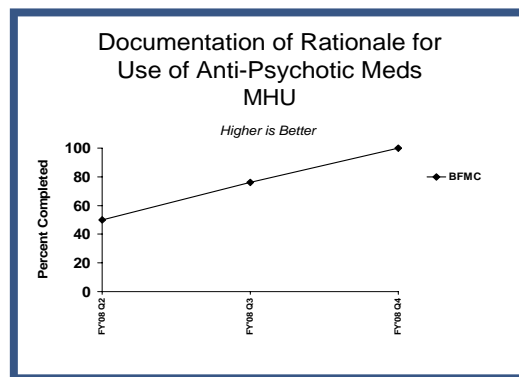
## Where we are now...

**BAYSTATE MEDICAL CENTER** For each of the HBIPS core measures, APTU surpassed the national averages in FY 2008. The APTU clinical staff was trained in trauma-informed and patient-centered care in 2007. At the same time, the unit developed a Sensory Room to promote development of coping skills and provide expanded opportunities and processes for de-escalation of agitated patients. Interventions to reduce the use of restraints and seclusion resulted in mechanical restraint use per 1000 patient hours of 0.19, and seclusion use per 1000 patient hours of 0.02, compared to the national averages of 0.31 and 0.29, respectively (National Average from FY'08 Q3). Admission screening rates improved from 76% in FY'08 Q1 to 93% in FY'08 Q4 for an annual completion rate of 89%, compared to the national average of 79%. The percent of patients discharged on multiple antipsychotic medications ranged from 2-7%, compared to the national average of 12%. For post-discharge plan of care transmitted to next level-of-care, APTU improved from 62% in FY'08 Q1 to 96% in FY'08 Q4, with each quarter's results higher than the national average of 45%.



**BAYSTATE FRANKLIN MEDICAL CENTER** In 2008, Baystate Franklin Medical Center's Mental Health Unit (MHU) began to collect HBIPS core measure data. The BFMC MHU has worked to incorporate trauma informed, patient-centered care over the past 5 years. In addition, the MHU initiated a violence prevention treatment and assessment plan which earned them the BFMC President's Safety Award in 2008.

For the 3 quarters of data collected in 2008, the MHU surpassed the national averages on all measures. Hours of mechanical restraint and seclusion per 1000 patient hours averaged 0.02 for both measures, compared to 0.31 and 0.29, respectively. Admission screening rates averaged 92%. To begin the process of addressing multiple antipsychotic medication use, the Behavioral Health Service Line team, formed in 2008, targeted improvement in documentation of the rationale for the use of antipsychotic medications. After implementation, documentation rationale improved from 50% to 100%. For post-discharge plan of care transmitted to next level-of-care, the MHU reached 100% for FY'09 Q1.



### ***Where we are going...***

Efforts will include continued emphasis on restraint and seclusion reduction, including exploring programming enhancements to further expand the treatment options for patients. In addition, future work will capitalize on the use of technology to facilitate transmission of post-discharge continuing care plans to the next level-of-care provider.