

COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: October 3, 2011

TO: Supervisor Lee Holloway, County Board Chairman

FROM: Geri Lyday, Interim Director, Department of Health and Human Services
Prepared by: Paula Lucey, Administrator, Behavioral Health Division

**SUBJECT: From the Interim Director, Department of Health and Human Services,
Requesting Authorization to Undertake Position Actions Related to an
Administrative Reorganization at the Behavioral Health Division**

Issue

The Interim Director, Department of Health and Human Services (DHHS), is requesting authorization to make personnel changes related to an administrative reorganization at the Behavioral Health Division (BHD), by abolishing three existing positions and creating three new positions, to better meet the evolving needs of the facility. The reorganization will not result in any layoffs.

Background

As organizations have recognized the importance of compliance with regulations and industry standards, many have sought to create a centralized department to manage compliance. Especially since the public outrage related to hospital safety revealed in the Institute of Medicines (IOM) history report "To Err is Human", hospitals and health care organizations have followed this trend and created clinical compliance officers.

The IOM report found that health care organizations must organize for safety, and they look at safety in the broadest sense. They concluded that safety does not happen if the authority is too diverse. As an example, if all hospital units are responsible for monitoring their individual patient incidents, there is not review for systematic issues and the solutions are not standardized. The IOM recommends that a central authority and approach is needed to achieve consistent standards and maintain safety and regulatory compliance for the organization.

Organizations, such as BHD, that are more complex, with difficult clients, multiple points of care (inpatient, emergency departments, outpatient), a professionally diverse workforce, and are subject to multiple regulations are especially at risk for inadvertent non-compliance by not having a centralized approach. In addition, the Joint

Commission has been cautioning organizations to take special care to monitor the services provided by contractors.

BHD is subject to many federal, state and local regulations. Everything from patient care planning to the environment of care is covered under these regulations. At BHD, this is especially complex as we have three different care licenses and each has its own unique aspects. In addition to these regulations, all health care organizations have professional care standards, the bulk of which are contained in the Joint Commission Accreditation standards. Knowing and monitoring these multiple standards is only part of the picture.

The next extremely important step is to ensure that action is taken to resolve any concerns or potential areas of risk. Making sustainable change requires an approach that is centralized and comprehensive. This is because changes must be documented in policies and procedures. In addition, staff education is essential. Staff must be aware of changes and assistance provided to address any barriers to change. Finally, there must be monitoring to ensure that changes are implemented and maintained. By having a systematic approach to clinical compliance, these efforts can be more effective and efficient.

With all this in mind, BHD would like to create an Office of Clinical Compliance by reorganizing existing positions to centralize the approach towards achieving and retaining Joint Commission certification. The Office of Clinical Compliance would consist of an Associate Hospital Administrator, who would have direct accountability for the areas of Quality and Organizational Improvement, Policy and Procedures/Environment of Care, and Incident Investigation. This office would also have the responsibility to work with all departments to ensure clinical compliance with all regulations and standards.

Recommendation

To achieve the administrative reorganization, BHD recommends the County Board authorize the Interim Director, Department of Health and Human Services, or her designee, to abolish the following three positions upon vacancy and create three new positions in their place.

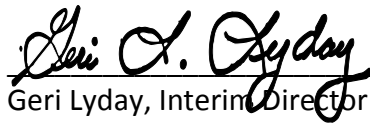
Position to Abolish Upon Vacancy	Position to Create	New Pay Range	New Annual Salary*	2011 Fiscal Impact	Annual Fiscal Impact
1 Exdir2-Assoc Dir Clinic Op (TC 80084)	1 Assoc Hospital Administrator - Clinical Compliance	902E – Step 7	\$95,188	(\$655)	(\$6,807)

Position to Abolish Upon Vacancy	Position to Create	New Pay Range	New Annual Salary*	2011 Fiscal Impact	Annual Fiscal Impact
1 Qual Imprvt & Risk Coord (TC 55485)	1 Dir of Quality and Organizational Improvement	35M	\$84,969	\$572	\$5,949
1 Exdir2-Assthospadm2-Mhc (TC 80043)	1 Policy & Procedures Coordinator	33M	\$78,153	\$159	\$1,659
TOTAL				\$77	\$800

*Note: The fiscal impact is based on the salaries included in the table, but actual annual costs would depend on the step in the pay range at which a candidate is appointed.

Fiscal Impact

The recommended position actions contained in this report would increase BHD expenditures by a total of \$77 in 2011 and a total of \$800 in the first full year of implementation. BHD will absorb the increased cost within its existing budget for salaries. A fiscal note form is attached.



 Geri Lyday, Interim Director
 Department of Health and Human Services

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