

**COUNTY OF MILWAUKEE**  
Behavioral Health Division Administration  
**INTER-OFFICE COMMUNICATION**

**DATE:** February 21, 2014

**TO:** Sup. Peggy Romo West, Chairwoman, Committee on Health and Human Needs

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by: Jim Kubicek, Interim Administrator, Behavioral Health Division*

**SUBJECT: Informational report from the Director, Department of Health and Human Services, on the Behavioral Health Division's response to a report commissioned by Disability Rights Wisconsin (DRW)**

**Background**

At the January meeting of the Committee on Health and Human Needs, the Behavioral Health Division (BHD) provided a verbal response to a report commissioned by Disability Rights Wisconsin (DRW). During the meeting, the committee requested a written report covering BHD's verbal response for the March cycle.

**Discussion**

It is acknowledged that in the context of much good care that is delivered at BHD, there have been issues related to the care of certain patients in specific situations.

Some of these issues have recently resurfaced because a report commissioned by DRW was released. This report was submitted to BHD in June of 2013 and it focused on incidents that occurred over the course of 2012. In most cases, BHD initiates investigations and takes identified corrective actions, including individual staff accountabilities immediately after an event occurs.

The following numbered items are recommendations contained in the DRW report. The bullets following the recommendations are actions that were undertaken prior to receipt of the document. All of the following are also integrated into the larger effort BHD has undertaken to strengthen the culture of accountability.

**1. Improve and closely monitor the treatment of medically ill inpatients.**

- There has been substantial progress in the hiring of key administrative and medical leadership positions. Over the last year and a half, BHD has hired a Director of Nursing, Acute Adult Medical Director, Medical Director of the Children's Unit and Director of Inpatient

Services. With the retirement of Dr. Tom Harding, a new Division Medical Director will also be arriving in March of 2014. This allows Medical Leadership to focus their efforts on performance monitoring, consultation and oversight of practitioners rather than being providers.

- The BHD developed the Office of Compliance, Safety and Integrity in the summer of 2012. The goal of this office is to balance reactive corrective responses to situations, with a more proactive, preventive approach to quality initiatives. This office includes a governing oversight committee with a focus on Quality, Patient Safety, and Compliance. In order to provide a structured integrated approach to prevention and quality improvement, the division prioritized activities to further reduce the risk of health and safety violations. This quality committee includes a forum to share and promulgate new policy and procedure upgrades in the context of national patient safety goals, best practice protocols and Joint Commission guidance. Committee participants are provided shared information on educational and training options to enhance and further develop an organizational Culture of Safety. BHD programs are able to share their data driven quality initiatives and subsequent audit plans to monitor continued progress and prioritize areas for improvement. Some of these targeted improvements include:

- A review of seclusion and restraint policy and procedure, which led to reductions in patient seclusion and restraint.
- An initiative focused on reducing elopements, which led to reduced elopements.
- Comprehensive training for the Acute Inpatient and Crisis Services nursing staff on Nursing Standards of Care. That training included assessment, intervention, evaluation, monitoring and documentation.
- Medical Staff received training in proper diagnosis and treatment of overlapping signs and symptoms of medical and psychiatric disorders. These training opportunities continue with monthly staff meetings with medical leadership in which challenging cases that have high medical and psychiatric co-morbidities are reviewed.
- Medical Leadership increased education regarding co-existing medical and psychiatric diagnosis.
- BHD implemented a strengthened model of Advanced Practice Nurse Practitioners (APNP) for physical medical services to better meet the medical needs of the patients. This initiative creates more of a co-attending role for medical care. This has allowed for more comprehensive and consistent oversight of medical issues and assists in incorporating physical

and psychiatric care. The physical care staff is present for team rounds/report and provides ongoing guidance and education to patients and staff on medical care.

- BHD is in the process of hiring a Physician Quality Officer (PQO). This position was created in the 2014 Budget. Among other duties, this position will:
  - o Evaluate hospital systems to identify improvement opportunities
  - o Encourage open dialogue about error prevention
  - o Help educate staff on patient safety goals
  - o Work with non-physician leaders to establish a stronger culture of safety
  - o Network and facilitate improved communication among all teams and within BHD quality safety teams

**2. Stop or reduce admissions until such improvements are made and maintained**

- In 2012, BHD downsized one 24-bed acute care unit as a result of our expanded community-based investments and additional capacity among our health care partnerships.
- BHD stopped admissions at Hilltop and Central in 2012. Acute Inpatient and Long-term Unit bed capacity and admissions continue to decrease.

**3. Hire outside personnel with both medical and psychiatric expertise to review and recommend improvements.**

- A consultant Nursing Home Administrator was hired. A report of her assessment of Rehabilitation Center (Central) and Center for Independence and Development (Hilltop) has been requested. Recommendations will be reviewed and action items identified.
- State and Federal surveyors have continued to make regular survey visits to monitor adherence to standards. This helps staff access external perspectives and practices and builds on our progress. A full CMS (Federal) survey was conducted the survey team was comprised of a physician, RN team, Social Worker, and environmental engineer. The survey lasted approximately a week and was a full and comprehensive review of the entire Hospital and Crisis services system.
- BHD continues to work with Critical Management Solutions, an external consultant. The focus of the consultation is on overall quality of care and subsequent service delivery impact. This is in preparation for Joint Commission application while also facilitating an ongoing emphasis on programs and policies that directly impact Patient care.

- BHD Administration is exploring additional emergent external investigation resource services to assist in on unit review of incidents. This will allow Unit Managers to dedicate more to supervision of staff and monitoring the functioning of their units.

**4. Citizenry of the County should be involved in the process of change and have a significant role in evaluating treatment provided by MCBHD.**

- Disability Rights Wisconsin is now involved in meetings of the BHD Quality, Compliance and Patient Safety Council to ensure active participation and progress of quality improvement plans.

**Final Comments**

BHD met with DRW on two occasions, shortly after the initial report was received and then again several months later. At the time, it appeared that the meeting went well as BHD Administration and Medical Leadership laid out the corrective actions that had been taken well in advance of DRW's report. Notably, these actions were taken both proactively as a result of our own internal investigations and as corrections in response to survey results. In several of the cases referred to in the DRW report, there were State and Federal survey teams that came in and conducted an in-depth analysis of both the events in question and any other circumstances that could potentially lead to similar outcomes. In addition to a medical record, policy, environmental and policy review, survey processes include direct staff interviews. These surveys are extremely comprehensive and are not only focused on the issues that led to the survey but also on systemic changes that may be required in order to decrease the chance of similar occurrences.

The reporting style of the media gives the impression that these events are occurring on a continuous basis. The reality is that the events in the DRW report took place and were addressed over a year ago (and in some cases almost 2 years ago). The timing of this report release, in combination with other recent events, has led to the renewed sense that care at BHD is unsafe and that significant changes have not occurred. This is simply not true. These conclusions are being reached with erroneous, misleading, and absent information. Our commitment is to protecting our patients, and this often means we cannot provide full information.

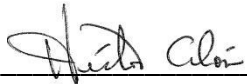
BHD fully understands and respects the media's role in informing the public; however, some of the recent reporting did not paint the full picture. The impact of the media's portrayal is devastating to the morale of BHD staff, the governing body and public officials. More importantly, it unnecessarily undermines the confidence of those seeking mental health services and raises the anxiety of the public.

BHD staff who dedicate their careers to caring for the people we serve, ask a legitimate question: why can't we defend ourselves to the media? The simple answer is - the details of our clients' lives are private and we respect and follow the laws that protect them. Maintaining the trust of our clients is

one of our most highly held values and we are rigorous in our practices to that end. Individuals not employed by the hospital only have partial information or hearsay and may proceed to draw conclusions while missing significant pieces of information. We cannot control that. The state medical records laws and ethical codes that govern our professions are designed to protect the dignity and privacy of peoples' lives. Policy makers should never rely on the media as a source of factual information. The media simply does not have access to all of the information necessary to report completely and accurately.

**Recommendation**

This is an informational report. No action is necessary.



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Héctor Colón, Director  
Department of Health and Human Services

- cc: County Executive Chris Abele  
Raisa Koltun, County Executive's Office  
Kelly Bablitch, County Board  
Don Tyler, Director – DAS  
Josh Fudge – Fiscal & Budget Administrator  
Matthew Fortman, Fiscal and Management Analyst – DAS  
Steve Cady, Director of Research Services – Comptroller's Office  
Jodi Mapp, County Clerk's Office