

**COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION**

Date: October 3, 2011

To: Supervisor Lee Holloway, Chairman, County Board of Supervisors

From: Pamela Bryant, Interim Fiscal and Budget Administrator, DAS – Fiscal

Subject: **The Department of Health & Human Services, Behavioral Health Division is requesting to abolish 1.0 FTE ExDir2 Associate Director Clinic Operations, 1.0 FTE Quality Improvement & Risk Coordinator and 1.0 FTE ExDir2 Assistant Hospital Administrator 2 upon creating and filling of 1.0 FTE Associate Hospital Administrator – Clinical Compliance, 1.0 FTE Director of Quality and Organizational Improvement and 1.0 FTE Policy & Procedure Coordinator.**

REQUEST

The Interim Director, Department of Health & Human Services (DHHS), Behavioral Health Division (BHD) is requesting authorization to make the following personnel changes related to an administrative reorganization at the Behavioral Health Division: Abolish 1.0 FTE ExDir2 Associate Director Clinic Operations, 1.0 FTE Quality Improvement & Risk Coordinator and 1.0 FTE ExDir2 Assistant Hospital Administrator 2 upon the creation and filling of 1.0 FTE Associate Hospital Administrator – Clinical Compliance, 1.0 FTE Director of Quality and Organizational Improvement and 1.0 FTE Policy & Procedure Coordinator.

BACKGROUND/ANALYSIS

Best practices for maintaining compliance with regulations and industry standards include a centralized approach to quality management. Organizations that are complex, with higher acuity clients, multiple points of care (inpatient, emergency departments, outpatient), a professionally diverse workforce, and are subject to multiple regulations may be at risk for inadvertent non-compliance with regulations and industry standards. Currently BHD has a more unit-based approach to quality management and lacks a centralized approach for overall facility trends or issues. Without an organization-wide

approach, unit managers are often left to identify issues on their own, even if those issues have been identified in another unit.

BHD is requesting 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. A Director of Quality and Organizational Improvement would coordinate the facility quality management program and create a climate that encourages staff to set and achieve goals in providing quality and cost-effective services. A Policy & Procedures Coordinator would develop, maintain and monitor effective policies and procedures for compliance, quality and other aspects of the facility.

This office would also have the responsibility to work with all clinical areas to ensure compliance with all regulations and standards.

FISCAL EFFECT

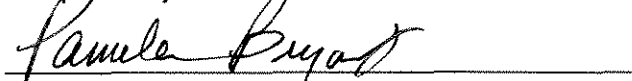
The recommended position actions contained in this report would increase BHD expenditures, including salary, social security and active fringe benefits, by a total of \$936 in the first full year of implementation, beginning January 1, 2012. BHD will absorb the increased cost within its existing budget for salaries. A fiscal note is included with this report with additional information.

RECOMMENDATION

Due to a change in job scope, DAS-Fiscal recommends the abolishment of 1.0 FTE ExDir2 – Associate Director Clinic Operations, 1.0 FTE Quality Improvement & Risk Coordinator and 1.0 FTE ExDir2 - Assistant Hospital Administrator2-MHC upon the creation and filling of 1.0 FTE Associate Hospital Administrator – Clinical Compliance, 1.0 FTE Director of Quality and Organizational Improvement and 1.0 FTE Policy & Procedures Coordinator.

Report Prepared by: Steve Pietroske, Fiscal and Management Analyst III

Respectfully Submitted:



Pamela Bryant
Interim Fiscal and Budget Administrator

cc: County Executive Chris Abele
Terrence Cooley, Chief of Staff, County Board
Patrick Farley, Director, DAS
Candace Richards, Interim Director of Human Resources
CJ Pahl, Assistant Fiscal & Budget Administrator, DAS
Steve Pietroske, Fiscal & Management Analyst, DAS
Rick Ceschin, Analyst, County Board Staff
Jennifer Collins, Analyst, County Board Staff
Jodi Mapp, Committee Clerk, County Board Staff
James Tate, Human Resources Analyst, DAS-HR

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4 (ITEM *) From the Interim Director, Department of Health and Human Services,
5 Requesting Authorization to Undertake Position Actions Related to an Administrative
6 Reorganization at the Behavioral Health Division:
7

8 **A RESOLUTION**
9

10 WHEREAS, organizations have recognized the importance of compliance with
11 regulations and industry standards, and many have sought to create a centralized
12 department to manage compliance; and
13

14 WHEREAS, the Institute of Medicine recommends that a central authority and
15 approach is needed to achieve consistent standards and maintain safety and regulatory
16 compliance for the organization; and
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18 WHEREAS, organizations, such as the Behavioral Health Division (BHD), that
19 are more complex, with difficult clients, multiple points of care (inpatient, emergency
20 departments, outpatient), a professionally diverse workforce, and are subject to multiple
21 regulations may be at risk for inadvertent non-compliance by not having a centralized
22 approach; and
23

24 WHEREAS, the Joint Commission has been cautioning organizations to take
25 special care to monitor the services provided by contractors; and
26

27 WHEREAS, BHD is subject to many federal, state and local regulations, and in
28 addition to these regulations, all health care organizations have professional care
29 standards, the bulk of which are contained in the Joint Commission Accreditation
30 standards; and
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32 WHEREAS, BHD targets applying for Joint Commission Accreditation by 2012;
33 and
34

35 WHEREAS, the recommended position actions would increase BHD
36 expenditures by a total of \$936 in the first full year of implementation and BHD will
37 absorb the increased cost within its existing budget for salaries; and
38

39 WHEREAS, given these considerations, BHD recommends creating a new Office
40 of Clinical Compliance by reorganizing existing positions to centralize the approach
41 towards achieving and retaining Joint Commission certification; now, therefore,
42

43 BE IT RESOLVED, that the following position actions are approved for the
44 Department of Health and Human Services, Behavioral Health Division effective
45 November 3, 2011:
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47

	<u>Action</u>	<u>Title</u>	<u>No. Positions</u>	<u>Pay Range</u>
48				
49	Create	Assoc Hospital Admin – Clinical Compliance	1	902E
50	Create	Dir Quality and Organizational Improvement	1	35M
51	Create	Policy and Procedures Coordinator	1	33M
52	Abolish*	ExDir2 – Assoc Dir Clinic Op	1	902E
53	Abolish*	Qual Imprvt & Risk Coord	1	28MN
54	Abolish*	Exdir2 – Assthospadm2 – MHC	1	902E
55				
56				

- Abolish upon the creation and filling of the positions on lines 50-52.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/3/2011

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: The Department of Health & Human Services, Behavioral Health Division is requesting to abolish 1.0 FTE ExDir2 Associate Director Clinic Operations, 1.0 FTE Quality Improvement & Risk Coordinator and 1.0 FTE ExDir2 Assistant Hospital Administrator 2 upon creating and filling of 1.0 FTE Associate Hospital Administrator – Clinical Compliance, 1.0 FTE Director of Quality and Organizational Improvement and 1.0 FTE Policy & Procedure Coordinator.

FISCAL EFFECT:

- | | |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input checked="" type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input checked="" type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	936
	Revenue	0	0
	Net Cost	0	936
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A) In order to better address the needs of the BHD facility, DAS is requesting three existing positions be abolished (Exdir2-Assoc Dir Clinic Op, Qual Imprvt & Risk Coord, and Exdir2-Assthospadm2-Mhc) and three new positions be created (Assoc Hospital Administrator - Clinical Compliance, Dir of Quality and Organizational Improvement, and Policy & Procedures Coord) to allow for the creation of an Office of Clinical Compliance.

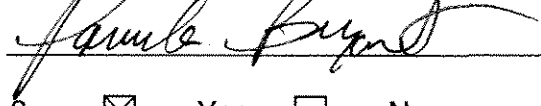
B) The recommended position abolishments and creations would increase BHD's salary, social security and active fringe benefits expenditures by \$936 in 2012. The increase will be absorbed within BHD's current budget for salary adjustments.

C) No increase in tax levy results from these changes.

D. Positions will not be filled until 2012. Assume Active Pension at 19.4% of salary and Active Health at \$604.

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

Department/Prepared By Steve Pietroske, Budget & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No