

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 ExDir2- Associate Director Clinical Compliance, 1.0 FTE Quality Improvement Coordinator Clinical Compliance and 1.0 FTE Policy & Procedure Coordinator Clinical Compliance.**

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 ExDir2- Associate Director Clinical Compliance, 1.0 FTE Quality Improvement Coordinator Clinical Compliance and 1.0 FTE Policy & Procedure Coordinator Clinical Compliance.

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, and 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 Director Clinical Compliance who would have direct accountability for the areas of Quality and Organizational Improvement, Policy and Procedures/Environment of Care, and Incident Investigation. A Quality Improvement Coordinator 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 decrease BHD expenditures, including salary, social security and active fringe benefits, by a total of \$20,629 in the first full year of implementation, beginning January 1, 2012. 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 ExDir2- Associate Director Clinical Compliance, 1.0 FTE Quality Improvement Coordinator Clinical Compliance and 1.0 FTE Policy & Procedure Coordinator Clinical Compliance.

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

Respectfully Submitted:

Pamela Bryant
Interim Fiscal and Budget Administrator

cc: County Executive Chris Abele
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