Self-Assessment Tool to Monitor Performance on Targeted Measures

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Many performance measures are a direct assessment of the degree to which best-practices have been incorporated by the psychiatric facility and its clinical staff. Persons served by inpatient psychiatric settings often present with multiple issues, including co-occurring disorders, and a need for community connections to enable continued recovery post hospitalization. Inpatient psychiatric settings have been making strides in quickly identifying tobacco users at the point of admission and providing treatment to support recovery from tobacco use. But this momentum is not continuing through the point of discharge planning to ongoing recovery self-management for persons served by inpatient psychiatric settings.

There are well established performance measures related to tobacco cessation treatment and referral that inpatient psychiatric facilities monitor monthly. These measures portray the proportion of adults with mental illness who receive the best practices, both during their inpatient stay and at discharge in a targeted referral for cessation and use of FDA-approved cessation medications.

Below is a self-assessment tool to monitor for changes in the performance rates on selected measures at the start of staff engagement in new practices. The self-assessment is divided into three time periods and the actions a facility should take within each period to best inform the overall monitoring for change in performance on the tobacco cessation treatment and referral measures. The approach to the self-assessment is to highlight important questions a facility needs to ask itself about its current practice and the interventions it has undertaken. The evaluation of the effectiveness of the intervention is described in the post-intervention period.

Pre-intervention

Gather the measure definitions: It is important to begin with a complete understanding of the measures, as these outline the expectations for both clinical practice and documentation. The measures should be discussed openly with all the clinical staff involved in provided services that are related to tobacco cessation. These staff will have the most accurate knowledge of current processes and ideas on how to improve the service.

Gather the existing control charts for each measure: It is important to know the facility's performance levels on each of the measures prior to the initiation of the intervention. Control charts are provided as monthly data points that display the patterns (both level and variation). Most control charts display a running 24-months, where the average and control limits are calculated for the running 24-months.

- On the control chart, identify unusual processes: a) any data points that lay outside the control limits, b) a shift depicted by 8 consecutive data points above [or below] the center line, c) a trend of 6 consecutive data points increasing [or decreasing].

- If there is any behavior that indicates an unusual process, what investigations were previously done to understand the cause of the unusual process, and what was learned? Where any action steps taken and what was the result?

Outline the current practice for each measure:

TOB-1: Screening for Tobacco Use

- Who conducts the initial screen and at what point after admission?
- How is the degree of use categorized (Heavy versus Light users, Everyday versus Some Day users)?
- How are previous Quit Attempts and treatments documented?

TOB-2/2A: Inpatient Treatment

- Who provides the "practical counseling", at what period after admission, how often are attempts made?
- What other treatments are offered, how often, and by whom (and how is it tracked)?
- What FDA-approved medications are available to the hospital, how are prescriptions written (scheduled or prn), who provides the initial offer of medication, how is a re-offer provided?

TOB-3/3A: Referrals after Discharge

- What referral options for treatment (counseling) are available to the staff?
- Who is primarily responsible for the referral for treatment?
- What is the referral process, how is the patient involved in the process?
- Does the facility provide prescriptions or medications on discharge?

Intervention

Identify the intervention(s) in detail and where the facility expects the intervention(s) to impact patient outcomes and staff performance.

Policy Changes: Policy changes are made at the organizational level to set direction for all staff and to inform customers about the operating standards of the organization.

- What specific policy changes were made? What impact was expected on patient outcomes and staff performance?
- How were policy changes communicated?
- Was adherence to new policy measured/monitored? What specific methods were used for monitoring, over what period of time?

Practice Changes: Practice changes are made at the clinical specialty level and may include multiple specialties. These changes are also communicated throughout the facility to ensure integration with other functions of the facility.

- What specific practice changes were made (e.g. which treatments are offered, who provides each treatment, when are treatments offered)? Did this effect the expectations on certain staff positions to deliver a service not previously part of their skill set?
- How was the new practice implemented with the staff, were different approaches taken for different levels of staff (nursing, peers, etc.)?
- Which staff attended training events, which events, over what period of time?
- What model(s) was used to train additional staff (in-service, train-the-trainer, group exercise, on-line tutorial, etc.)?
- Were staff competencies with the new practices assessed?

Administrative Changes: Administrative changes may involve various support functions, including but not limited to communication protocols, documentation requirements and forms, medical record form (electronic and paper), and other ancillary services.

- Were there any visual aide or prompts added to re-enforce the change in policy and practice (ex: Display boards)?
- How often was communication made about the change in policy and practice?
- What paper forms or electronic screens were modified to provide documentation of the new practice? How were these changes implemented to ensure staff did not revert to the old models?
- How was compliance with the new practices monitored?

Post intervention

The plan for monitoring should be defined during the intervention phase, as new data collection, additional reports, and sharing monthly updates need to be considered. There are at least two different activities that could be monitored to understand the impact of the change effort: 1) control charts and 2) staff competencies. Measures of success can be outlined for each activity.

Control chart monitoring of performance rates

The control chart is the most basic tool in quality improvement monitoring. It provides a quick visual of the overall process stability and level. To identify an intervention quickly on a control chart, simply insert vertical lines for the months where the interventions start and when they are fully implemented. This will create at least three time periods to allow a comparison between pre-intervention, during intervention implementation, and post-intervention. The facility may opt for several vertical lines to depict a staging of interventions.

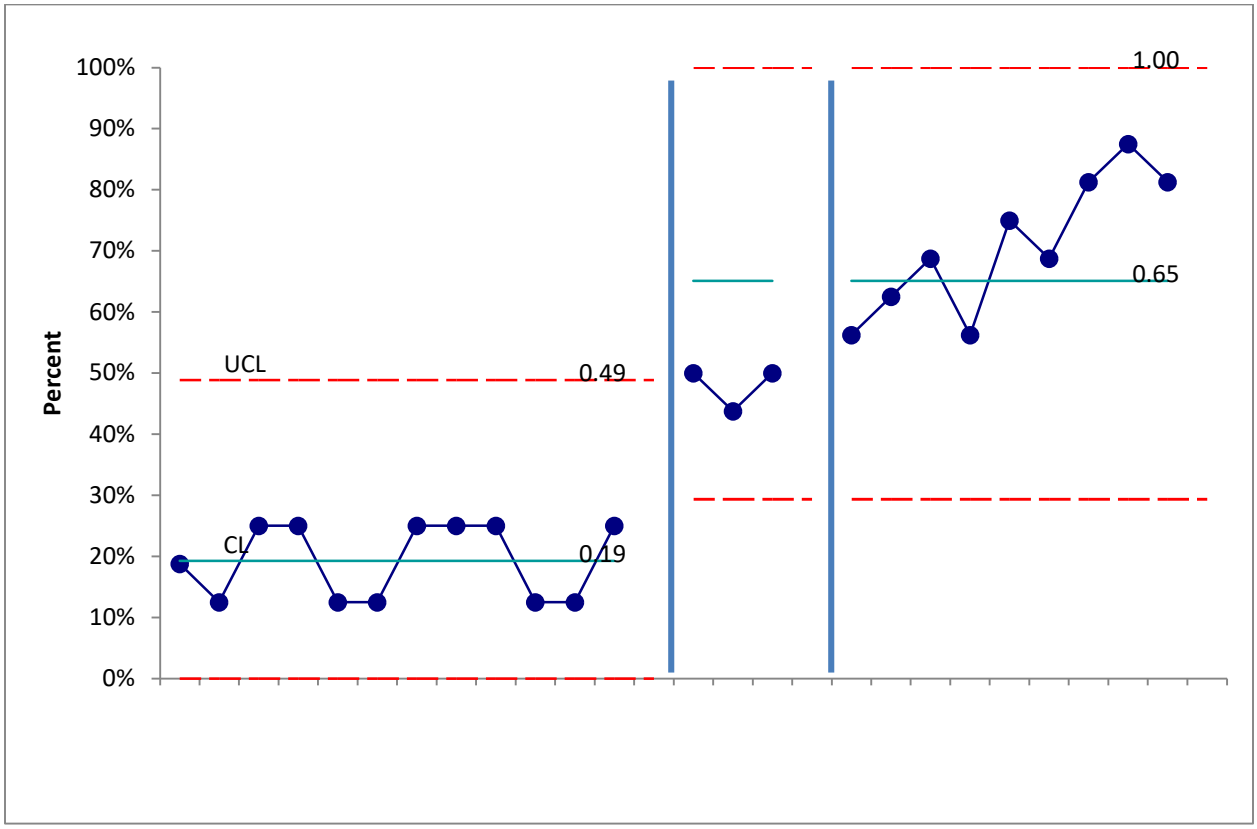
Use the following rules to identify when change is evident in a control chart:

- Any data points that lay outside the control limits
- A shift in level as depicted by 8 consecutive data points above [or below] the center line
- A trend as depicted by 6 consecutive data points increasing [or decreasing]

Measures of success are noted when unusual patterns in the control charts appear in the desired direction. In all these measures, higher rates of performance are indications of better practices. Therefore, a shift or a trend showing higher rates of performance could be a signal of a successful intervention. If the facility is assured that there were no other changes in practices, then the improvement can be attributed to the intervention.

Periodically, the difference between measures should be calculated and compared to the baseline level (the month prior to the start of the intervention). Improvement is noted when these gaps are smaller.

An added display is an interrupted control chart. Given at least six data points after the intervention starts and an identified unusual pattern (trend or shift), a special control chart can be generated to confirm the changed pattern and identify the new level. This may also identify a reduction in variation where tighter control limits indicate a more consistent application of the practices. See the potential that an adjusted control chart can provide in the picture below.



Comparing across charts could also be part of advanced analytics. Note that TOB-2 and TOB-3 each have subsets called TOB-2A and TOB-3A, respectively.

- TOB-2 is the rate of treatments being offered to patients while TOB-2A is the rate of patients being engaged in those treatments.
- TOB-3 is the rate of referrals being offered to patients while TOB-3A is the rate of patients accepting those referrals.

- Calculate the difference between performance on TOB-2 and 2A, and between TOB-3 and 3A. One impact of the intervention could be to decrease the gap in these paired measures.
- Calculate the difference between performance on TOB-2 and TOB-3. Both measures look at staff offering service (active treatment and referral). Another impact of the intervention could be to decrease the gap in these measures. As staff build competencies for both active treatment and more effective referral options, staff are more likely to offer services to more patients.
- Calculate the difference between performance on TOB-2A and TOB-3A. Both measures look at patients' engagement in service (active treatment and referral). Another impact of the intervention could be to decrease the gap in these measures. As staff build competencies for both active treatment and more effective referral options, patients should also become more engaged in services.

Staff competencies monitoring

Staff competencies in new services or the redistribution of who provides services should be part of the monitoring plan. Facilities may choose to capitalize on existing staff training programs and documentation of attendance at training events. Facilities may also need to add specific information for targeted training as well as identifying the new practices implemented as part of the intervention. For example, the medical record documentation may need to expand the "type of service" to include the newly defined interventions.

The facility should identify the methods it will use to test for staff competencies along with the frequency. Periodic re-assessments are a hallmark of good clinical practice. Different levels of staffing may be exposed to different tools and assessment formats. A well-organized plan for training and evaluating staff may require the involvement of the human resources department as well as clinical leadership.

Pre- and post-tests are a common format for evaluating staff knowledge. Testing to exemplar case studies is another method for assessing staff knowledge. Role-playing is a common format for assessing the application of new skills. Mentoring and couching (clinical supervision) is another method for assisting staff with applying new skills.

Whether through simple tracking logs or more sophisticated on-line systems, the facility should ensure that the patient's engagement in individual and group treatment interventions can be readily identified, along with the staff that provided the service, and have this be linked to the staff's training and competency assessments.

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