

PENN FOUNDATION BEHAVIORAL HEALTH SERVICES

2011 Annual Quality Report



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Dear Friends,

Aristotle once said, “We are what we repeatedly do. Excellence, then, is not an act, but a habit.”

Penn Foundation is on a quest to achieve a level of clinical and service excellence that will raise the bar of behavioral healthcare delivered in our community. Our overarching ambition is to be the very best every day at everything we do. The Board of Directors and staff of Penn Foundation are engaged in a transformative process to revolutionize the way we work, to create and sustain a culture of excellence. Our Board of Directors led the quest by establishing a Board-level Quality Committee this past summer.

To deliver the highest quality care in today’s complex healthcare environment and challenging economy, an organization must integrate superb systems and processes, employ engaged and dedicated people, and consistently apply current evidence-based practices. As such, we work continuously to be ever more cross-functional, inclusive, and inter-dependent in developing and implementing our service delivery system.

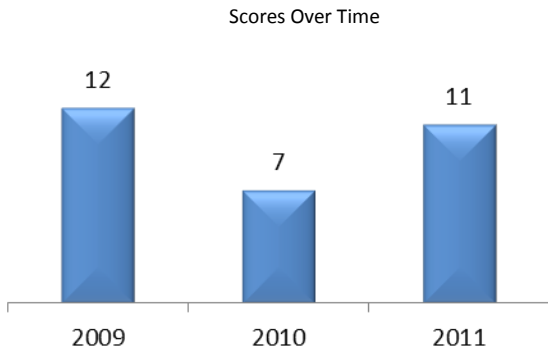
The current state of quality at Penn Foundation is one of transition to transformation, in the context of what both our traditions and the times demand of us. First recognizing what we need to change to achieve excellence, then implementing and embracing these changes will take courage. “Courage” derives from the Latin word for heart. We need to take heart in our mission, to commit our hearts to the persons we serve, and to act from our hearts on their behalf. With the courage of our convictions, we will uncover ways to do better what we already do well.

During our 56-year history, our institution has been transformed in ways directed by mission, designed by values, and dictated by times. In the spirit of our founder, Dr. Norman Loux, we are continually charged with the challenge of identifying and meeting our community’s needs. We embrace this challenge courageously with a full commitment to those whom we have been called to serve.

Marianne Gilson
Executive Director of Quality
and Operations

Wayne Mugrauer
Chief Executive Officer

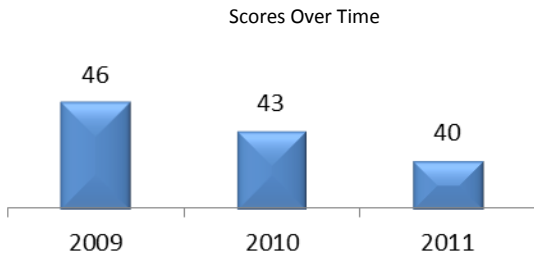
1. Percentage of Accounts Receivable Over 90 Days



Benchmark	Trend	Target
16	↑	10

Agency consistently performs better than state benchmark mean. Desired increase in commercial payor mix increases AR, with slower turnaround than public payors. The monitoring of timely submission of claims, and negotiating individualized payment plans for outstanding balances by the fiscal department will continue.

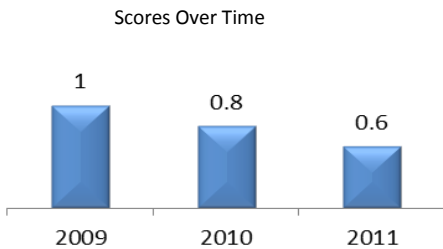
2. Net Days in Accounts Receivable



Benchmark	Trend	Target
50	↓	43

Agency score out performs PCPA comparison group consistently for the past 3 years. The downward trend is continued evidence of operational efficiency.

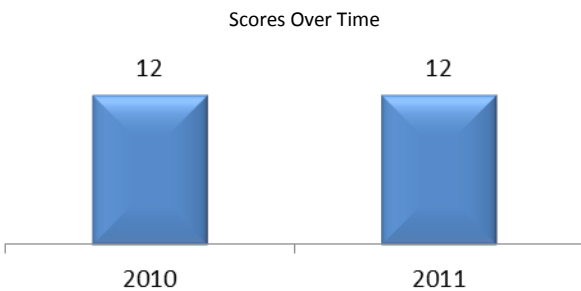
3. Bad Debt Ratio



Benchmark	Trend	Target
2.7	↓	0.8

PCPA top performer in this category. Timely and systematic in-house collection process and relationship building with payors has contributed to positive outcome.

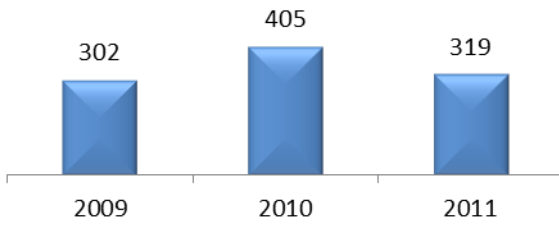
4. Percentage of Insurance Claims Denied



Benchmark	Trend	Target
6	□	6

PF is under-performing in this measure. The agency has identified objectives regarding coding of Medicare claims, which includes education and training for physicians and billing staff on documentation, place of service clarification, and standardized documentation templates, in order to improve in this area.

5. Worker's Compensation Cost per FTE

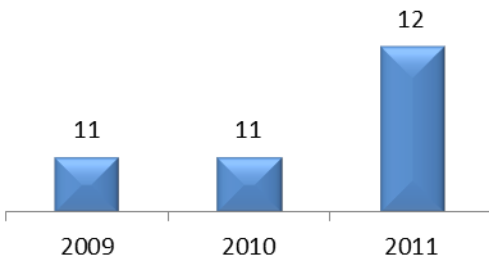


Benchmark	Trend	Target
610	↓	342

PCPA top performer in this category. Safety Committee will continue to proactively evaluate our environment of care and conduct post accident investigations to identify opportunities to maintain a safe environment.

6. Administrative Overhead as a Percentage of Total Operations

Scores Over Time

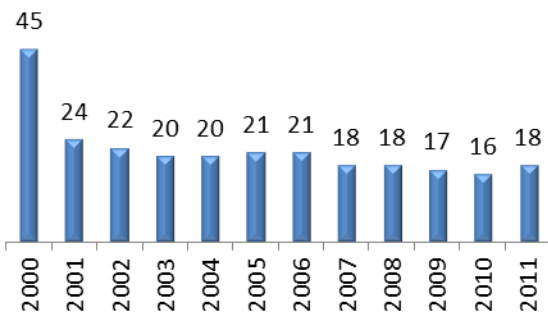


Benchmark	Trend	Target
12	↑	12

Agency score is the same as the state benchmark. A one time, non-recurring outside consulting fee contributed to the increase in 2011. The budgeting process target goal will be to remain at or below 12%.

7. Employee Turnover Rate

Scores Over Time

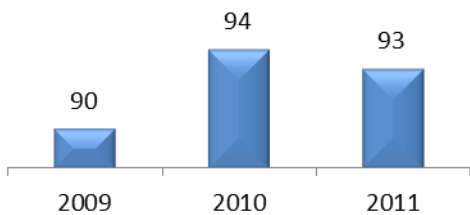


Target Goal	Trend	Target
22	↑	18

Agency score favorably below target goal. Human Resources is revising their exit interview questions to assure that feedback is received in key areas of staffing, recognition & growth, compensation/benefits, leadership, leadership, quality, physical plant, and job satisfaction.

8. PFR Bed Occupancy Rate

Scores Over Time

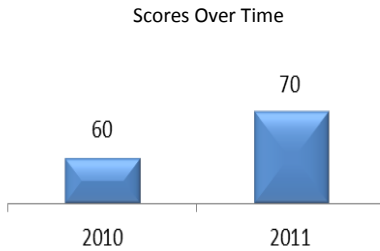


Target Goal	Trend	Target
93	↓	95

Target goal met. Demand for beds has been consistently high. Plan to adjust public/commercial payor mix through contract negotiation.

Access to Care Outcomes

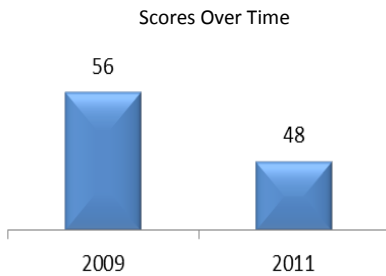
1. Percent of Persons seen by a psychiatrist within 48 hours of admission to PFRC inpatient unit



Target Goal	Trend	Target
75	↑	75

Area targeted for improvement last year, with increased psychiatric hours having the desired result. Plan is to utilize physician extender model with CRNP to continue to meet ever increasing demand for psychiatric services.

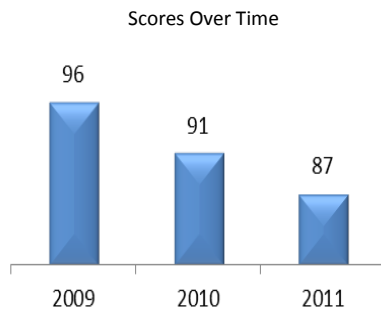
2. Average number of hours from admission to psychiatric evaluation PFRC Inpatient Unit



Target Goal	Trend	Target
48	↓	48

Target goal met.
2010 data not available. Plan is to add 8 additional psychiatric hours to meet continued demand.

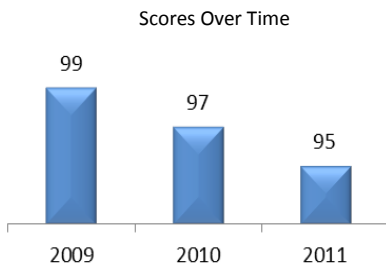
3. Ability to admit 2 Emergent Cases per Day to PFRC Inpatient Unit 90% of the time



Target Goal	Trend	Target
90	↓	90

Outcome fell just below target goal in program's ability to accommodate two emergency admissions 90% of the time during the business week. The desired high occupancy rate is a contributing factor. Plan is to further refine internal utilization review process to transition persons safely and efficiently through the levels of care.

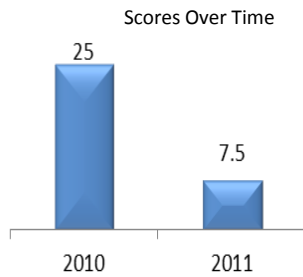
4. Ability to Admit 2 Routine Case per Day PFRC Inpatient Unit 95% of the time



Target Goal	Trend	Target
95	↓	95

Target goal met. The declining trend is informing strategic planning on weekend admission capability.

5. Average Number of Days to First Appointment Mental Health Outpatient



Benchmark	Trend	Target
7	↓	7

Payor and County Authorities have established benchmark of 7 days. The open Access model fully implemented in July has resulted in Dramatic improvement. Based on the last 6 months of data, average wait time to routine appointment is 4 days.

Clinical Measures

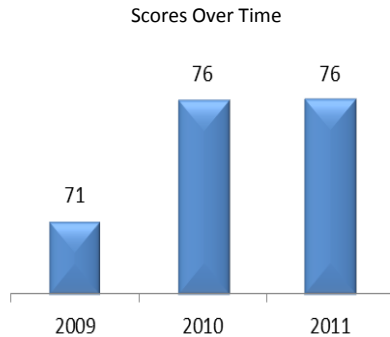
1. PFRC Inpatient AMA Rate



Benchmark	Trend	Target
12	↓	5

Agency score outperforms NAATP benchmark. Data reflects a stable Process in which our protocol for handling AMA discharges is effective.

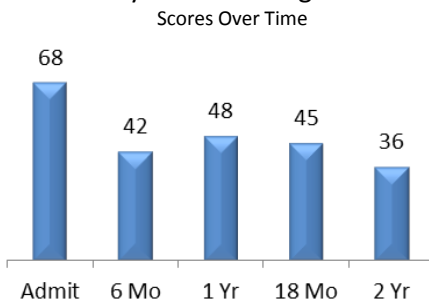
2. PFRC Inpatient 30 Day Follow Up Percentage Rate



Benchmark	Trend	Target
72	□	72

Agency score outperforms CCBHO network benchmark. Continue to maintain comprehensive aftercare and discharge planning process that incorporates the client, and natural and community support systems.

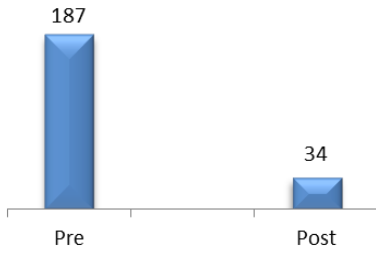
3. Brief Psychiatric Rating Scale Total Pathology Longitudinal Mean Change Score FACT program



Target Goal	Trend	Target
-10	↓	-10

Change score of -32 represents significant decrease in general psychiatric symptoms for persons enrolled in FACT services.

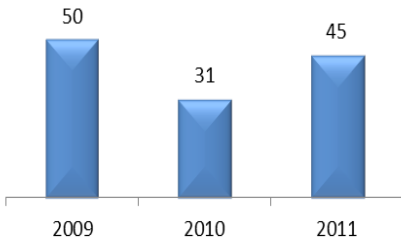
4. Average Number of Days Persons Spent Incarcerated Pre and Post FACT Services



Decreased incarceration rates represent a savings of \$272,765 to the Commonwealth of Pennsylvania.

5. Percentage of Clubhouse Members Involved in Education Activities Each Month

Scores Over Time

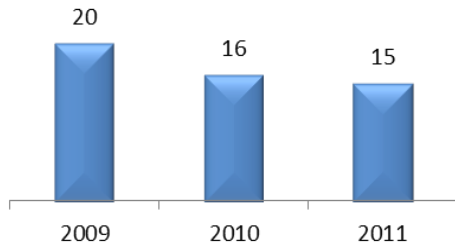


Target Goal	Trend	Target
15	↑	15

Outcome confirms that members are highly engaged and motivated in this area, which includes GED completion, enrollment in college classes and driver's education, and computer literacy.

6. Percentage of Clubhouse Members Involved in Transitional Employment*

Score Over Time

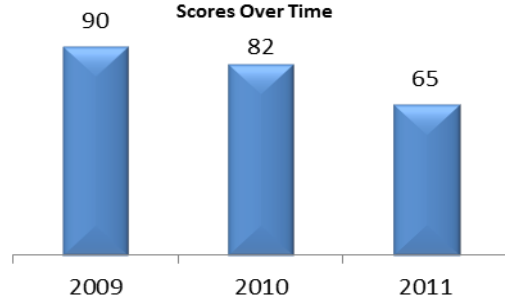


Benchmark	Trend	Target
25	↓	25

Clubhouse under-performing in this area. An employer specific job development plan will target 7 local employers as potential sites for TEP placements. ICCD benchmark is planned for reduction in 2012 standards.

7. Percentage of Clubhouse Involved in Supported or Independent Employment*

Scores Over Time



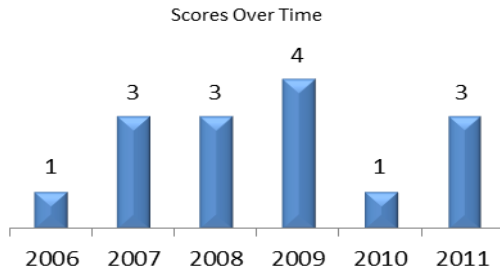
Benchmark	Trend	Target
25	↓	15

ICCD top performer in this category. Downturn in the general economy has impacted availability of employment opportunities. ICCD benchmark will be raised in 2012. raised in 2012.

* Percentage of average daily attendance of members

Safety Measures

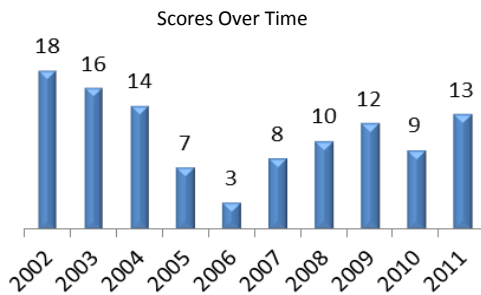
1. Employee Falls per 100 Employees



Target	Trend	Target
3	↑	3

Data indicates fall occurrence is relatively low over the past 6 years. Committee will continue to provide oversight of the environment of care, in addition to the preventive maintenance program in place.

2. Number of Medication Errors



Target	Trend	Target
11	↑	11

Performance Improvement initiative revising the oversight and Monitoring procedures for self-administration of medication process at long term residential site implemented.

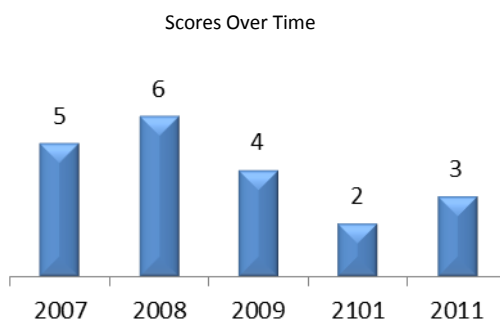
3. Number of Threats and Assaults toward Staff



Target	Trend	Target
18	↑	12

Agency is adopting and training employees in the Crisis Crisis Prevention Institute Model of non-violent crisis intervention and forming a Crisis Response Team.

4. Completed Suicide Deaths



Benchmark	Trend	Target
4	↑	4

Completed suicide occurrence less than expected for an agency of our size. Quality Council and medical staff will continue to review completed suicide deaths to identify opportunities for Improvement within the system of care.

Consumer Satisfaction Measures

	Percentage Score	Favorability Rating
Overall satisfaction	92	●
Felt safe	95	●
Increased quality of life	88	●
Trusted staff to talk to	99	●
Chose their treatment goals	91	●
Received help in skill building	82	●
First contact was warm & welcoming	76	●
Address physical health concerns of child	64	●

Key Code Favorability Rating - ● Favorable rating = minimum of 80% respondents answered question positively; ● Neutral rating = 61% - 79% respondents answered positively; ● Unfavorable rating = Less than 60% of respondents answered question positively

Agency consistently given high marks by consumers for key indicators of satisfaction and safety. Opportunity to improve the customer experience at first contact and addressing physical health concerns. Action plans include implementation of pilot program to screen for metabolic syndrome to better address physical health of our consumers, and the expansion of our open access model in outpatient services. Our customers have indicated that getting quick access to care they need is an important part of offering a welcoming environment.

Employee Satisfaction Measures

	Rolling Mean	Benchmark Mean	Percentile Ranking	Percentile Favorability Rating	Mean Favorability Rating
Staffing/Co-Workers	76	69	72	●	●
Recognition and Growth	74	68	73	●	●
Leadership	76	69	71	●	●
Compensation and Benefits	47	55	49	●	●
Physical Environment	73	72	41	●	●
Quality	81	79	56	●	●
Job Satisfaction	72	69	59	●	●
Overall Satisfaction	72	69	61	●	●

Key Code Favorability Rating = ● Favorable 70+ percentile; ● Neutral 31-69 percentile; ● Unfavorable < 30 percentile

The organization continues to move in a positive direction regarding salary and compensation. Baseline data in early 2010 employee survey found the agency ranked in the lower 30th percentile. Corrective Action Plan included a three year plan to establish organization-wide pay grades, to systematically bring all pay grade ranks at or above the 50th percentile based on national salary survey, and to restructure the cafeteria benefits plan by increasing the employer premium share of the medical insurance benefit. Data shows that employees have responded favorably to the new benefits plan, and the increased salaries implemented in year one of the three year plan.

Parent Satisfaction Measures

	Very Satisfied	Mostly Satisfied	Somewhat Satisfied	Little Satisfied	Not Satisfied
Overall Satisfaction	54%	32%	9%	3%	2%

The highest overall member satisfaction responses were:

I would recommend my child's clinician to others.

My family feels hopeful that circumstances will improve.

Responses indicate that clinicians have engaged in a positive relationship with family and have confidence in their assigned clinician.

The lowest overall member satisfaction response was:

My child's clinician encouraged me to connect to other sources of support.

Expanding use of peer specialists has been identified to increase opportunities to connect families to community resources.

Narrative Analysis

Business Functions Measures – Efficiency of Services

Penn Foundation strives to be financially responsible and solvent and conduct its fiscal management in a manner that supports our mission, values, and performance objectives. Exemplary performance trends were noted in several business monitors as benchmarked against similar providers in size and scope in Pennsylvania through the Pennsylvania Community Providers Association. These included:

- Percentage of Accounts Receivable over 90 days
- Net days in Accounts Receivable
- Bad Debt Ratio
- Worker's Compensation Cost per FTE

The percentage of insurance claims denied has been targeted for performance improvement in 2012. The agency has identified objectives relative to Evaluation and Management CPT coding options, physician education and training on E & M coding nuances, and more timely data entry of consumer insurance changes into the billing system.

The Recovery Center Occupancy Rate of 93% met the budgeted target goal of 93%. The regional demand for detoxification or rehabilitation beds has been consistently high. An aggressive target goal of 95% occupancy rate has been established for 2012. The plan is to increase commercial payor mix by identifying new books of business, and negotiating contracts to become an in-network or preferred provider of drug and alcohol inpatient services.

Service Delivery Measures

Quality Council monitors performance of service delivery in five “key” areas: effectiveness, efficiency, access to care, health/safety and customer satisfaction. Performance of each measure is targeted at a specific percentage benchmark or goal. Achievement is expressed as a percentage of attainment.

Effectiveness of Care

Penn Foundation performed better than our counterparts as benchmarked by the National Association of Addiction Treatment Providers (NAATP) for AMA discharges. Our 5% AMA rate continues to rank well below the national benchmark of 12%. With relatively low rates for the past seven years, we have learned that our protocol for handling AMA discharges is effective. When a person insists on leaving AMA, our goal is to provide the best possible care under clearly suboptimal circumstances. We follow a standardized AMA discharge protocol as recommended by the Agency for Healthcare Research and Quality.

A study was conducted to determine the effectiveness of a specialized Forensic Assertive Community Treatment (FACT) embedded within a traditional, high fidelity Assertive Community Treatment service model. In the two year study, 47 adults completed at least one year of treatment and were administered the Brief Psychiatric Rating Scale (BPRS), Substance Abuse Treatment Scale (SATS), Alcohol Use Scale (AUS), Drug Use Scale (DUS) and Quality of Life Self-Assessment at 6 month intervals following admission. Of the 47, 28 were specifically identified as forensic with previous history of involvement in the criminal justice system or were identified as “at risk” for arrest or incarceration.

Those adults enrolled in FACT services experienced a marked reduction in incarceration rates and psychiatric symptoms within the first 6 months of service and maintained those gains over time. Incarceration rates were measured by total days incarcerated per year at specific intervals. Sample size for this subgroup was 21 individuals. The total number of days spent incarcerated prior to admission to the program equaled 3,933 days. At one year post FACT integrated treatment, the total number of incarceration days dropped dramatically - to 724 days. Prior to admission, the typical forensic client spent 187 days (6 months) in jail, compared to 34 days (1 month) while enrolled in the FACT program. That is a decrease of 82% for the number of days incarcerated. To put these results in a fiscal perspective, the daily rate for incarceration in a Bucks County Correctional Facility is \$85 per day excluding medical costs. The cost of incarceration for the 21 clients cited above was \$334,305 prior to FACT services, compared with \$61,540 the following year. This represents a \$272,765 gross savings to the Commonwealth of Pennsylvania.

The Brief Psychiatric Rating Scale (BPRS) has been in use since 1962 and is generally recognized as a reliable measure of severity of psychiatric symptoms and behaviors. It is comprised of 24 items that can be rated from being absent (1) to extremely severe (7). Examples of subset items include thinking disturbance, anxiety/depression, hostility/suspiciousness, and withdrawal/retardation. Study participants were given the BPRS within 30 days of admission and at subsequent six month intervals. The total pathology score at admission was compared to the total score at the longest treatment interval measured up to 2 years. Starting at time of admission, the Brief Psychiatric Rating Scale (BPRS) was administered to 61 adults who completed at least 6 months of treatment. Eighty five percent (85%) of study participants demonstrated a marked reduction in their psychiatric symptoms from time of admission to longest treatment period. The mean total pathology score was 65 at admission. At the 6 month marker the mean total pathology score had dropped to 47. (N = 58). This is a change score of 18 points. More importantly, the positive change was sustained for the duration of the study period among participants.

We concluded that integrated treatment for persons with high utilization of both behavioral health and criminal justice systems is critical both to the individual and our overburdened health care and judicial systems. Our

small study demonstrates that embedding a Forensic component within an Assertive Community Treatment is an effective, sustainable, and cost-effective model of care which reduces incarceration rates, ameliorates acute psychiatric symptoms, reinforces recovery from substance use, and improves overall quality of life. We have confirmed that FACT services can successfully be imbedded within a single ACT team as a subspecialty without compromising effectiveness or clinical care to both forensic and non-forensic persons served.

The International Center for Clubhouse Development has established global benchmarks for employment and skill acquisition. In areas of member involvement in Independent Employment and Supported Employment, our Clubhouse exceeds the benchmark by a wide margin. One area under performed: the percentage of persons involved in Transitional Employment. Last year's plan of correction, in which the Clubhouse formed a new alliance with the Norristown Office of Vocational Rehabilitation, did not have the desired outcome of identifying additional TEP placements. The Corrective Action Plan is to focus on employer-specific job development. Seven local businesses with strong ties to the community have been identified, and will be cultivated as potential TEP sites through a series of relationship building efforts.

Service Access

Psychiatric service delivery was re-evaluated for the organization as a whole last per the 2010 action plan, which identified access to care issues for both inpatient and outpatient levels of care. The need for either expanded psychiatric time or a new model for coverage was evaluated by the executive management team. A strategic decision was made to recruit and utilize certified nurse practitioners (CRNP) in an expanded role. A CRNP provided an additional 10 hours per week of psychiatric coverage for the Recovery Center, in addition to the existing 40 hours provided by the full time psychiatrist.

For an eight month period from July of 2010 through February of 2011, a quality improvement task force worked with MTM Consulting Group to improve access to care in mental health outpatient services. The consulting group provided strategic and technical support to implement an "open access" model of care. Over the course of 5 months, the Organization transformed its practice from scheduling initial appointments to providing a walk-in model five days per week. The results show a dramatic improvement. The average number of days persons waited for an initial appointment for mental health outpatient services pre-open access model was 25 days, compared to 7.5 days post open access. Notably, the twelve month "average" does not reflect the trend of the last 6 months of the calendar year in which the typical wait for a routine appointment averaged only 4 days. The plan is to continue to track access to care for routine, urgent, and emergent requests for service. Additionally, the action plan includes expanding the open access model to include psychiatry, in order to reduce wait times for initial psychiatric assessments.

The Recovery Center inpatient bed availability monitor affirms that it is able to admit persons quickly for both emergent and routine admissions; however, this ability is trending downward. The desired outcome of consistently maintain a very high occupancy rate is a contributing factor along with high regional demand for detoxification beds. The corrective action plan includes the establishment of step-down beds to safely and efficiently transition persons from a detoxification bed to a rehabilitation bed.

Health and Safety

Our goal is to deliver safe, high-quality health care to persons in all settings. We agree with the position of the Agency for Healthcare Research and Quality: an institution that overtly encourages and supports the reporting of any situation that threatens, or potentially threatens the safety of persons served or caregivers, provides opportunities to make our care delivery system safer.

Critical incidents are recorded electronically and submitted to the Safety Officer within 24 hours of knowledge of the event. Required incidents are also reported to the County Office of either Mental or Drug and Alcohol and the Managed Care Organization as per contract. A trending analysis is compiled annually by the Executive Director of Quality and Operations, and submitted to Quality Council for review and corrective action planning.

Of the 388 reported adverse incidents reported in 2011, 203 (52%) fell within categories deemed “high risk” events. Reportable incidents included, but are not limited to, suicide or overdose deaths, vehicular accidents, slips and falls, contraband, assaults, medication errors, injuries, and medical emergencies. Data indicated no event category out of statistical control; however, a trend of missing medication was noted at one long term residential site. Using the NIATX model of process improvement, a walk through observation of the self-administration of medication process was observed by a licensed nurse and Quality Improvement Specialist. Processes observed included the method of pill counting, how consumers take their medications, and the medication tracking documentation. Some contributing factors for medication errors included residents dropping medication due to dexterity problems and “rushing” (resulting in accidental extra dosing before staff could intervene). The following corrective actions were instituted:

- Use “Medication on Time” blister packaging for all controlled substances;
- The use of table top trays to contain any dropped medication;
- Staff controlling access to the water cups to slow down process and provide staff with more time to observe and intervene in the event of an accidental extra dosing;
- Supervisor observation of each employee to assure compliance with departmental policy regarding oversight of the self-administration process.

Adverse incidents will continue to be tracked and trended to assure that the aforementioned changes have the desired outcome of reducing medication errors.

Maintaining a safe work environment for our employees is a priority for Penn Foundation. This year the Safety Committee recommended the adoption of the Crisis Prevention Institute Model of Non-Violent Crisis Intervention as the standard of care for handling disruptive persons. The plan is to have four middle managers certified as trainers.

Satisfaction of Persons Served and Stakeholders

Satisfaction of persons served is measured by many methods at Penn Foundation, including focus groups, surveys, and suggestion boxes. For the purpose of this executive report, we present data collected and analyzed by Voice & Vision, Inc., a unique company whose employees are typically consumers or family members of consumers of behavioral health services. The sample consisted of 259 clients and 56 family members who received services during a one-week period in the winter of 2011. Responses provided an indication of attitudes towards services and overall strengths and weaknesses of the service delivery system. Responses achieving an 80% positive response rate were deemed a strength, and those achieving 60% or less positive responses were deemed an opportunity for change. Ninety-two percent (92%) of consumers and family members were satisfied with their overall experience at Penn Foundation. High satisfaction levels were also noted in domains of quality of life, feeling “safe” in the environment of care, perceiving staff as warm, welcoming, and trustworthy, the ability to exercise choice in goal development, and receiving help in skill development. Parents with young children in therapy would like to see us better address the physical health concerns along with treating their behavioral health issues. Children’s services clinicians will assess physical health as part of the Psychosocial History and develop procedures to routinely reassess physical health throughout the course of treatment.

In December 2011 an Organization Climate Survey by Behavioral Pathway Systems was conducted with employees employed within our Mental Health Division. The survey benchmarks our employee satisfaction against behavioral health organizations across the state and the nation. Survey item content spans seven key

domains contributing to employee satisfaction, including staffing/co-workers, recognition and growth, leadership, compensation and benefits, physical environment, quality, and satisfaction. Comparative data is expressed in both a percentile ranking and a mean score. Mean scores above 50 are considered “positive” and those below 50 are “negative”. Rankings at the 70th percentile or higher are considered “favorable”, and indicate the organization is managing its climate better than others in difficult fiscal times. A ranking at or below the 30th percentile are considered “unfavorable” and provide opportunities for improvement. Percentile rankings in the broad middle range (31-69 percentiles) indicate that, in general, the Organization is managing its climate as well as others. Data was compared and trended by use of a rolling mean (using the 2010 survey results of employees of the Rehabilitation Division). Positive ratings indicating high levels of satisfaction were noted in domains of staffing/co-workers, recognition and growth, and leadership. No domain scored in the bottom 30th percentile. For the two past years, the corporate strategic plan has focused on improving compensation and benefits. In 2010, the agency ranked in the lower 30th percentile. This past year, the Agency made strides toward raising some lower pay grades; our goal being to have all pay grades rank at or above the 50th percentile based on a national salary survey. Additionally, we restructured our cafeteria benefits plan by increasing the employer premium share of the medical insurance benefit. This resulted in a more affordable family health coverage benefit for employees. With the ranking moving from a low 22nd percentile in 2010 up to the 49th percentile in 2011, we demonstrated that the changes made increased employee satisfaction with salary and benefits. The Agency will continue with its strategic plan to systematically raise salaries to attract the best and brightest staff.

Organizational Function Measure

Compliance with mandatory trainings by our employees has been a problematic trend for several years. The rise in community based workers and satellite programs necessitated a training system that was flexible and convenient for our 24/7 workforce. The 2010 Corrective Action Plan included piloting Essential Learning, a web based training program. The new system helped us meet our minimum compliance threshold in training employees in fire safety, infection control, cultural competency, and corporate compliance/confidentiality.

For the 10th consecutive year, the Agency’s personnel turnover rate has been at or below the internal target goal of 22%. The consistently low rate has been a key factor in maintaining continuity of care across all service delivery systems, and supports our value to employ highly credentialed, dedicated, and caring professionals.

This report is reviewed and approved by our Quality Committee and Board of Directors each year, and is used to continuously review, renew, and revise our strategy and tactics to provide excellent care. The report is shared with our key stakeholders with whom we do business, and is available to our consumers, their families, and employees via our website at www.pennfoundation.org.