



## Achieving Breakthrough Performance in Forensic Mental Health at Utah State Hospital

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Utah State Hospital

**BUILDING ON SUCCESS 2018**  
September 27-28, 2018

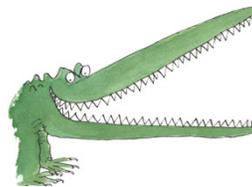
## The crocodile with big teeth!

### Settlement Agreement

Utah's Department of Human Services must admit patients requiring court-ordered treatment at the state hospital within:

60 days by March 31st 2018  
30 days by September 30<sup>th</sup> 2018  
14 days by March 31<sup>st</sup> 2019

and then must maintain that reduced wait time.



90 days to go  
and counting!

### Starting Position

Six month wait for patients accused of crimes and deemed incompetent to stand trial until receiving services.

Wait list for beds was approaching 100 patients.

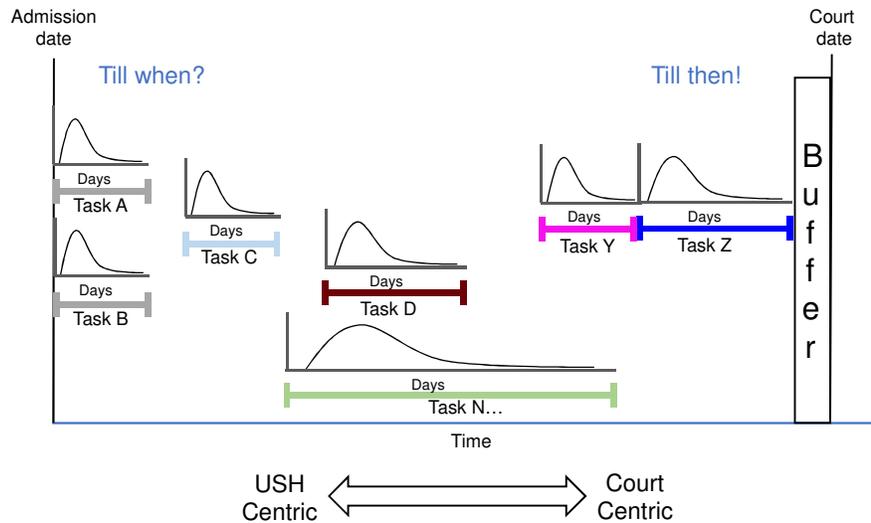
Project start date January 1<sup>st</sup> 2018.

This was the first ever implementation of the 'Pride and Joy' approach in a State Hospital Forensic Unit.



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## The process



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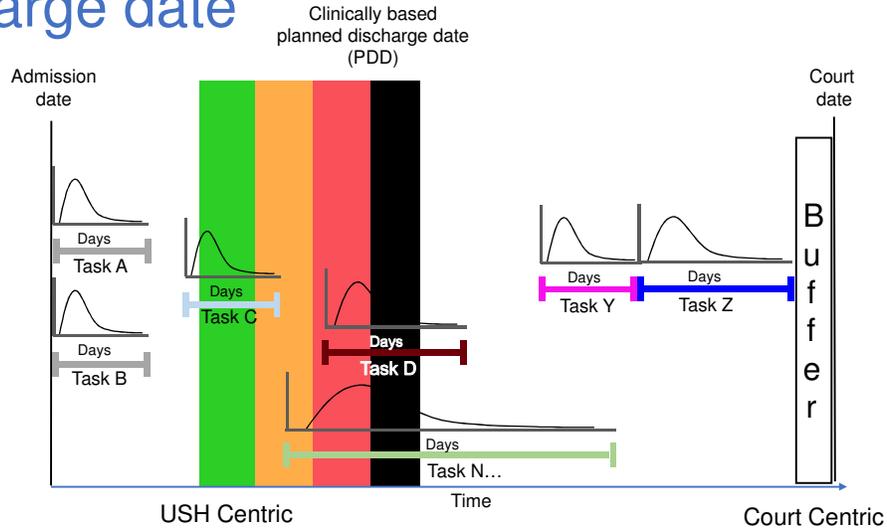
## The core of the approach

1. The core of the Pride and Joy approach:
  - Each patient was set a Planned Discharge Date in the 'Pride and Joy' software tool based entirely on their clinical recovery rather than the court date.
  - Each day the remaining tasks were reviewed and escalated where necessary. This improved synchronization of both internal and external resources and exposed both internal and external disruption and delay.
  - Internal delay was identified and addressed within the first three months. Over the remaining five months work has been ongoing to resolve the external causes of delay.
2. The approach was supported by the Attorney General who helped address many of the external causes of delay.
3. Staff at the hospital have embraced the approach, upgraded previous practices and worked through the internal constraints.
4. In parallel an Outreach and Jail-Based program were implemented to ensure the inpatient Forensic beds were secured for the most acute patients.

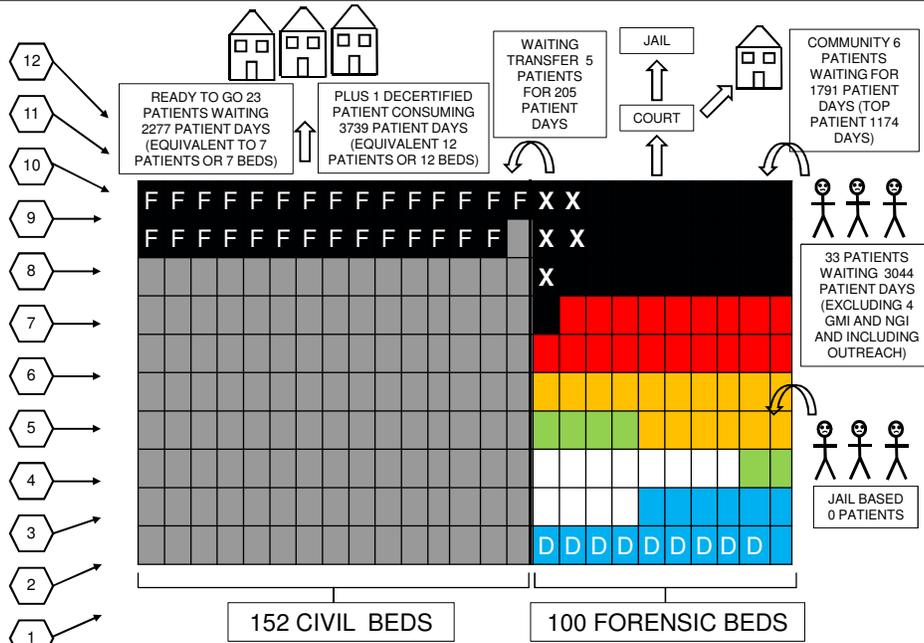


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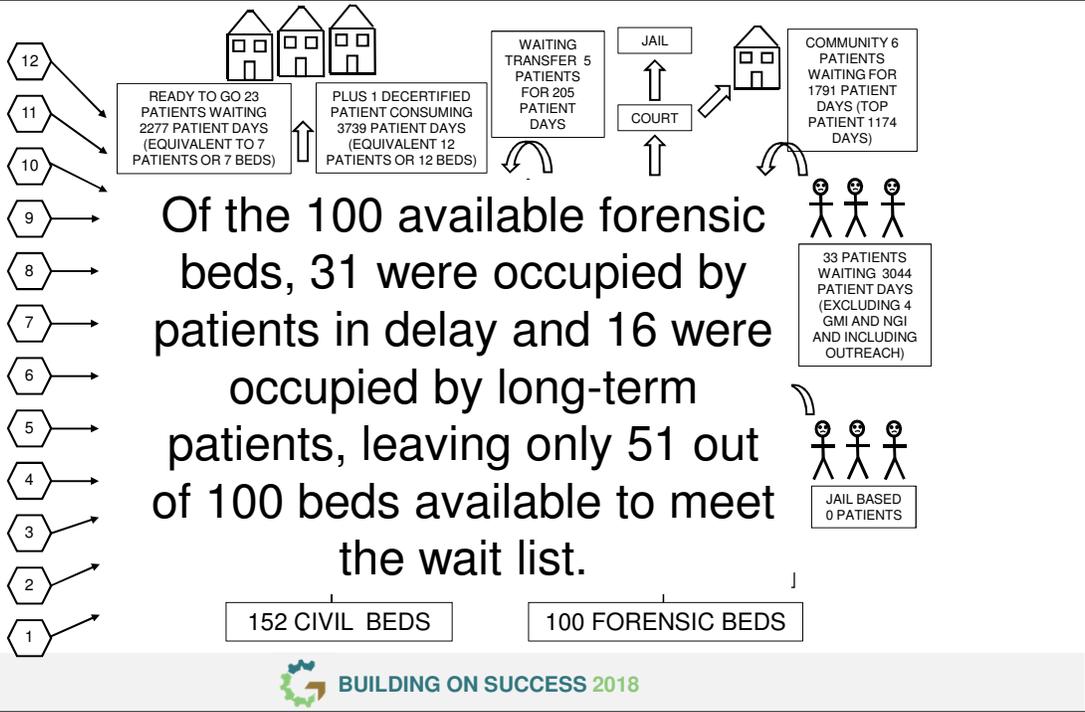
# Implementing a clinically based planned discharge date



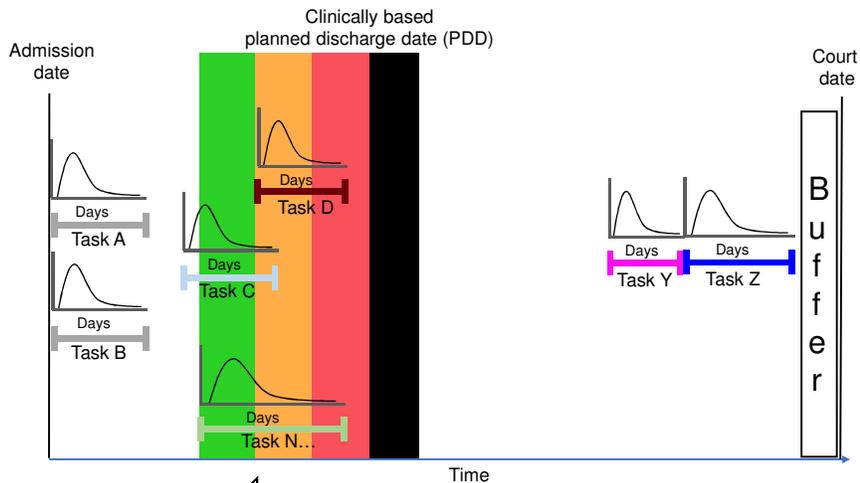
## January 2018



January 2018



## Resolving internal and external causes of delay



← REDUCED LENGTHS OF STAY LEADING TO INCREASED CAPACITY AND BETTER SERVICE LEVELS

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# A typical patient plan

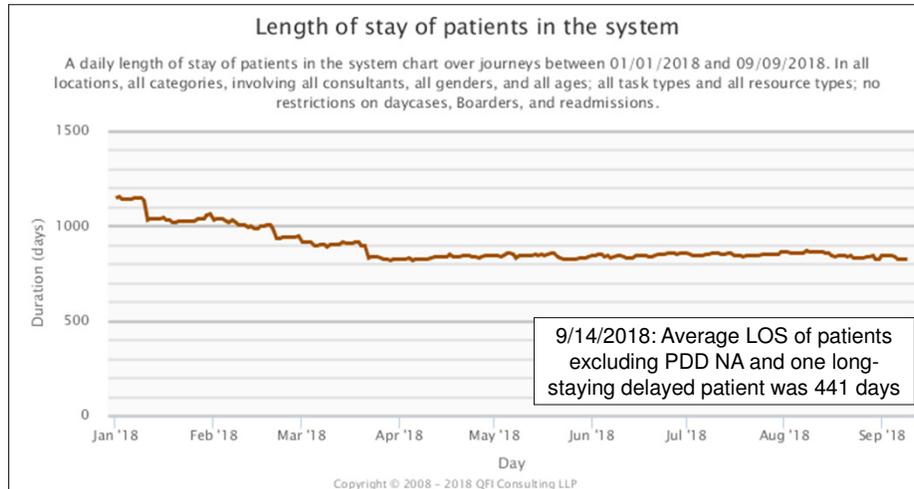
The screenshot shows a software interface for managing patient tasks. At the top, there's a header for 'PATIENT TASKS' with a date range from 03/01/2018 to 06/11/2018. Below this is a timeline showing 'ARRIVAL' and 'PDD'. A section titled '1 task' contains a task: 'AD Awaiting transfer to court' assigned to 'Administrative Director (all)'. The task is marked as 'THIS IS THE MOST OUTSTANDING TASK'. It started on 08/21/2018 at 14:50 and has a remaining time of 2 weeks. Action buttons include 'Finish', 'Do today', 'Escalate', and 'Delete task'. Below this, there are '5 finished tasks', with one example: 'MD Refer for competency evalu...' assigned to a 'Psychiatrist', which started on 08/06/2018 and finished on 08/21/2018.

# Bed status as of September 25 2018

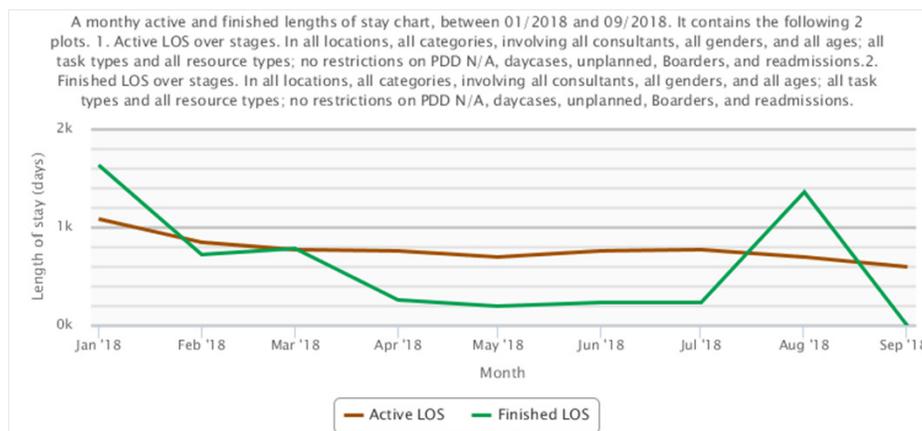
**BED STATUS**

Forensic 1 18% patients in delay Total delayed days: 5581		Forensic 2 20% patients in delay Total delayed days: 946		Forensic 4 33% patients in delay Total delayed days: 609		Forensic 3 3% patients in delay Total delayed days: 10		Forensic 5 0% patients in delay Total delayed days: 0	
4283d 11h ago	1229d 11h ago	787d 1h ago	51min ago	262d 22h ago	106d 3h ago	10d 1h ago	6d 2h		34d 12h
60d 3h ago	8d 2h ago	13d 12h	98d 19h ago	92d 2h ago	67d 11h ago	6d 23h	15d 3h		34d 12h
40d 20h	50d 12h	7d 24min ago	53d 22h ago	41d 2h ago	22d 2h ago	15d 27min	18d 1h		
55d 3h	65d 12h	29d 12h	30d 4h	9d 2h ago	8d 2h ago	22d 1h	34d 22h		29d 12h
71d 20h	101d 21h	38d 20h	47d 22h	14d 21h	21d 21h	36d 22min	46d 4h		153d 12h
192d 21h	51d 3h	48d 23h	75d 22h	25d 21h	28d 21h	50d 23h	50d 23h		N/A
72d 12h	77d 12h	109d 3h	121d 22h	44d 21h	44d 21h	50d 23h	55d 23h		N/A
81d 21h	75d 22h	169d 3h	175d 2h	47d 1h	51d 20h	59d 22h	80d 1h		N/A
77d 12h	N/A	75d 12h	117d 12h	51d 21h	51d 21h	56d 1h	57d 21h		N/A
N/A	N/A	155d 19h	155d 22h	51d 21h	56d 21h	59d 4h	82d 3h		EMPTY
N/A	N/A	162d 19h	76d 22h	145d 23h	145d 23h	150d 23h	153d 5h		EMPTY
		112d 23h	143d 23h	158d 1h	161d 1min	168d 3h	174d 23h		EMPTY
		168d 3h	EMPTY	EMPTY	EMPTY	179d 23h	N/A		
						N/A			

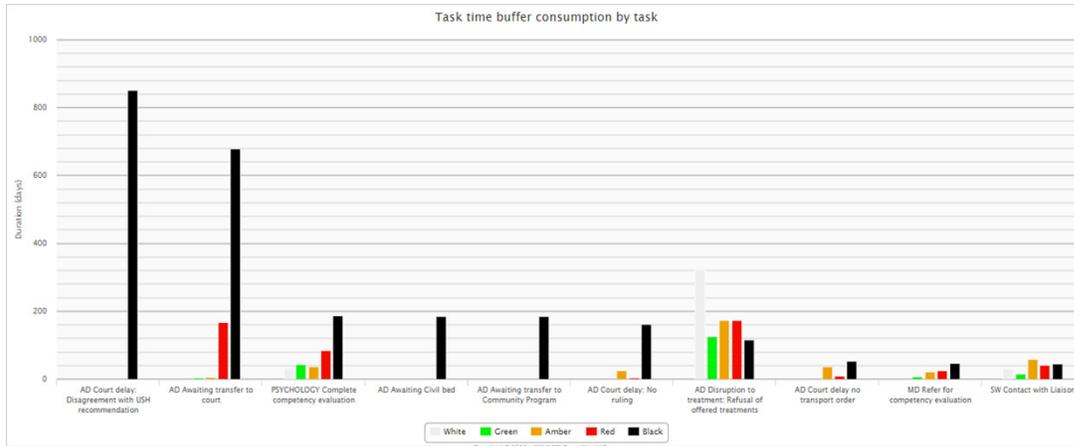
## Total length of stay of all patients in the hospital



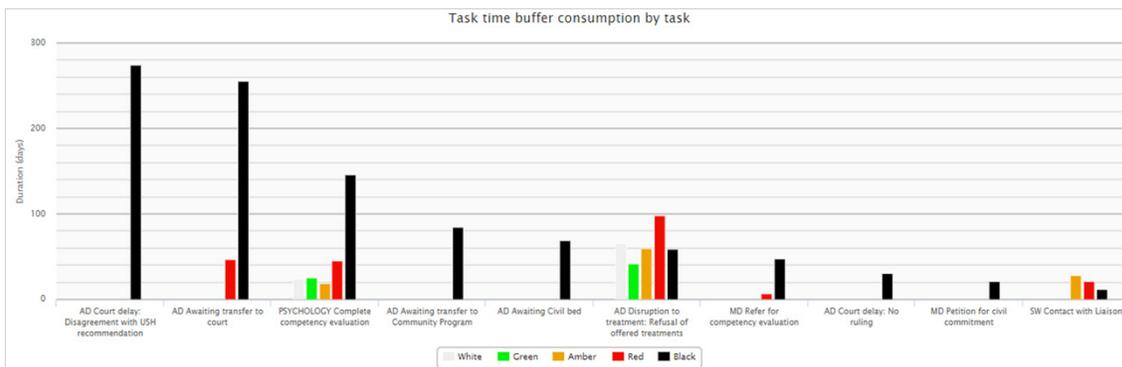
## Comparison of active and finished lengths of stay (months)



## Top ten buffer consumption by task (4/1/2018-9/17/2018)



## Top ten buffer consumption by task (7/1/2018-9/17/2018)



# Results after 4 months!

**Progress After 4 Months**

<p><b>114%↑</b></p> <p>Increased capacity to allow 45 admissions compared to 21 during the same time last year</p>	<p><b>22%↓</b></p> <p>Decreased average length of stay from 981 days in January to 769 days in May</p>
<p><b>82%↓</b></p> <p>Decrease in average wait time to admission at the USH Forensic unit from 168 days in December to 31 days in April</p>	 <p>Partnering with community stakeholders and the courts to resolve top delays to an individual exiting the system</p>



# You will remember!

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## Next steps

1. Achieving the fourteen day target is a whole new challenge.
2. Recent analysis has shown that it can take between 3 and 9 of the 14 days just to admit a patient.
3. When you compare the current variation between the rate of discharges and upcoming bed availability in a fourteen day period and the rate of admissions during the same period it is highly likely that the 14 day target could not currently be achieved without a buffer of empty beds. This is clearly a waste of precious specialist resource and so efforts are now being focused on:
  - Continuing to resolve internal causes of delay
  - Reducing delays awaiting transfer to court
  - Resolving disagreements with the court on competency recommendations
  - Reducing the time to process the admission of a patient.



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## Lessons

1. The 'Pride and Joy approach was a necessary step to improve synchronization, focus everyone's activities and identify and eliminate causes of delay.
2. The results achieved to date also required huge commitment and effort from the leadership team, Attorney General, all staff and the other supporting programs.
3. The role of the GOMB as a stakeholder of the project was vital. Specific thanks to Staci Ghneim and Craig Walters.
4. This approach is applicable in many service environments that are subject to internal and external factors experiencing high levels of task variation and interdependency.



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# Questions



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