Allina Health

**Mental Health
Value Stream**

11/2019

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Purpose & Objective

- It takes too long to transition our patients to the appropriate level of care. Sometimes we do not have appropriate or timely access for our mental health patients.
- As our patients progress through the care continuum, there are GAPs and challenges for them including:
  - Boarding time for our patients waiting in the emergency department
  - Timely access to our inpatient units
  - Timely access to our outpatient providers and programs

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Value Stream Journey-2.5 Years

- Initiated November of 2017. In-scope patient entrance into the E.D to discharge or inpatient admission. Inpatient admission to discharge
- Guiding Principles
  - Drive out waste for patient and staff
  - Team approach
  - Patient as a partner in care
- Initiated at 1 campus, spread to all metro and regional inpatient mental health units and all 12 Allina E.D.'s

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Mental Health Value Stream Results

Status Period	November 2019
Executive Sponsor	Sara Criger
System Value Stream Leader(s)	Joe Clubb, Paul Goering, Mari Holt
PI/PM Lead(s)	Katie Thompson

Value Stream Objective(s)

- To deliver on the Allina Promise for the mental health & addiction population
- To enhance the patient & staff experience in the delivery of care
- To optimize timely access to care for mental health patients

Pillar	Metric	Location	Baseline 2017	2018	Target	2019 YTD	Oct
Experience	Increase ED Discharge Percent	System	62.6%	64.0%	65.0%	62.7%	18.9%
	Reduce ED LOS- Mental Health Visits by 25%	System	9.66	8.76	6.5	9	8.5
Growth & Value Delivery	Reduce IP LOS (days)	UNY Adult	12	14.28	13.9	8.54	6.7
		UNY Geri	16.5	13.4	11.59	11.57	8.1
		ANW Adult	11.5	12.7	10.1	10	11.27
		ANW C/A	10.3	11.25	8.46	8.3	8.01
		UTD Adult	8.4	7.6	6.72		
		UTD Geri	14.9	17.1	16.67		
		UTD C/A	7.7	8.87	7.79	8.31	7.76
Financial Health	Increase Inpatient Admissions (based on budget)	Metro Only	4930	5603	5099/497		

A3	Location	Implementation Status	Status R/G	Escalations/Barriers
Safety Planning	System	Design		Go Live- Nov 2019
1:1/DNA Event	ANW UTD	Design		Go Live- Nov 2019
	UNY			
IP Care Model	United Unity Abbott	Design		
ED to IP	Adult	Live		Need key stakeholders discussions
	Child/Adol	Live		
	Geri	Live		
A&R Standard Work	System	Standard		
Social Work Standard Work	United	Live		Role of social worker on IP unit (Cindy St. George/Brenda Verbick/Joe Clubb)
	Unity	Standard		
	Abbott	Standard		
	Regional			Need additional PIA resourcing to spread
ED D/C Process	United			Meeting Scheuled for spread
	Unity	Standard		Modified to "virtual huddle"
	Abbott			Meeting Scheuled for spread
	Mercy			Spreading via A&R standards
IP D/C Process	United	Live		Identifying DD1/DD2
	Unity	Standard		
	Abbott	Standard		
	Regional	Standard		
Team Assessment	United	Standard		
	Unity	Standard		
	Abbott	Standard		
	Regional	Standard		
	Mercy	Live		
Interdisciplinary Discharge Rounds	United	Live		
	Unity	Standard		
	Abbott	Standard		
	Regional	Standard		

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Value Stream 2020

- Continued opportunities in inpatient and E.D. value stream.
- Expand scope to include Allina outpatient services (Partial Hospitalization Program, Day Treatment, Outpatient Addiction and Hospital Based Clinics & Primary Care Clinics)

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Mental Health & Primary Care Integration

- Reduction in our lead time for our patients referred from primary care
- Increase collaboration and seamless transitions between primary care and mental health

Three year plan:
- More accurate referrals
- Clear pathways back into mental health for established patients
- Resources & collaboration to care for patients in primary care

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2020 Measures of Success

Pillar	Measure
Safety & Quality	Ensure **IP Length of Stay** meets budgeted targets
	Reduce **Potentially Preventable Readmissions**
Experience	Reduce **ED LOS** (focusing on patients being admitted)
	Reduce **lead time into our provider** for patients discharged from inpatient stays and our Emergency Departments
People	Reduce incidents of **Workplace Violence** experienced in the ED and IP Psychiatry Units
Growth and Value Delivery	Meet budgeted targets for IP **Admission Volumes**
Finance	Increase **clinic capture rate** of patients from our Emergency Department and Inpatient Services
	Increase occupancy of **Partial Hospitalization Programs & Day Treatment**
	Increase number of unique patients served through **Addiction Services**

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Cadence of Improvement:
Along with sustaining gains we will…

Care Setting	First quarter	Second quarter	Third quarter	Fourth quarter	First quarter 2021
Emergency Department	Continue to enhance *ED-IP Process*- focus on Child Adolescent and patient assigned to head in bed	Spread *Dispo Huddle/DC Standard Work*- ANW	System go live *Safety Planning*	Spread *Dispo Huddle/DC Standard Work*- UTD	
Inpatient Psychiatry	Implement *Care Model*	Improve completion time for *comprehensive assessments*	Design *2nd Opinion Consult* for psychiatrically unstable patients	Enhance *Referral Process for IRTS* Patients	Improve *AM Discharges and close our transportation* gap
Outpatient Care	Design *IP to Clinic w/in 7 days*	Increase patients from IP to PHP w/in 7 days	Increase our *capture rate from IP/ED to OP* by 30%	Enhance *communication between providers at all settings of care*	

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The E.D. as the Safety Net

- Increase in the number of Group Homes discharging residents to hospital E.D's. Increased from monthly to weekly
- Increase in the number of children in child protection custody discharged from foster homes to E.D.'s
- Utilizing a high huddle structure bringing together Allina, County, Group Home Leaders and Contract Case Management agencies

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Questions ?

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