

Per California Code of Regulations, title 2, section 548.5, the following information will be posted to CalHR's Career Executive Assignment Action Proposals website for 30 calendar days when departments propose new CEA concepts or major revisions to existing CEA concepts. Presence of the department-submitted CEA Action Proposal information on CalHR's website does not indicate CalHR support for the proposal.

A. GENERAL INFORMATION

1. Date

05/05/2017

2. Department

Department of State Hospitals

3. Organizational Placement (Division/Branch/Office Name)

Directorate/Statewide Quality Improvement Program

4. CEA Position Title

Deputy Director, Statewide Quality Improvement Program

5. Summary of proposed position description and how it relates to the program's mission or purpose. (2-3 sentences)

The Department of State Hospitals requests approval to establish the Deputy Director, Statewide Quality Improvement Program (SQIP), CEA Level B. The Deputy Director's role is policy formulation and implementation of a statewide quality improvement program. The Deputy Director directs and oversees the day-to-day management of statewide Risk Management, Compliance and Audit activities; sets statewide policy; and directs the development and implementation of various department-wide policies and programs related to a statewide quality improvement program including but not limited to the following components: performance improvement, quality assurance, incident management, risk management, clinical outcomes, and regulatory compliance. This includes the development of goals, objectives, strategies, policies, procedures and monitoring tools to ensure the department has effective quality improvement programs and maintains statewide compliance with the laws, regulations, accreditation standards, and state policies required for effective operation of acute psychiatric hospitals. In addition, the Deputy Director serves as the advisor to the directorate and executive staff on all issues and trends related to quality improvement components and enhancing and improving these functions.

6. Reports to: (Class Title/Level)

Chief Deputy Director (Exempt)

7. Relationship with Department Director (Select one)

- Member of department's Executive Management Team, and has frequent contact with director on a wide range of department-wide issues.
- Not a member of department's Executive Management Team but has frequent contact with the Executive Management Team on policy issues.

(Explain):

8. Organizational Level (Select one)

- 1st 2nd 3rd 4th 5th (mega departments only - 17,001+ allocated positions)

B. SUMMARY OF REQUEST

9. What are the duties and responsibilities of the CEA position? Be specific and provide examples.

The Deputy Director, Statewide Quality Improvement Program (SQIP), will be responsible for policy formulation and implementation of a statewide quality improvement program. The Deputy Director will direct and oversee the day-to-day management of Risk Management, Compliance and Audit activities; sets statewide policy, and directs the development and implementation of various department wide policies and programs related to a statewide quality improvement program including but not limited to the following components: performance improvement, quality assurance, incident management, risk management, clinical outcomes, and regulatory compliance. This includes the development of goals, objectives, strategies, policies, procedures and monitoring tools to ensure the department has effective quality improvement programs, maintains statewide compliance with the laws, regulations, accreditation standards, and state policies required for effective operation of acute psychiatric hospitals. In addition, the Deputy Director serves as the advisor to the directorate and executive staff on all issues and trends related to quality improvement components and enhancing and improving these functions.

The Deputy Director will have policy setting authority and represents the Director and the department on various efforts involving a variety of state and federal agencies, and local and private enterprise partners; oversees statewide staff in risk management and compliance activities, establishes goals and objectives; and makes recommendations to the Director and Chief Deputy Director on alternatives and best solutions.

The Deputy Director will be responsible for identifying statewide needs and deficiencies, and significant resource issues and challenges. The Deputy Director will recommend major policy and program initiatives to enhance, streamline, and improve the department's efforts related to ensuring effective quality improvement functions.

B. SUMMARY OF REQUEST (continued)

10. How critical is the program's mission or purpose to the department's mission as a whole? Include a description of the degree to which the program is critical to the department's mission.

- Program is directly related to department's primary mission and is critical to achieving the department's goals.
- Program is indirectly related to department's primary mission.
- Program plays a supporting role in achieving department's mission (i.e., budget, personnel, other admin functions).

Description:

DSH manages the nation's largest inpatient forensic mental health hospital system. Its mission is to provide evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in state hospital operations, across a continuum of care and settings. DSH is responsible for the daily care and provision of mental health treatment of its patients. In FY 2015-16, DSH served over 13,000 patients and on any given day the inpatient census was, on average, 6,878 in a 24/7 hospital system and 625 outpatient census in its conditional release programs. DSH has an operating budget of \$1.7 billion and oversees five state hospitals and three psychiatric programs located in state prisons, employing approximately 12,000 staff. Additionally, DSH provides services in jail-based competency treatment programs and conditional release programs throughout the 58 counties. DSH's five state hospitals are Atascadero, Coalinga, Metropolitan – Los Angeles, Napa and Patton. The three psychiatric programs are through an interagency agreement with the California Department of Corrections and Rehabilitation (CDCR), treating inmates at prisons in Vacaville, Salinas Valley and Stockton.

Acute psychiatric hospitals have significant regulatory and accreditation standards that they must meet in order to maintain hospital licensure and accreditation and to ensure that they are providing safe and quality care for their patients. To achieve this, hospitals must have a robust quality improvement program that includes focus on performance improvement, quality assurance, incident management, risk management, clinical outcomes, and regulatory compliance. The mission of the Statewide Quality Improvement Program is to ensure there is statewide policy direction and oversight on quality improvement activities to ensure that there is an effective system in place for defining and evaluating issues for local or statewide impacts, prioritizing and identifying solutions, and assessing effectiveness for implemented solutions.

In addition to setting policy for the Statewide Quality Improvement Program, the Deputy Director, SQIP, the deputy director will also set the policy direction and provide day to day leadership for the following three functions:

The Enterprise Risk Management Branch provides and is responsible for statewide health and safety programs. The branch promotes and fosters a safe environment for all DSH employees, patients, and visitors through effective practices, policies, planning, training, and customer service. The branch has significant responsibility for providing service and support to executive management and hospital administration in programs such as Emergency Operations Plan, Business Continuity, Health and Safety, Workplace Violence Prevention, and Ombudsman.

The Office of Audits provides comprehensive internal and external audits of several large governmental programs administered by the Department of State Hospitals. The unit also provides senior management expertise on organizational operations and management controls; and advises on the development and implementation of program policies and procedures.

The Standards Compliance function is responsible for the activities and management of compliance with licensing regulations, performance improvement, and assure compliance with other applicable standards for quality of care. Most importantly the Standards Compliance Departments are The Joint Commission subject matter experts and assist their respective state hospitals with maintaining ongoing survey readiness. Maintaining accreditation is an indication that high quality services are provided to mentally ill individuals in California requiring state hospital care.

These programs are vital in developing statewide policies and procedures specifically for quality improvement ending inconsistent assessments, deficiencies, and repeated issues/findings.

B. SUMMARY OF REQUEST (continued)

11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

In past years, the primary focus on addressing patient aggression has been in the development of treatment, psychopharmacology, programs, and interventions to reduce patient violence in the system. The 2016 Violence Report demonstrates the value of clinical interventions, innovations in the environment of care, and multi-disciplinary research that can assist in preventing and reducing violence. The report documents progress in DSH efforts to reduce patient on staff assaults and the need to continue violence prevention initiatives. According to the report, when population increases are taken into account, the rate of assaults on patients increased 5.4%, while the rate of assaults on staff decreased 7.9%.

CalOSHA has a mission to protect and improve the health and safety of workers by setting and enforcing standards, providing outreach, education, and assistance, issuing permits, licenses, certifications, registrations, approvals, and conducting enforcement inspections. Due to its safety role, CalOSHA is charged with overseeing and auditing DSH's environment of care. Between 2009-2012, CalOSHA conducted 11 separate inspections and cited DSH 46 times with corresponding fines of approximately \$385,000. As a result, in 2014 DSH and CalOSHA entered into a global legal settlement for each hospital called a Special Order. In 2013, the five Special Orders for each hospital were adopted by the Occupational Safety and Health Standards Board (OSHSB) thereby reducing the fines and requiring DSH to develop Injury and Illness Prevention Plans (IIPP) at each of the five state hospitals. The global Special Order noted that CalOSHA would return to conduct investigations of DSH's compliance with the Special Order.

In 2014 and 2015, DSH and CalOSHA monitored the development and implementation of the new statewide-standardized IIPPs through quarterly reports to CalOSHA. In July 2015, the new IIPPs were released at each hospital to staff with orientation, training, continued monitoring and technical assistance from DSH health and safety staff. Between May and September 2016, CalOSHA initiated inspections to evaluate Special Order compliance and IIPP implementation. As a result, all five state hospitals were issued a Notice of Intent to Cite; the citations were deemed "Serious" with fines totaling \$178,300. Each hospital was cited and fined up to \$25,000 for failure to implement portions of the workplace violence prevention components of the IIPPs. In November 2016, executives from CalOSHA and DSH met to discuss the Intents to Cite. During these meetings, it became evident that DSH's primary focus with respect to violence had been through the treatment of patients rather than a holistic patient treatment and workplace safety approach. To address this issue, DSH must ensure that the treatment teams, standards compliance, and health and safety officers are coordinating efforts to analyze events and improve/ address patient risk factors while also improving work place safety factors, and new policies and procedures and statewide coordination must be employed.

Compounding DSH's compliance challenges is SB 1299 (Padilla, Chapter 842, Statute of 2014) which was signed by Governor Edmund G. Brown, Jr. in September 2014. SB 1299 requires specified healthcare settings to develop and implement a Workplace Violence Prevention Plan (WVPP) and other reforms to improve staff safety. In October 2016, OSHSB adopted new regulations pursuant to SB 1299 as reflected in California Code of Regulations (CCR) 3342. These new CCR 3342 standards were subsequently approved by the Office of Administrative Law in December 2016 with an effective date of April 1, 2017. CCR 3342 requires an additional standard of planning, training, investigation, analysis and reporting than the current IIPP requirements. These additional requirements include: development and implementation of a specific new WVPP at each hospital that is in addition to the current IIPPs; utilization of a new statewide reporting and recording violence incident online reporting system that is required by CalOSHA; development, implementation and maintenance of a Violent Incident Log; development and delivery of a comprehensive violence prevention-training program to all staff initially, with refresher training annually for patient contact staff. The training must include the ability to conduct interactive questions and answers with employees; and establish a system to review and evaluate the effectiveness of the Plan with specific criteria for staffing, security systems, job design, high risk areas, and conducted with employees and their representatives.

This reporting requirement will require personnel to manage these reports through a multi-disciplinary team and supervisors/managers in its 24/7 hospital environment. SB 1299 and its subsequent CCR 3342 requires acute psychiatric hospitals, including DSH, to adopt standards developed by OSHSB to prevent workplace violence in the hospitals. These new regulations adopted by OSHSB in October 2016 apply to DSH and are designed to protect healthcare workers and facility personnel from aggressive and violent behavior of patients, visitors, contractors, and other employees.

Historically, due to lack of an enterprise reporting structure with dedicated leadership and focus, there had not been the ability to develop statewide policies and procedures for quality improvement nor an enterprise approach to tracking statewide licensing and accreditation surveys, deficiencies, citations, and findings to ensure that statewide strategies are identified and implemented to facilitate resolving issues statewide. The focus, tracking and resolution of these deficiencies, citations, and findings, is at the local hospital level; there is no statewide oversight and analysis of issues. This leaves DSH vulnerable to repeated findings and citations as surveys and investigations are performed by the regulatory and accreditation entities.

C. ROLE IN POLICY INFLUENCE

12. Provide 3-5 specific examples of policy areas over which the CEA position will be the principle policy maker. Each example should cite a policy that would have an identifiable impact. Include a description of the statewide impact of the assigned program.

The Deputy Director, SQIP, is the principal policymaker for the department's efforts, programs, systems, and procedures supporting the department's statewide quality improvement program and is responsible for developing, implementing, monitoring processes and applicable policies, and ensuring that goals and objectives are met. There are significant regulations that govern the operation and health and safety activities of acute psychiatric hospitals. Additionally, given its size and complexities, DSH is at high risk for audits by external entities and as such operates a robust audit function to ensure program and administrative policy and procedure compliance.

The position's policy decisions influence the department's mission by: setting, monitoring and modifying policies, processes, priorities, and timelines for all departmental employees to follow that impact delivery of care and treatment to patients; the health and safety of staff and employees and ensure effective management operations of the state hospitals within established laws, regulations, and standards for acute psychiatric hospitals.

Specific examples of policy decisions and program development include, but are not limited to:

- Provide leadership and independently establish statewide policies, procedures, goals and objectives for all issues related to quality improvement including but not limited to the following components: performance improvement, quality assurance, incident management, risk management, clinical outcomes, and regulatory compliance.
- Provide day-to-day management for the statewide risk management, compliance, and audit activities.
- Develop and implement a program for effective monitoring of survey and audit findings, regulatory agency deficiencies, citations, and trends statewide and leading statewide efforts to establish new programs, policies or procedures to address identified issues.
- Establish effective partnerships with regulatory and accrediting entities to facilitate communication, consultation, and resolution for statewide compliance issues.
- Provide change management to position the department to successfully manage quality improvement.
- Serve as Chair of the statewide Audit Committee; oversee the development of the department's annual statewide audit plan and State Leadership Accountability Activities.
- Establish audit program goals and objectives to ensure effective testing, monitoring, and corrective action of statewide administrative and program operations.
- Implement a statewide Health and Safety and Workplace Violence Prevention and Monitoring programs to ensure worker health and safety and reduce worker's compensation expenditures.
- Develop and implement an effective departmental communication plan related to quality improvement efforts.
- Identify and institute department wide training requirements to enhance quality improvement activities statewide.
- Provide leadership and independently establish policies, procedures, and processes for process improvements, overseeing the documentation of current business processes, monitoring the progress for change and evaluating the outcomes.
- Provide leadership for the effective administration of the DSH Governing Body including the Directorate, Deputy Directors, Hospital Executive Directors, and Medical Directors. Oversee the monthly meeting planning, tracking and communicating of governing body decisions, monitoring of action items, and semi-annual reporting.

C. ROLE IN POLICY INFLUENCE (continued)

13. What is the CEA position's scope and nature of decision-making authority?

The Deputy Director will be the voice of the Director, Chief Deputy Director, and the executive staff in the areas of quality improvement, risk management, regulatory compliance, and audits. The Deputy Director will be the spokesperson and decision maker interacting on a regular basis with state and federal regulatory entities, hospital accreditation organizations, interested members of the public, legislators, the Department of Finance, the Administration, other control agencies, and various stakeholders. The daily implementation of the decisions made by the Deputy Director affect both department's personnel, patients, and their representatives.

14. Will the CEA position be developing and implementing new policy, or interpreting and implementing existing policy? How?

The Deputy Director will identify statewide needs and deficiencies, significant resource issues and challenges and recommend major policy and program initiatives to enhance, streamline, and improve the department's efforts related to ensuring effective quality improvement. The Deputy Director will establish the policies, procedures, and training, to integrate DSH's workplace safety, standards compliance, and treatment teams and ensure DSH effectively implements and achieves statewide compliance with existing CalOSHA standards and CCR3342. Additionally, the Deputy Director will develop and implement statewide policies and serve as the advisor to ensure DSH's statewide coordination, tracking and monitoring for licensing and accreditation issues, and that DSH addresses licensing and accrediting issues on a strategic statewide basis.