

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

2023-11-28

2. Department

Department of State Hospitals

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

Directorate/Statewide Quality Improvement

4. CEA Position Title

Deputy Director, Statewide Quality Improvement

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

Under the general direction of the Chief Deputy Director, Program Services, the Deputy Director, Statewide Quality Improvement (SQI) directs and oversees the day-to-day management of statewide risk management, standards compliance, enterprise health and safety, emergency preparedness, and audit functions; 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, Program Services (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 (SQI), 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 operation of the department's quality improvement, standard compliance, risk management, enterprise health and safety, emergency preparedness, and audit functions; sets statewide policy, and directs the development and implementation of various department wide policies and programs related to a statewide quality improvement 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 DSH facilities. In addition, the Deputy Director serves as the chief 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.

In addition, the Deputy Director in collaboration with the Chief Data Officer, provides subject matter expertise in the collection and utilization of data for quality assurance, quality improvement, clinical risk management, workplace violence prevention, and other areas that are necessary for regulatory compliance and clinical and operational decision-making.

Also, the incumbent oversees the department's emergency preparedness, response, and recovery program, including managing contracts for emergency notification systems and business continuity planning; coordinating statewide emergency preparedness training and exercises; guiding departmental disaster planning and response during actual events (pandemics, fires, storms, etc.); and coordinating with other state departments including California Office of Emergency Services (CalOES), California Department of Public Health (CDPH), and Emergency Medical Services Authority (EMSA).

The Deputy Director guides the department's health and safety programs, including injury and illness prevention; workplace violence prevention; aerosol transmissible diseases; vaccination programs; and employee safety, support, and wellness initiatives.

Furthermore, the Deputy Director oversees the monitoring of survey and audit findings, incidents, citations and deficiencies, and plans of correction; ensures completion of statewide audits, business process re-engineering efforts, environmental/trend assessments, and performance measurement activities; oversees the development of studies that identify improvement areas, establish statewide goals and objectives and identify strategies and actions to achieve them to improve statewide performance.

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, by leading innovation and excellence across a continuum of care and settings. DSH is responsible for the daily care and provision of mental health treatment of its patients. DSH oversees five state hospitals (Atascadero, Coalinga, Metropolitan, Napa, and Patton) and employs nearly 13,000 staff. In addition to state hospital treatment, DSH provides services in contracted Jail-Based Competency Treatment (JBCT), Community-Based Restoration (CBR), pre-trial felony mental health diversion programs, other community-based facilities, and the conditional release program (CONREP). DSH is responsible for the daily care to over 7,000 patients, in FY 2021-22, DSH served 8,070 across the state hospitals, 2,014 in JBCT and 813 in CBR contracted programs and 885 in CONREP programs. In addition, during FY 2021-22, 340 individuals were diverted into county programs funded by DSH.

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, sets 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 Quality Improvement & 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.

Please see attached.

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, SQL, 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 Deputy Director'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. Some specific examples of policy decisions this CEA is responsible for include:

- 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. Example, this CEA recently established policy to require hospitals to perform a Root Cause Analysis for all sentinel events (unexpected events involving death or serious physical or psychological injury, or the risk thereof) utilizing a template and process supported by The Joint Commission, DSH's accreditation body. Under the CEA's leadership, the SQL division through a partnership with Texas A&M, Rural and Community Health Institute, provided training to hospital staff on performing the RCA and how to utilize the template. As a result, hospitals now perform a well documented RCA for every sentinel event that allows for a thorough analysis of the events leading up to the event to determine if policies, processes, or practices need to be revised in order to prevent further occurrence across DSH's system. Another example includes the development of policies for the quality improvement, quality assurance, and incident management system requirements for DSH hospitals to be in compliance with Joint Commission Accreditation standards and CDPH licensing standards as well as to support quality care for DSH patients.
- As Executive Sponsor for the Enhanced Treatment Program (ETP) pilot, this CEA develops the policies for the ETP pilot program, and ensures ongoing monitoring and evaluation of the program to determine effectiveness and potential needs for policy changes. The ETP is a new level of care in the DSH system designed to treat individuals at the highest risk for violence and prepare them to return to a standard treatment environment. Examples of specific ETP policies developed and being monitored include policies regarding Forensic Needs Assessment Panel certification of a patient for treatment in the ETP, ETP treatment planning, ETP Milieu Management Plan, and ETP Discharge and transition. These policies support treatment of individuals with the highest violence risk. Effective treatment in the ETP will reduce violence risk of these patients and improve safety of other DSH patients and staff.
- As the CEA responsible for implementing a statewide Health and Safety and Workplace Violence Prevention, this CEA leads the development of the development of policies and plans for responding to Aerosol Transmittable Diseases across the system in response to findings by CalOSHA. Additionally, this CEA is responsible for the policies to implement the system wide Workplace Violence Prevention Program as required by CalOSHA (California Code of Regulations 3342). The development of these policies and plans helps to ensure worker health and safety and reduce DSH worker's compensation expenditures.

C. ROLE IN POLICY INFLUENCE (continued)

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

The Deputy Director, SQI is the voice of the Director and Chief Deputy Directors, and the executive staff in the areas of quality improvement, risk management, regulatory compliance, and audits. The Deputy Director, SQI 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, SQI 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, SQI will continue to 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, SQI 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, SQI will continue 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.

CEA Allocation Level Change Questions

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

Since the establishment of the Deputy Director, Statewide Quality Improvement (SQI) Division position in 2018, the range of duties has grown and now includes broader responsibility for establishing policy direction and leading systemwide programs including emergency preparedness, response, and recovery; workplace violence prevention plans and reporting; aerosol transmissible disease plans and reporting; state hospital influenza and COVID-19 vaccination programs; the employee safety and support program; Enhanced Treatment Program (ETP) executive sponsorship; and hospital standards compliance-risk management and performance improvement data support.

- **Emergency Preparedness, Response, and Recovery:** In FY 2019-2020, DSH received funding through the Administration's Disaster Preparedness, Response and Recovery May Revision package for a Senior Emergency Services Coordinator in the SQI Division and an Emergency Services Coordinator at each hospital, and funding for a range of contract services to strengthen the department's emergency notification systems, business continuity planning, hospital emergency preparedness, training, and response. Since the establishment of the emergency management program within the SQI Division, the Division has managed extensive emergency planning and response efforts related to the COVID-19 pandemic, fires, storms, and other emergencies that have required ongoing coordination with other state departments including Cal/OES, CDPH, and EMSA. In addition to focusing on emergency preparedness and response at the state hospitals, the SQI Division also has been called upon to alert our community program leaders to emergency situations across the state and to gather data on DSH clients in CONREP, JBCTs, and other community settings who are impacted by emergencies for reporting to CalHHS, CalOES, and/or other state partners. The breadth of emergency preparedness and response workload was not envisioned when the Deputy Director position was established but is significant and is a critical need for DSH.
- **Workplace Violence Prevention:** Workplace Violence Prevention: The SQI Division's Enterprise Health and Safety Unit has coordinated and supported DSH statewide efforts to bring state hospitals into compliance with CCR Title 8, section 3342 Workplace Violence Prevention in Healthcare regulations. Initially, DSH had a CalOSHA approved variance that reduced the level to which DSH must comply with these regulations. Overtime, after further efforts with CalOSHA, it was determined DSH would need to fully comply with these regulations. Ultimately this expanded compliance required SQI sponsorship of a BCP for

workplace violence prevention analyst positions at the state hospitals and technology services resources in FY 2022/23. The SQI deputy is now responsible for an expanded policy making role and ensuring ongoing systemwide full compliance with CCR 3342. The ongoing workload associated with oversight and management of state hospital workplace violence incident reporting, recording, prevention, plans, and training was not anticipated with the SQI division was established and has required expanded personnel resources, policy support, and technology solutions.

- **Aerosol Transmissible Disease (ATD) Plans:** During the COVID-19 pandemic, Cal/OSHA cited DSH for failing to maintain sufficient ATD Exposure Control Plans pursuant to CCR Title 8, section 5199. The SQI Division has led compliance efforts under a global settlement agreement with Cal/OSHA, requiring extensive statewide coordination with Cal/OSHA consultants and state hospital team members. Once these plans are completed, employee training, and ongoing plan maintenance will be necessary. This workload requires continual coordination with state hospital public health, nursing, medical, and health safety teams and is beyond the workload scope originally envisioned for the SQI Division.
- **State Hospital Vaccination Programs:** When the SQI Division was established, the EHS team had responsibility for maintaining the Influenza Vaccination Policy Directive and coordinating the annual influenza employee vaccination program at the state hospitals. This coordination role was limited to policy support, meeting facilitation, and coordinating monthly and end of season data reports and recommendations. Responsibility for vaccination programs greatly expanded during the COVID-19 pandemic to include participation in the state's COVID-19 vaccination task force, design of the DSH COVID-19 Vaccination Program, ordering and tracking administration of patient and employee COVID-19 vaccinations at the five state hospitals through an internally designed vaccination tracking application, reporting COVID-19 vaccines administered to the CDPH California Immunization Registry (CAIR), and staying up to date with all COVID-19 vaccination related guidance. Although the state of emergency has ended, COVID-19 vaccinations will continue to be offered to state hospital patients and employees and the SQI team will manage communication of vaccine guidance changes, ordering and administration procedures, etc. In 2022, the State Legislature passed AB 1797, effective January 1, 2023, which updated immunization registry statute, Health and Safety Code Section 120440 and requires immunization providers including state hospitals to submit all administered vaccines to CAIR. The state hospitals did not previously report all vaccine administration to CAIR, so this has required additional planning, training, coordination, and support from the SQI team. As a result of this legislative mandate, the SQI team has worked with the Technology Services Division to add influenza vaccination data entry to the VacTrack application designed for COVID-

19 vaccinations. This application facilitates the transfer of vaccination data to CAIR. This application could potentially be expanded in the future to include all vaccinations administered at the state hospitals. SQI team members work closely with the VacTrack team to address system design and improvements, data and reporting needs, troubleshooting, etc.

- **Employee Safety and Support Program:** In FY 2020/21, each state hospital received a Staff Services Manager I Specialist position for employee safety and support and post-incident debriefing. These Incident Support Specialists have worked as a coordinated statewide team under guidance and policy direction of SQI/EHS and Trauma Informed Care specialists to facilitate delivery of post trauma support to employees impacted by workplace violence or other work-related or personal crises. During the COVID-19 pandemic, DSH stood up a 24/7 employee support phone and email service, staffed by volunteers. This resource remains in place and management of the service is shifting to the SQI Division in FY 2023/24. In addition, an SSM I Specialist position in the DSH Director's Office that was established to manage the Employee Safety and Support Initiative in 2019 has been transferred to the SQI Division in FY 2023/24, to facilitate SQI's expanded oversight and management of this program. This position also will provide support to the DSH Chief Equity Officer and various Racial Justice and Equity workgroups/initiatives.
- **ETP Executive Sponsorship:** The SQI Deputy Director was assigned responsibility for ETP executive sponsorship in January 2018. At that time, ETP construction of three units at DSH-A and one unit at DSH-P was expected to be completed by September 2019. Due to numerous construction delays and census management impacts, the first DSH-A ETP unit opened in September 2021. Construction of the other two DSH-A units is suspended, and the DSH-P ETP construction is estimated to be completed in April 2024. The range of responsibilities associated with ETP sponsorship includes chairing the ETP Steering Committee; completing the November Budget Estimate and May Revision Estimate for ETP staffing and related support services; facilitating revision of ETP Policy Directives and Operational Procedures; overseeing preparation of the annual ETP Legislative Report; and participating in numerous hospital and department level meetings and workgroups related to construction, unit operations, budget and staffing, and training. This long-term project management/sponsorship role was unforeseen when the Deputy Director position was established.
- **Hospital Standards Compliance – Risk Management and Performance Improvement Data Support:** The state hospital Standards Compliance Departments have responsibility for the collection and analysis of a considerable amount of patient and employee data related to quality assurance, quality

improvement, clinical risk management, workplace violence prevention, and other areas that are necessary for regulatory compliance and clinical and operational decision-making. Historically, the hospitals have not had standardized, integrated, and skilled data management resources, resulting in inconsistent analysis and interpretation of clinical compliance auditing data, impacting leaders' ability to assess risk, make informed decisions and to provide data-based information to regulatory agencies. The SQI Division has responsibility for providing oversight, monitoring, and subject-matter expertise in utilization of data for standards compliance and performance improvement at a department-wide level. In FY 2023/24, the state hospitals' Standards Compliance Departments and the SQI Division received new positions to support data management in alignment with the electronic health record (EHR) implementation. The EHR project and DSH's new data governance structure led by the new Chief Data Officer, will greatly expand the SQI Division's role in addressing data integrity, consistency, and reliability in the areas of standards and regulatory compliance, health and safety, and emergency management.

Since the SQI Division was established in 2018, 15 positions have been added to the Division and SQI-sponsored BCPs have added 30 positions to state hospitals, under the guidance and policy direction of SQI to support statewide emergency response, workplace violence prevention, quality improvement, and performance improvement data management activities.

The SQI Division does not have an Assistant Deputy Director position, therefore oversight of all the division's responsibilities rests with the Deputy Director.