



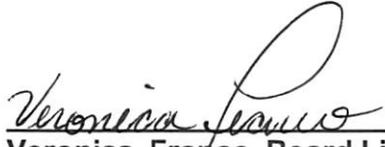
The Harris Center for Mental Health and IDD
9401 Southwest Freeway Houston, TX 77074
Board Room #109

Quality Committee Meeting
November 12, 2024
11:00 am

- I. DECLARATION OF QUORUM
- II. PUBLIC COMMENTS
- III. APPROVAL OF MINUTES
 - A. Approve Minutes of the Board of Trustees Quality Committee Held on Tuesday, October 15, 2024
(EXHIBIT Q-1)
- IV. REVIEW AND COMMENT
 - A. Board Score Card
(EXHIBIT Q-2 Trudy Leidich)
 - B. Promoting a Culture of Safety in Nursing
(EXHIBIT Q-3 Kia Walker)
- V. EXECUTIVE SESSION-
 - ***As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.***
 - ***Report by the Director of Pharmacy regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer, Kia Walker, Chief Nursing Officer and Dr. Holly Cumbie, Senior Director of Pharmacy Programs***
 - ***Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality***
- VI. RECONVENE INTO OPEN SESSION

VII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

VIII. ADJOURN



Veronica Franco, Board Liaison
Luis A. Fernandez, M.D. Chairman
Quality Committee
The Harris Center for Mental Health and IDD



EXHIBIT Q-1

***The HARRIS CENTER for*
MENTAL HEALTH and IDD
BOARD OF TRUSTEES
QUALITY COMMITTEE MEETING
TUESDAY, OCTOBER 15, 2024
MINUTES**

Dr. L. Fernandez, Committee Chair, called the meeting to order at 11:03 a.m. in the Room 109, 9401 Southwest Freeway, noting that a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Dr. R. Gearing, Dr. L. Fernandez, Dr. K. Bacon

Committee Member Absent:

Other Board Member in Attendance:

1. CALL TO ORDER

Dr. L. Fernandez called the meeting to order at 11:03 a.m.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

3. DECLARATION OF QUORUM

Dr. Fernandez declared a quorum was present.

4. PUBLIC COMMENT

5. Approve the Minutes of the Board of Trustees Quality Committee Meeting Held on Tuesday, September 17, 2024

MOTION BY: GEARING SECOND BY: HURTADO

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Quality Committee meeting held on Tuesday September 17, 2024, as presented under Exhibit Q-1, are approved.

6. REVIEW AND COMMENT

A. Board Score Card -The Board Score Card presented by Trudy Leidich to the Quality Committee.

B. IDD Update -Dr. Fernandez requested to table the item.

7. EXECUTIVE SESSION-

Dr. Gearing announced the Quality Committee would enter into executive session at 11:18am for the following reason:

- Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality

8. RECONVENE INTO OPEN SESSION-

The Quality Committee reconvened into open session at 12:14 p.m.

9. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION

The Quality Committee did not take action after Executive Session.

10. ADJOURN

MOTION: BACON SECOND: GEARING

There being no further business, the meeting adjourned at 12:14 p.m.

Veronica Franco, Board Liaison
Luis Fernandez-Wische, M.D. Chairman
Quality Committee
THE HARRIS CENTER *for* Mental Health *and* IDD
Board of Trustees

EXHIBIT Q-2

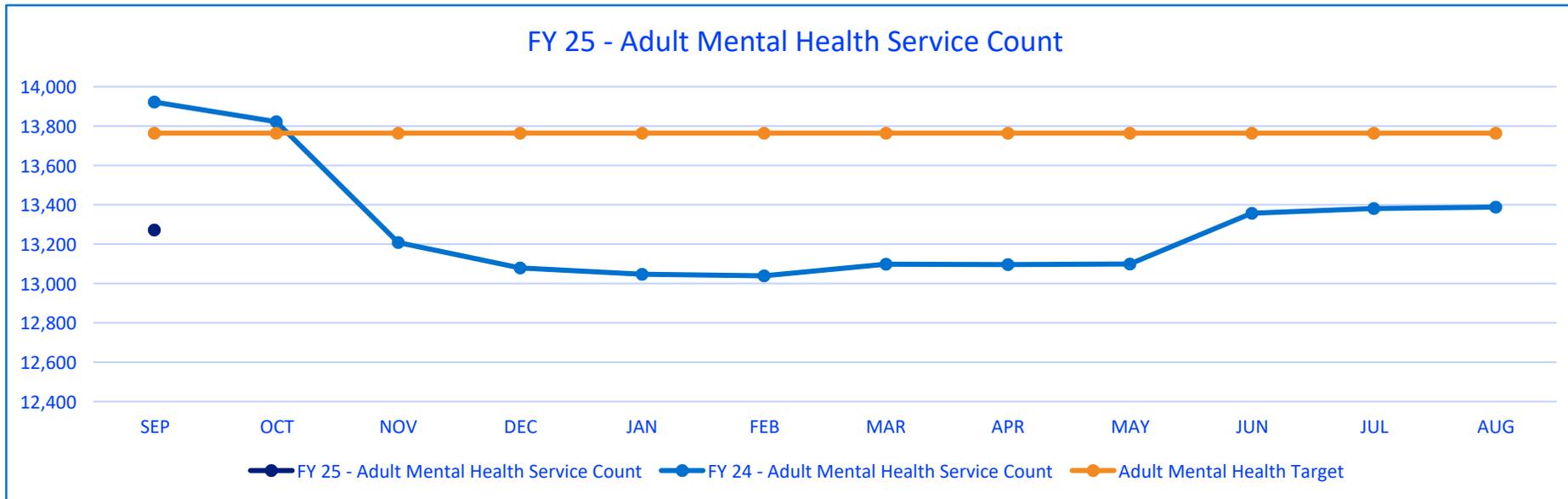
Quality Board Scorecard

Board Quality Committee Meeting

Presented by: Trudy Leidich, MBA, RN
VP of Clinical Transformation and Quality
November 2024 (Reporting September 2024 Data)



Domain	Program	2025 Fiscal Year State Service Care Count Target	2025 Fiscal Year State Care Count Average (September – August)	Reporting Period: September	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	13,292	13,292	Increase	Contractual

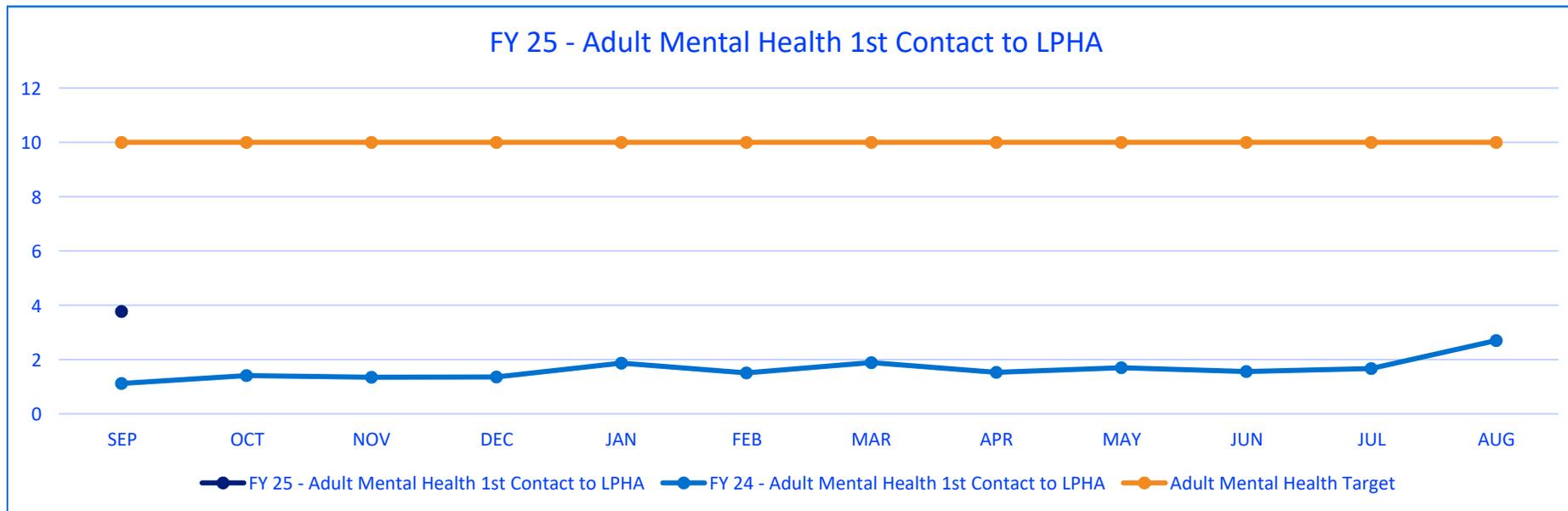


Overall Trend:

- **For the reporting period:** There was a 4.67% decrease in the number of services provided from September FY 24 to September FY 25. The service count for FY 25 (13,272) is below the target of 13,764
- **FY 25 Performance:** The service count for FY 25 (13,292) is slightly lower than the average service count for FY 24 (13,294.67), showing a marginal decrease

Measure definition: # of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.

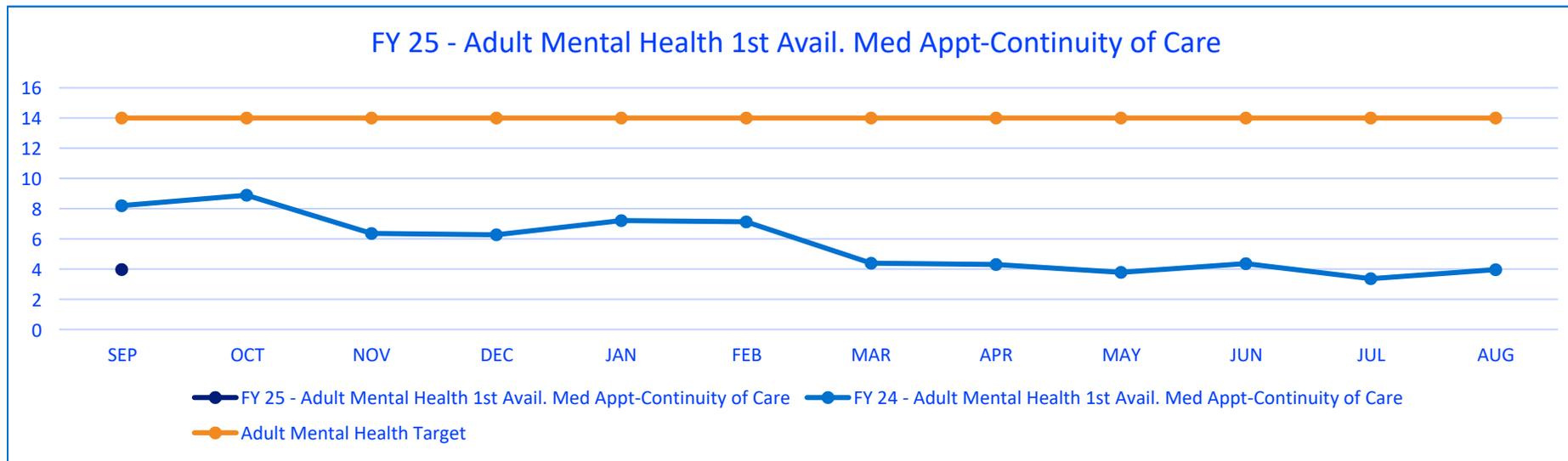
Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September – August)	Reporting Period-September	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	3.77 Days	3.77	Decrease	Contractual



Notes:
 1. There was an increase in the time from the first contact to LPHA (Licensed Professional of the Healing Arts) in the reporting period compared to September FY 24. Despite the increase, the time taken in both FY 24 and FY 25 is still well below the target of 10.00 days. This suggests that while there has been an increase, the service is still operating efficiently within the target range.

Measure Definition: Adult Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date

Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September – August)	Reporting Period: September	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	3.97 days	3.97 days	Decrease	Contractual

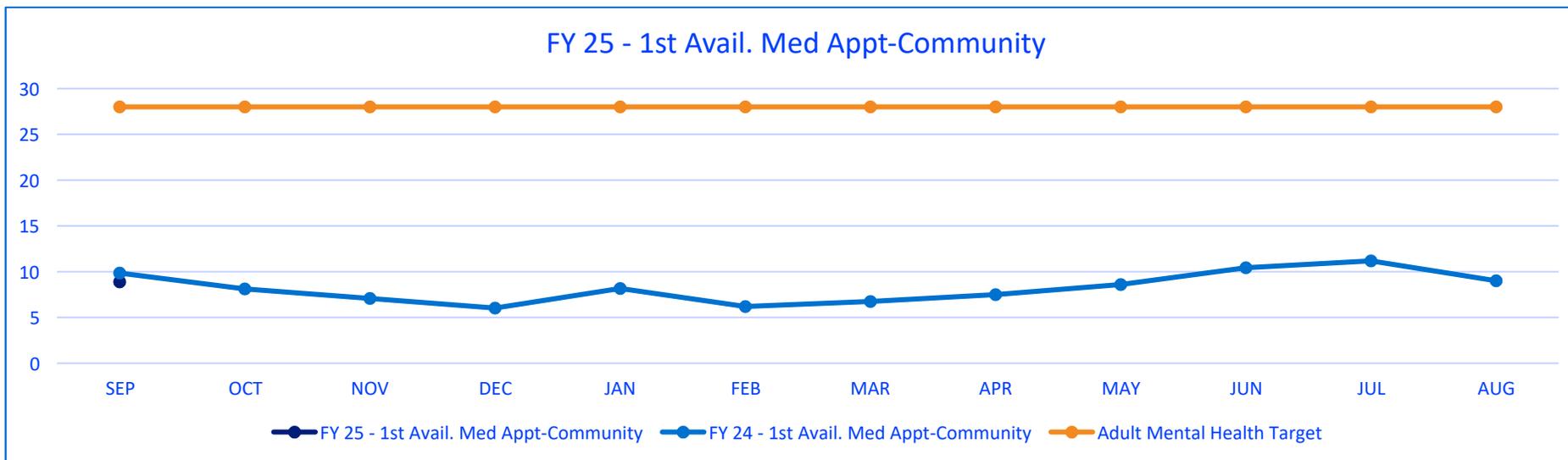


Notes:

1. There was a substantial decrease of 51.59% in the time taken for the first available medical appointment for continuity of care from September FY 24 to FY 25. This indicates a significant improvement in reducing wait times for patients. Both FY 24 and FY 25 times are well below the target of 14.00 days, demonstrating that the service is performing efficiently and exceeding expectations.

Measure definition: Adult - Time between MD Intake Assessment (Continuity of Care) Appt Creation Date and MD Intake Assessment (Continuity of Care) Appt Completion Date

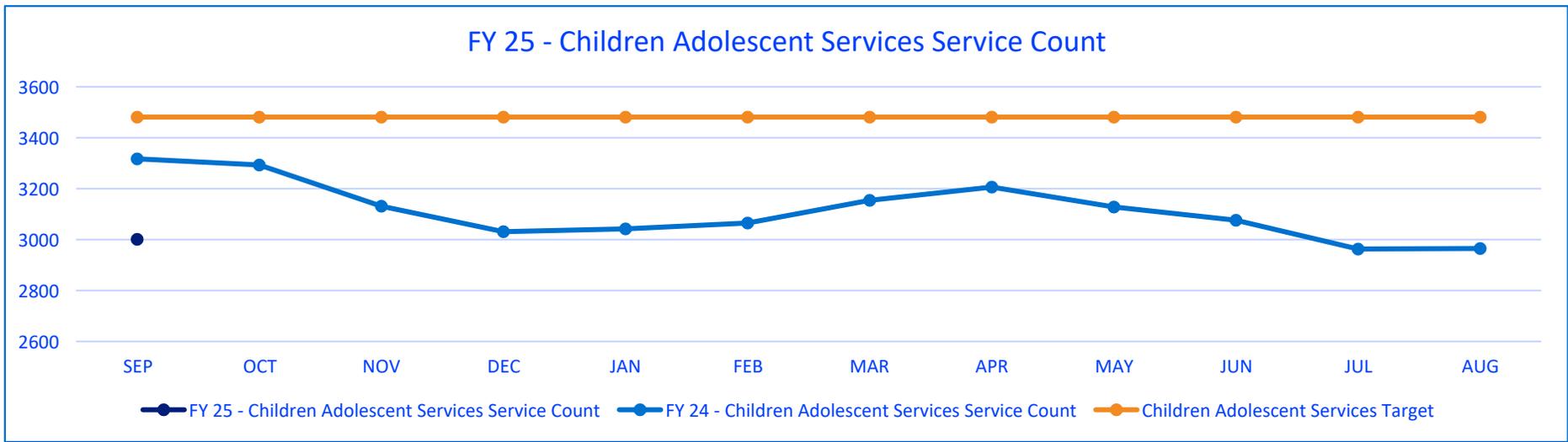
Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September-August)	Reporting Period-September	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	8.89 days	8.89 days	Decrease	Contractual



Notes:
 1. There was a 9.75% decrease in the time taken for the first available medical appointment in the community from FY 24 to FY 25. This indicates an improvement in reducing wait times for patients. Both FY 24 and FY 25 times are significantly below the target of 28.00 days, demonstrating that the service is performing well and providing timely access to medical appointments.

Measure Definition: Adult - Time between MD Intake Assessment for community members walk-ins (Community Members (walkings)). From Appt Creation Date and MD Intake Assessment (Community Members (walkings)) Appt Completion Date

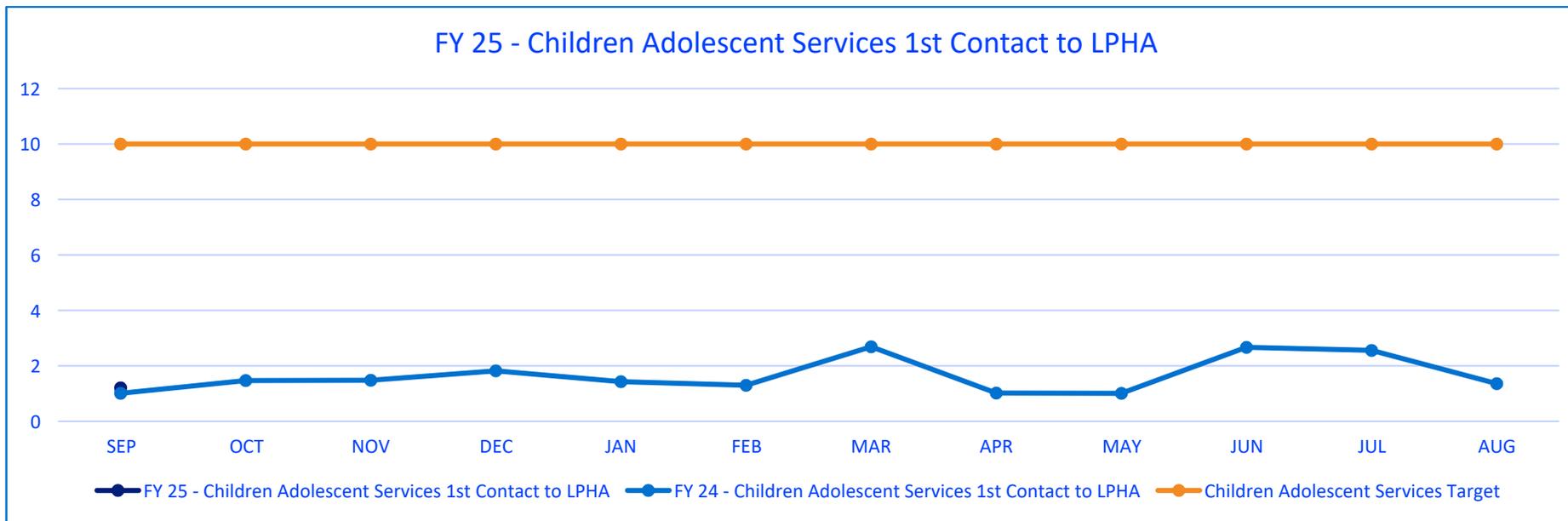
Domain	Program	2025 Fiscal Year State Care Count Target	2025 Fiscal Year State Care Count Average (September – August)	Reporting Period- September	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	3,008	3,008	Increase	Contractual



Notes:
 1. There was a 9.53% decrease in the number of services provided in this reporting period (FY 25 September) compared to FY 24. This indicates a reduction in service delivery over the past year. The service count for FY 25 (3,008) is below the target of 3,481.

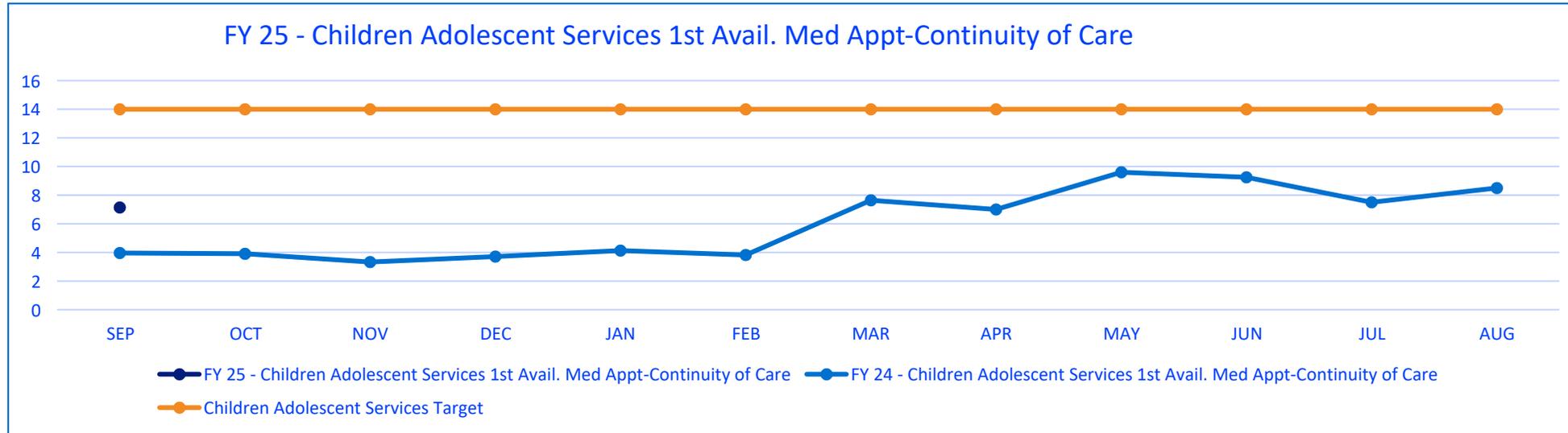
Measure Definition: # of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.

Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September - August)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	1.21 days	1.21 days	Decrease	Contractual



Notes:
 1. There was a 19.80% increase in the time from the first contact to LPHA (Licensed Professional of the Healing Arts) FY 25 September compared to the same period in FY24. This indicates that the time taken for children and adolescents to see a licensed professional has increased. Despite the increase, the measure is still well below the target of 10.00 days. This suggests that the service is operating efficiently within the target range, even with the observed increase.

Domain	Program	2025 Fiscal Year Target	2025Fiscal Year Average (September - August)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	7.14 days	7.14 days	Decrease	Contractual

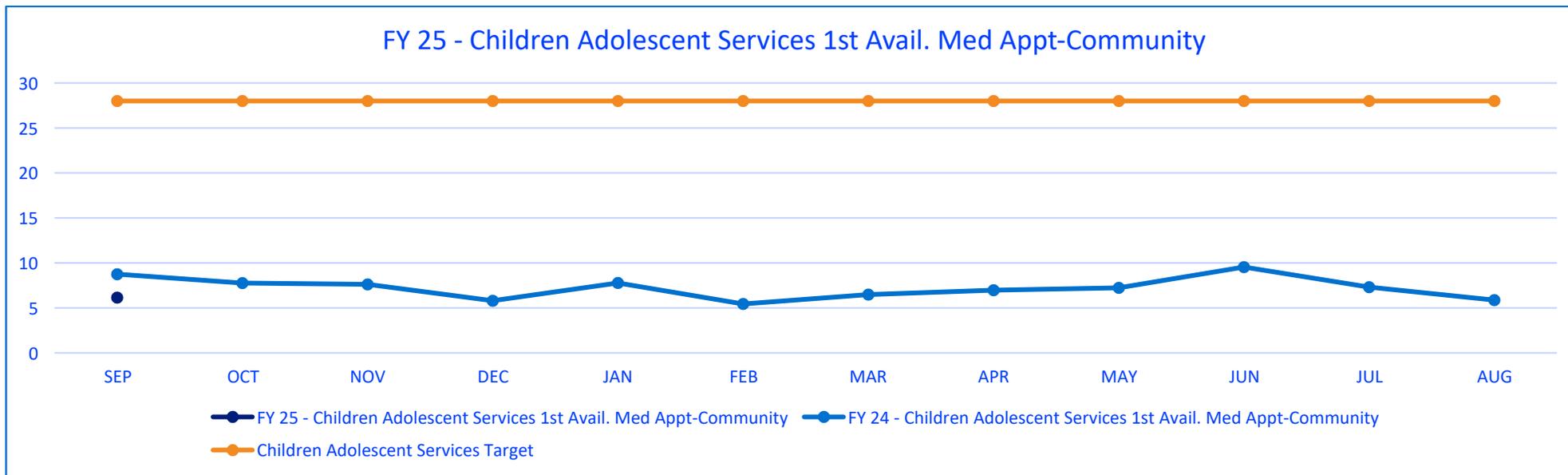


Notes:

1. There was an 80.30% increase in the time taken for the first available medical appointment for continuity of care in FY 25 compared to the same period in FY 24. This indicates a substantial rise in wait times for children and adolescents. Despite the increase, the measure is still well below the target of 14.00 days.

Measure Definition: Children and Youth - Time between MD Intake Assessment (Continuity of care: after hospital discharge) Appt Creation Date and MD Intake Assessment (Continuity of Care) Appt Completion Date

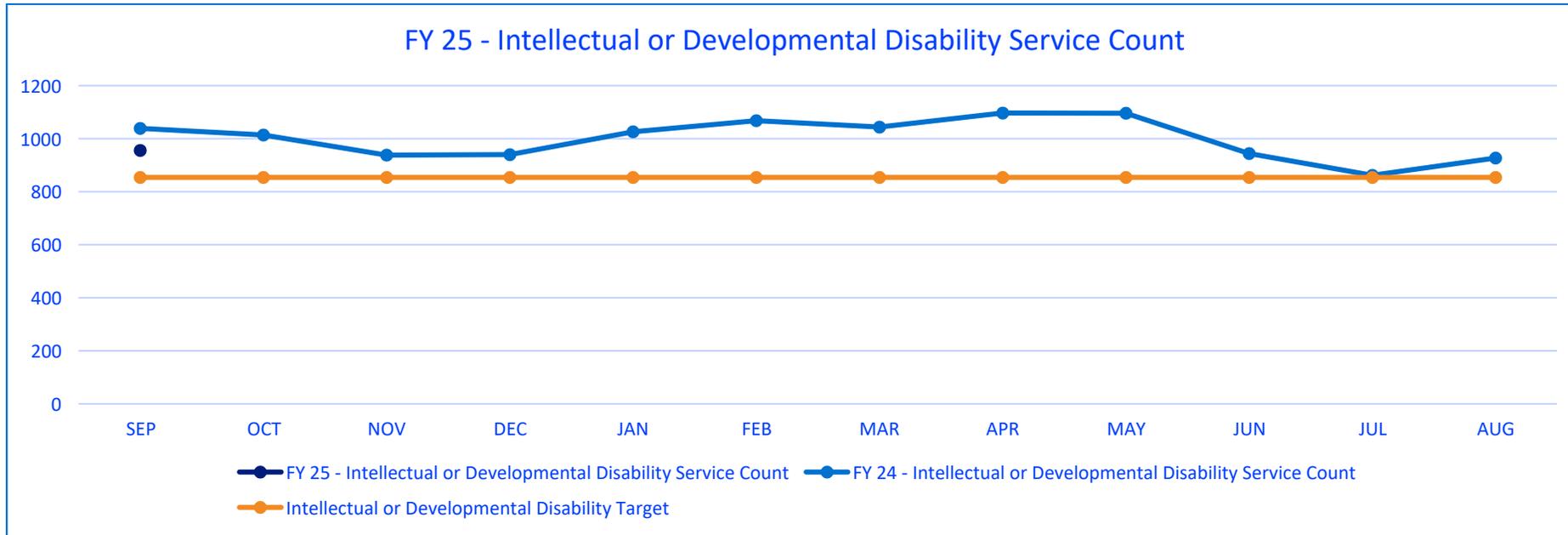
Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September – August)	Reporting Period-September	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community	<28 days	6.15 days	6.15 days	Decrease	Contractual



Notes:
 1. There was a 29.71% decrease in the time taken for the first available medical appointment in the community from FY 24 to FY 25. This indicates a substantial improvement in reducing wait times for children and adolescents. The measure is significantly below the target of 28.00 days, demonstrating that the service is performing exceptionally well and providing timely access to medical appointments.

Measure definition: Children and Youth - Time between MD Intake Assessment (Community members walk-ins) Appt Creation Date and MD Intake Assessment (Community Members) Appt Completion Date

Domain	Program	2025 Fiscal Year State Count Target	2025 Fiscal Year State Count Average (September – August)	Reporting Period- September	Target Desired Direction	Target Type
Access	IDD	854	956	956	Increase	Contractual

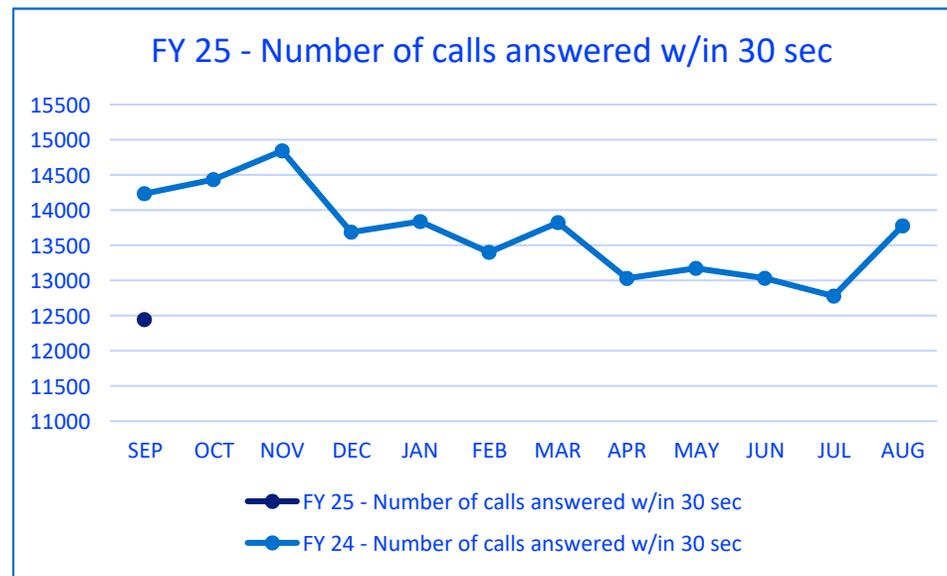
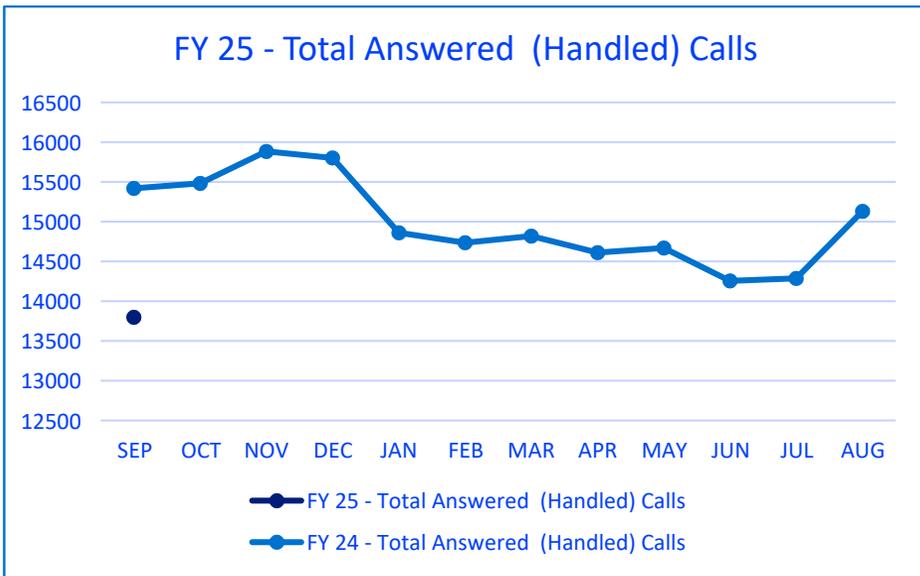


Notes:

- The IDD division service care count is at 956 for this reporting period

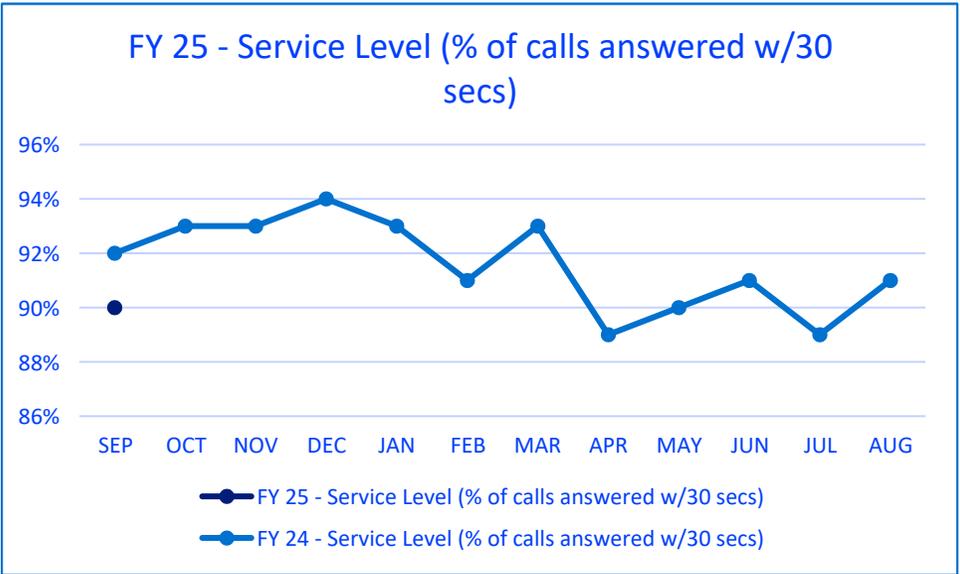
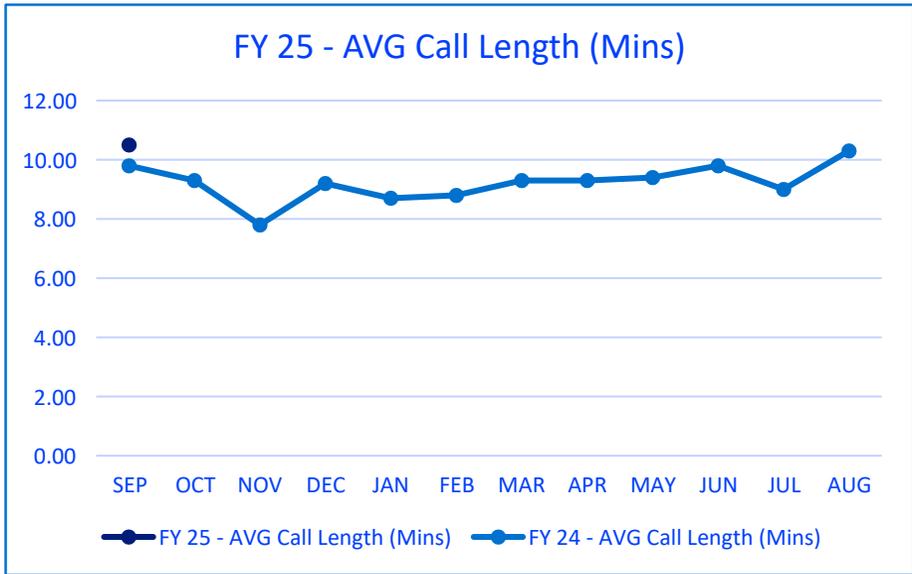
Measure definition: # of IDD Target served based on all reported encounter data. (includes encounters that are associated with CARE assignment codes when the service is performed outside of a waiver. Exceptions are for service coordination that is only included for the indigent population and R019 which is included regardless of waiver status.)

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - August)	Reporting Period- August	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	13,798	13,798	Increase	N/A
	Number of calls answered w/in 30 secs	N/A	12,444	12,444	Increase	Contractual



- Notes:**
- There was a 10.51% decrease in the number of answered (handled) calls from FY 24 to FY 25. This indicates a reduction in call volume over the past year.
 - There was a 12.57% decrease in the number of calls answered within 30 seconds from September FY 24 to FY 25. This indicates a decline in the call center’s ability to handle calls promptly.

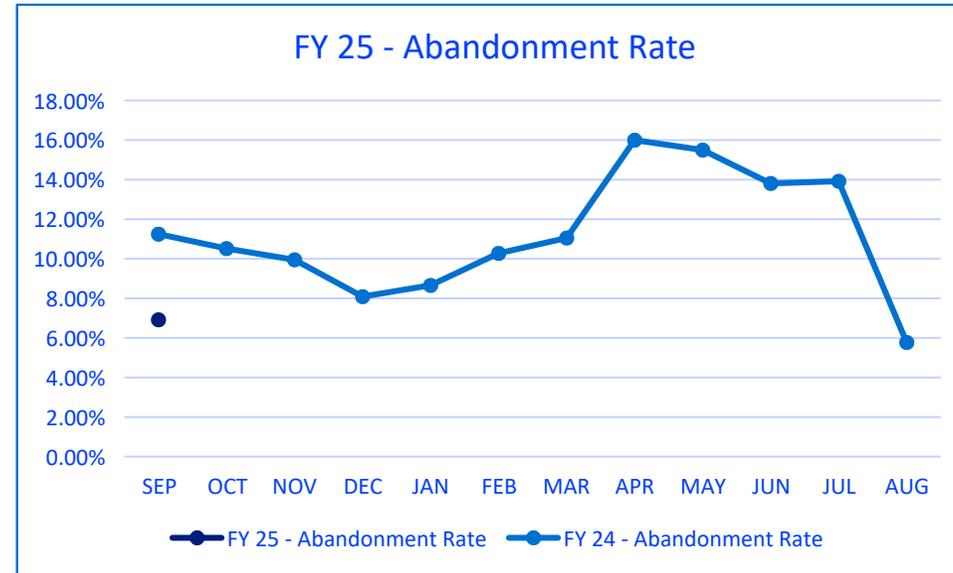
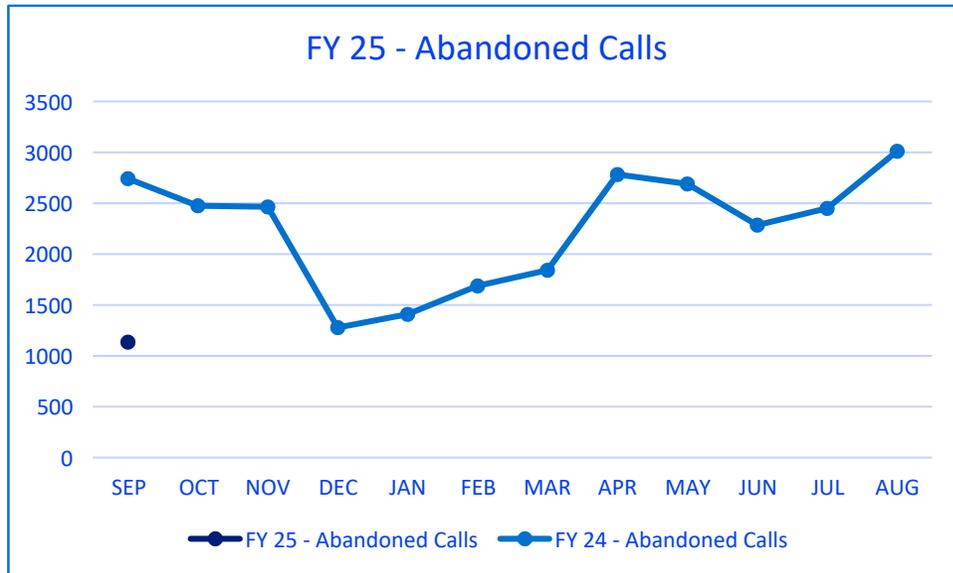
Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - August)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	10.50	10.50	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	90.00%	90%	Increase	Contractual



Notes:

- There was a 2.17% decrease in the service level from FY 24 to FY 25. This indicates a slight decline in the percentage of calls answered within 30 seconds.
- There was a 7.14% increase in the average call length from September FY 24 to FY 25. This indicates that calls are taking longer on average.

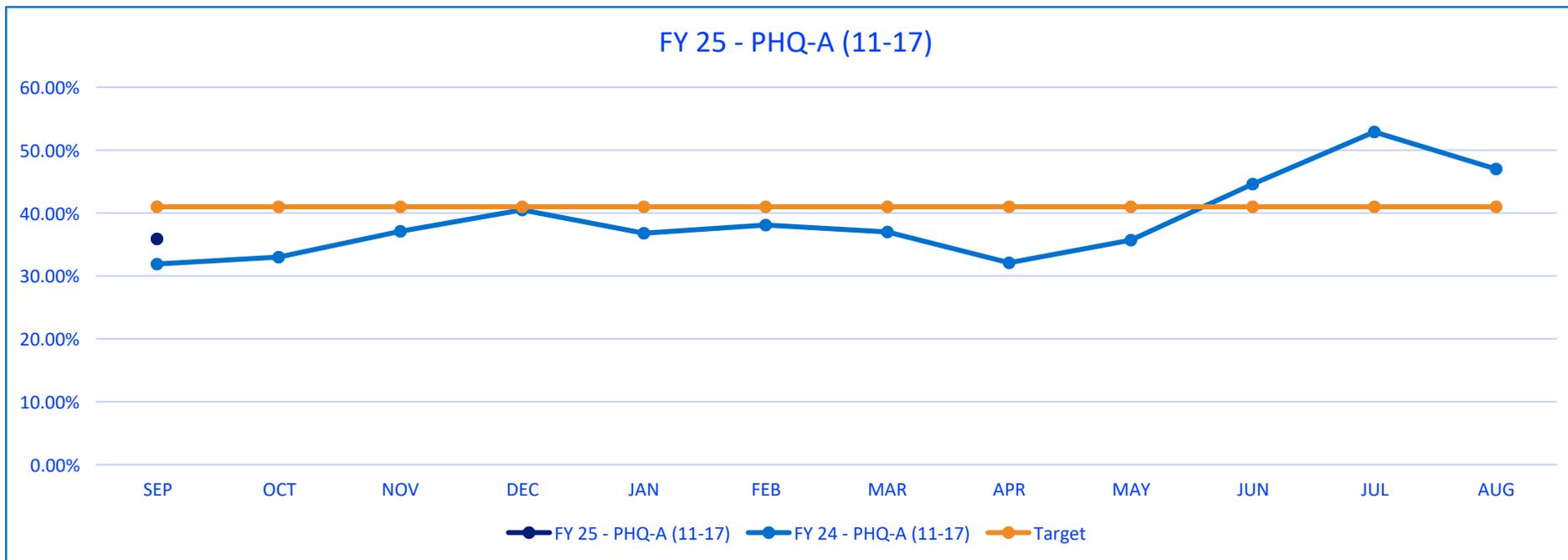
Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - August)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	1,136	1,136	Decrease	Contractual
	Abandonment Rate	<8%	6.92%	6.92%	Decrease	Contractual



Notes:

- There was a 58.57% decrease in the number of abandoned calls from September FY 24 to FY 25. This indicates a significant improvement in call handling and customer service.
- The abandonment rate also saw a notable reduction of 38.49% from September FY 24 to FY 25. This suggests that fewer callers are hanging up before their calls are answered, reflecting better call center performance.

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September – August)	Reporting Period-September	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	35.90%	35.90%	Increase	IOS



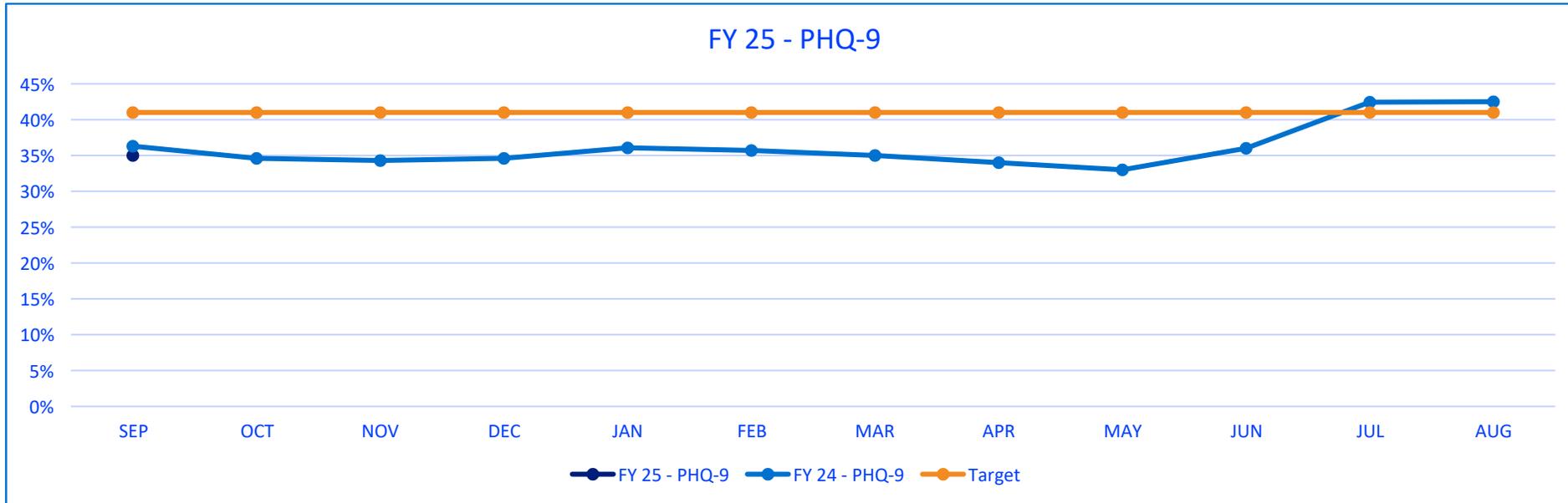
Notes:

- There was a 12.54% increase in the PHQ-A (Patient Health Questionnaire for Adolescents) scores from September FY 24 to FY 25. This indicates an improvement in the assessment scores for adolescents aged 11-17.

Measure Computation: % of new patient child and adolescent clients that have improved depression scores on PHQ. (New Patient = episode begin date w/in 1 year; Must have 14 days between first and last assessments)

Measure Definition: PHQ 9/A The Patient Health Questionnaire (PHQ; Spitzer, Kroenke, Williams, 1999) is a self-report version of the Primary Care Evaluation of Mental Disorders (PRIME-MD), designed for screening of psychiatric disorders in an adult primary practice setting. The PHQ comprises the patient questionnaire and clinician evaluation guide from the PRIME-MD, combined into a single, three-page questionnaire.

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September – August)	Reporting Period- September	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	35%	35%	Increase	IOS



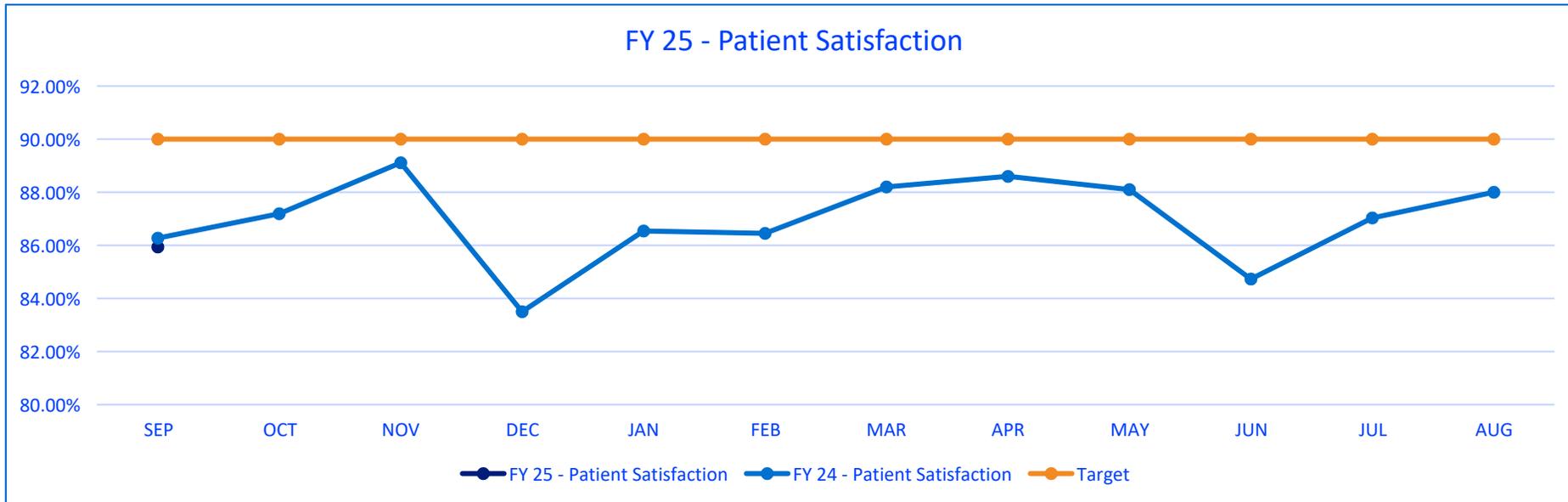
Notes:

- There was a 2.78% decrease in the PHQ-9 (Patient Health Questionnaire-9) scores from September FY 24 to FY 25.

Measure Computation: % of patients that have improved depression scores on PHQ. (New Patient = episode begin date w/in 1 year; Must have 14 days between first and last assessments)

Measure Definition: PHQ 9/A The Patient Health Questionnaire (PHQ; Spitzer, Kroenke, Williams, 1999) is a self-report version of the Primary Care Evaluation of Mental Disorders (PRIME-MD), designed for screening of psychiatric disorders in an adult primary practice setting. The PHQ comprises the patient questionnaire and clinician evaluation guide from the PRIME-MD, combined into a single, three-page questionnaire.

Domain	Measures (Definition)	2025 Fiscal Year Target	2025Fiscal Year Average (September - August)	Reporting Period-September	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	90%	85.94%	85.94%	Increase	IOS



Notes:

- There was a minor 0.38% decrease in patient satisfaction from September FY 24 to FY 25. This indicates a slight decline in patient satisfaction levels. Both FY 24 and FY 25 satisfaction levels are below the target of 90.00%. This suggests that while patient satisfaction is relatively high, there is still room for improvement to meet the target.

Appendix

Board of Trustee's PI Scorecard



Target Status:

Green = Target Met

Red = Target Not Met

Yellow = Data to Follow

No Data Available

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY24 AVG	FY24 Target	Target Type	Data Origin
Access to Care																
AMH Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
Adult Service Target	13,922	13,822	13,230	13,079	13,047	13,039	13,098	13,096	13,099	13,380	13,381	13,388	13,298	13,764	C	MBOW
AMH Actual Service Target %	101.15%	100.42%	96.12%	95.02%	94.79%	94.73%	95.16%	95.15%	95.17%	97.21%	97.22%	97.27%	96.62%	100.00%	C	MBOW
AMH Serv. Provision (Monthly)	56.70%	58.90%	52.60%	54.63%	56.24%	59.70%	57.00%	62.20%	61.50%	58.30%	55.50%	57.90%	57.60%	≥ 65.60%	C	MBOW
CAS Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
CAS Service Target	3,317	3,293	3,136	3,031	3,042	3,065	3,154	3,206	3,128	3,083	2,963	2,965	3,115	3,481	C	MBOW
CAS Actual Service Target %	95.29%	94.60%	90.09%	87.07%	87.38%	88.05%	90.61%	92.10%	89.86%	88.56%	85.12%	85.18%	89.49%	100.00%	C	MBOW
CAS Serv. Provision (Monthly)	76.00%	77.60%	71.20%	74.10%	81.60%	83.20%	80.10%	80.80%	78.10%	74.50%	68.40%	81.10%	77.23%	≥ 65.00%	C	MBOW
IDD Service Target	1039	1014	954	940	1026	1068	1044	1097	1096	943	858	927	1,001	854	SP	MBOW
IDD Actual Service Target %	121.66%	118.74%	111.71%	110.07%	120.14%	125.05%	122.25%	128.45%	128.34%	110.42%	100.47%	108.55%	117.15%	100.00%	C	MBOW
CW CAS 1st Contact to LPHA	1.01	1.47	1.48	1.82	1.43	1.30	2.69	1.02	1.01	2.67	2.56	1.36	1.65	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	1.12	1.41	1.35	1.36	1.87	1.51	1.89	1.53	1.70	1.56	1.67	2.70	1.64	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA	1.11	1.42	1.37	1.43	1.80	1.47	1.76	1.45	1.61	1.72	1.79	2.51	1.62	<10 Days	NS	Epic
CAS 1st Avail. Med Appt-COC	3.96	3.91	3.33	3.71	4.13	3.82	7.30	7.00	9.60	9.25	7.50	8.50	6.00	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	8.79	7.73	7.62	5.92	7.77	5.46	6.24	6.97	7.23	9.54	7.31	5.87	7.20	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	13	7	6	2	8	1	1	3	3	3	1	3	4.25	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	3	0	0	0	0	0	0	0	0	1	0	0	0.33	0	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY24 AVG	FY24 Target	Target Type	Data Origin
AMH 1st Avail. Med Appt-COC	8.20	8.89	6.36	6.27	7.21	3.82	4.44	4.30	3.78	4.36	3.36	3.96	5.41	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM	9.85	8.12	7.08	6.03	8.17	6.20	6.75	7.50	8.60	10.43	11.18	9.01	8.24	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	50	7	5	0	4	0	1	3	2	2	1	4	6.58	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	0	0	0	0	0	0	0	0	0	0	0	1	0.08	0	IOS	Epic
Access to Care, Crisis Line																
Total Calls Received	18,161	17,957	18,391	16,291	17,158	17,160	17,433	18,117	18,190	17,343	17,601	17,447	17,604			
AVG Call Length (Mins)	9.80	9.30	7.80	9.20	8.70	8.80	9.30	9.30	9.40	9.80	9.00	10.30	9.23			
Service Level	92.07%	93.22%	93.44%	94.00%	93.00%	91.00%	93.00%	89.00%	90.00%	91.00%	89.00%	91.00%	91.64%	≥ 95.00%	C	Brightmetrics
Abandonment Rate	11.25%	10.52%	9.95%	8.09%	8.66%	10.28%	11.05%	16.00%	15.50%	13.81%	13.92%	5.77%	11.23%	< 8.00%	NS	Brightmetrics
Crisis Call Follow-Up	99.65%	99.16%	99.60%	99.56%	100.00%	100.00%	99.26%	100.00%	99.04%	99.67%	99.60%	99.10%	99.55%	> 97.36%	IOS	Icarol
PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)																
PES Total Visits	1227	1,072	1,046	1,103	1,188	1,080	1,177	1,183	1,147	1,022	1,143	1,102	1124			
PES Admission Volume	563	549	460	535	539	488	513	496	485	429	448	449	496.17			
Mechanical Restraints	0	0	0	0	0	0	0	0	0	0	0	0	0.00			
Mechanical Restraint Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	≤ 0.01	IOS	Epic
Personal Restraints	45	42	30	41	44	45	40	39	31	26	25	37	37.08			Epic
Personal Restraint Rate	2.51	2.67	2.34	2.31	1.62	2.14	1.86	2.35	1.00	1.72	1.67	1.10	1.94	≤ 2.80	IOS	Epic
Seclusions	30	34	18	22	29	36	26	39	26	20	32	29	28.42			Epic
Seclusion Rate	1.89%	2.16%	1.37%	1.24%	1.07%	1.72%	1.21%	2.35%	0.84%	1.32%	2.14%	0.87%	0.02	≤ 2.73	SP	Epic
AVG Minutes in Seclusion	37.5	53.32	16.16	47.36	44.20	40.41	55.07	39.54	35.36	49.40	66.58	91.19	48.01	≤ 61.73	IOS	Epic
Emergency Medications	35	31	23	35	36	40	36	38	33	27	18	32	32.00			Epic
EM Rate	1.81	1.97	1.85	1.97	1.32	1.84	1.46	2.30	1.07	1.78	1.01	0.96	1.61	≤ 3.91	IOS	Epic
R/S Monitoring/Debriefing	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY24 AVG	FY24 Target	Target Type	Data Origin
Patient Satisfaction (Based on the Two Top-Box Scores)																
CW Patient Satisfaction	86.32%	87.19%	88.89%	83.50%	86.54%	86.45%	88.20%	88.60%	88.10%	84.73%	87.03%	85.98%	86.79%	91.00%	IOS	Feedtrail
V-SSS 2	89.08%	89.72%	90.69%	87.19%	88.53%	89.66%	89.73%	90.63%	88.93%	86.52%	89.65%	89.57%	89.16%	91.00%	IOS	Feedtrail
PoC-IP	85.48%	-	89.44%	90.44%	88.94%	89.50%	92.20%	93.81%	90.89%	91.47%	88.48%	86.77%	89.77%	91.00%	IOS	McLean
Pharmacy	98.15%	97.06%	98.90%	98.41%	97.56%	96.36%	95.14%	94.71%	98.62%	96.30%	94.78%	96.67%	96.89%	91.00%	IOS	Feedtrail
V-SSS 2.1	77.00%	68.27%	87.50%	84.38%	71.11%	71.43%	76.02%	73.58%	82.84%	75.14%	58.60%	38.64%	72.04%	91.00%	IOS	Feedtrail
Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)																
QIDS-C	31.00%	30.00%	25.55%	25.26%	24.60%	24.53%	24.78%	25.36%	25.99%	26.52%	27.36%	27.94%	26.57%	24.00%	IOS	MBOW
BDSS	33.95%	33.85%	29.74%	28.68%	29.38%	29.42%	29.38%	29.87%	30.16%	30.85%	31.50%	31.80%	30.72%	32.00%	IOS	MBOW
PSRS	41.57%	41.72%	34.35%	34.87%	33.22%	34.62%	35.26%	35.81%	36.64%	36.96%	37.94%	38.50%	36.79%	35.00%	IOS	MBOW
Adult Mental Health Clinical Quality Measures (New Patient Improvement)																
BASIS-24 (CRU/CSU)	1.24	0.97	1.01	0.46	0.77	0.83	0.61	0.77	0.78	0.93	0.44	1.10	0.83	0.68	IOS	McLean
QIDS-C	47.60%	44.60%	48.10%	50.50%	50.80%	44.10%	51.60%	45.60%	48.20%	47.00%	48.50%	44.70%	47.61%	45.38%	IOS	Epic
PSRS	42.20%	35.30%	38.80%	40.30%	42.50%	38.20%	41.70%	34.90%	38.60%	40.50%	37.00%	38.80%	39.07%	37.89%	IOS	Epic
Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)																
PHQ-A (11-17)	41.60%	43.60%	44.40%	39.50%	36.80%	38.10%	37.00%	42.10%	44.60%	44.60%	52.90%	47.00%	42.68%	41.27%	IOS	Epic
Adult and Child/Adolescent Needs and Strengths Measures																
ANSA (Adult)	34.38%	35.00%	37.54%	36.30%	36.29%	35.70%	36.70%	37.38%	38.84%	39.69%	41.44%	42.59%	37.65%	20.00%	C	MBOW
CANS (Child/Adolescent)	14.00%	14.01%	14.97%	18.71%	21.60%	24.74%	27.45%	30.13%	32.33%	33.26%	35.97%	36.95%	25.34%	25.00%	C	MBOW
Adult and Child/Adolescent Functioning Measures																
DLA-20 (AMH and CAS)	50.40%	45.60%	45.00%	48.00%	46.70%	44.30%	45.80%	49.20%	47.60%	42.30%	47.40%	44.90%	46.43%	48.07%	IOS	Epic

Thank you.

EXHIBIT Q-3

Promoting a Culture of Safety In Nursing

Presented By: Kia Walker RN, MSN, (DNP©), Chief Nursing Officer

Yen Phan RN, MSN Senior Director

Kristi Gertson RN, BSN Senior Director

Vanessa Miller, RN, MSHEd.
Infection Control and Education Nurse Manager

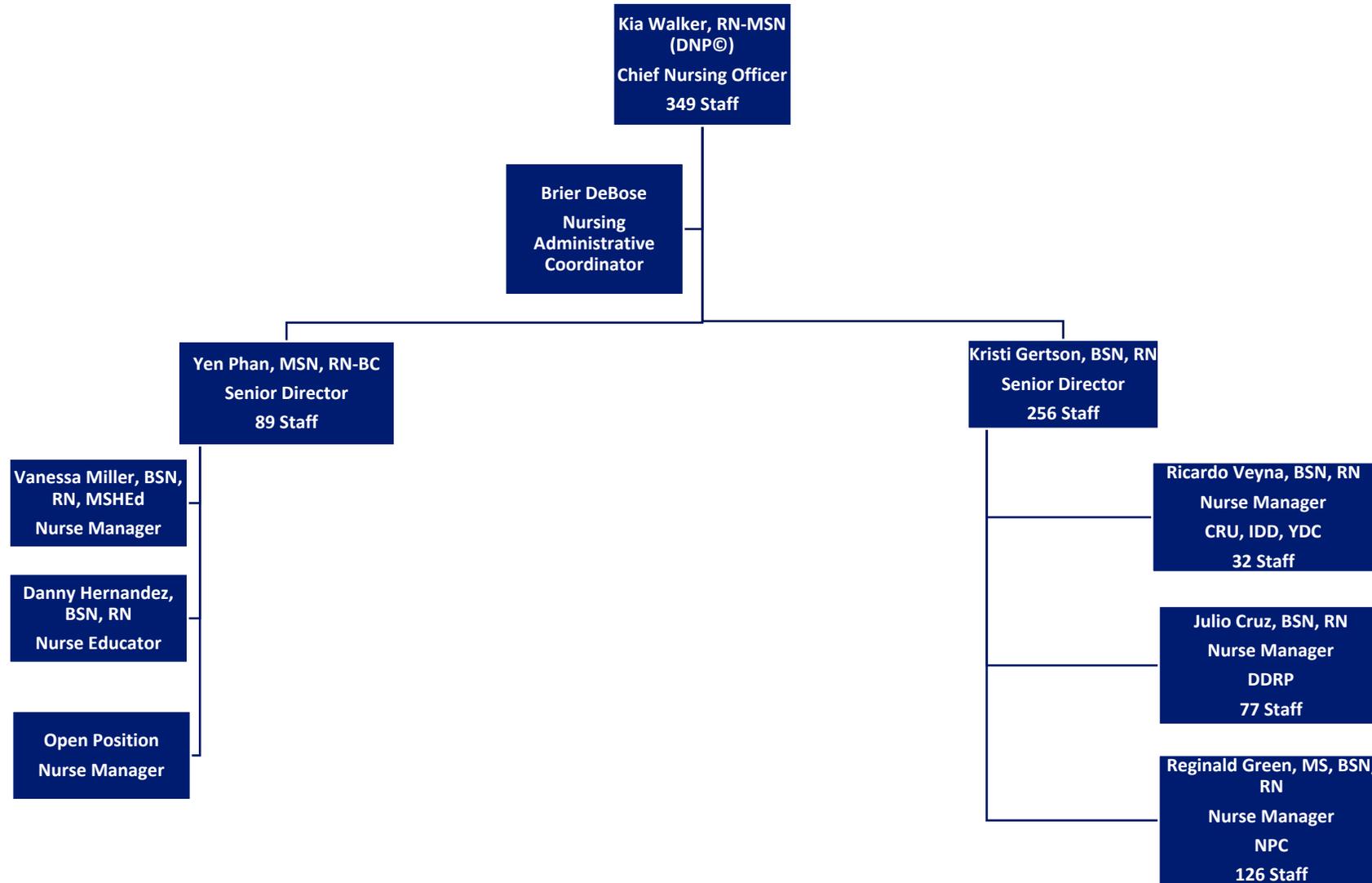
Danny Hernandez, RN, BSN
Nurse Educator

Key elements of a safety culture

- Power of Communication
- Continuous Learning
- Teamwork
- Creating a Culture of Safety



Organizational Chart



Staff Education and Engagement

- DRIVE Initiative
- Annual and Ongoing Competency Check Off
- Health Promotion Events
- Ongoing Covid Education
- Vaccine Clinics
- Leadership Institute
- Clinical Sites
- Continue to Work Towards Psychiatric Technician Certification
- Texas Workforce Collaboration



2024 Prostate and Breast Cancer Awareness Events



Staff Recognition





Comprehensive Psychiatric Emergency Programs, Dual Diagnosis Residential Program, Youth Diversion Center, & Intellectual Developmental Disorder

- 1. Shift Huddle/Rounding Monthly/Town Halls**
- 2. Daily Nurse Leadership Huddles**
- 3. Fall Risks**
- 4. Medications**
- 5. 24-hour Medical Coverage in the Jail Diversion Program**
- 6. ObserveSmart**
- 7. Nurse Educator Position for the NeuroPsychiatric Center (NPC)**
- 8. Restructuring in the Dual Diagnosis Residential Program to Provide Better Staff Oversight**
- 9. Just Care Culture**
- 10. Leadership Meetings with Pharmacy**

Mental Health

Daily Huddle/Rounding Monthly/Town Halls

Best Practice Advisory Alert for Teratogenic Medication

OBGYN Status

EKG that will interface with Epic

Prior Authorization Training

Medication Scanning



The Power of Collaboration



Interdisciplinary Collaboration

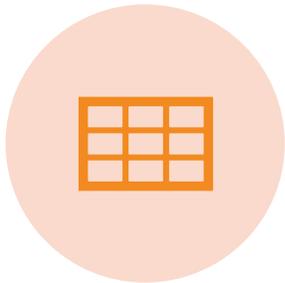
Pharmacy Collaboration



Medication Scanning



Long-Acting Injection
(LAI) Training



LAI Spreadsheet



Medication Safety

NPC (NeuroPsych Center) Medication Scan Rates

NPC (NeuroPsych Center)	2021	2022	2023	YTD
BCMA Overall	91%	94%	96%	96%
BCMA Patient Scanning	91.7%	95.6%	97.3%	97%
IP BCMA Medication Scanning	91.0%	94.7%	96.8%	97%
Early Medication Administration	<0.1%	<0.1%	<0.1%	0.1%
Late Administration	4.2%	3.8%	3.5%	2.7%

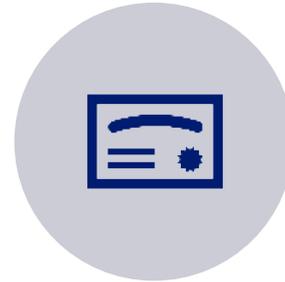
Outpatient Medication Scan Rates

Outpatient	2021	2022	2023	YTD
SE MH Adult Medication Scanning	76.5%	87.3%	90.5%	87.7%
NE MH Adult Medication Scanning	74.5%	43.7%	89.2%	98.2%
SW MH Adult Medication Scanning	48.5%	90.0%	97.4%	96.5%
NW MH Adult Medication Scanning	19.3%	52.7%	87%	89.4%
Assertive Community Treatment Medication Scanning	0.0%	44.8%	93.3%	96.6%

Promotion of Nursing



Transformational
Leadership



Offer Certifications and
Continuing Education
Units



Offer Qualified Staff For
Clinical Experience



More Collaboration
Within the Community

Promotion of Nursing

OpalGroup 2024 CNO Summit

- The topic of “Nursing Shortage: Recruitment and Retention Tactics” focused on innovative strategies to tackle the nursing shortage and enhance workforce stability.



Upcoming Nursing Goals for 2025



Offer more clinical sites to RN/LVN programs.



Attend more conferences to educate the community about The Harris Center



Continue working with Human Resources for Recruitment and Retention.

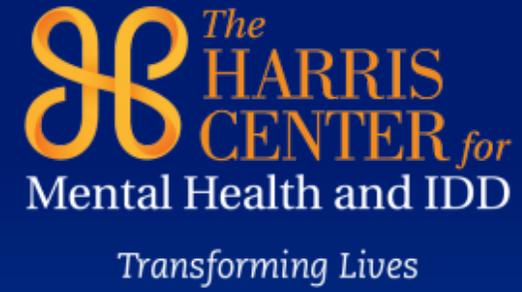


Nursing Retreat



Promote Employee Engagement and Patient Safety

Q&A



Thank You