

Attachment E—PIP Validation Tools

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2018-19 CLINICAL PIP	
GENERAL INFORMATION	
MHP: Orange	
PIP Title: Increasing Rates of Step-down to Ongoing Care Following Hospital Discharge	
Start Date: October 2018 Completion Date: September 2021 Projected Study Period: 36 Months Completed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dates of On-Site Review: 11/6-8/2018 Name of Reviewer: Della Dash	Status of PIP (Only Active and ongoing, and completed PIPs are rated):
	Rated
	<input checked="" type="checkbox"/> Active and ongoing (baseline established and interventions started) <input type="checkbox"/> Completed since the prior External Quality Review (EQR)
	Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.
	<input type="checkbox"/> Concept only, not yet active (interventions not started) <input type="checkbox"/> Inactive, developed in a prior year <input type="checkbox"/> Submission determined not to be a PIP <input type="checkbox"/> No Clinical PIP was submitted
Brief Description of PIP: The goal of this clinical PIP is to increase rates of step-down to outpatient services following inpatient discharge among adult beneficiaries. This will be accomplished through the utilization of peer mentors who provide support to beneficiaries during their transition from inpatient discharge to outpatient care.	

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY**STEP 1: Review the Selected Study Topic(s)**

Component/Standard	Score	Comments
1.1 Was the PIP topic selected using stakeholder input? Did the MHP develop a multi-functional team compiled of stakeholders invested in this issue?	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The MHP developed a multi-functional team of professionals from both the MHP and Royale Therapeutic Residential Center (TRC). In addition, a Peer Mentor has been participating in the PIP committee meetings in an advisory capacity during the design of the intervention.

<p>1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The MHP analyzed Recovery Open Access post-hospitalization data from 2016 – 2018 and found that, 35 percent of clients who entered the Recovery Open Access facility post-hospitalization did not link to ongoing outpatient services. Of those, some could not be located while others declined services. Homelessness was determined to be a big risk factor. The analysis included several hospitals and the CSU, and the MHP then selected Royale Therapeutic Residential Center (TRC) for inclusion in the PIP due to their sending the highest number of referrals to Recovery Open Access. Royale TRC reported that 33 percent of the beneficiaries they serve are homeless, twice the rate served in the rest of the adult SOC.</p> <p>The MHP then assessed the possibility of using peer workers to provide assistance and support to beneficiaries through the transition process, reviewing several potential models. A group of 16 beneficiaries who were in the inpatient setting was consulted regarding their perceptions of transitioning to outpatient care following discharge from the hospital, as well as factors that could impact their abilities to engage in outpatient services after being discharged from the hospital.</p>
<p>Select the category for each PIP:</p> <p><i>Clinical:</i></p> <input checked="" type="checkbox"/> Prevention of an acute or chronic condition <input checked="" type="checkbox"/> High volume services <input checked="" type="checkbox"/> Care for an acute or chronic condition <input checked="" type="checkbox"/> High risk conditions		<p><i>Non-clinical:</i></p> <input type="checkbox"/> Process of accessing or delivering care

<p>1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? <i>Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The PIP focuses on referrals from Royale TRC to the Open Access Center, and ongoing engagement from the Open Access Center to ongoing outpatient care and services.</p>
<p>1.4 Did the Plan's PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)? <i>Demographics:</i> <input type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language <input checked="" type="checkbox"/> Other: Beneficiaries referred to Recovery Open Access post-discharge from Royale TRC</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>All Royale TRC referrals will be included in the first year of the PIP.</p>
Totals		4 Met 0 Partially Met 0 Not Met 0 UTD
STEP 2: Review the Study Question(s)		
<p>2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population? <i>Include study question as stated in narrative:</i> “Will the rate of adult clients who step-down from inpatient care to the first point of outpatient mental health services increase from 50 percent to 82 percent, and will all of the clients (100 percent) who link with the first point of outpatient services link to more permanent ongoing outpatient mental health care (up from 73.6 percent) following implementation of a peer mentor intervention in which clients are paired with a peer mentor who provides support from the time of hospital discharge through to linkage with ongoing outpatient care?”</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The study question is comprehensive, clear and measurable.</p>
Totals		1 Met 0 Partially Met 0 Not Met 0 UTD

STEP 3: Review the Identified Study Population					
<p>3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant?</p> <p><i>Demographics:</i></p> <p><input type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language</p> <p><input type="checkbox"/> Other: Beneficiaries referred to Recovery Open Access post-discharge from Royale TRC</p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>The PIP focuses on all referrals to Recovery Open Access post-discharge from Royale TRC.</p>			
<p>3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied?</p> <p><i>Methods of identifying participants:</i></p> <p><input checked="" type="checkbox"/> Utilization data <input checked="" type="checkbox"/> Referral <input type="checkbox"/> Self-identification</p> <p><input type="checkbox"/> Other:</p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>Other hospitals will be phased into the PIP after the first year.</p>			
Totals		2 Met	0 Partially Met	0 Not Met	0 UTD

STEP 4: Review Selected Study Indicators

4.1 Did the study use objective, clearly defined, measurable indicators?

List indicators:

1. Step-down from inpatient hospitalization to outpatient care: defined as the percent of clients who link to the first point of outpatient services in Recovery Open Access following hospital discharge.
2. Continuation to ongoing outpatient care: defined as the percent of clients who link to ongoing outpatient care from Recovery Open Access.
3. Repeat hospitalizations: Defined as the percent of clients who are readmitted to the hospital within 30 days.

- Met
- Partially Met
- Not Met
- Unable to Determine

The study objectives are clearly defined and measurable.

In addition to these indicators, the PIP also includes process indicators as follows:

1. Percent of clients who are offered a peer mentor
2. Percent of clients who accept peer mentor services
3. Percent of clients who do not accept peer mentor services
4. Number of contacts peer mentor has with client
5. Focus groups to solicit beneficiary feedback about experiences with the peer mentoring program
6. Number of follow-up appointments after the client is referred to ongoing outpatient services

In addition, the MHP should consider tracking retention rates: The number of follow-up appointments after connecting to ongoing outpatient services (e.g., after one month, two months or three months; or one visit, two visits, three visits).

<p>4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be consumer focused.</p> <p><input checked="" type="checkbox"/> Health Status <input checked="" type="checkbox"/> Functional Status <input type="checkbox"/> Member Satisfaction <input type="checkbox"/> Provider Satisfaction</p> <p>Are long-term outcomes clearly stated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are long-term outcomes implied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>For more detailed data analyses, all data should be disaggregated after the first quarter.</p> <p>The QIC meeting agenda should include a standing item for discussion of PIP data, analyses and necessary improvements.</p>
Totals		<p>2 Met 0 Partially Met 0 Not Met 0 UTD</p>
STEP 5: Review Sampling Methods		
<p>5.1 Did the sampling technique consider and specify the:</p> <p>a) True (or estimated) frequency of occurrence of the event? b) Confidence interval to be used? c) Margin of error that will be acceptable?</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	
<p>5.2 Were valid sampling techniques that protected against bias employed?</p> <p><i>Specify the type of sampling or census used:</i></p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	

<p>5.3 Did the sample contain a sufficient number of enrollees?</p> <p>_____ N of enrollees in sampling frame</p> <p>_____ N of sample</p> <p>_____ N of participants (i.e. – return rate)</p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unable to Determine</p>	
<p>Totals 0 Met 0 Partially Met 0 Not Met 3 NA 0 UTD</p>		
<p>STEP 6: Review Data Collection Procedures</p>		
<p>6.1 Did the study design clearly specify the data to be collected?</p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>The performance indicators data as specified in Step 4.</p>
<p>6.2 Did the study design clearly specify the sources of data?</p> <p><i>Sources of data:</i></p> <p><input type="checkbox"/> Member <input type="checkbox"/> Claims</p> <p><input checked="" type="checkbox"/> Provider (hospital data)</p> <p><input checked="" type="checkbox"/> Other: Linkage (referral) Data from Recovery Open Access</p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>The data for the measures that will be used as performance indicators will be collected by databases managed by the hospital, Recovery Open Access, and the peer mentors. The hospital will provide data on the clients who have been referred to Recovery Open Access, including demographics and information on whether the client has the aforementioned potential risk factors for not continuing to outpatient services (e.g. homeless status, age group, etc.) Recovery Open Access will provide data on which clients linked to Recovery Open Access following discharge from the hospital and which clients went on to link with their ongoing outpatient care “home”.</p>

		<p>The data for the process indicators will be collected on each client who is receiving inpatient care and who is referred with Recovery Open Access (for example, whether the client accepted the offer of a peer mentor; how many contacts the peer mentor had with the client).</p> <p>The hospital will provide data on the clients who are offered a peer mentor and the clients who accept or do not accept the offer of a peer mentor. The peer mentors will provide information on the number of contacts they have attempted and successfully had with clients.</p>
<p>6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The process measures will be collected at standardized time points for each client (e.g. whether a client was offered and accepted a peer mentor – before the client is discharged from the hospital).</p>
<p>6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied?</p> <p><i>Instruments used:</i></p> <p><input type="checkbox"/> Survey <input type="checkbox"/> Medical record abstraction tool <input type="checkbox"/> Outcomes tool <input type="checkbox"/> Level of Care tools <input type="checkbox"/> Other:</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The instrument for collecting data will be databases managed by the hospital and Recovery Open Access.</p> <p>A standardized tracking tool has been developed to collect information on intervention fidelity.</p> <p>A tracking tool that is used by the peer mentors will be used to collect information on their work with beneficiaries.</p> <p>The focus group protocol is pending development.</p>

<p>6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>Data on performance indicators will be collected on an ongoing basis and analyzed on a quarterly basis and/or prior to and after implementing any modifications to the intervention (in order to track the impact of any modifications to the intervention on the performance outcomes). Trends in the performance indicators over time will be monitored. If necessary, modifications to the intervention will be made based on the performance indicators.</p> <p>The process measures will be monitored on a monthly basis to enable any issues or changes to the intervention to be addressed in a timely manner.</p>
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<p>6.6 Were qualified staff and personnel used to collect the data?</p> <p><i>Project leader:</i> Jenny Hudson Title: Division Manager, HCA/BHS Adult and Older Adult Behavioral Health Services Role: Coordinator</p> <p><i>Other team members:</i> Erin Batchelor, Intake Counselor, HCA/BHS Open Access Jayson Benbrook, Program Manager, Adult and Older Adult Behavioral Health Services Stephani Bryson, Service Chief, HCA/BHS Open Access Gillian Gentner, Senior Research Analyst, HCA/BHS Authority & Quality Improvement Services Maria Marin Peer Mentor, HCA/BHS Peer Mentoring Program Sandra Okubo, Senior Research Analyst, HCA/BHS Adult and Older Adult Behavioral Health Services Jonathan Rich, Psychologist, HCA/BHS Authority & Quality Improvement Services Kelly Sabet, Adult and Older Adult Behavioral Health Services Support Manager, HCA/BHS Authority and Quality Improvement Services Rodrigo Sigala, Service Chief, HCA/BHS Open Access Brienne Vaughan, Research Analyst IV, HCA/BHS Adult And Older Adult Behavioral Health Services</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>In addition, a Peer Mentor has been participating in the PIP committee meetings in an advisory capacity during the design of the intervention.</p>
	Totals	6 Met 0 Partially Met 0 Not Met 0 UTD

STEP 7: Assess Improvement Strategies					
<p>7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?</p> <p><i>Describe Interventions:</i></p> <ol style="list-style-type: none"> 1. Client survey (<i>In preparation for the intervention</i>) 2. Work with RTRC administration and staff to determine how the peer mentor intervention will be implemented at RTRC (<i>In preparation for the intervention</i>) 3. Station a peer navigator at the hospital who will explain the peer mentor program and connect clients to peer mentors 4. Social worker at RTRC completes the psychosocial assessment to determine discharge planning needs and if the client will be referred to Recovery Open Access and is eligible for the peer intervention 5. Connect clients who agree to participate in the peer mentor program with peer mentors while clients are in the inpatient setting, prior to discharge 6. Ongoing peer mentoring 7. Recovery Open Access clinician continues the assessment process to determine where the client will be referred to for further treatment 8. Referral/hand off to ongoing outpatient services 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>To date, MHP staff are only allowed access to inpatient beneficiaries for engagement one hour per day, which is insufficient. The MHP is in discussion with Royale TRC leadership to expand this time limit to incorporate peer mentors into some of the client programming in the inpatient setting.</p> <p>Data analysis should track and trend recidivism rates to determine the impact of the peer mentoring and engagement intervention.</p> <p>Three additional interventions were identified for years two and three.</p>			
Totals		1 Met	0 Partially Met	0 Not Met	0 UTD

STEP 8: Review Data Analysis and Interpretation of Study Results		
<p>8.1 Was an analysis of the findings performed according to the data analysis plan?</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	
<p>8.2 Were the PIP results and findings presented accurately and clearly? Are tables and figures labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they labeled clearly and accurately? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	
<p>8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity? Indicate the time periods of measurements: _____ Indicate the statistical analysis used: _____ Indicate the statistical significance level or confidence level if available/known: ____percent _____ Unable to determine</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	

<p>8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities?</p> <p><i>Limitations described:</i></p> <p><i>Conclusions regarding the success of the interpretation:</i></p> <p><i>Recommendations for follow-up:</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	
Totals		0 Met 0 Partially Met 0 Not Met 4 NA 0 UTD
STEP 9: Assess Whether Improvement is “Real” Improvement		
<p>9.1 Was the same methodology as the baseline measurement used when measurement was repeated?</p> <p><i>Ask: At what interval(s) was the data measurement repeated?</i></p> <p><i>Were the same sources of data used?</i></p> <p><i>Did they use the same method of data collection?</i></p> <p><i>Were the same participants examined?</i></p> <p><i>Did they utilize the same measurement tools?</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	
<p>9.2 Was there any documented, quantitative improvement in processes or outcomes of care?</p> <p>Was there: <input type="checkbox"/> Improvement <input type="checkbox"/> Deterioration</p> <p>Statistical significance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Clinical significance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	

<p>9.3 Does the reported improvement in performance have internal validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?</p> <p><i>Degree to which the intervention was the reason for change:</i></p> <p><input type="checkbox"/> No relevance <input type="checkbox"/> Small <input type="checkbox"/> Fair <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unable to Determine</p>	
<p>9.4 Is there any statistical evidence that any observed performance improvement is true improvement?</p> <p><input type="checkbox"/> Weak <input type="checkbox"/> Moderate <input type="checkbox"/> Strong</p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unable to Determine</p>	
<p>9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?</p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unable to Determine</p>	
<p>Totals 0 Met 0 Partially Met 0 Not Met 5 NA 0 UTD</p>		

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)

Component/Standard	Score	Comments
Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**ACTIVITY 3: OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS:
SUMMARY OF AGGREGATE VALIDATION FINDINGS***Conclusions:*

The goal of this clinical PIP is to increase rates of step-down to outpatient services following inpatient discharge among adult beneficiaries. This will be accomplished through the utilization of peer mentors who provide support to beneficiaries during their transition from inpatient discharge through the Recovery Open Access facility, and engagement with ongoing outpatient care.

The MHP developed a multi-functional team of professionals from both the MHP and Royale Therapeutic Residential Center (TRC). In addition, a Peer Mentor has been participating in an advisory capacity. The PIP topic was selected using stakeholder input.

The study question is comprehensive, clear and measurable, as are the study indicators which include both performance and process indicators.

The study design includes a detailed data analysis plan.

The interventions are reasonable, clearly stated and comprehensive.

Recommendations:

In addition to the indicators listed, the MHP should consider tracking retention rates for ongoing outpatient services post-engagement.

Check one: High confidence in reported Plan PIP results Low confidence in reported Plan PIP results
 Confidence in reported Plan PIP results Reported Plan PIP results not credible
 Confidence in PIP results cannot be determined at this time