

Welcome to the
13th Annual Patient Safety Summit!





*Above all else, we are committed
to the care and improvement
of human life.*



PFAC

Patient Family Advisory Council



Anne Van Dyke, MJ, MBA, BSN, RN, CPPS
Vice President of Quality



2



www.dfwhcfoundation.org/patient-safety-summit

Why Patient and Family Engagement?

- Patients are at the center of what we do and must be part of quality improvement
- Patient and family engagement translates to an active partnership at all levels across health care
- Patient engagement ultimately leads to improved health outcomes
- The PFAC is one of many ways to promote this engagement

What is a PFAC?

- A committee of the hospital
- Includes PFAC Advisors and hospital members
- Meets regularly to collaborate on improvement initiatives
- Members may also serve on other hospital committees

What is an Advisor?

- A former patient or family member
- A representative of the community
- Able to provide the patient perspective
- Wants to help the hospital toward this goal!

The Voice of the Patient

- The patient voice is valuable!
- “Nothing about me without me”
- Patients and families offer unique perspectives
- Their ideas can improve the care that we provide

PFAC Areas of Impact

- Patient experience
- Quality improvement
- Patient safety
- Community relations
- Hospital culture

Medical City Denton's PFAC

- Our PFAC currently includes 10 community members
- Our members complete volunteer orientation
- The committee meets monthly in the evening
- PFAC members also sit on Quality Improvement Council and IP Committee



Final Thoughts

- Establishing a PFAC or moving it to the “next level” takes courage
- If you are establishing a new PFAC, take the time to lay a good foundation
- Your PFAC should be structured to meet the needs of your own organization
- Remember that a PFAC supports our mission statement...

Above all else, we are committed to the care and improvement of human life

References

- Agency for Healthcare Research and Quality. (N.D.). *Working with patients and families as advisors*. Retrieved August 7, 2020, from https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Implement_Hndbook_508_v2.pdf
- Carman, K. L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. *Health Affairs*, 32(2), 223-231.
- Institute for Patient and Family Centered Care. (2017, January). *Advancing the practice of patient and family centered care in hospitals*. Retrieved August 17 2020, from https://www.ipfcc.org/resources/getting_started.pdf



Patient and Family Engagement

Patient Safety Summit
September 2020

Lara Burnside, Senior Vice President, Chief Experience Officer

JPShealthnet.org

Centered in Care
Powered by Pride

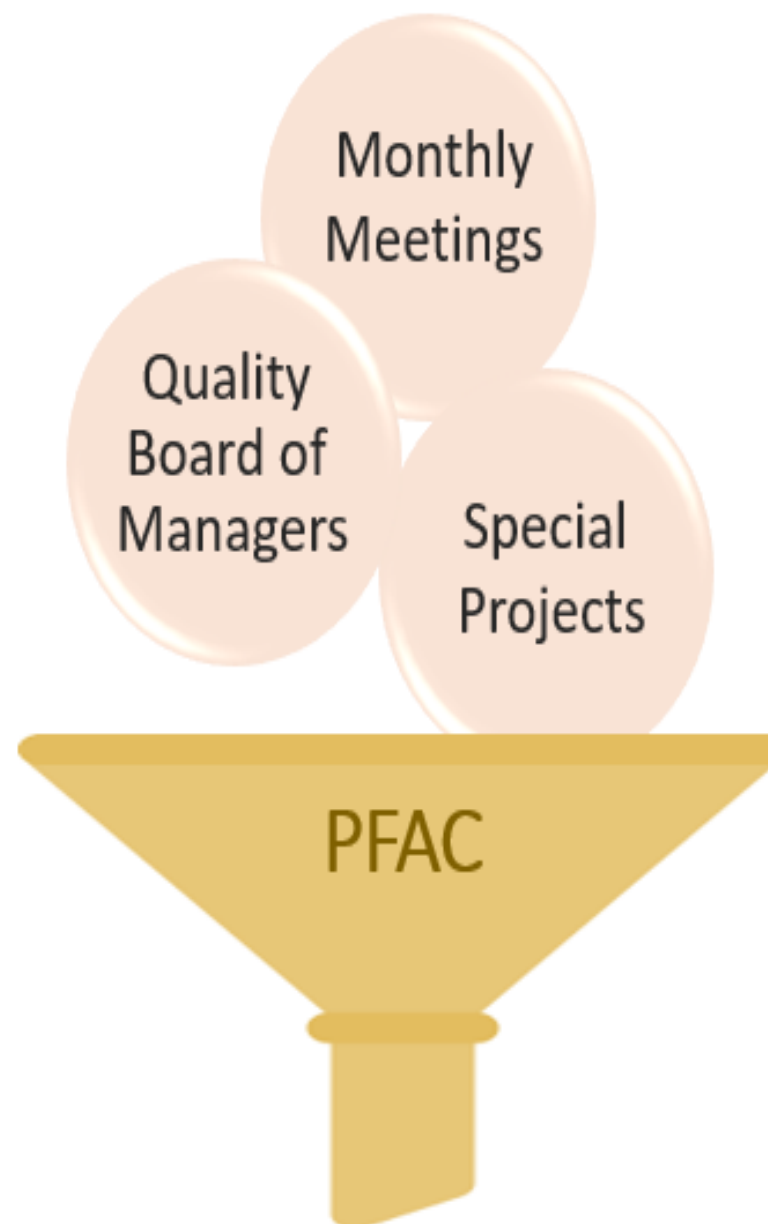
Transforming healthcare
delivery for the communities
we serve.

Patient/Family Engagement



HIGH QUALITY CARE FOR OUR COMMUNITY

Patient/Family Advisory Council



Caring for Our Community



Caring in Crisis



Transforming healthcare
delivery for the communities
we serve.

Innovation in Patient-Family Partnerships

Brennan Lewis, DNP, RN, CPNP, PCNS-BC
Director, Patient Education & Engagement



Brittany Hendrickson, RRT-NPS, A-EC
Program Manager, Education and Engagement



2020 Patient Safety Summit

Why FAN?



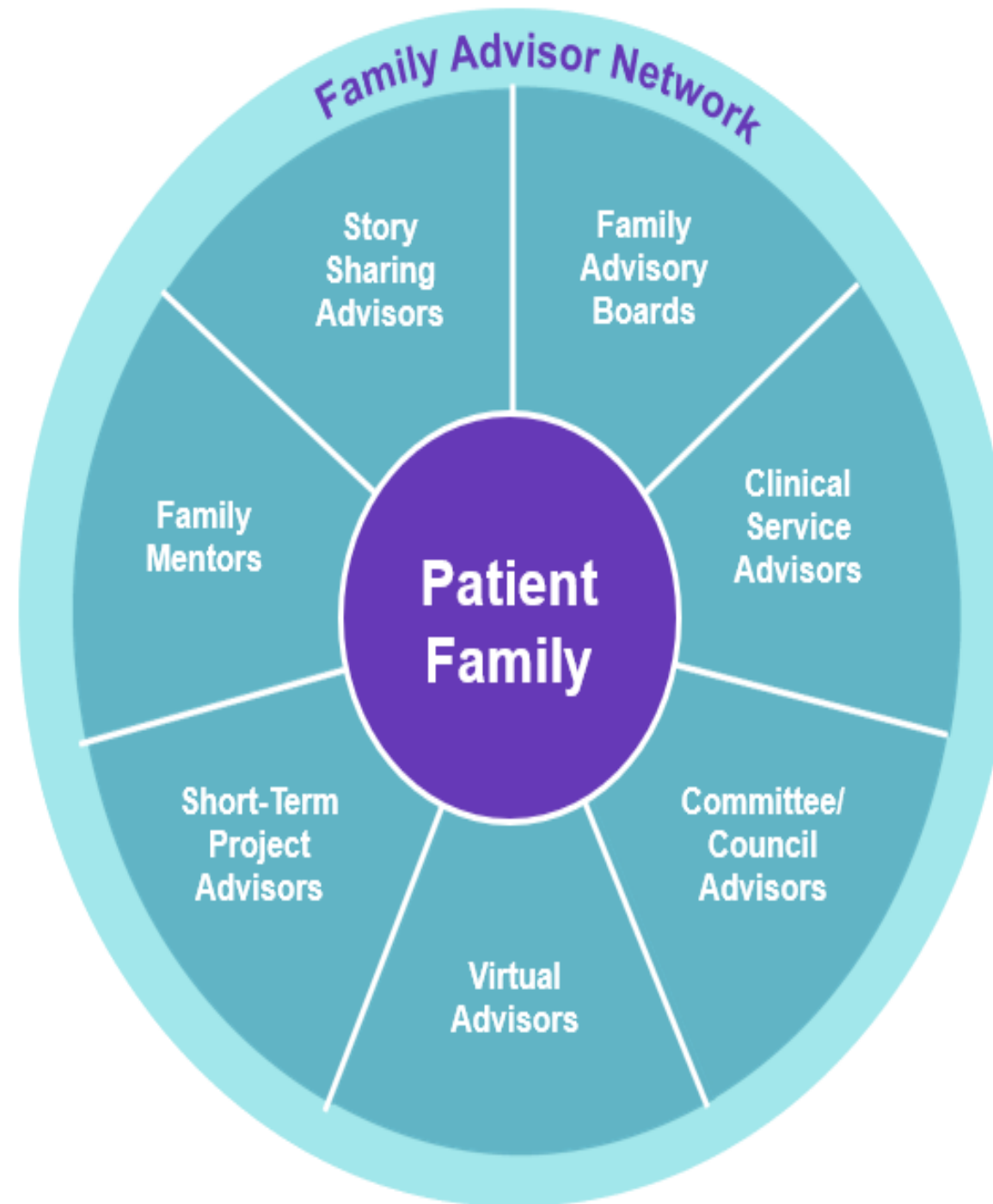
- Establish an infrastructure to build a positive, solutions-oriented collaborative
 - Current and former patient families
- Seeking their unique perspectives and experiences to drive meaningful improvements
- Critical to our transformation into a patient centric health care system
- Build a culture of communication, partnership, and engagement – co-designing with patient families, not simply seeking feedback





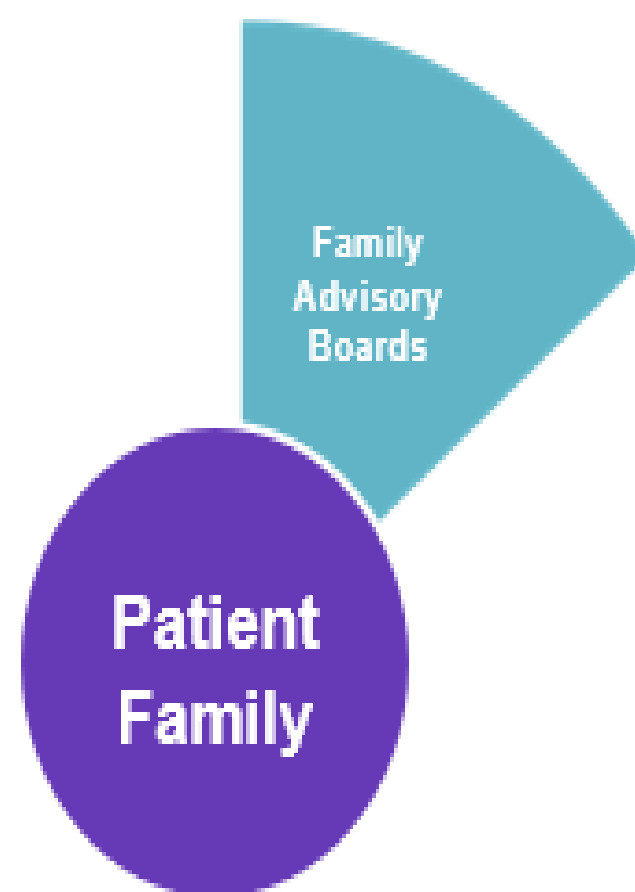
Current FAN Partnerships





Family Advisor Network – Family Advisory Boards

- Made up of 1-2 members from each Clinical Service Advisory Councils plus additional members
- Focus is on organization specific initiatives



Dallas

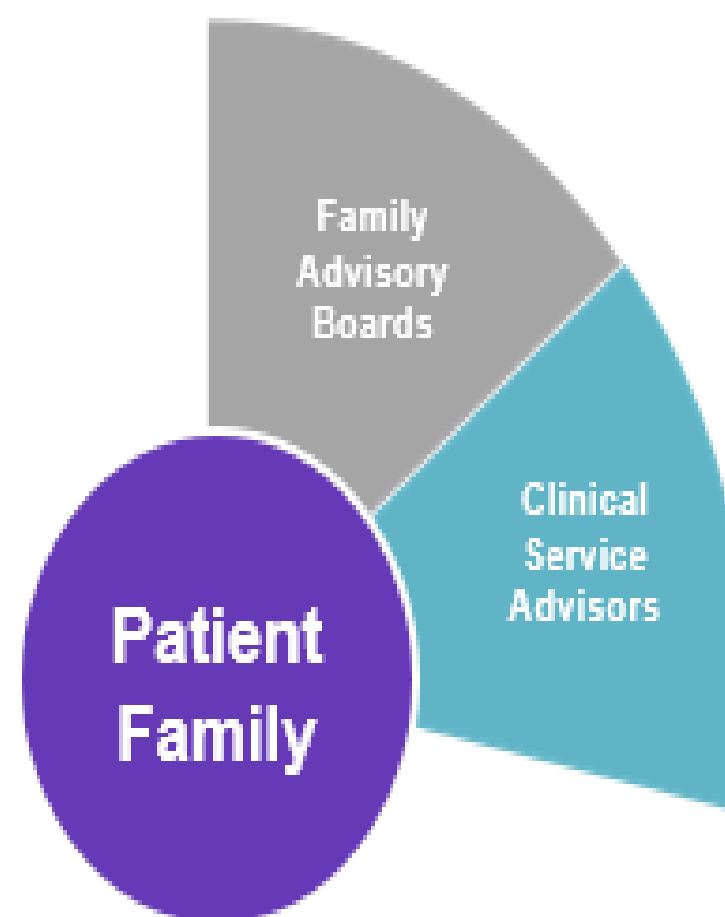
Plano

Staff

OCH - Future

Family Advisor Network – Clinical Service Advisors

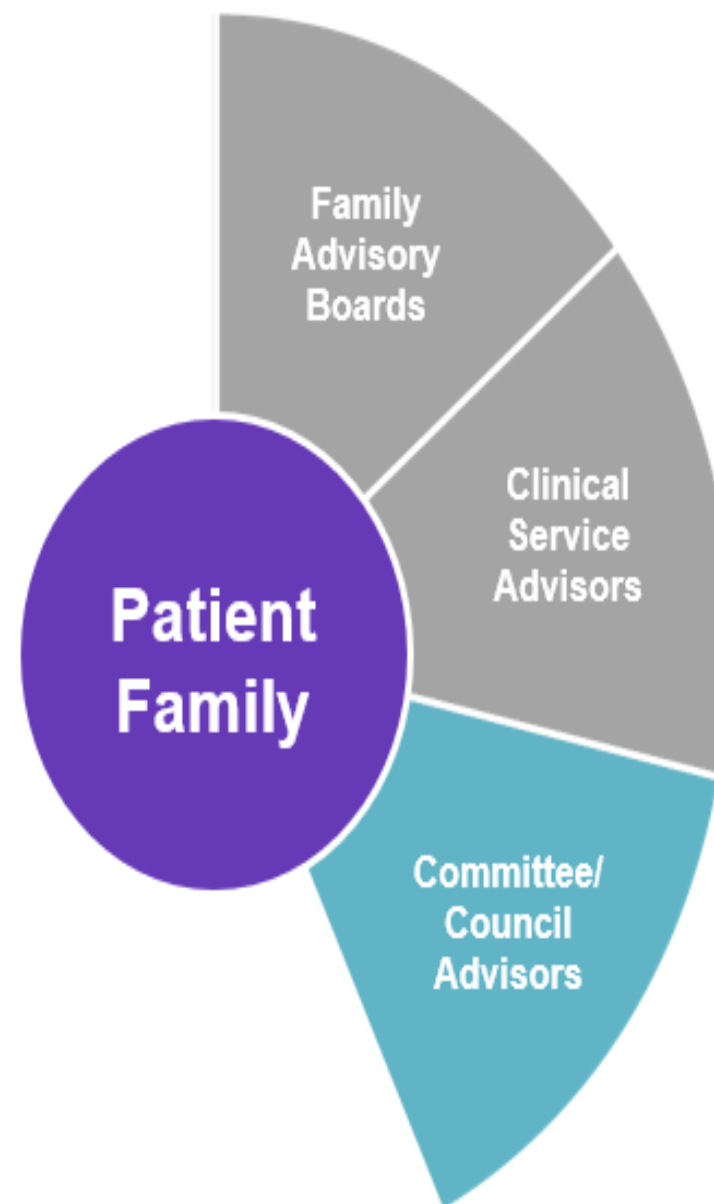
- Valuable to have service line specific councils
- Focus on unit/department level initiatives



Oncology
Heart Center
NICU
Complex Care
Cystic Fibrosis
Diabetes &
Endocrinology
Cochlear Implant
Foster Care
GI
Sickle Cell

Family Advisor Network – Committee/Council Advisors

- Representation on key quality and safety councils



Quality & Patient
Safety Committees

Central Line
Associated Blood
Stream Infection
(CLABSI) Steering
Committee

Catheter Associated
Urinary Tract Infection
(CAUTI) Steering
Committee

Hospital Acquired
Pressure Injury (HAPI)
Steering Committee

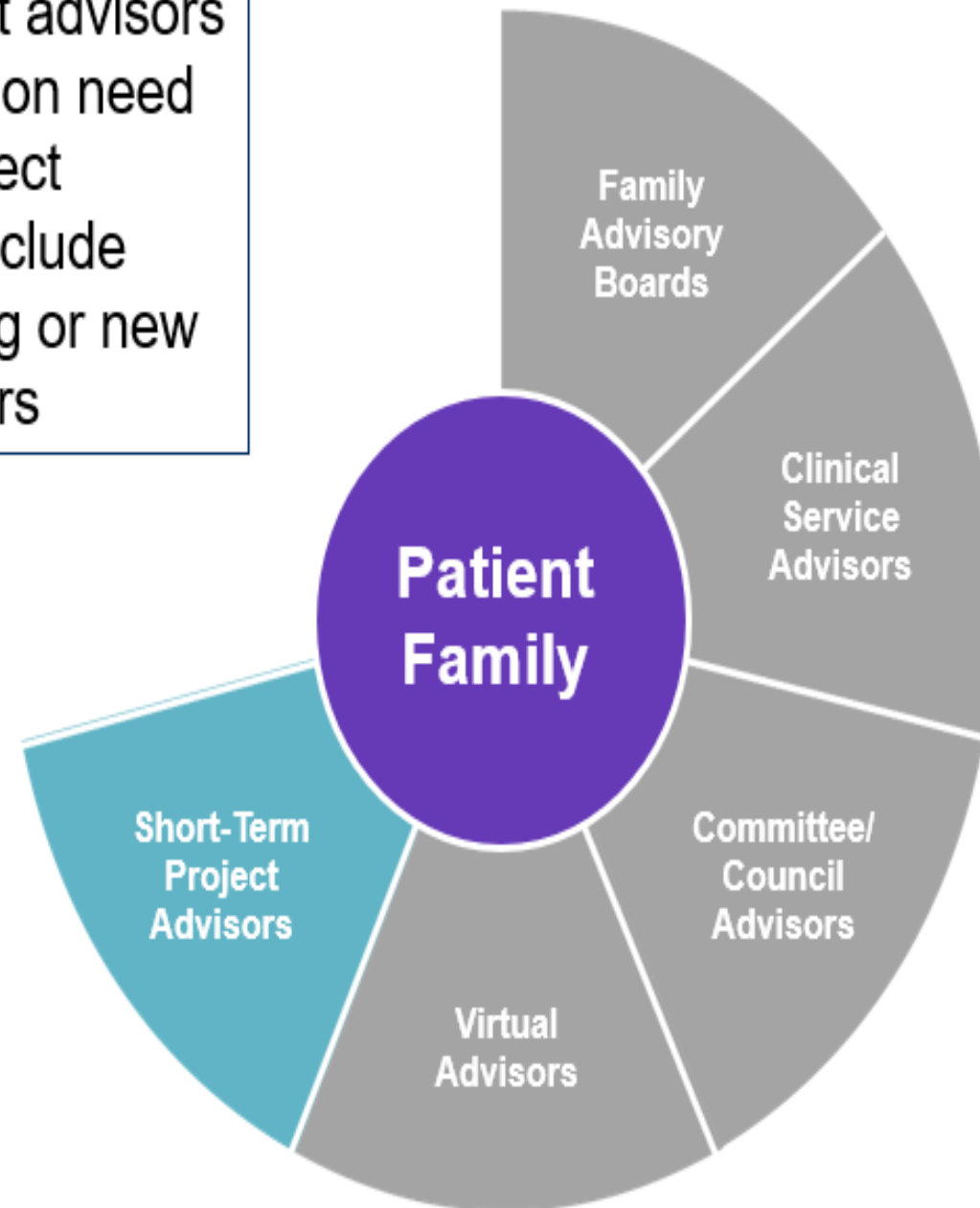
Infection Prevention
Champions

Family Advisor Network – Short-Term Project Advisors

Design &
Construction

Focus Groups

- Recruit advisors based on need of project
- May include existing or new advisors



children'shealth?

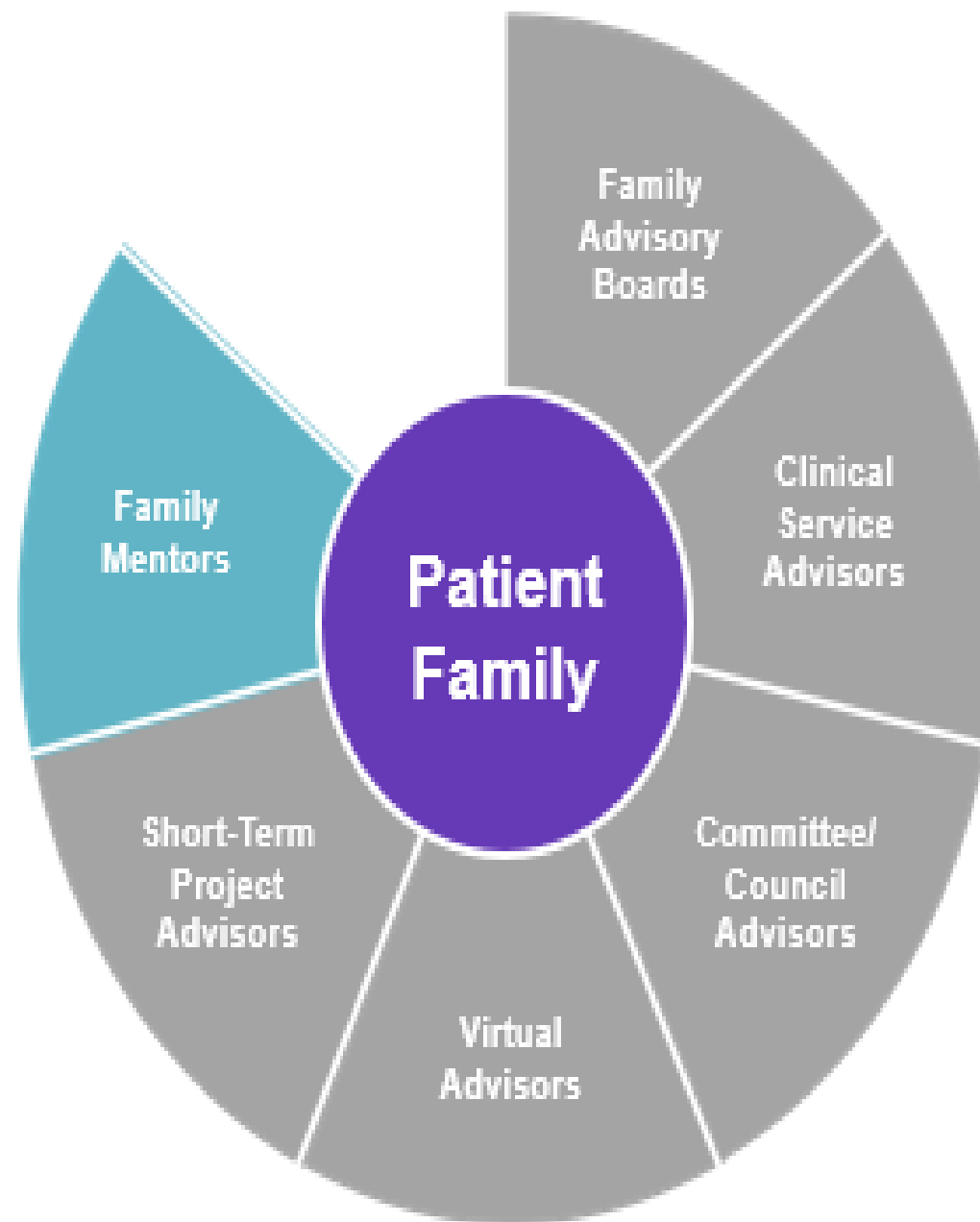
Family Advisor Network – Family Mentors

Heart Center

Down Syndrome

Oncology

Foster Care



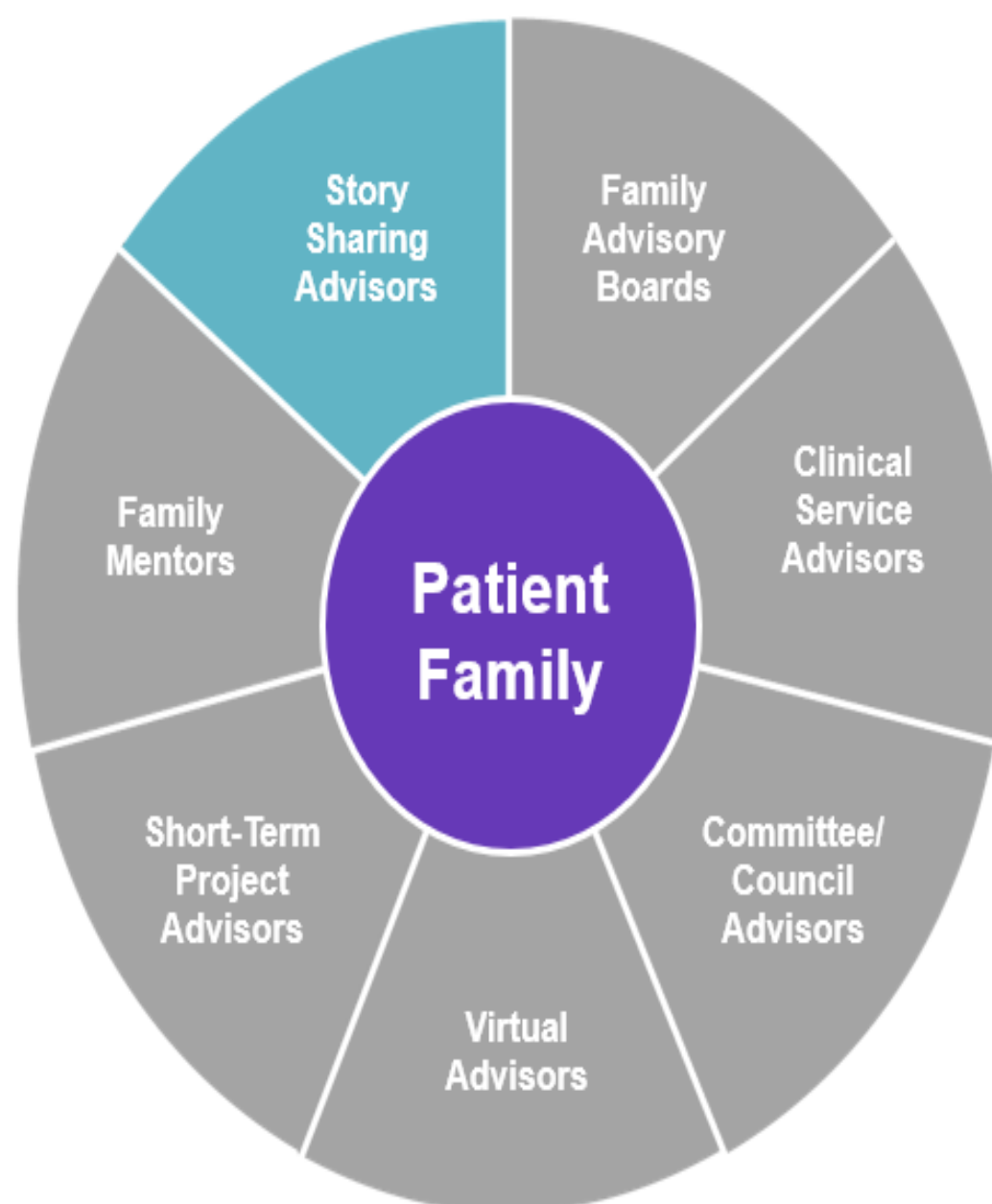
- Families supporting families
- Provide resources that they found helpful

Family Advisor Network – Story Sharing Advisors

New Employee
Orientation

Provider Education

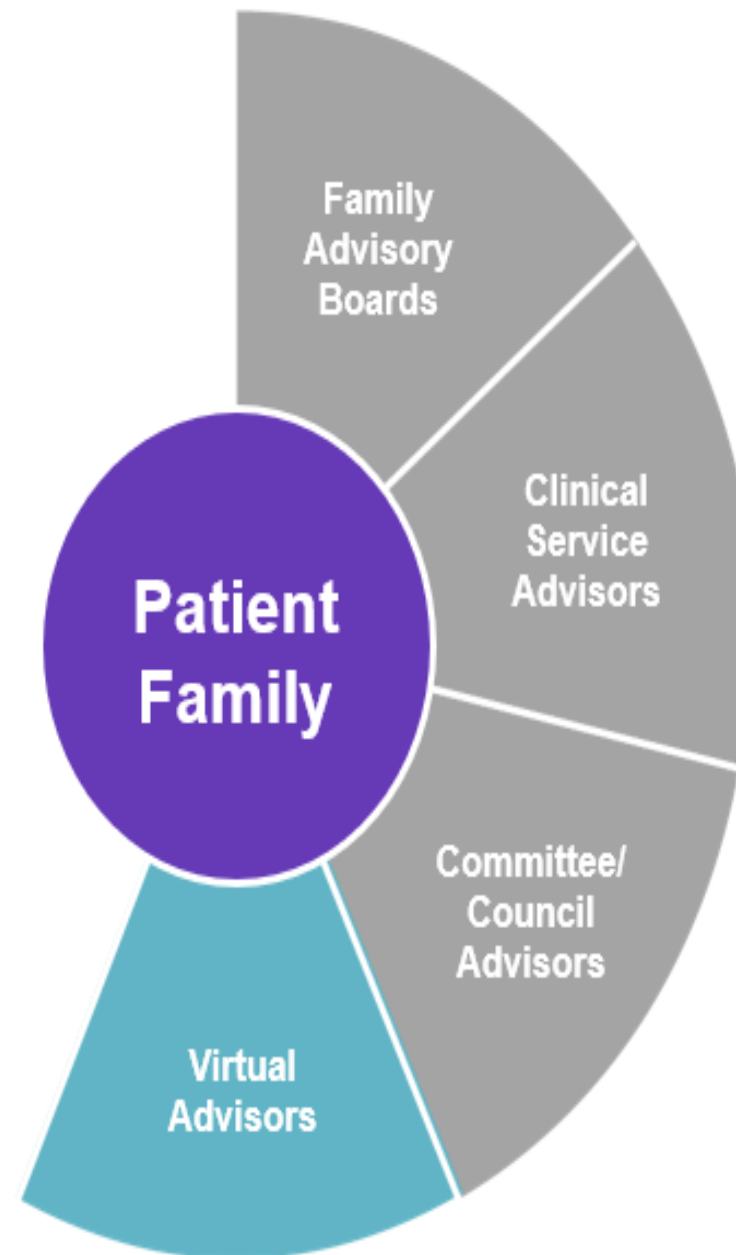
Unit/Department
Education



- May involve existing or new advisors
- Help drive meaningful improvements

Family Advisor Network – Virtual Advisors

- Launched virtual advisor network, Children's Health Insiders, in 2020



Online Targeted Surveys

Virtual Advisors – Children’s Health Insiders



In 2020 we launched our virtual advisor community, Children’s Health Insiders, to provide a platform that enables us to move at the speed of insight to make agile, patient and family led and validated decisions that will drive a world-class patient family experience and support our mission to “Make Life Better for Children.”



Projects Completed

Ask our CEO

- Members were given the opportunity to ask our CEO a question.
- Our CEO answered our advisor's questions during his “Ask Chris” podcast

Name that App

- Members were asked to help us name our new Asthma app
- Asthma Buddy was the chosen name

Family Resource Notebook

- Members were asked to help us revamp our admission resource notebook

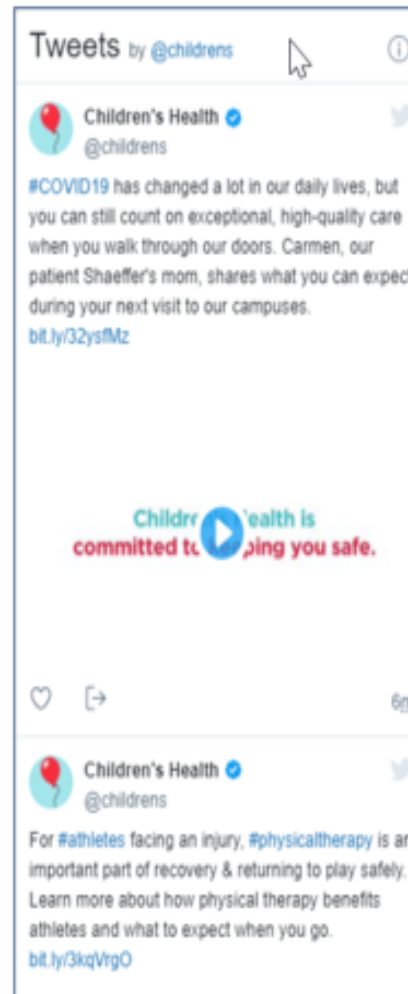
COVID-19 Survey

- Members were asked what their experience has been since the pandemic, what their expectations of us are to make them feel safe when returning to care and what resources they need to feel informed

Member Hub – Giving Back

We use our member hub to provide feedback and resources for our families including:

- Survey results
- Health and Wellness Articles
- Parenting Podcasts
- Children's Health Twitter Feed
- Upcoming Children's Health Events



Lessons Learned

Recruiting Challenges

- Email recruiting numbers have been lower than normal. The expected cause of this is technology fatigue due to the pandemic.

Diversity Challenges

- Evaluating opportunities to engage our Spanish speaking population

Survey Submission

- Engage leadership team early to educate them on the platform and ensure surveys are submitted to keep advisors engaged

References

Agency for Healthcare Research and Quality (AHRQ). (n.d.). Working with patient and families as advisors: Implementation handbook. Retrieved from <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy1/index.html>.

American Institutes for Research. (2016). Partnership for Patients (PfP) strategic vision roadmap for Person and Family Engagement (PFE). Retrieved from <http://www.hret-hiin.org/Resources/pfe/17/pfp-strategic-vision-roadmap.pdf>.

Hattie, M.J. & Washington, K. (2016). Forming a patient and family advisory council: Patient and family perspectives can help achieve higher quality care in your practice. Retrieved from <https://edhub.ama-assn.org/steps-forward/module/2702594>.

Institute for Patient- and Family-Centered Care. (n.d.). Patient and family centered care. Retrieved from <http://www.ipfcc.org/about/pfcc.html>.

Patient-Centered Primary Care Collaborative. (2017). Six steps to creating a culture of person and family engagement in health care. Retrieved from <https://www.pcpcc.org/sites/default/files/resources/PCPCC-%20Planetree%20PFE%20Culture%20Change%20Toolkit%20050517.pdf>.

Contact Information

Children's Health
Family Advisor Network

FAN@childrens.com



Please type your questions using the question icon, if you have a specific person you are asking please indicate which speaker

DFWHC: Patient Safety Summit

September 24th, 2020

Valere Lemon, RN, MBA, MHIA, CPHQ



Agenda

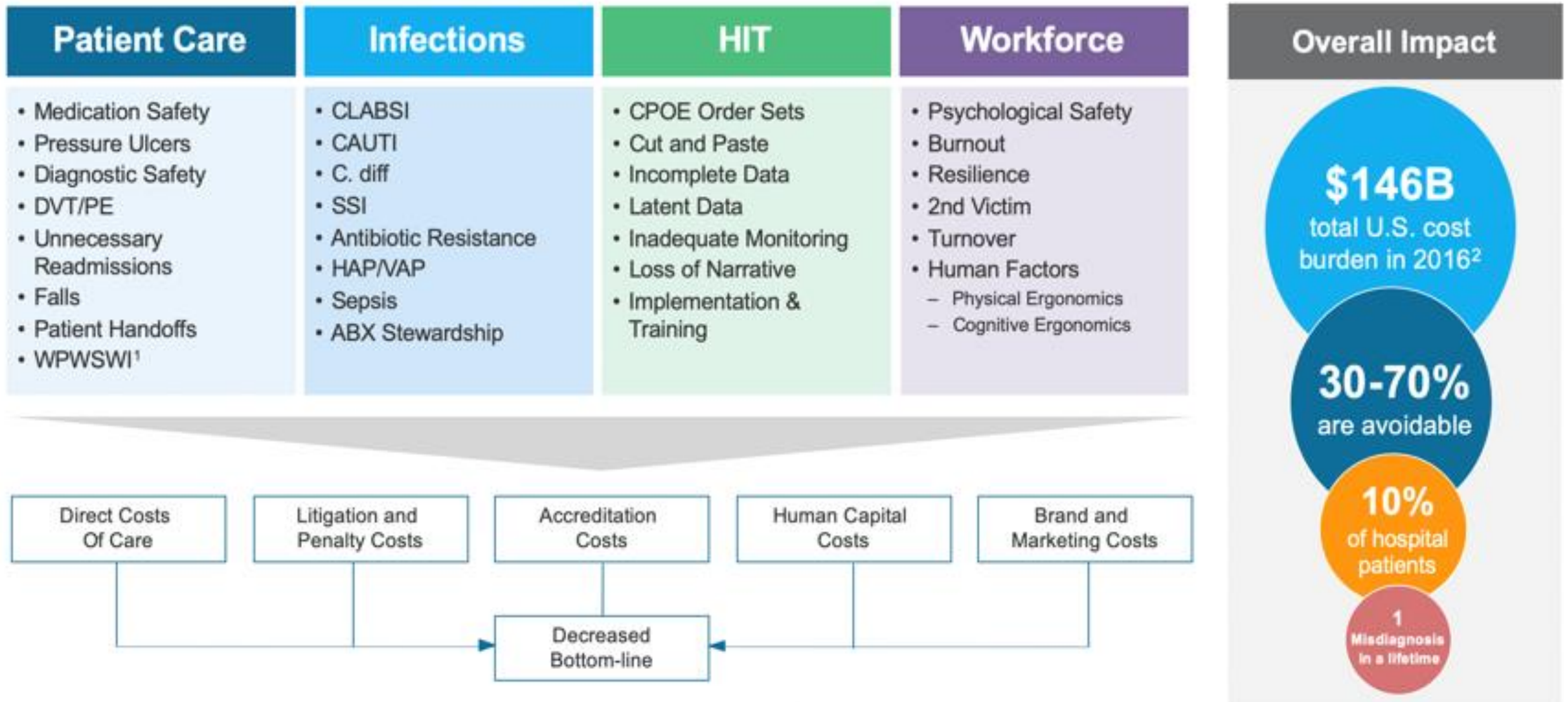
- Current Methods
- Safety Culture
- Advanced Analytics Solutions
- Wrap-up, Q&A

*“...there are some patients we cannot help, **there are none** we cannot harm.”*

Arthur L. Bloomfield, MD (1888-1962)
Professor of Medicine
Executive Director Dept of Medicine
Stanford Medical School, 1926-1954



Patient Safety Events Driving the Biggest Burden of Disease and Costs



¹Wrong patient, wrong site, wrong indication

²Patient Safety in Healthcare, Forecast to 2022 (Rep.), (2018). Frost & Sullivan.

Ltd, R. A. (n.d.). Global Patient Safety And Risk Management Software Market Analysis & Trends - Industry Forecast to 2025. Retrieved June 4, 2018, from https://www.researchandmarkets.com/research/sv9pdf/global_patient

What's Clouding Our Vision?

A constellation of challenges prevent most systems from achieving zero harm.



A word cloud of challenges to patient safety, arranged in a circular pattern. The words are: limited insight, reactive approach, insufficient data, complexity, unsustained improvement, adoption struggles, unsafe culture, burnout, communication issues, and limited insight.

- limited insight
- reactive approach
- insufficient data
- complexity
- unsustained improvement
- adoption struggles
- unsafe culture
- burnout
- communication issues
- limited insight

Current Processes

- Safety Culture in a Healthcare Organization is under valued and not regularly assessed
- We separate Quality and Safety departments although there is significant overlap
- Front-line teams are not involved in critical decision making or assessments of problem areas

Misplaced Focus

- Our focus on safety has been centered on reporting and regulatory measures
- Data is retrospective and often collected for reporting purposes
- Need to shift to a proactive mindset

Poll Question

- Rate how comfortable you feel speaking up about unsafe care in your organization: 1-5 (5 is highest)

Safety Is Not Separate from Quality



Safety is the diagnostic arm

Quality is the treatment arm

Culture is the **catalyst**

When people say 'quality and safety,'
'what I hear is 'fruit and bananas.'

Quality improvement is the big tent. It's
the enterprise of constant improvement to
everything we care about.

The quality of my car is dimensional. It has
safety, durability and fuel economy and so
does health care. I think reuniting our
endeavors is crucial to our future.

**We don't have the resources to waste
on tribalism. We have to think
systemically.**

Donald Berwick, MD

Culture of Safety

- Culture reflects the behaviors, attitudes, beliefs within an organization; it is the social glue.
- Some behaviors create value for the patient and the organization; others create unacceptable risk.
- Culture is reflected in how people interact with each other (coworkers, patients, their families...).
- Culture is quantifiable, it varies, it evolves—and it can be improved.

Culture is the **catalyst**



Be Innovative

- Don't get stuck in methods that aren't working for you.
- Think outside the box
- Develop a patient safety system, not disparate tools
- Partner with your front-line teams



Poll Question

I know where all my Patient Safety Data lives and can easily analyze it for opportunities

- Agree
- Neither agree or disagree
- Strongly agree
- Disagree
- Strongly disagree

Surveil for Harm: Triggers & Voluntary Reports

PatientSafetyMonitor | Surveil | Incidents | Audit | Patient Detail | Event Reports | Karri Davis

Harm Detection Triggers | Public Health Surveillance Triggers

Mirkwood Healthcare System:
ACME Hospital Medical Center

Assigned to Me | Patients I'm Watching

HARM DETECTION TRIGGERS:

36	5	2	3	5	2	2	2	4	2	6
All	Coagulation	Glycemic Management	Hospital Acquired Infection	Medication Reversal	Patient Care	Pediatric	Perinatal	Re-admission	Renal Injury	Surgical Injury

Show Filters | (04/07/2018 08:00 - 04/08/2018 07:59) | Group by Patient

Status	Patient	Positive Trigger	Triggering Event	Date/Time	Event?	Assignee	Unit	LOS
Not Reviewed	RUGAN, ELIZABETH E Visit#: 45684858123 MRN: 366932054339	PTT > 100 and Heparin within previous 24 hours	PTT 109.4 Medication Administered: HEPARIN (PORCINE) 20,000 UNIT/250 ML IV INFUSION 2200 Units/hr (09/05/2020 19:42)	09/05/2020 07:52	Document >	-	7-South	3 days
Not Reviewed	FINN, STEPHANIE R Visit#: 8837292929 MRN: 367467	Radiology Study for Emboli or DVT (NLP)	Impression: "There appears to be a venous thrombus in the left superficial femoral vein without propagation into the common femoral vein or iliac..."	09/05/2020 22:09	Document >	-	-	-
Not Reviewed	FRANKLIN, WALTER T Visit#: 4237292321 MRN: 789566	Pressure Injury (NLP)	"Patient has a full thickness wound on their left hip, approximately 1 cm X 1 cm. No drainage noted from wound, edges approximated..." Braden Score: 10 (04/15/18 09:00)	09/05/2020 22:09	Document >	-	-	-
Not Reviewed	FINN, ELIZABETH A Visit#: 78432124 MRN: 2346456	Possible Medication Related Acute Kidney Injury	Medication Administered: Vancomycin 800 mg (04/17/2018 22:09) 2nd Medication Administered: Gentamicin 40mg (04/16/2018 22:09) 3rd Medication Administered: Levaquin 750 mg (04/15/18 09:00)	09/04/2020 22:09	Document >	-	-	-
Not Reviewed	RICHARDSON, ELIZABETH A Visit#: 45684858123	Fall (NLP)	"Patient fell. Patient examined. Minor trauma. Did not hit head and..."	09/03/2020 14:25	Document >	-	-	-

PatientSafetyMonitor | Surveil | Incidents | Audit | Patient Detail | Event Reports | Karri Davis

Incident Review | Submit an Incident | Incidents I Reported

Mirkwood Healthcare System:
ACME Hospital Medical Center

Voluntary Reported Incidents to Review:

Show Filters | (07/11/2020 - 07/12/2020)

Status	Patient	Incident Description	Incident Date/Time	Reported by	Assignee	Unit
Not Reviewed	DONNELLY, OMAYRA Visit#: 45684858123 MRN: 366932054339	Patient Donnelly fell when getting out bed and on the way to the bathroom...	08/25/2020 06:37	Anonymous	-	7-South
Not Reviewed	FINN, STEPHANIE R Visit#: 8837292929 MRN: 366932054339	Patient Finn was found to have a pressure injury on 8/13/2020 at 06:35 on the back of the head and the care team at the time was...	08/24/2020 04:13	Jonathan Viziri, MD	-	5 MED S EAST
Not Reviewed	RODRIGUEZ	Lorem ipsum dolor sit amet	08/22/2020	Roberta	-	NOV

One Form to Document the Event: (Trigger or Voluntary)

PatientSafetyMonitor [Surveil](#) [Incidents](#) [Audit](#) [Event Reports](#) **[Patient Detail](#)**

< PTT > 100

Status: Assignee: [Set assignee\(s\)...](#)

Event Detected No Event [cancel](#) **Save**

Date * **Time *** **ID#:** 473625

Description (by reviewer) * 6000 characters

Severity *

Error or Known Complication *
☒ Unknown ☐ Error ☐ Known Complication

Unit *

☐ Other

Service Line *

Event Category *

Event Sub-Category *

Associated Provider (optional)
[Provider:](#) [Select provider\(s\)...](#)

Associated Devices (optional)
[Associate Devices:](#) [Select devices...](#)

Patient

Patient: [RUGEN, ELIZABETH](#) MRN: 234624356234
[Watch Patient](#)

Visit #: 3857693922

Triggering Event Details

Trigger Date/Time: 08/19/20 07:52 Lab Value: PTT 139 (08/19/20 07:52)

Unit: JIV Department Service: Med-Private G - 4323

ROOT CAUSE ANALYSIS (OPTIONAL)

Contributing Factors (optional)

- ☐ Staff Factors
- ☐ Patient Factors
- ☐ Work Environment Factors
- ☐ Organizational/Service Factors
- ☐ External Factors

Detection (optional)

- ☐ People Involved
- ☐ Process

Actions taken to reduce risk (optional)

- ☐ Patient Factors
- ☐ Staff Factors
- ☐ Organizational/Environmental Factors
- ☐ Agent/Equipment Factors
- ☐ Other

Mitigating Factors (optional)

- ☐ Directed to Patient
- ☐ Directed to Staff
- ☐ Directed to Organization
- ☐ Directed to Agent
- ☐ Other

Ameliorating Actions (optional)

- ☐ Patient Related
- ☐ Organization Related

Organizational Outcomes (optional)

- ☐ Property Damage
- ☐ Increase in Required Resource Allocation for Patient
- ☐ Media Attention
- ☐ Formal Complaint
- ☐ Damaged Reputation
- ☐ Legal Ramifications
- ☐ Other

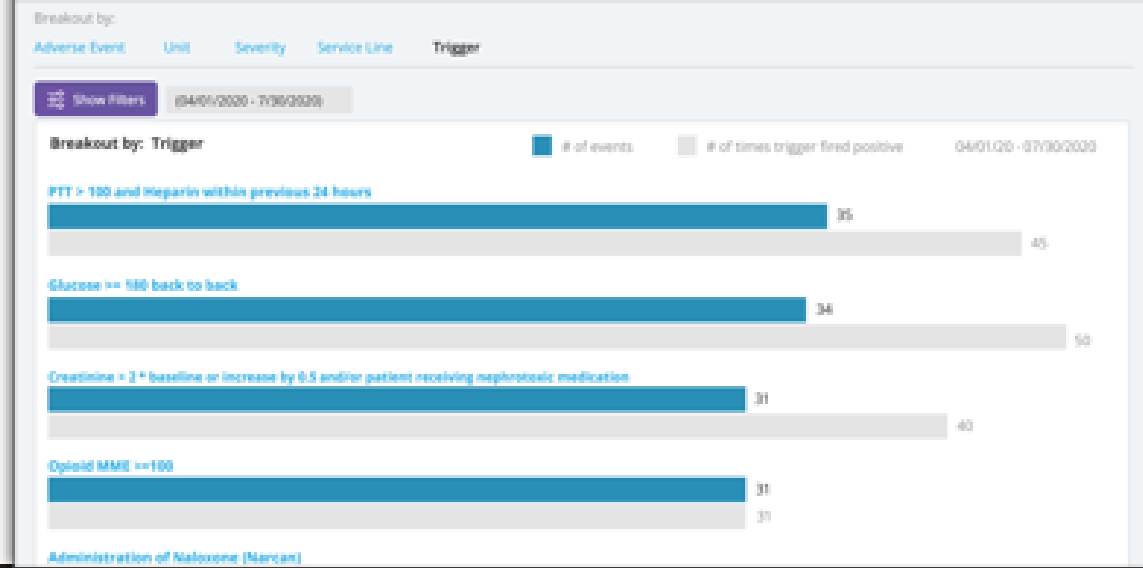
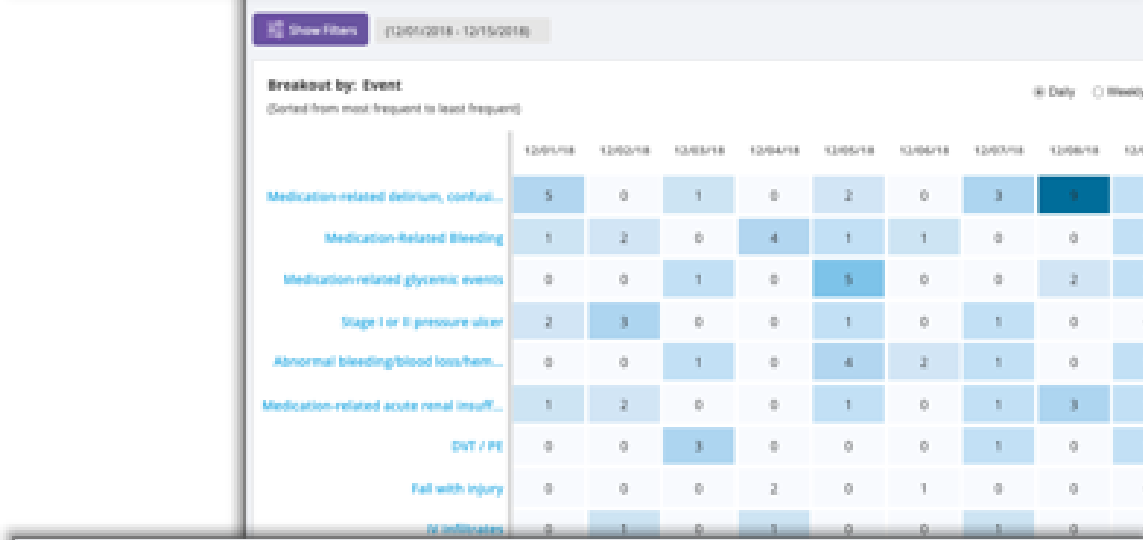
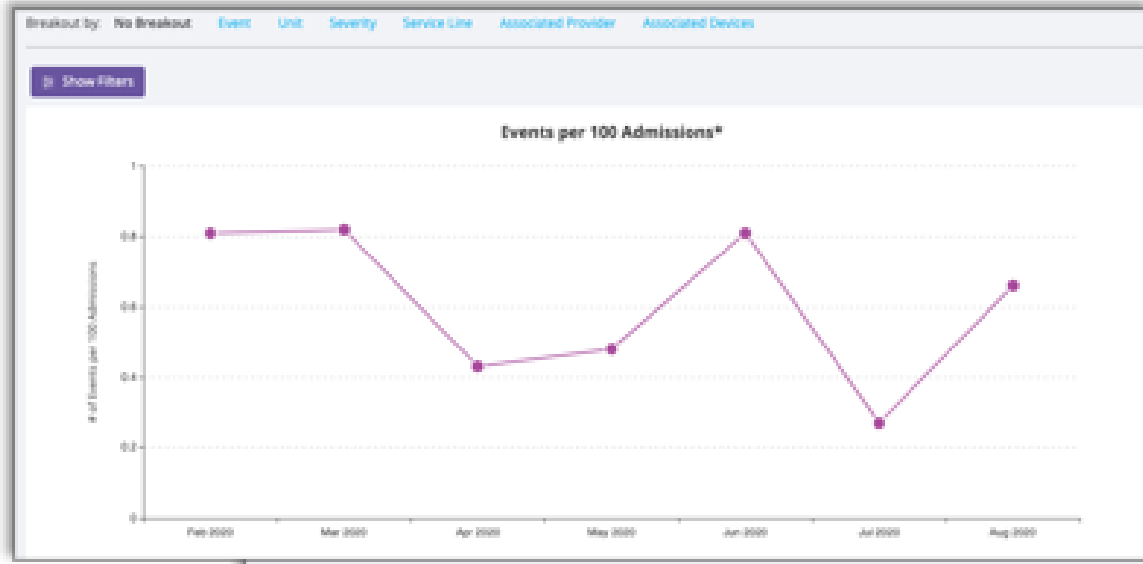
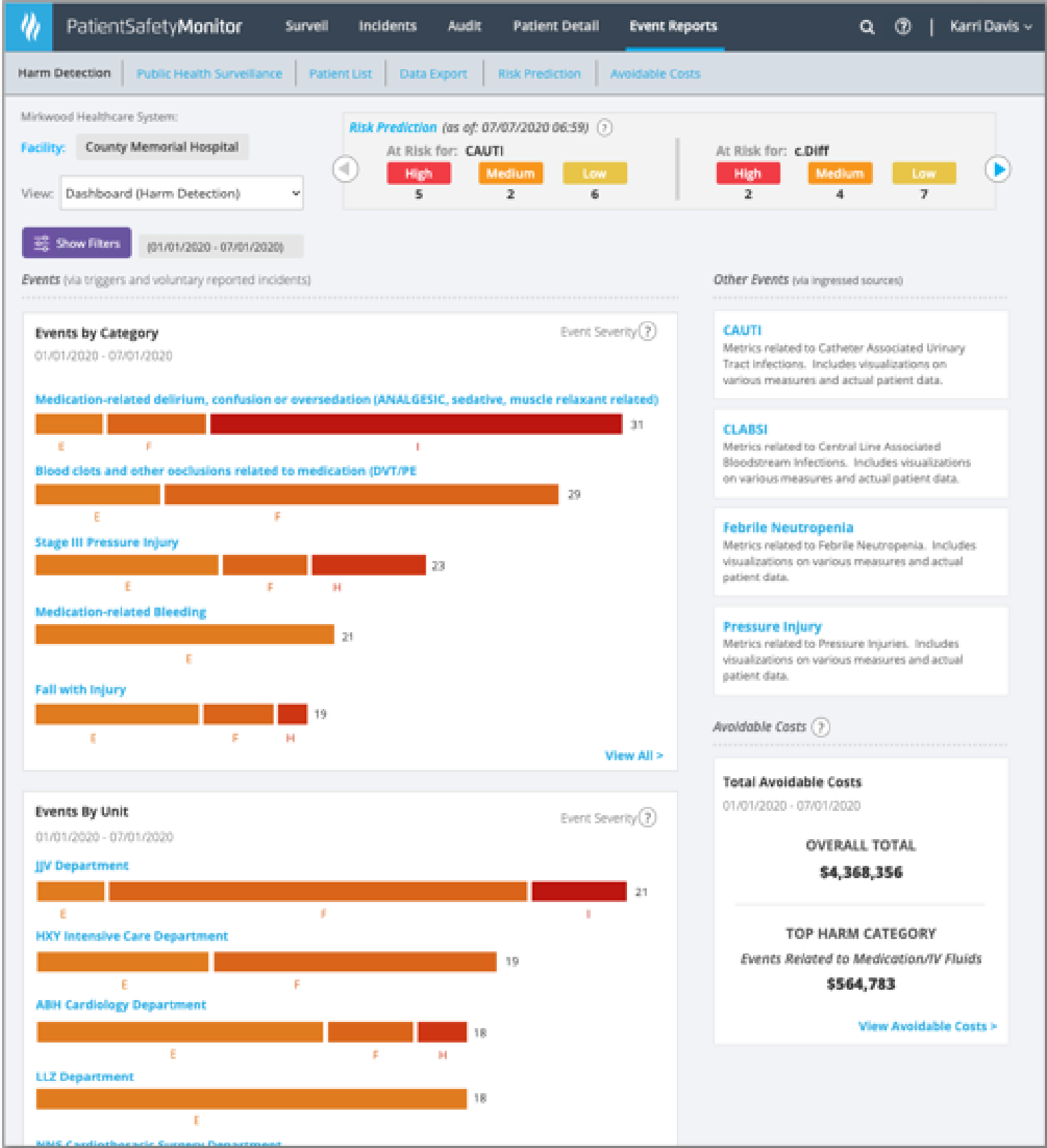
DISCUSSION/COMMENTS

Type a comment here...

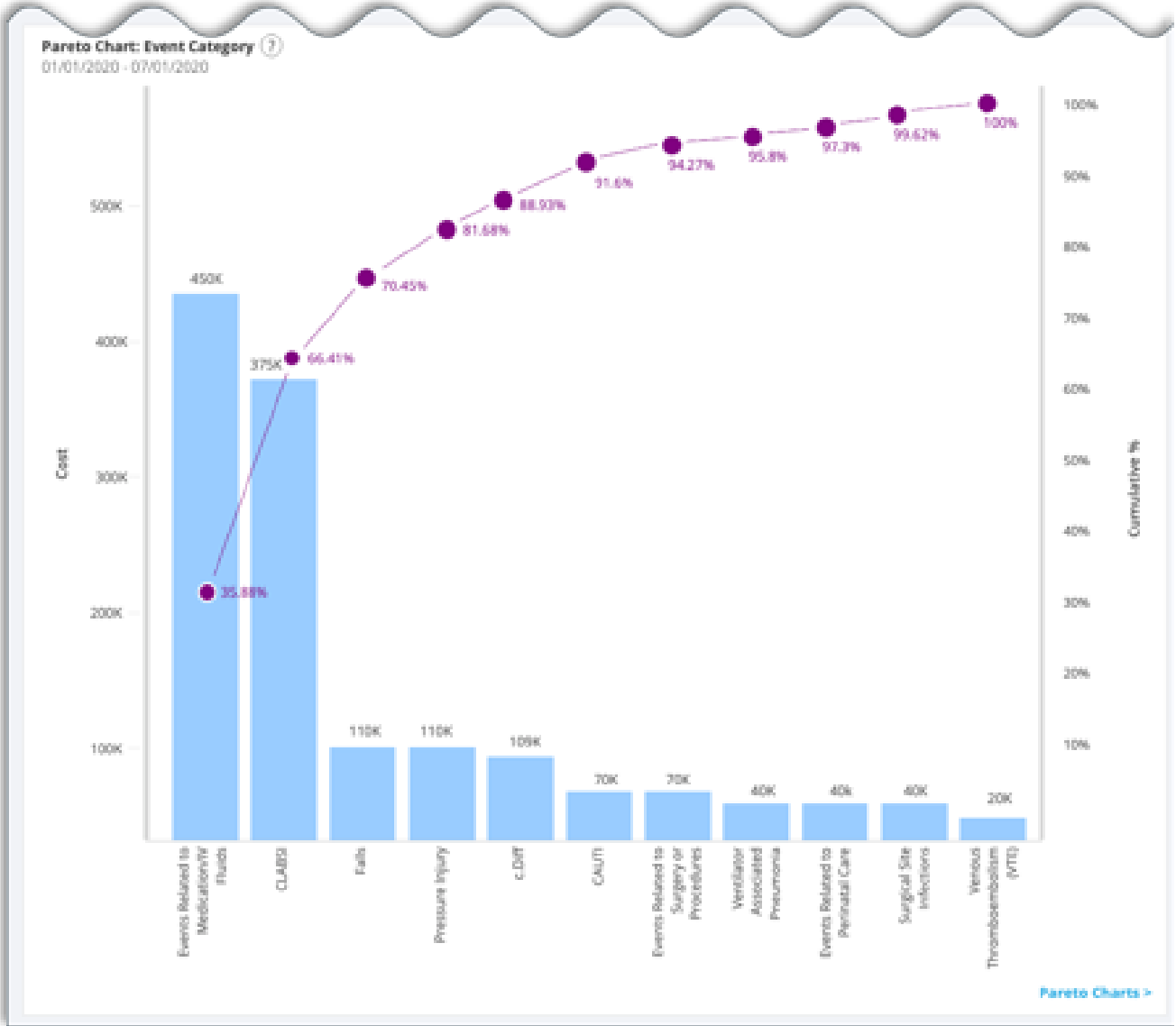
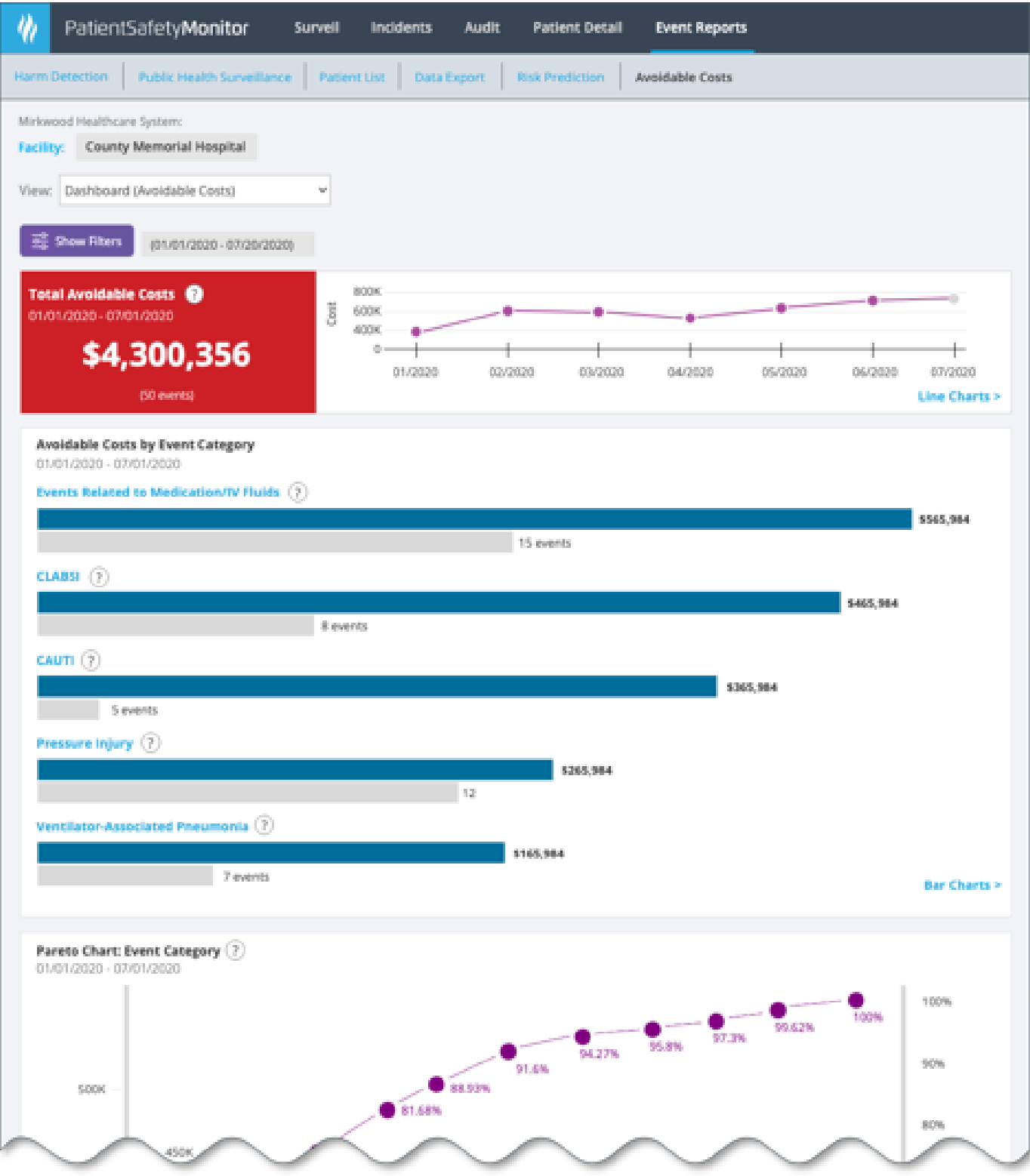
Add Comment

No comments yet...

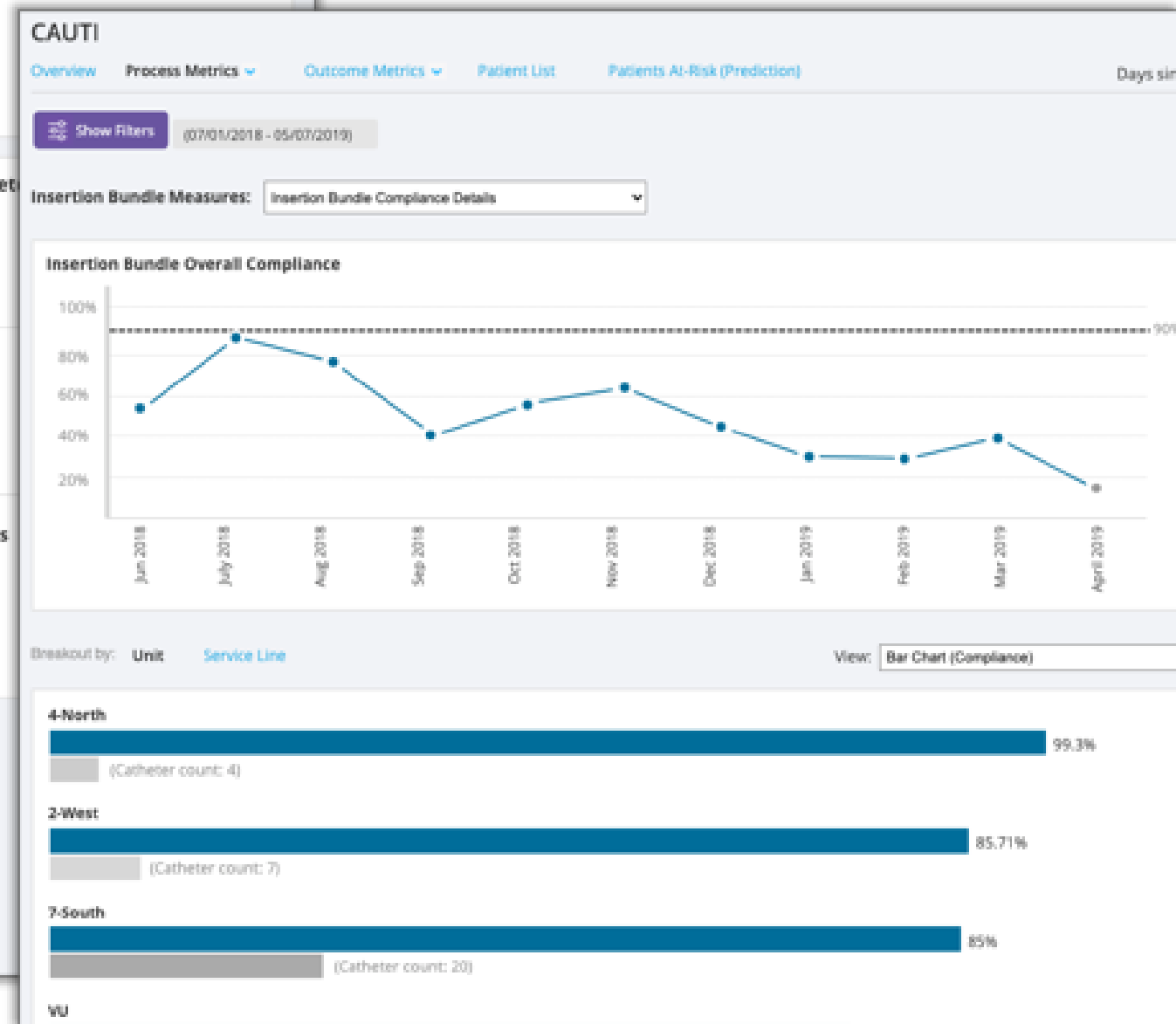
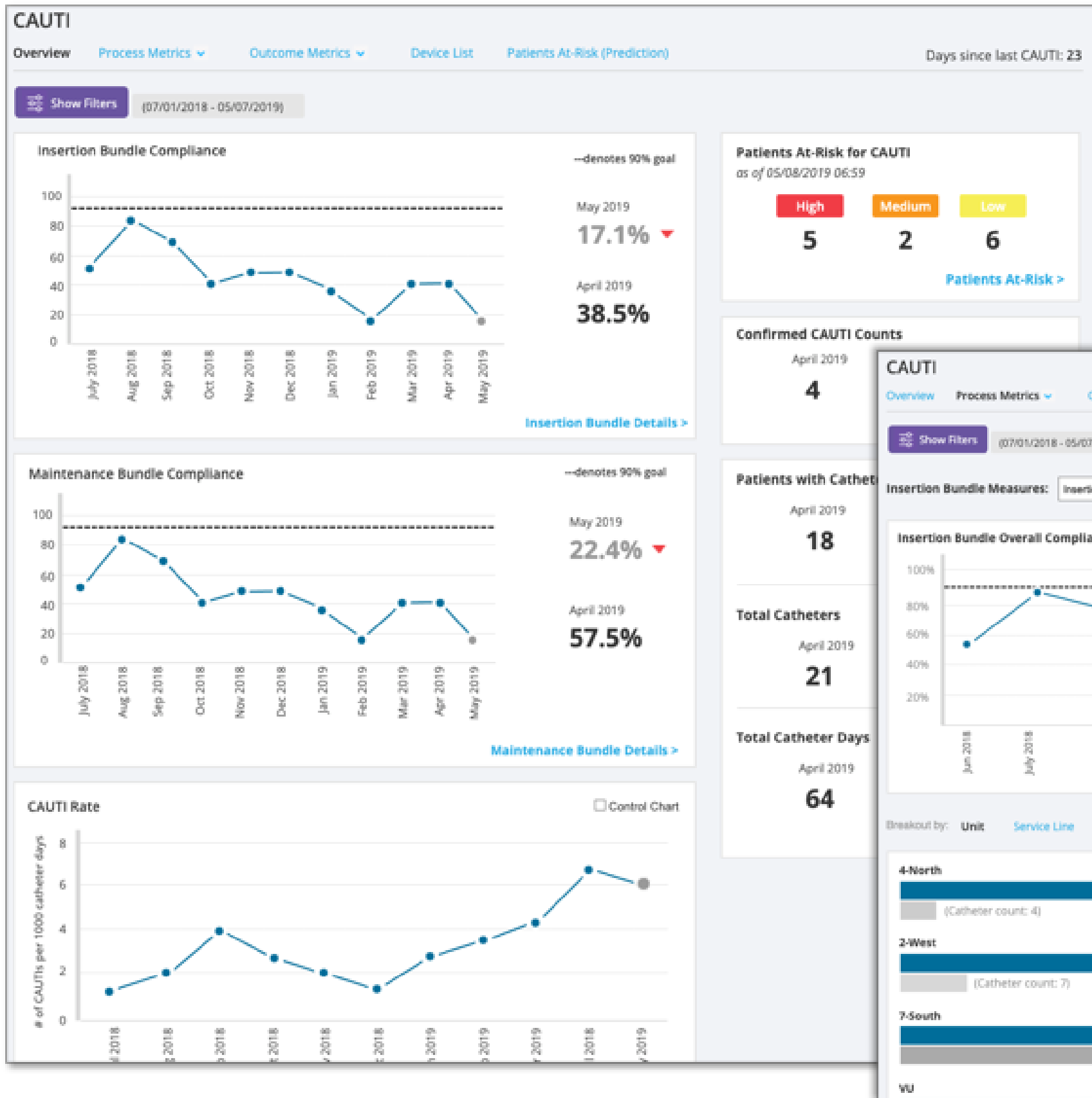
Analytics: Harm Detection



Analytics: Avoidable Costs



HAC Improvement Analytics: CAUTI



Audit Tools: Observations for Compliance/Point Prevalence

PatientSafetyMonitor

Surveill
Incidents
Audit
Patient Detail
Event Reports

Mirkwood Healthcare System:
County Memorial Medical Center

Pressure Injury Audit
☐ Make Default

Patient Count: 32 (as of: 05/08/2020 06:59)

Show Filters

Patient	Unit	Room	Age	LOS	Braden	Audit	Status	Assignee	Updated	Fields completed
Allison, Darrell T <small>Visit#: 5476372824 MRN: 4568485</small>	7-South	7204	6 yrs	3 days	11 <small>(01/25/2020 15:13)</small>	Document >	Not Reviewed	--	--	0 of 18
Abernathy, Fred <small>Visit#: 5476372824 MRN: 4568485</small>	8 ICU	811	6 yrs	3 days	--	Document >	Not Reviewed	--	--	
Burkhart, Christina-Maria <small>Visit#: 9254723545 MRN: 84858123</small>	3-North	3011	8 yrs	4 days	13 <small>(01/25/2020 15:13)</small>	Document >	Not Reviewed	--	--	
Edlinsson, Roger <small>Visit#: 9254723545 MRN: 84858123</small>	3-East	3101E	8 yrs	4 days	7.2 <small>(01/25/2020 15:13)</small>	Document >	Not Reviewed	--	--	
Franklinson, Alexander C <small>Visit#: 457474557 MRN: 665434</small>	HQY EMERGENCY DEPARTMENT	407	6 yrs	3 days	9 <small>(01/25/2020 15:13)</small>	Document >	Not Reviewed	--	--	
Hammer, Anita <small>Visit#: 457474557 MRN: 665434</small>	4 MED SURG	408	8 yrs	4 days	--	Document >	Not Reviewed	--	--	
Islington, Allison F	5 West	512	6 yrs	3	6	Document >	Not	--	--	

PatientSafetyMonitor

< Pressure Injury Audit

Status: --Set Status--

Date: 07/18/2019

Skin Assessment

1. Skin Assessment Documented (once/daily)
2. Braden/Braden Q

Device Assessment

3. Device Assessed/Rotated?
4. Devices of Concern

Patient Positioning

5. Patient Position
6. Turn Q2?
7. Turn per patient Report?
8. HOB<30 degrees non vented patients?

Appropriate Support Surface

9. Appropriate Bed Surface?
10. Layers of Linen

PatientSafetyMonitor

Surveil Incidents Audit **Patient Detail** Event Reports

Pressure Injury Audit

Status: --Set Status-- Assignee: Set assignee(s)...

Date: 07/18/2019 delete Save

Details	Comments	History
<p>Skin Assessment</p> <p>1. Skin Assessment Documented (once/shift)?</p> <p>2. Braden/Braden Q</p> <p>Device Assessment</p> <p>3. Device Assessed/Rotated?</p> <p>4. Devices of Concern</p> <p>Patient Positioning</p> <p>5. Patient Position</p> <p>6. Turn Q2?</p> <p>7. Turn per patient Report?</p> <p>8. HOB < 30 degrees non-vented patients?</p> <p>Appropriate Support Surface</p> <p>9. Appropriate Bed Surface?</p> <p>10. Layers of Linen</p> <p>11. Appropriate prophylactic dressing in place?</p> <p>Moisture Assessment</p> <p>12. Moisture management for diapered patients?</p>	<p>Skin Assessment</p> <p>1. Skin Assessment Doc (once per shift)? (clear)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>2. Actual Braden/Braden Q</p> <p>Documented Braden/Braden Q: 12 (01/21/2020 13:26)</p> <p>Device Assessment</p> <p>3. Device Assessed/Rotated? (clear)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>4. Devices of Concern</p> <p>Devices of Concern: Select devices...</p> <p><input type="checkbox"/> Other</p> <p>Patient Positioning</p> <p>5. Patient Position (clear)</p> <p><input type="checkbox"/> Chair</p>	<p>Patient</p> <p>Patient: Ruger, Elizabeth</p> <p>Visit #: 3857693922</p> <p>MRN: 9465743</p> <p>Age: 6 years</p> <p>Unit: 7-South</p> <p>Room: 7102</p>

Key Takeaways

- Breakdown the silos in your safety and quality departments.
- Engage your clinical teams with safety processes
- Build a comprehensive patient safety solution. Less is more!



Thank you!

Questions?

Mental Health Panel



Moderator

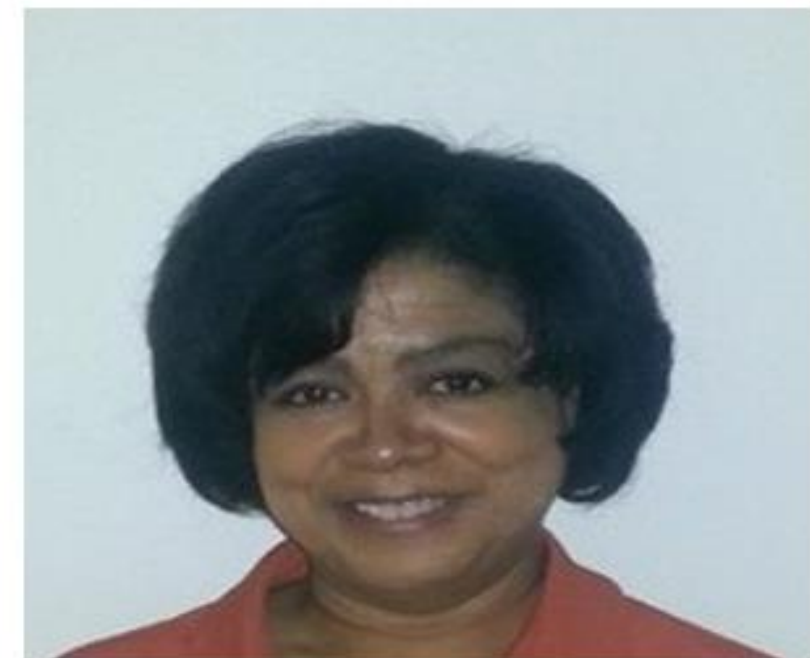
Steve Love, President
Dallas-Fort Worth Hospital
Council

Mental Health First Aid

A TEXAS PERSPECTIVE ADAPTING TO UNIQUE TIMES



MENTAL
HEALTH
FIRST AID



Lisa M. Boone-Reddick

Mental Health First Aid

Mental Health First Aid is an international training program proven to be effective.



Mental Health First Aid

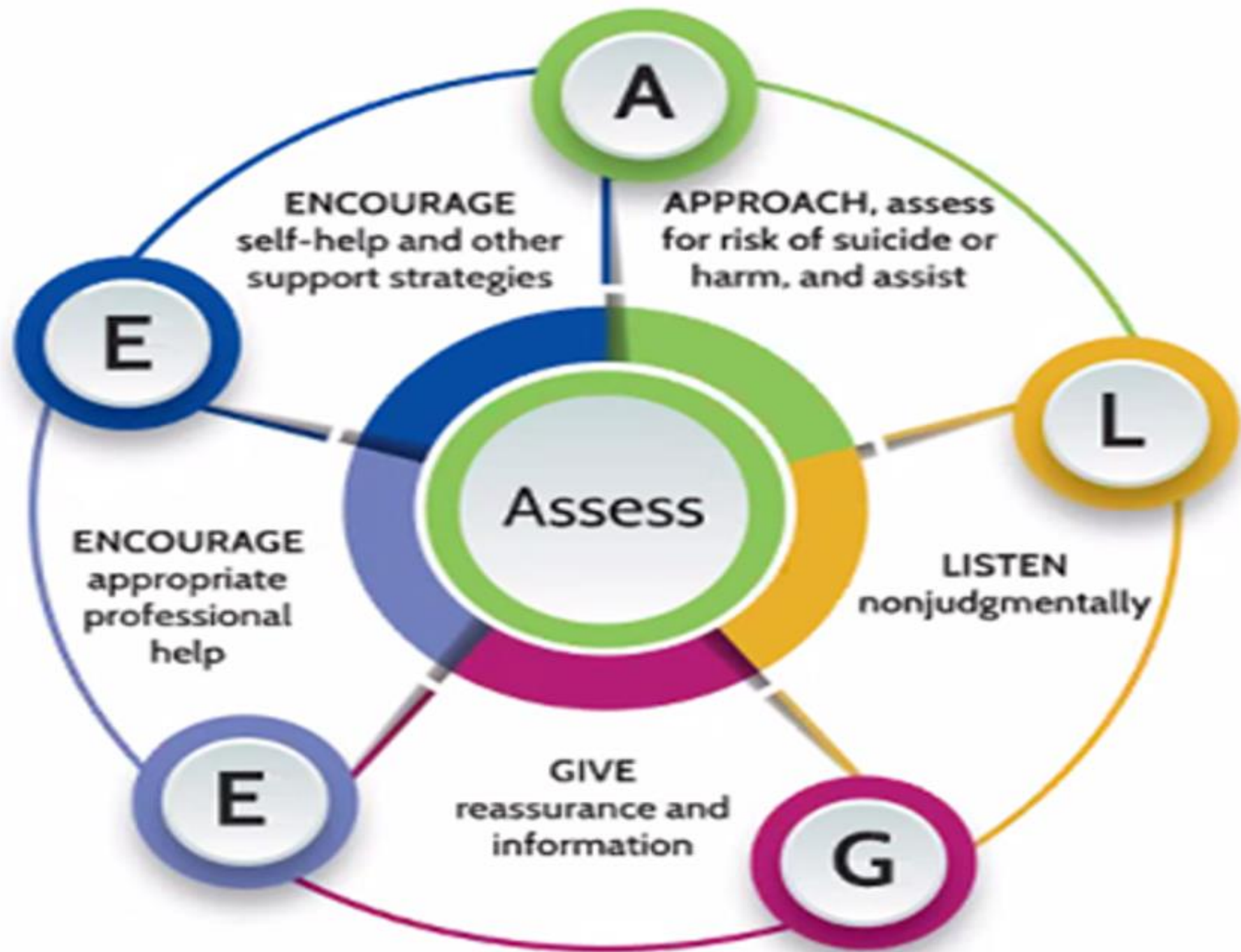
Mental Health First Aid is a course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders.



Mental Health First Aid

The training teaches you skills necessary to provide initial help and support to someone who may be developing a mental health or substance use problem or is experiencing a crisis.





Mental Health First Aid

Mental Health First Aid is an evidence-based public education and prevention tool – it improves the public's knowledge of mental health and substance use problems and connects people with care for their mental health or substance use problems.



Mental Health First Aid

Mental Health First Aid has strong evidence backing it. Three quantitative and one qualitative studies have shown that the program:

1. Improves people's mental health
2. Increases understanding of mental health issues and treatments
3. Connects more people with care
4. Reduces stigma





Health and Human Services Commission



- **House Bill (H.B) 3793, 83rd Legislature (2013)**

- ▶ Created grant program through the state agency for LMHAs to provide MHFA to public school educators.

- **Senate Bill (S.B.) 133, 84th Legislature (2015)**

- ▶ Expanded grant program for any employee of a school district who regularly interacts with children.

- **S.B.1533, 85th Legislature (2017)**

- ▶ Expanded grant program to include employees of public and private institutions of higher learning who work with students.

- **H.B. 1070, H.B. 4429, HB 18, 86th Legislature (2019)**

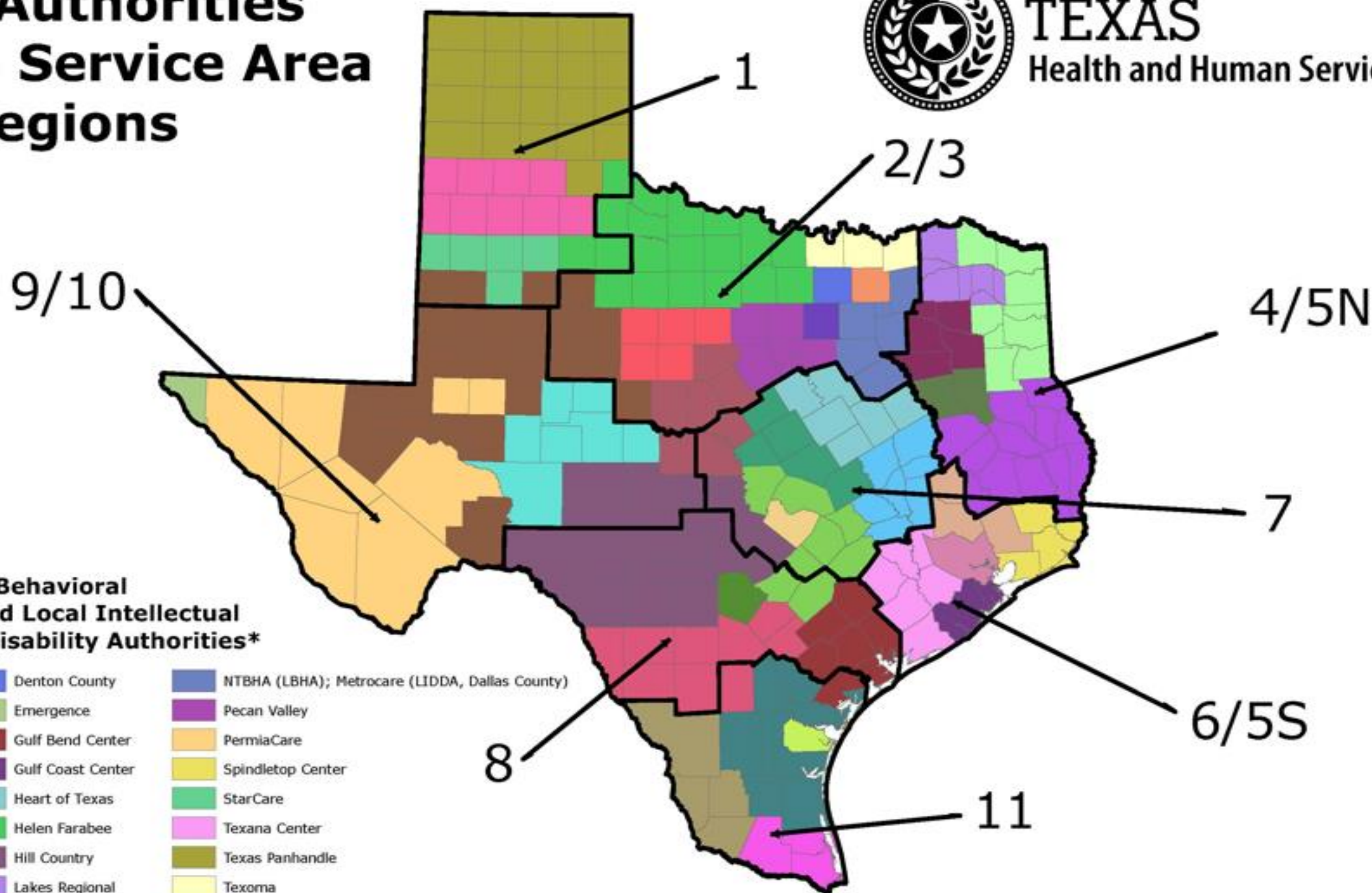
- ▶ Expanded grant program to include new data reporting, offering training to veterans, and their family members, increasing the number of continuing education units offered to educators.



Local Authorities and HHS Service Area Regions



TEXAS
Health and Human Services



Local Mental Health/Behavioral Health Authorities and Local Intellectual and Developmental Disability Authorities*

Health Service Region	Denton County	NTBHA (LBHA); Metrocare (LIDDA, Dallas County)
ACCESS	Emergence	Pecan Valley
Andrews Center	Gulf Bend Center	PermianCare
Integral Care	Gulf Coast Center	Spindletop Center
Betty Hardwick	Heart of Texas	StarCare
Bluebonnet Trails	Helen Farabee	Texana Center
Border Region	Hill Country	Texas Panhandle
Burke Center	Lakes Regional	Texoma
Camino Real	LifePath Systems	Center for Health Care Services (LMHA); Alamo Area Council of Governments (LIDDA)
Center for Life Resources	MHMR Brazos Valley	Tri-County Services
Central Counties	MHMR Concho Valley	Tropical Texas
Central Plains	MHMR Harris County	West Texas Centers
Coastal Plains	MHMR Nueces County	
Community Healthcore	MHMR Tarrant County	

(*authorities overlap except as indicated)

0 40 80 160 240 320 Miles

October 2018, v2

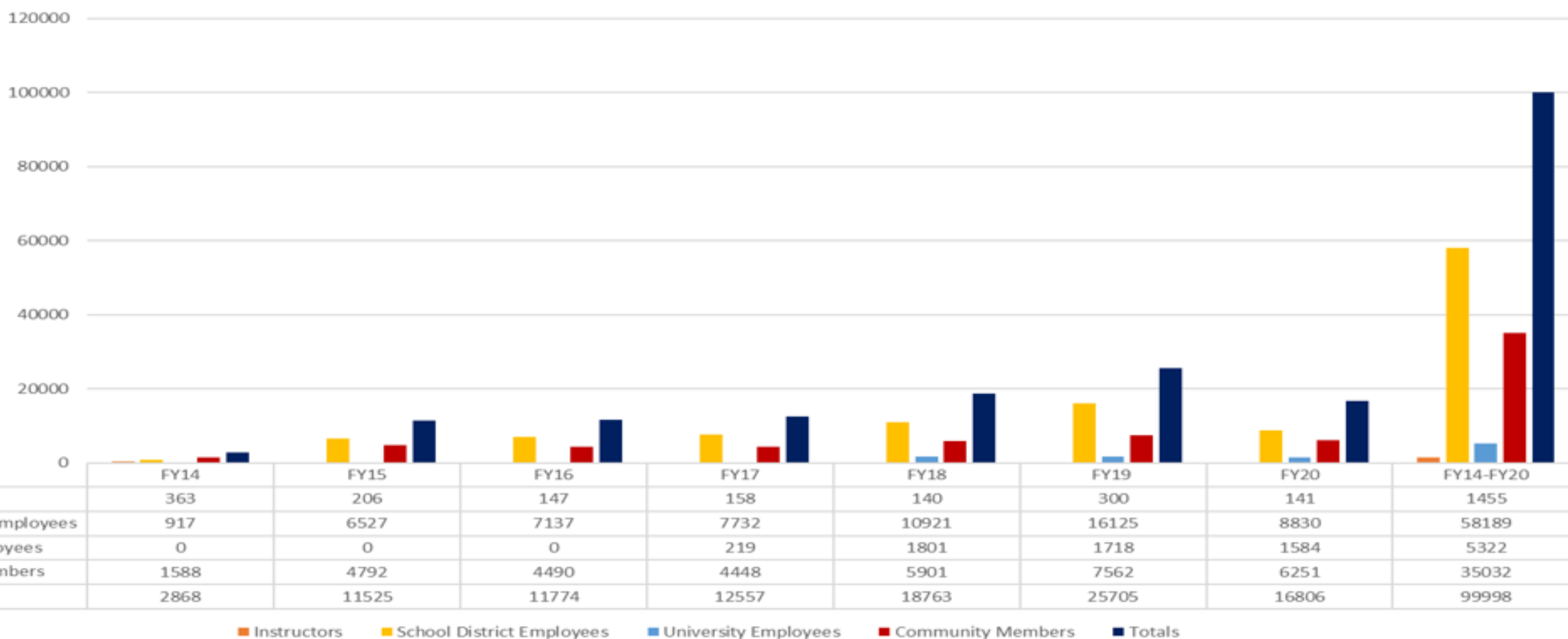
Source: Health and Human Services Commission, Behavioral Health Services



Mental Health First Aid in Texas



Mental Health First Aid
Legislative Initiative
Numbers Trained





HEALTH AND HUMAN SERVICES COMMISSION COLLABORATIONS



- Texas Education Agency
- Texas School Safety Center
- Texas Council of Community Centers
- Education Service Centers - 20 in Texas
- Meadows Mental Health Policy Institute
- Disaster Behavioral Health

By The Numbers

Mental Health First Aid In Tarrant County

CATEGORY	FY17	FY18	FY19	FY20	TOTALS
MHFA Instructors Trained	21	26	52	26	125
MHFA Educators Trained	1,283	1,093	1,089	890	4,355
MHFA Community Members Trained	396	388	396	242	1,422
Totals	1,700	1,507	1,537	1,158	5,902



Mental Health First Aid

Who Receives MHFA training ?

- School districts - FWISD, AISD, CISD, KISD, MISD, BISD
- Nonprofits - Girls Inc., Goodwill
- Faith-based Community
- PTA's
- People in the Community
- Colleges and Universities - TCC, UTA, TSU, TWU, UNTHSC
- Police and Fire Departments - Arlington, Forest Hill, FW, Kennedale, Euless
- Hospitals
- Cities, Counties and Municipalities - City of Fort Worth, Tarrant County Public Health



DFWHC Foundation 10,00
Lives Initiative

North Texas Mental Health First Aid Collaborative

40 plus members representing health systems and community organizations with expertise in public & community health, prevention, data analysis, health disparities, strategic planning, advocacy, cultural & linguistic specialists, and policy.

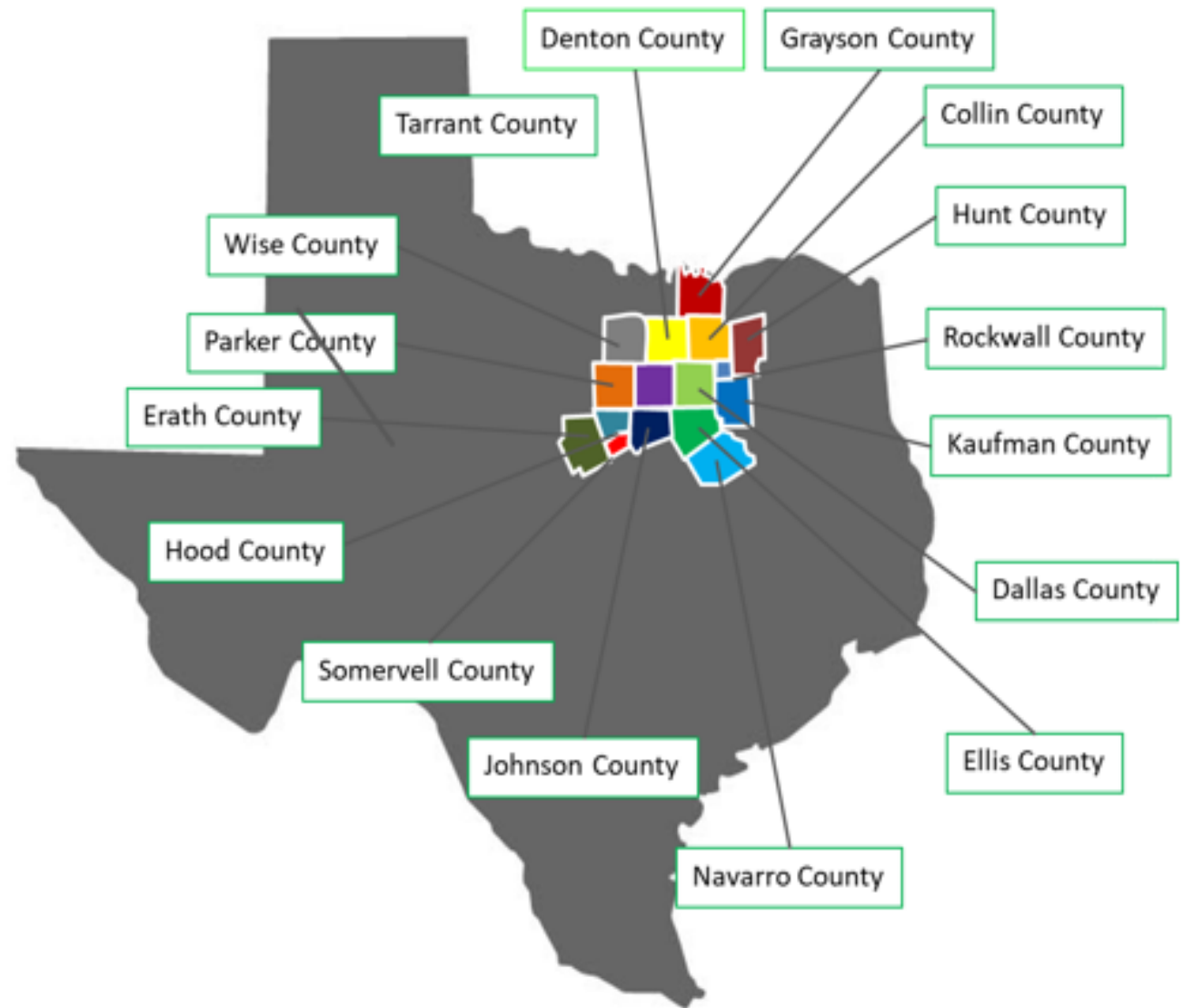


www.dfwhcfoundation.org/patient-safety-summit

THE NORTH TEXAS COMMUNITY HEALTH COLLABORATIVE (CHC)

40+ organizations including

- 10 Health Systems
- All Local Mental Health Authorities (LMHAs) 0+40



DFWHC
FOUNDATION



www.dfwhcfoundation.org/patient-safety-summit

MHFA SUBCOMMITTEE MEMBER ORGANIZATIONS



www.dfwhcfoundation.org/patient-safety-summit

10,000 LIVES PROGRAM: TRAINING 10,000 LAY PERSONS IN MHFA IN NORTH TEXAS

Key Successes

- Over 7,000 unduplicated individuals trained in Mental Health First Aid*
- 25 committee members and healthcare professionals trained in Mental Health First Aid* (trainers)
- Bilingual instructors – English and Spanish
- Collaborative funding
- Collaborative outreach



The Significance of Telehealth within Behavioral Healthcare: Utility, Feasibility, and Effectiveness

Tamara McJunkin, LPC-S

Behavioral Health Central Intake Manager



Utility:
the state of being
useful, profitable, or beneficial.

- Texas ranks last in access to mental health care according to The State of Mental Health in America 2019, conducted by Mental Health America.
- Texas Health Resources realized the need for greater utility of behavioral health crisis services and began searching for a solution in 2018.
- 23 clinicians serving patients in over 123 non-behavioral health locations in more than a 10 counties.
- With a small and highly leveraged team, the need for a change in service delivery was clear.

Feasibility:
the state or degree of
being easily or conveniently done.

- THBH worked in conjunction with THR Digital Experience team to find a software solution.
- iPads were deployed to each THR entity and communication was provided regarding the change in service delivery.
- January 2019 began the roll out utilizing telehealth to complete BH assessments, April 2019 this became the primary means of service delivery.
- March 2020 utilized this platform to provide virtual outpatient and inpatient programming to reduce exposure risk for our patients and care team.

Effectiveness:

successful in producing a desired or intended result.

- Telehealth has proven effective in driving down the response times for assessments.
- The acceptance rate for level of care recommendations has increased among our patient population.
- Decrease in no-show rates for intensive outpatient programming.
- Telehealth/ telepsychiatry will continue to be a growing service delivery offering as it has proven its utility, feasibility, and effectiveness.

Tamara McJunkin, LPC-S
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Mental Health Challenges:

Challenges When Returning to Work After a Lengthy Absence

Sherry Cusumano, RN, MS, LCDC

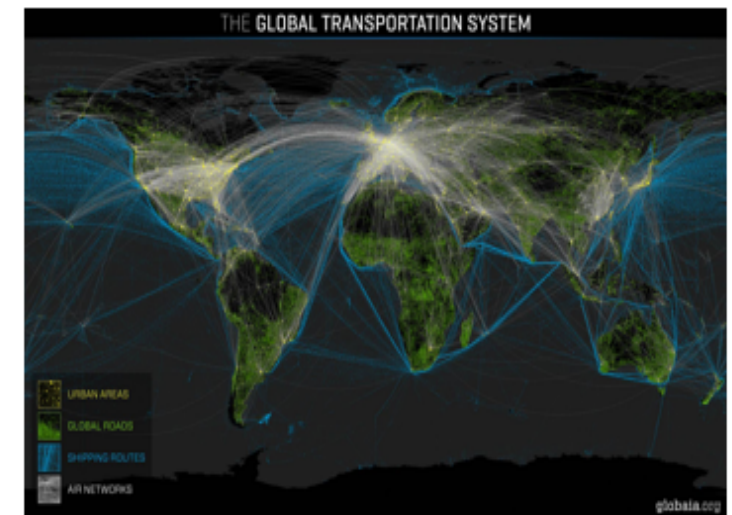
Administrative Director of Community Education
Medical City **Green Oaks**

President
NAMI North Texas



Scope of the Problem

- During the pandemic, it has been estimated that 2.7 Billion people were impacted by the “stay at home” orders.
- That’s more than 4 out of 5 people globally!
- They were told that they’re “safer at home”



Deloitte. COVID-19 Workforce Strategies for Post-COVID Recovery

Varying Emotions That People Experience When Returning to Work After a Lengthy Absence



- Glad to be returning to the work setting
- Fear – fearful of contracting the virus
- Anxious about another change in routine
- Lacking in confidence about being able to adapt to change AGAIN
- Anger

Ledbetter, K, 2020

Mental Health: Tips for Employees Returning to Work after a Long Absence

- Continue to follow safety guidelines
 - Frequent handwashing
 - Social distancing
 - Follow work employer policies and procedures
 - Avoid using other people's phones, personal items
- Take care of yourself
 - Good nutrition
 - Plenty of rest and exercise
- Know what to expect of yourself. Talk about feelings with someone you trust and get help if you need it



Ledbedder, K., 2020

A Note for Employers

- Consider what employees may be facing
- A recent MetLife survey found – 74% of workers are worried about at least one aspect of their well-being as a result of the virus
- May be worried about finances
- May be home-schooling their kids
- May be worried about expectations at work

Forbes Magazine 2020

Tips for Managers as Employees Return to Work after a Lengthy Absence

- Educate supervisors to be aware of signs of emotional distress. Maybe offer the Mental Health First Aid Class!
- Encourage staff to seek help if needed and provide any information about resources for assistance such as EAP
- Human Resources leaders should communicate with employees often.
- Leaders may need support too





Mind, Body, Spirit Care for JPS Team Members

DFW Patient Safety Summit, September 24, 2020
Lee Ann Franklin, MBA, MDiv, BCC, Exec Director of Spiritual Care & Ethics

JPShealthnet.org

Centered in Care
Powered by Pride

Strategy:

- Take care of team so team can care for patients
- “Care for the Caregiver Team”
- Mind, Body, Spirit Interventions

Take Care of the Team

JPS Rules of the Road:

1. Own it

2. Seek Joy

3. Don't be a jerk

“Care for the Caregiver Team” Centered in Care Powered by Pride

- Inter-professional Director of Well-Being
- Employee Assistance Director
- Behavioral Health Executive Director
- Executive Director, Spiritual Care & Ethics

It takes a village to care for the village!

Over 1000 staff encounters/week!

Mind, Body, Spirit Care

- Mindfulness tools for well-being & resilience
 - Tools for Teams
 - “Mindful Moment” phone line
 - “Wheel of Flourishing”



Caring for the body

- FREE EMDR tele-sessions
- Relaxation Meditation for Teams
- Virtual “Shake it Out” Sessions
- “Dance Parties”



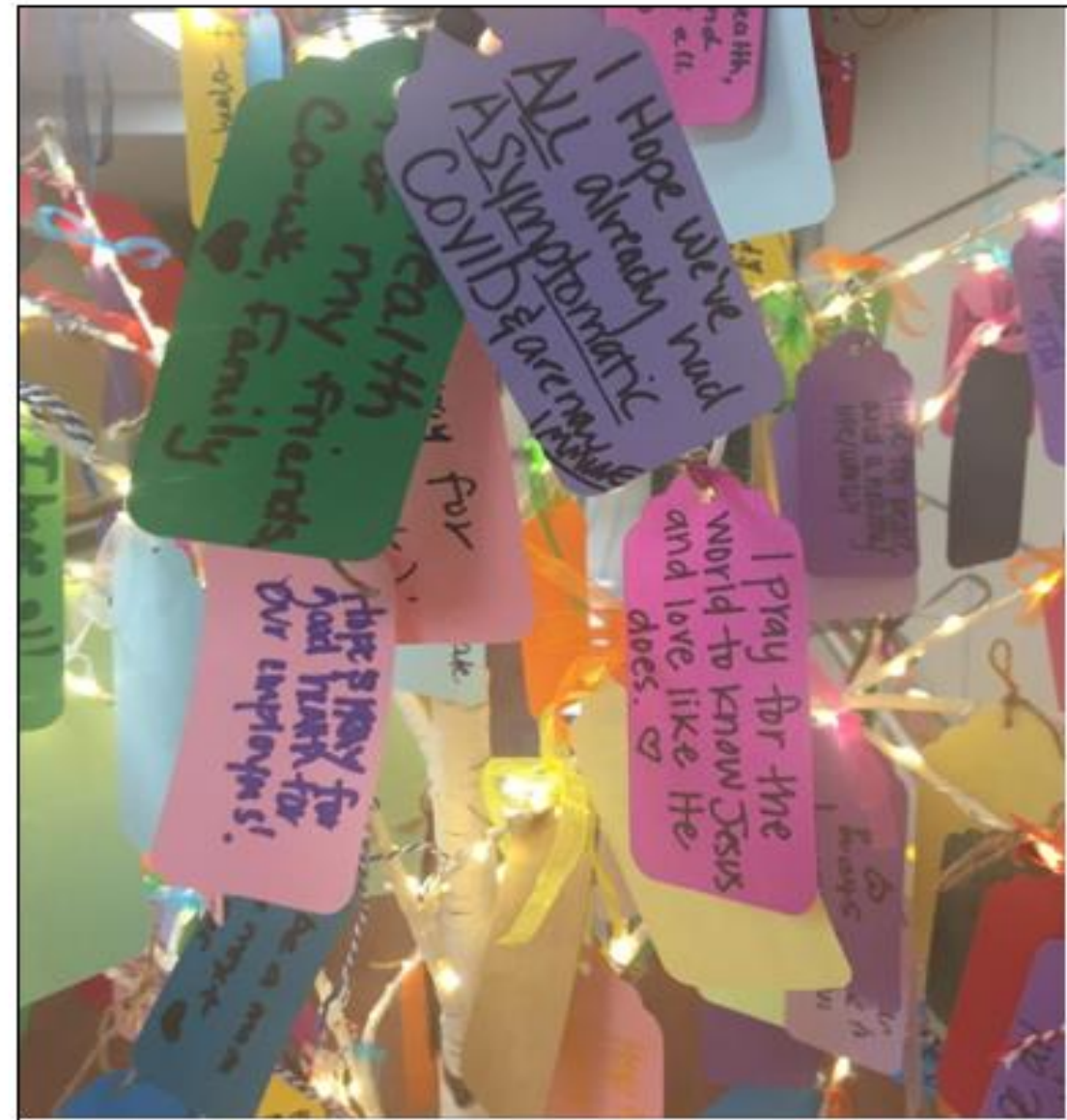
Caring for the spirit

- Schwartz Rounds
- Daily Prayer Line
- Personal Aromatherapy
- “Soul Café”



Caring for the spirit

- Hope Tree



Thank You!



Please type your questions using the question icon, if you have a specific person you are asking please indicate which speaker