



Quarterly QI Update

January is National Human Trafficking Prevention Month

Newsletter Highlights

THEME: NATIONAL HUMAN TRAFFICKING PREVENTION MONTH



[2022 QUALITY IMPROVEMENT PROJECTS RECAP](#)

[FROM THE ARCHIVES: MCLT QUALITY IMPROVEMENT PROJECT ARTICLES](#)

[FEATURED FACULTY PUBLICATIONS | ARTICLE & PRESENTATION SPOTLIGHTS](#)



A report on Missing and Murdered Native Hawaiian Women and Girls

Our Department of Psychiatry Quality Improvement and Scholarship Collective's research associate, Ki'ilaweau Aweau, took part in the research of the report.

Native Hawaiian women and girls experience violence at disproportionate rates. [The Missing and Murdered Native Hawaiian Women and Girls Report](#) shines light on the issue while touching on foundational concepts, including key findings, systemic inequities, and preliminary recommendations for addressing MMNHWG.

Department Spotlight

DEPARTMENT OF HEALTH STATE PLAN

Dr. Onoye and her statewide team have published a selection of their work to further the Hawai'i State Department of Health (DOH) State Plan for the DOH Alcohol and Drug Abuse Division. Several of our own DoP faculty, staff, and partners are co-authors, including Drs. Helm, Miao, Hishinuma, Busch, Kiyokawa, Umemoto, Quattlebaum, Mabellos, and grad students Jin Seo and Cade Akamu.

The selection of articles can be found in the Hawai'i Journal of Health & Social Welfare, Volume 81, No. 12, Supplement 3. In addition, the full reports will be posted to the DOH Health Alcohol and Drug Abuse Division website early this year.



Dr. Helm is looking forward to spending time with friends and family, presenting at conferences, and going on as many long distance backpacking trips that her knees will allow.

Happy Retirement, Dr. Helm! Dr. Susana Helm has been with DoP for over 16 years, taking on various roles in the department. She has produced hundreds of publications and presentations during her time with DoP. Her most memorable projects have been the two Native Hawaiian substance use prevention programs she helped develop. She is looking forward to continuing her work with Puni Ke Ola, Native Hawaiian Homestead Association, PIKO, and Napualei O Hina in 2023. Thank you for your contribution to DoP and important work with the community!

Onward to 2023

PHOEBE W. HWANG, MS, DRPH
DIRECTOR OF QIS COLLECTIVE

Congratulations to the clinical faculty for completing their 2022 quality improvement (QI) projects! This year's focus was on acclimating to the Queen's Medical Center's (QMC) QI project process and expectations. I am proud to announce that DoP clinical faculty met all deadlines and requirements of QMC for CY2022. In addition, we kick started the writing groups and assisted faculty and residents in completing two manuscripts and one poster submission. As we move forward and continue to develop our QI efforts, my goal in 2023 is to improve the quality and applicability of the QI projects. Below are objectives to achieve this goal:

1. **Apply knowledge learned from the mandatory Institute for Healthcare Improvement (IHI) trainings.** As most of us may know by now, completing online modules alone is not enough for the learner to successfully apply the knowledge independently. Bloom's Taxonomy explains that learning exists on multiple levels. The IHI modules are great for achieving the first two levels, knowledge and comprehension. This refers to the learner's ability to recall facts and understand the ideas and material. In 2023, I would like to advance to the next level and focus on application and analysis. At these levels, the learner is able to utilize the skills in a real world setting. My team and I will be referencing IHI throughout the QI process for continuity. This will hopefully guide pod members in gaining the skills and experiences necessary to independently conduct QI projects.
2. **Reduce pod sizes.** Unfortunately, several clinical faculty voices were lost amidst the quick turnaround of CY2022. In order to provide everyone with an opportunity to voice their expertise, we are aiming to reduce QI pod sizes to groups of 3 to 5. Management studies show that 4 to 6 individuals is the ideal size for a productive workgroup in person. When working in virtual, teams of more than 5 tend to lead to social loafing, which is when member engagement decreases as group size increases. Distance learning specialists at the University of Hawai'i at Mānoa recommend no more than 4 per group when working remotely. The pod members' clinical experiences play a vital role in developing and implementing useful QI projects. Therefore, it is crucial for everyone's voices to be heard.
3. **Plan for next steps.** QI projects by definition are data guided activities designed to bring about immediate improvement in a particular setting. In order to achieve the purpose of QI, we will be carving out space for continuous discussion on how to use the data we collect in practice.

I look forward to working with all of you again in 2023. We plan to start the process in February. In the meantime, think of QI projects you would like to do. If no ideas are coming to mind, my team and I are in the process of developing a list of QI project ideas based on CY2022's projects and results. Look out for a list end of January!

2022 Quality Improvement Projects in a Nutshell

SAMANTHA KEAULANA-SCOTT, MSW, PHD
PROGRAM ASSOCIATE OF QIS COLLECTIVE

Congratulations everyone on successfully completing your annual quality improvement project! It seems like just yesterday that we first met with QI pod leads and teams. Our team sincerely appreciates those of you who contributed to the projects and remained engaged throughout! This year's round of QI projects were defined by service units. Below are highlights from each project:



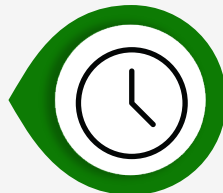
IMPROVING BILLING AND CODING CONCORDANCE

Pod lead: Dr. Junji Takeshita

Drs. Takeshita, Guerrero, Carlton, Andrade, Busch, and Goebert, along with Ms. Kiyota and the Queen's Billing and Coding Department worked together to address downcoding and upcoding, which can put

the hospital in a financial bind. After identifying areas of concern with the Billing and Coding Department, we collaborated with Tiffinie and the physicians to develop a coding manual (CPT Code Sheet and CPT Code Document) that we hope will help new faculty and residents learn to code correctly and provide a reference for existing faculty and staff. We will be distributing the documents and evaluating its effectiveness moving forward.

To reduce the time patients are medically cleared to transfer to inpatient Kekela, we worked with Drs. Guerrero, Takeshita, Cho, and Carlton to determine the root causes of long



REDUCING DWELL TIME IN CONSULT LIASON

Pod lead: Dr. Junji Takeshita

dwelt time and conducted a literature review to explore possible solutions. Overall, we found that longer dwell time is mainly due to the medical clearance patients need before transferring into Kekela. Other hospitals across the nation have pointed to multidisciplinary teams achieving shorter dwell time. Therefore, we realized that clearly defining workflow and roles could establish care agreements and protocols among a multidisciplinary team that, as a result, could reduce dwell time.



REDUCING "NO-SHOWS" AMONG QCS OUTPATIENTS

Pod lead: Dr. Joy Andrade

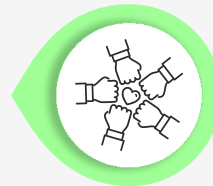
Our team had discussions with all units, finding consensus that the lack of outpatient appointments for inpatients increases length of stay and adds difficulty to discharge. The QCS unit suspected that less than 30% of patients actually showed up to their

appointments. To improve the discharge rate in inpatient units and increase capacity in QCS, Drs. Andrade, Alicata, Carlton, Gavero, Lu, Haning, Streltzer, O'Kelly, and Hamamoto aimed to determine barriers that contribute to no-show appointments and identify common characteristics among no-show patients. We found the following factors were impacting patients' ability to show-up for appointments:

- lack of patient resources such as transportation
- working telephones to receive appointment reminders
- the inability of social workers to contact case managers or existing outpatient psychiatrists to obtain an appointment outside of QCS
- lack of support and resources in the community to help patients attend appointments
- incongruent discharge protocols among physicians

After analyzing QCS patient records in EPIC from 10/3/22 to 11/1/22, we found that a total of 13% of patients did not show up for their outpatient appointment. The characteristics of being male and being older increased the frequency of not showing up to appointments. Although our results suggest that no-show appointments may not be a leading factor in the difficulty of obtaining an outpatient appointment, we are hopeful that we have found valuable and rigorously collected data to support an increase in QCS capacity.

Extended length of stay in inpatient Kekela was a pressing issue to explore this year with Drs. Guerrero, Gray, Shimizu, Cadinha, Abramowitz, Williams, and Grysham. To begin to tackle this issue we first identified the factors contributing to length of stay in hopes that our findings would inform a clinical pathway to speeding up the transition to discharge.



IMPLEMENTING AN INTERDISCIPLINARY APPROACH TO REDUCING LENGTH OF STAY IN KEKELA

Pod lead: Dr. Neil Gray

After discussions with attendings, nurses, and residents, the factors leading to length of stay included:

- a lack of attendings in outpatient, therefore discharge to outpatient is challenging
- patients refusal of discharge plans
- patient disposition and medical diagnosis making some unsafe to discharge
- a lack of social workers, patient navigators, and discharge coordinators to assist with discharge from Kekela

Patient records in EPIC helped us determine characteristics of patients who stayed longer than 7 days between September 1, 2022 and October 31, 2022. We found that higher age increases the odds of having a longer length of stay.



REDUCING LENGTH OF STAY BY USING DROPERIDOL TO TREAT PATIENT AGITATION IN ED

Pod lead: Dr. Gerry Busch

In the emergency department, Drs. Guerrero, Busch, Stewart, and Takeshita aimed to understand the benefits/drawbacks of utilizing the drug Droperidol for agitated patients as the drug currently used, Haloperidol, is found not as effective. To execute this project, we collectively conducted a literature review to determine the safety and effectiveness of

Droperidol. In addition, emergency department attendings and residents were educated on its usage in preparation for the anticipated medication change. We are still working with Carol China, our pharmacist, to obtain Droperidol. Once it is in stock, we'll be able to observe and document changes that may be influenced by its use.

In the Family Treatment Center (FTC) unit, length of stay was a pressing issue. After initial discussions with and Drs. Eckert, Engelhard, Park, and Foongsathaporn, it was determined that length of stay was multifactorial. Family readiness to receive and care for patients at home seemed to be a leading factor. Therefore, this year's project focused on identifying supports and barriers to family



DECREASING FAMILY REFUSAL TO DISCHARGE AND READMISSION INTO ED AND INPATIENT FTC BY INCREASING FAMILY READINESS

Pod lead: Dr. Diane Eckert

readiness and identify the needs of the department to increase the number of family meetings. To accomplish this, we looked at medical records on EPIC, held focus groups with physicians and social workers, and did an analysis of physician weekly meeting notes from summer 2022 to determine factors holding up discharge.

We found that long stays were higher in 2019 and 2020. In 2018-2021, patients who stayed longer than 7 days comprised 24-40% of total patients, leaving FTC with less capacity to serve others. The top three factors holding up discharge were:

- lack of outpatient availability
- lack of family meetings, family support, or family issues
- medication adjustments

To rectify long length of stay, we identified supports needed to increase family meetings to discharge patients more quickly. The primary support needed was a definition of workflows to enable all team members (physicians, licensed clinical social workers, and other staff) to work at the top of their licenses. If all team members worked at the top of their licenses and FTC received other support (e.g. patient navigators), social workers wouldn't be burdened with discharge administrative work and could help to conduct family meetings, expediting discharge and increasing family readiness.

FTC hopes that with more physician and clinician capacity and more hired social workers, family readiness will improve, as well as the availability of outpatient appointments to discharge patients more quickly.

ARTICLE SPOTLIGHT

Since our last newsletter, our faculty and affiliates have published in areas of suicide prevention, substance use, exposure to war, models of care, and more. See below for snippets of several contributions.

Reviews

In a review article, Dr. Caitlin Engelhard, Dr. Earl Hishinuma, and David Rehuher assess the impact of maternal depression on child mental health treatment. The authors have found that effective treatment of maternal depression significantly improves child mental health. The interventions they have identified are promising but need significant support from a multidisciplinary team.

Engelhard C, Hishinuma E, Rehuher D. The impact of maternal depression on child mental health treatment and models for integrating care: a systematic review [published online ahead of print, 2022 Nov 3]. *Arch Womens Ment Health*. 2022;10.1007/s00737-022-01272-2. doi:10.1007/s00737-022-01272-2

In this review, Dr. Joy Andrade and colleagues provided an overview of the clinical evaluation and clinical treatment of American Indian, Alaskan Native, Native Hawaiian, and Pacific Islander youth, and their families. The article includes basic cultural beliefs and practices shared among multiple tribes and nations within this diaspora, where the most important concept is balance and harmony in healing. The authors offer current practice approaches to core issues of substance abuse, anxiety, depression, and suicidal ideation, including case examples, psychopharmacology, and therapy.

Daily RS, Vana G, Andrade JKL, Pruet J. Evaluating Native Youth: Issues and Considerations in Clinical Evaluation and Treatment. *Child Adolesc Psychiatr Clin N Am*. 2022;31(4):779-788. doi:10.1016/j.chc.2022.06.008

In a systematic literature review, Drs. Andrade, Fujimoto, Hishinuma, Miyamoto, Agapoff, Tracher, Takeshita, and China discuss evergreening strategies for psychiatric medications, with four case examples. "Evergreening are ways that pharmaceutical companies extend patent protection and prolong profitability of brand name drugs past patent expiration." Andrade et al. found that higher cost of evergreening medications lead to waste in healthcare and lower-quality patient care.

Andrade, J.K.L., Fujimoto, C.J., Hishinuma, E.S. et al. Evergreening of Psychiatric Medications: A Systematic Literature Review of Strategies, Case Examples, and the Implications of Cost. *Community Ment Health J* (2022). <https://doi.org/10.1007/s10597-022-01022-9>

Original Research

Dr. Jacob Lee and colleagues published a report that outlined perspectives of research in climate mental health for children and barriers to its progress. The findings can inform curriculum development and help mentors support mentees interested in research careers in climate mental health.

Wortzel, J.R., Lee, J., Benoit, L. et al. Perspectives on Climate Change and Pediatric Mental Health: a Qualitative Analysis of Interviews with Researchers in the Field. *Acad Psychiatry* 46, 562-568 (2022). <https://doi.org/10.1007/s40596-022-01707-z>

Editorials

In this editorial, Dr. Anthony Guerrero and colleagues acknowledge climate change as a public health concern and the impacts it has on nearly all aspects of health. In terms of mental health, there have been many correlations drawn between changing weather events and psychiatric disorders. The authors state that psychiatry has a unique role in addressing medicine's current environmentally unsustainable culture. It is suggested that through practice and education, physicians can guide the culture to becoming more sustainable.

Wortzel, J.R., Guerrero, A.P.S., Aggarwal, R. et al. Climate Change and the Professional Obligation to Socialize Physicians and Trainees into an Environmentally Sustainable Medical Culture. *Acad Psychiatry* 46, 556-561 (2022). <https://doi.org/10.1007/s40596-022-01688-z>

Dr. Anthony Guerrero and colleagues published an editorial commenting on how they would respond to the narrowing scope of experiences in psychopharmacological prescribing during psychiatric training. Psychiatrists have been prescribing some psychotropic medications less frequently and are likely losing expertise in prescribing them. The authors have identified multiple factors that have led to the change in psychiatrists' prescribing practices. The authors believe that psychiatrists must address this issue through various educational methods and processes.

Balon R, Morreale MK, Aggarwal R, et al. Responding to the Shrinking Scope of Psychiatrists' Prescribing Practices [published online ahead of print, 2022 Sep 19]. *Acad Psychiatry*. 2022;10.1007/s40596-022-01705-1. doi:10.1007/s40596-022-01705-1

Congratulations to Drs. Shelley Wong and Brett Lu for their piece in 15 Craigsides Action Line and sharing their knowledge related to improving adult mental health.

From the Archives

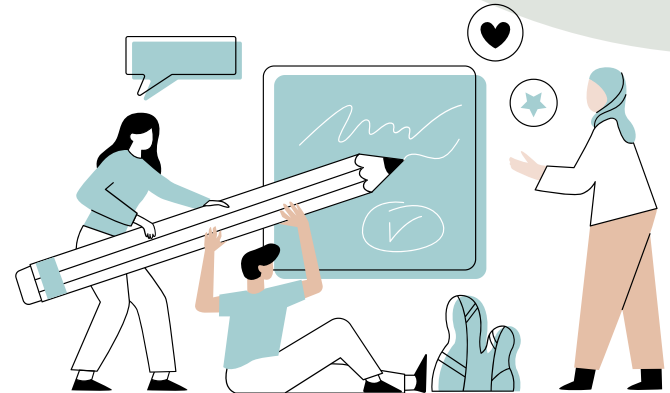
DOP Multidisciplinary Consultation-Liaison Team develops intervention to improve sitter usage and saves QMC \$\$

SAMANTHA KEAULANA-SCOTT, MSW, PHD
PROGRAM ASSOCIATE OF QIS COLLECTIVE

As we wrap up a successful year in quality improvement projects, we can start to think about ways to disseminate our findings and progress to showcase our work and help others think of ways to improve their own practice. For this quarterly report's article from the archive, we are showcasing a quality improvement project from our own Department of Psychiatry consultation liaison unit, published in three different journals in the recent past.

In 2018, Characteristics of Patients with Constant Observers was published in the Academy of Psychosomatic Medicine. In this original research, our faculty looked at the records of patients who required sitters between 2007-2013. They determined the top reasons for sitter initiation and the average duration in days of sitter use. Suicidal risk was the most common reason for a sitter order followed by psychiatric diagnosis, safety to self/others, and fall risk. In response, our consultation liaison unit implemented a multidisciplinary team approach to safety and use of sitters.

The development and evaluation of the multidisciplinary team was described in an article titled Multidisciplinary Consultation-Liaison Team Approach to Reduce Enhanced Observer Usage and published in the Academy of Consultation-Liaison Psychiatry (Kracher et al., 2020). The Multidisciplinary Consultation-Liaison Team (MCLT) was composed of advanced practice registered nurses and creative art therapists who worked closely with the



medical units to develop assessments and monitoring criteria for sitter use. By conducting a systematic literature review, they found best practices and protocols to update sitter policies within QMC. In addition, they received training in de-escalation strategies, communication skills, therapeutic milieu, etc. Lastly, they developed an intervention to decrease sitter use by collaborating with the Psych CL unit. Together, they created a multilevel enhanced observation algorithm. The algorithm served as a checklist for nurses to assess patients' abilities to make their basic needs known, respond to diversion activity, ambulate independently, and get in/out of beds and chairs safely *before* ordering a sitter. If the criteria was not met, nurses would consult MCLT who completed an assessment and recommended appropriate interventions.

Overall, the MCLT approach shifted the culture of QMC and decreased the use and associated cost of sitters at the hospital by 62%. In a letter to the editor titled a Business Plan for Multidisciplinary Consultation Liaison Team: Return on Investment (2019), it was reported that this quality improvement project resulted in a savings of \$894,471. Moreover, the decrease in sitter use did not lead to an increase in the use of restraints.

Our QIS Collective team is happy to report, in light of this previous successful project, our quality improvement projects over the past year also included multidisciplinary teams. We are excited to continue working with each of you to continue multidisciplinary solutions that will improve the quality of patient care and hospital efficiency.



Let's Publish

THE QI/S COLLECTIVE IS HERE TO HELP.

Need support/mentorship in manuscript preparation? Please contact us!

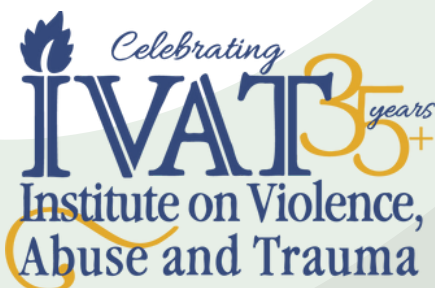
CALL FOR POSTERS. 2023 Hawai'i State Patient Safety Conference, Learning and Improving from Adverse Events (April 21, 2023)



**THE QUEEN'S
HEALTH SYSTEM**

The QHS invites you to share your successes in providing safe care at the 2023 Hawai'i State Patient Safety Conference, Learning and Improving from Adverse Events, to be held on **April 21, 2023**. The conference will feature poster and storyboard presentations. Poster Application deadline is Tuesday, **February 21, 2023**.

CALL FOR POSTERS. 20th Annual Hawaii International Summit on Preventing, Assessing & Treating Trauma Across the Lifespan: Prevention, Resilience, Connections & Wellness (April 24-28, 2023)



The 20th Hawai'i International Summit on Preventing, Assessing, and Treating Trauma Across the Lifespan will take place **April 24th - April 28th, 2023**. The Poster Session provides attendees an opportunity to discuss new research, programs, and other current issues with presenters who have created visual poster displays with corresponding PowerPoint presentations. The Poster Application deadline is **January 20, 2023**.