Webster’s Dictionary defines quality as “a characteristic or feature that someone or something has...something that can be noticed as a part of a person or thing...a high level of value or excellence.” Quality is relevant in and how it is measured and maintained in each of the mission areas of the Department of Psychiatry and Behavioral Medicine—patient care, research, education, community engagement—and in our supervisory and administrative functions.

Here I would like to comment on the importance of personally taking a continuous quality improvement approach to our personal growth, wellness, and lives. This is something I would like to see all our staff and faculty apply to their lives both personally and professionally.

In medical education over the past ten years, there has been a significant shift in how education is viewed across one's lifetime. Early in my career it was assumed that expertise was a status that one attained and never lost. With the continued and rapid advance of medicine, it is now realized that experts need to develop a foundation that will serve them well throughout their career, and continue to evolve—to study and learn to stay at the forefront of their field.

There is no such thing as educational stagnation. Physicians now need to continue to learn to maintain their expertise by staying current in their chosen fields. I would also argue that this is not specific to the clinical practice of medicine. It is fundamentally applicable to us as researchers, educators, administrators, and in community engagement as well. It applies to anyone and everyone who values and supports these missions.

I believe we will all improve at what we do if we take an ongoing, pro-active, quality-improvement approach to our position within the Department. And there are many ways to achieve that. One basic quality improvement approach is called the PDSA Cycle—to Plan, to Do, to Study, and to Act. The PDSA Cycle is based on the concept that an individual notices an opportunity to make an improvement. He or she plans for it, does it, studies its impact, and then acts upon what he or she has learned. He or she then goes through the cycle again, continuing to work towards even greater personal and professional improvement.

The PDSA Cycle can be applied to all aspects of our lives, and it challenges us to improve and grow. Professionally, I need to continue to hone my skills as both a psychiatrist and administrator. Personally, I strive to improve my parenting and maintain individual wellness. I invite you to join me in taking this approach. I encourage each of you to think about how you can apply this approach to yourself. Thank you.

Jon A. Lehrmann, MD
Charles E. Kubly Professor and Chairman, Department of Psychiatry and Behavioral Medicine • MCW Associate Chief of Staff for Mental Health, Milwaukee VAMC

Notes from the Department Chair
APPLYING QUALITY TO WHAT WE’RE ALL ABOUT
Welcome to the summer edition of Psyched. This edition has a special theme, as I have asked each of the Departments contributing to this newsletter to focus their articles on quality.

Early in my career it was assumed that expertise was a status that one attained and never lost. With the continued and rapid advance of medicine, it is now realized that experts need to develop a foundation that will serve them well throughout their career, and continue to evolve—to study and learn to stay at the forefront of their field.
Along with quality in clinical care, quality in education, quality in research, and quality in community engagement, there is a quality component to administration as well. And, there are administrative quality metrics that can measure this.

To be sure, we strive for quality in our interactions with each other, other MCW colleagues and external stakeholders. This quality could be measured by the respect we show each other, the timeliness of responses to email, telephone or verbal requests, meeting deadlines, or producing quality, error-free work products, to name a few. An error-free work product is an easily visible way to measure qualitative success, and a simple but important one would be ensuring that each of you receive an accurate and timely paycheck. Such error-free work can be taken for granted, until it’s wrong.

But measuring such things as the quality of an interaction or mutual respect can be more difficult to measure. But one measure could be the results of the most recent PULSE survey. Some of the faculty and staff data we shared in recent meetings and communications points to a measure of qualitative success. For example, 83% of the psychiatry staff and 91% of the psychiatry faculty are “proud to work for my department.” This measure led the overall MCW result by five percentage points and seven percentage points respectively.

As another example, 72% of psychiatry staff and 98% of psychiatry faculty believe they are “treated with respect and dignity.” The faculty result led MCW’s overall result by seven percentage points but the staff number lagged MCW’s result where 82% of clinical staff at MCW believe they are “treated with respect and dignity.” This indicates an opportunity for us to address. Another measure of success with our external stakeholders would be our ability to recruit new faculty and staff with approximately 18 new successful recruits in the last 18 months.

Finally, we are also held to departmental quality metrics that are invisible to most departmental faculty and staff but are quite visible to MCW’s senior leaders. For example, the Department has nine metrics for its “administrative scorecard,” reported in a dashboard format on a monthly basis for MCW, MCP and CSG senior leaders. These metrics are:

- Managed Revenue Growth;
- Managed Expense Growth;
- Operating Margin;
- Days Cash on Hand;
- Administrative to Total Expense Ratio;
- Support Staff to Faculty Ratio;
- Total Staff to Faculty Ratio;
- Staff Voluntary Turnover Ratio; and
- Faculty Voluntary Turnover Ratio.

There is a quantitative measure on the dashboard as well as a “color” measure of success. I am pleased to report that with your help, our colors are green across the board (not yellow or red). Thank you!

David Peterson, MBA, FACMPE
Department Administrator Clinical
Many hospitalized patients become delirious and delirium is an independent marker for increased mortality and morbidity. Unfortunately, health care workers often fail to recognize delirium. A multicomponent delirium prevention and treatment strategy was introduced at Froedtert Hospital to help address delirium in the hospital environment. The Confusion Assessment Method (CAM) was introduced to nursing as the standard delirium screening instrument on the general medical and surgical units. However, despite prolonged and multifaceted educational efforts, early quality monitoring determined that the CAM was being done correctly by nursing less than 50% of the time. Most of the discordance occurred secondary to a high false negative rate (>80%). A quality improvement project was launched to identify an effective delirium screening instrument for use by nursing on general medical units after a failed attempt to introduce the CAM.

The Nursing Delirium Screening Scale (Nu-DESC) was identified as a potential replacement for the CAM, and was tested on two general medical units. Data points were collected from 192 patients who were hospitalized on these units on six separate days. Delirium screening was performed by nursing using both the CAM and the Nu-DESC. Two blinded physician-raters independently utilized the DSM-IV criteria as the gold standard to determine delirium rates in these patients on the same days as the nursing evaluations.

35 of 192 (18.2%) patients were suffering from delirium on the day of assessment according to the DSM-IV criteria by physician-raters. Per nursing, the CAM scored positive for 3 (1.6%) patients and the Nu-DESC for 50 (26.0%) patients. Sensitivity and specificity were 8.6% and 100% for the CAM and 77.1% and 85.4% for the Nu-DESC. In addition, there was no statistical difference between the unit that received minimal delirium education compared to the unit that received intensive pre-intervention education.

The results of this study suggest that the Nu-DESC is a useful delirium screening tool on general medical units. The simplicity of administration, coupled by the fact that the data points required to complete the Nu-DESC are obtained during routine nursing care may also make the Nu-DESC less resource-intensive to implement. The Nu-DESC has subsequently been implemented across the academic and community hospital divisions of Froedtert Health.

Tom Heinrich, MD
Professor and Vice Chair of Clinical Affairs, Behavioral Health Center

I thought that I would use this column to step back a bit from our usual summary of current Quality projects and write about Quality activities and mental health with the goal of helping you to appreciate the common aspects of these different fields. I also want to thank Dr. Lehrmann for devoting the theme of this newsletter to Quality.

Why is the Psychiatry Department doing Quality activities?

One perspective is that we are doing this to respond to demands from others, such as for maintenance of certification, or requirements from Medical College Physicians (MCP) or Froedtert Health System. That is certainly true. But another perspective is that doing Quality activities is essentially about change, both for an individual and for an organization. By focusing on important tasks, developing standards to meet, measuring your achievements, reviewing your data, making adjustments, and maintaining your improvements, we are changing our individual and corporate practice of healthcare using an organized approach.

As psychiatrists, psychotherapists, educators, and researchers, our profession is committed to enabling change in mental health treatment through creating new knowledge and translating this into applied treatments and teaching. We are good at helping people to change. Inpatient care, whether it is helping a person in adjusting their life to a psychiatric or medical disorder, a difficult life experience, or making self-adjustments regarding their behavior or limitations, we have years of training to acquire the knowledge, skills, and attitudes that are needed to help people to make changes in their life.

As we all know, change is not easily achieved whether it is on an individual level or within an organization. That is our challenge.

As mental health providers, we can learn from the Quality field regarding concepts and processes that have been developed over the decades with an initial focus on helping business to change and are now being implemented within the healthcare field. I would encourage you to look at Quality activities as an ally with the field of mental health with our having a common purpose in our efforts to assist the people that we care for with mental health challenges.

Joseph O’Grady, Jr., MD
Associate Professor of Clinical Psychiatry
Psychiatry Patient Safety and Quality Officer
Notes from the VAMC

**VETERAN SATISFACTION LEVELS**

From 2012 to 2014, the domiciliary programs at the Zablocki VA Medical Center in Milwaukee were combined and consolidated from two separate buildings and 355 beds to one building and 189 beds. The program had been steadily making improvements on these challenges; however, to make improvements more quickly, a 36-item action plan was developed in August 2016.

The objective was to make improvements in the following areas: safety; security; environment; and programming. Press Ganey surveys were provided to Veterans upon discharge to measure satisfaction on items specific to residential or inpatient settings. The results showed improved satisfaction across the timeframe of July 2016 to March 2017. The highest changes occurred on Safety and Cultural Sensitivity (18%) and Nursing staff (17.4%). The rating of the psychiatrist (98.2%) and the treatment team staff (93.2%) had the highest scores in the last quarter. The ratings of Meals and the Unit Environment, even after some improvement across the quarters, were the only domains which remained below 80%.

Satisfaction levels as rated by Veterans significantly improved across all domains measured during the time when most action items were completed. It followed that the action plan was the primary factor to the improved satisfaction ratings of Veterans. Initially, the feedback from domiciliary residents and staff was critical of the changes; however, frequent listening sessions and meetings helped to improve the understanding that the changes were designed to improve the safety and treatment of Veterans.

Changes to core aspects of a program is a difficult process and can reduce satisfaction ratings due to the change process. However, this did not happen in this case. The use of recurrent team meetings, unit meetings and direct involvement from the facility director in “all staff and Veteran” meetings was a key component in making the changes and in obtaining “buy in” from Veterans and staff. In the domain of the Unit Environment, additional actions are still in process to address the relatively low results of less than 80%. The additional actions include: new bedroom and desk furniture, new mattresses, and new medication safes. There will be a focus on the cleaning process by domiciliary management. The relatively low ratings on the Meal domain will be reviewed with the facility nutrition program to develop a plan to improve meals.

Bertrand D. Berger, PhD
Assistant Professor • Mental Health Division Manager
Clement J. Zablocki VA Medical Center

Notes from Child and Adolescent Psychiatry

**“LEAN ASSESSMENT”**

The Child and Adolescent Division has been involved in CHW’s Ambulatory Care Delivery Model project since March of this year. Essentially a “lean assessment,” the project’s aim is to identify areas within our clinical practice where quality improvements can be achieved and measured. During the data collection phase, a CHW Lean/Six Sigma consultant spent time in our clinic interviewing providers and staff, observing daily operational functions, and collecting Epic and Insight clinic data. During the data analysis phase of the project, seven distinct areas/categories of improvement were identified: productivity, communications, intake, resilience, front desk, scheduling, and space. A total of 35 quality improvement opportunities within the seven categories were ranked after impact, effort, and risk factors were applied.

The next phase of the project is the implementation phase. We are using our existing internal committee structure to “divide and conquer” our list of opportunities. These opportunities range from eliminating manual reminder phone calls and adding an intake fax machine to improvements to productivity measures; from adjusting computer terminal locations so the provider is facing her/his patient; and, adding an intake printer to increasing the number of therapy rooms.

Within our Child Psychiatry Consultation Project (CPCP) we have quarterly Continuous Quality Improvement (CQI) meetings. These meetings are designed to examine such things as previous randomly selected consults to determine if we could improve upon the service that was delivered. In our most recent CQI meeting, we discussed making improvements to our REDcap encounter form. Based on internal feedback we wanted to examine how we were asking certain questions on the encounter form—did the way in which a question was written result in ambiguity/confusion? And, if so, can we re-word or re-state the question to improve clarity. Once improvements to the form are agreed to, we will then forward our recommendations to our partners at the Department of Health Services for further discussion and implementation.

Scott Belanger, MCRP
Division Administrator, CSG Pediatric Specialty Practice Unit

**Professionalism is not about wearing a suit or white coat, or carrying a briefcase—but rather about conducting oneself with responsibility, integrity, accountability, and excellence.**

~Dean Kerschner
Research Notes
QUALITY IN RESEARCH

The theme of this edition of Psyched is quality across the many activities of our Department—clinical, educational, service, administration, and others. Quality in research is also the hallmark of a strong academic Department. What characterizes high-quality research, and how do you establish a line of research that is high in quality?

• Before planning your research, understand fully what is known about the area and—just as importantly—identify and understand the scientific gap that will be answered by your study. A full, thorough, and up-to-date review of the scientific literature should always precede planning of a study. High-quality research always addresses a key and important gap in the literature of a question that has not yet been answered, but must be.

• Ground your research in theory. Sound research is theoretically based, and you should be able to hypothesize in advance what you expect to find based on the theoretical framework that guides your research. This doesn’t mean that unexpected but important findings won’t appear. But high-quality research is always embedded within a theoretical or conceptual framework.

• Within the clinical, behavioral, or social sciences, high-quality research should generally point to better ways to prevent, intervene, or treat. Before a study is ever conceptualized, thought should be given to how its findings will be used. In most applied research, study findings should shed light on how to improve or better target prevention, interventions, or treatment efforts.

• High-quality research uses high-quality methodologies. How one handles matters such as sampling, sample size, representativeness of participants, scientific quality of assessment measures, study design, and statistical analysis can make a research project either high or low in quality. Investigators not expert in these areas can either collaborate with someone who is or else take a short course in study methodology. Fortunately, MCW has many available options for both.

• Collaborate. I suspect very few important breakthrough studies are done by a single investigator working alone. High quality studies most likely grow from collaborations between investigators with enough in common to be on the same page but contributing varied perspectives and expertise.

Jeffrey A. Kelly, Ph.D.
Professor of Psychiatry and Behavioral Medicine
Director, Center for AIDS Intervention Research (CAIR)
GETTING TO KNOW...
Faculty and Staff from the Department of Psychiatry and Behavioral Medicine

TERA CARMEN
Outpatient Psychotherapist
Tosa Health Center

What is your educational background?
I have both a BS with a double major in Social Work and Women's Studies and a Master's in Social Work from the University of Wisconsin–Milwaukee.

How long have you worked at MCW?
I'm very new to MCW, I have only been with the Department since January, 2017. I'm very excited and honored to be working with such a great group of practitioners and administrative staff.

Describe your typical day.
I meet with patients for outpatient therapy sessions at the clinic five days a week and I love it!!

What do you like most about your job—what attracted you to this field?
I consider it to be such a privilege and a gift that I'm given the opportunity to work with people in therapy, people who are willing to open the door of their lives to me, and allow me to help them with their lives—enhance their place in the world. I'm amazed by people every day—their incredible resilience and strength. I've always had a special interest in mental health, a desire to help others, and a passion for advocacy. This work is so much a part of who I am. It's very important to me to make a difference, and I can't imagine doing anything else.

Tell us about life outside of MCW.
I have two awesome kids! My son, Olin, is 10 and my daughter, Bell, is 7. The laughter of little people is the best, I'm so lucky to be a mom! I enjoy running, hiking, and being surrounded by trees. I also love big dogs. I enjoy reading and laughing (a lot). Laughter is a very important part of who we are, our family nucleus.

Just for fun—what are your favorite movies, books, music?
This is so hard to choose…my favorite band is The National. Mostly, I enjoy indie bands and love attending live shows.

Tell us a fun/unique fact about yourself.
My favorite color is orange and I am oddly fearful of squirrels.

MARY VITALE
RN
Tosa Center Clinic

What is your educational background?
I received my BSN from Alverno College in 2003.

How long have you worked at MCW?
At the time of this writing, I've worked at MCW officially one month, eight days, 22 hours, 15 minutes, and 50 seconds.

Describe your typical day.
As I'm having my oh-so-welcome morning coffee, I spend my time triaging the work queue, giving injections, completing prior procedural authorizations, assessing my new intakes, and, of course, making sure the needs of the physicians are being taken care of. What would they do without us?

What do you like most about your job—what attracted you to this field?
This field is all around you—we're immersed in what we do. People's behaviors change every day, including their interactions with others, their perception of the world around them, and the many and varied ways that others personally affect them. You're never the same person you were yesterday. We're ever-changing.

Tell us about life outside of MCW.
My cats are my kids, and they're a big part of my life. They get the best of everything, even if that means Mom goes without. And, yes, I talk about them all the time. Currently, I'm trying to incorporate more time than once a week into my ongoing sewing projects. My most recent projects, not including the dresses I'm usually working on, are my Renaissance Faire costumes for the upcoming season. Once that's done, I'll move onto my Star Trek costumes for the upcoming Star Trek convention that I attend, too.

Just for fun—what are your favorite movies, books, music?
I honestly don't have a favorite anything—everything has its own unique quality.

Tell us a fun/unique fact about yourself.
Even though I was born in the United States, I lived with my grandparents in Sicily for the first year of my life. That is also when I obtained my Italian citizenship, which I still have.
ABEDRAZIK EISA
Psychiatrist
Community Memorial Hospital
Menomonee Falls

What is your educational background?
I graduated in Medicine from the University of Addis Ababa, Ethiopia in 2002 and completed my residency in Psychiatry in 2007. I then completed a second Psychiatry residency in the MCW Department of Psychiatry and Behavioral Medicine in 2016.

How long have you worked at MCW?
I started as a resident at MCW from 2012 to 2016, but now I’m a full time faculty member as of February, 2017.

Describe your typical day.
During the week I get to work at about 7:00. I start reviewing patient charts and then meet with clinical staff to discuss treatment plans. Then comes in-patient ward rounds, where we evaluate each client together with residents and medical students. I usually finish my day around 5:00, if all goes well.

What do you like most about your job—what attracted you to this field?
My interest in psychiatry is a direct result of my observation and understanding of how socioeconomic and cultural issues in rural Ethiopia have rendered many men and women to languish in perpetual untreated cycles of mental illnesses. Misconceptions and lack of understanding by the community leaves the mentally ill—regarded as possessed or cursed, further alienating them, pushing them into hopelessness and despair. So, after medical school, I knew I wanted a lifetime career in Psychiatry. And through the years, I become more cognizant of the fact that continuing education is a must in this field, and I enjoy teaching and sharing experiences with medical students and faculty alike.

Tell us about life outside of MCW.
I like to spend time with my wife, Rachel, and our two sons, Sami, 8, and Sabir, 5. In my spare time it’s soccer with the kids and, in the summer, lots of outdoor activities—festivals and water parks and swimming.

Just for fun—what are your favorite movies, books, music?
I enjoy listening to Ethiopian folk music, and some Jazz and classical music as well. I also read medical journals to keep myself aware of the field. Watching a good movie like The Sound of Music with family is also an occasional past time.

Tell us a fun/unique fact about yourself.
I was the youngest among my classmates during my residency in Ethiopia but now I finished my second round MCW residency as the oldest in my class.

MARY BETH ALVAREZ
Director of Integrated Behavioral Health in Primary Care
Lincoln Avenue and Sargeant Clinics

What is your educational background?
I got my BA in Religion from Swarthmore College, and then my combined MD/MPH at Tulane. I completed my Internal Medicine/Psychiatry training from the Medical University of South Carolina.

How long have you worked at MCW?
I just joined the department in March of 2017. I came from Tulane specifically for the Integrated Behavioral Health program.

Describe your typical day.
I support the primary care doctors in screening for and treating depression and other common mental illness so their patients don’t have to go elsewhere for specialty care. I love meeting the patient and taking a deep dive into their problems to come up with solutions.

What do you like most about your job—what attracted you to this field?
I love the interface of Psychiatry and Medicine and helping folks understand the power of the brain/body connection and how to harness it to feel better. I hope to start a new combined residency at MCW to train future docs.

Tell us about life outside of MCW.
I’m renovating a midcentury ranch house in Fox Point and love taking my boxer Charlotte to the dog park. If I weren’t a doctor, I’d probably be a bartender, and if I didn’t have to work at all, I’d probably be at a music festival!

Just for fun—what are your favorite movies, books, music?
I’m so excited about 88.9 Radio Milwaukee and will dance and sing at pretty much any opportunity.

Tell us a fun/unique fact about yourself.
I made it through my college softball career with only one strike out.
DEPARTMENT HAPPENINGS

DATES TO SAVE...

THE DOOR COUNTY SUMMER INSTITUTE
July 24–August 11, 2017
The Landmark Resort
4929 Landmark Drive, Egg Harbor, WI 54209
Reservations and information: (800) 273-7877
http://www.thelandmarkresort.com
Institute information:
www.mcw.edu/psychiatry/doorcounty.htm
e-mail: summerinstitute@mcw.edu

American Heart Association Walk/Run
Sunday, September 17, 2017 starting at 10:15 a.m.
Veterans Park
1300 North Lincoln Memorial Drive, Milwaukee
Contact Kristine James and join Team Psych!
kkjames@mcw.edu  •  (414) 955-8992

5th Annual Depression Recognition Day
Tuesday, October 10, 2017
Information forthcoming

CONGRATULATIONS...
...to Marika Wrzosek for winning first place for her AADPRT poster, “The Good, the Bad, and the Worthy: A Pilot e-professionalism Curriculum for General Psychiatry Residents,” presented at the 46th Annual AADPRT Meeting in March, 2017

CONTINUING EDUCATION PROGRAM

iTeach: a Modern Medical Educator Conference
Friday, October 20, 2017
10:00 a.m. to 4:00 p.m. (lunch provided)
MCW Alumni Center
8701 Watertown Plank Road, Milwaukee
Information forthcoming

SHOW US WHAT YOU’VE DONE!
Staff Bulletin Board  •  jehlenba@mcw.edu

DEPARTMENT MEETINGS IN 2017
(all on Wednesdays beginning at 8:00 a.m.)

FACULTY:
July 26 (Tosa Health Center, Classrooms A/B)
October 25 (VA, Matousek Auditorium)

COMBINED FACULTY/STAFF MEETING:
September 27 (Research Park Learning Centers 1 & 2)