Developing Clinical Work Processes in a State Psychiatric Hospital: A Case Study

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Abstract

The Texas Department of Mental Health and Mental Retardation applied the continuous quality improvement (CQI) concept of work process to the delivery of clinical services in each of its eight state psychiatric hospitals. Two different clinical processes were involved: (1) individualized psychiatric treatment and (2) medical treatment. The processes were then benchmarked against national leaders in the delivery of public psychiatric hospital services. This case study demonstrates the applicability of the work process concept to a clinical environment where it can function as a management tool that can significantly improve the quality and efficiency of services provided to individual patients.

The Texas Department of Mental Health and Mental Retardation (TXMHR), as part of the settlement requirements of a major class action lawsuit, applied the continuous quality improvement (CQI) concept of work process to the delivery of clinical services in each of its eight state psychiatric hospitals. Two different clinical processes were involved: (1) individualized psychiatric treatment and (2) medical treatment. As part of this effort, not only were the critical components of these clinical activities identified to develop a consistent definition of each as a work process, but these processes were constructed to be measurable with respect to the quality of their performance. The processes were then benchmarked against national leaders in the delivery of public psychiatric hospital services. The intent of this case study is to demonstrate the applicability of the work process concept to a clinical environment where it can function as a management tool that can significantly improve the quality and efficiency of services provided to individual patients.

Work Process in General

Chase and Aquilano, in their classic text on production and operations management in manufacturing, define a process as “transforming some material input into some material output” (p. 56).1 This transformation process, because it typically involves an interrelated sequence of steps, with the next step in the sequence using the work of the previous step, has been defined by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as “a goal-directed, interrelated series of actions, events, mechanisms, or steps” (p. 67).2

The work process, by describing the flow of work, not only identifies the major activities that must be performed to obtain the output desired of the process but also reveals the significant interactions that occur between the adjacent activities within the process that are critical to the overall

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quality of the work performed. It is perhaps, in this regard, where thinking in terms of work process is most efficacious. According to management experts, the most likely area for problems to occur and, therefore, where improvement opportunities are the greatest, is in the interactions between functional activities. In these “spaces,” communication among workers is most precarious and misunderstanding most prevalent. This understanding led Deming to demand that managers manage systems and not individual employees. The work process, in TXMHMR’s evolving approach to the delivery of mental health services, represents an effort to focus on the clinical system of care that underlies the quality of services patients receive in TXMHMR hospitals.

Although there is an extensive use of the work process in the manufacturing sector, there are few examples of its application to mental health services. One example is JCAHO’s use of flowcharts to provide an overview of the processes underlying its standards (e.g., assessment of patients and care of patients).

**Introduction to Work Process in the TXMHMR System**

In discussing the development of work processes for individualized mental health treatment and medical treatment, the intention is not to present these as perfect or to suggest that they identify every possible event involved with patient treatment in these two areas. Nor is there an intent to say that there can be no disagreement among professionals regarding the content of the two processes.

The impetus for TXMHMR to develop the two work processes came from the settlement negotiations in a long-standing federal class action lawsuit (RAJ v. Gilbert) challenging the quality of state mental health care in Texas. Since its inception, there have been continual arguments about what individualized psychiatric treatment and medical treatment mean as performed in TXMHMR’s hospitals. This lack of clarity has led to an inability to identify an objective standard on which to evaluate the performance of Texas’s eight state psychiatric hospitals. This, in turn, has engendered a great deal of frustration in the hospital clinical teams that have, over the years of the lawsuit, found the treatment they provided to be judged as below the court standards (which, in actuality, did not exist) for quality care by the court monitor, who reviewed each hospital on a twice-a-year basis with his consultants.

To rectify this situation, TXMHMR, in collaboration with the court, engaged in an effort to clearly define what was meant by individualized psychiatric treatment and medical treatment. Because the hospital’s performance in these two areas would be assessed by the court, it was important to quantify the quality of these processes. This effort, which began in 1990, coincided with TXMHMR’s implementation of CQI as a customer-driven strategy for improving the quality of service. Therefore, at the time, it was natural to think in terms of applying CQI concepts (e.g., collaboration, work process, measurement-based decision making) to the problem of compliance.

**Describing the Work Processes for Individualized Psychiatric Treatment and Medical Treatment**

Table 1 details the work process for individualized psychiatric treatment as consisting of 21 separate though interrelated activities. The first three activities involve the completeness of the biopsychosocial assessment with respect to the biological, psychological, and social considerations of the individual patient. The process then focuses on diagnosis (Steps 4-6) and on the formulation of a clinical “picture” of the patient (Step 7) that leads to the development of an appropriate treatment plan (Step 8). Flowing from the plan are the clinical and service interventions (Steps 9-11), as well as the necessary and appropriate documentation of these efforts (Steps 12-17). The process recognizes that the patient’s progress must be periodically evaluated and modifications made as appropriate to the treatment plan (Steps 18-20). The final activity (Step 21) concerns the appropriateness of the discharge plan.