MiScorecard Performance Summary

Business Unit:	BHCS	Green	>=90% of target
Executive/Director Name:	Lia Gulick, Administrator, BHCS	Yellow	>= 75% - 90% of target
Reporting Period:	Apr 2019	Red	<75% of target
		Date Approved:	5/16/2019

Description: Bureau of Health Care Services (BHCS)

Metric ID	Metric	Status	Progress	Target	Current	Previous	Frequency	Metric Definition
V3 - Sound Management, Proven Fiscal Practices, Outcome-Oriented Strategies								
BHCS-DWHC-03	Readmissions to Duane Waters Health Center or Community Hospitals - Within 72 hours - # of Readmissions	Red	👎	0	5 CY 2019, April	1	Monthly	Prisoner/patients discharged from a hospital or the Duane Waters Health Center should not require readmission to a hospital setting within 72 hours.
BHCS-DWHC-04	Prescriptions Filled Using the Back Up Pharmacies (which could have been avoided) - # Prescriptions Filled	Green	👍	0	0 CY 2019, April	2	Monthly	Utilization of the back-up pharmacies for avoidable medication fills is associated with increased cost. The increased cost is related to increased drug cost, private transportation costs, and use of staff resources. Avoidable medications can include, but are not limited to, medications available in the Emergency room night box or medications which should have been filled during regular DWHC pharmacy hours.
BHCS-DWHC-05	Audit of Medical Staff Performing Liver Biopsy Protocol Correctly-# Incidents Not Followed	Yellow	=	0	0 CY 2019, April	0	Monthly	Monitor compliance of Medical Provider, Nursing staff at completion by auditing documented medical data on protocol forms for each prisoner/patient. Non-compliance of following liver biopsy protocol may affect ability to provide safe, correct procedure for the prisoner/ patient per authorization.
BHCS-01	Prisoner Health Care Costs (1 Yr. Rolling Aggregate) - $ in Millions	Red	👎	$283.700	$315838.000 FY 2019,April	$317.668	Monthly	This figure is the yearly cost of both physical and mental health care for prisoners housed in the Michigan Department of Corrections (MDOC). It is calculated as a rolling average for the previous 12 months. The MDOC is required to deliver necessary health care, mental health and substance abuse services to inmates, and strives to do so in the most cost-effective manner. An increase in this number triggers the Department to review the reasons for the increase, and find approaches for reducing the costs while maintaining or improving health outcomes. A lower figure could reflect the Department's success in reducing the health care cost per inmate or could be the result of reductions in the amount of care prisoners need. Reported monthly by the Bureau of Fiscal Management, Budget and Operations Administration. There is a lag time of two months.
BHCS-12	Prescribed Psychotropic Medications - $ of Returned Medications	Red	👍	$68500	$12646 CY 2019, March	$10194	Monthly	The monthly cost of prisoners who need psychotropic medications is important information for the Department. Psychotropic medications are psychiatric medicines that alter chemical levels in the brain which impact mood and behavior, and are some of the most costly medications for the Department. This cost is tracked monthly as a way of monitoring and decreasing overall costs. A higher number means that a larger number of medications were returned that month for credit. Reported monthly by the Bureau of Fiscal Management, Budget and Operations Administration.There is a lag time of two months.
BHCS-20	Use of Telemedicine by Medical and Mental Health Providers to Treat Patients - # of encounters	Green	👍	1230		1171	Monthly	The MDOC has telemedicine equipment in each of the health care clinics, and requires its medical and mental

					1278 FY 2019, April			health providers to utilize telemedicine when practical to treat patients. The use of telemedicine can reduce transportation, custody and specialty treatment costs. This metric will track the number of encounters by its contracted providers. A higher number indicates a greater use of telemedicine. There is a lag time of one month.
V4 - Hire, Train, Equip, Support & Mentor High Quality Staff at Highest Professional Standards								
BHCS-DWHC-02	Nursing Attendance- # call ins that result in mandating staff [1]	Red	👎	2	54 CY 2019, April	35	Monthly	Call-in's creates potential for mandate to cover staffing standard in Health Center, affecting cost. Absence may affect ability to provide safe and secure care during affected 12 hour shift. There is a month in lag time
BHCS-15	BHCS Recruitment and Retention Rate - % of employees who left the MDOC (not due to retirement or termination)	Green	👍	10	.09 FY 2019, Q2	1.3	Quarterly	The MDOC currently has 1,492 Civil Service BHCS employee positions to maintain. The MDOC is responsible to maintain provision of patient care in correctional facilities and to ensure full healthcare staffing levels. This metric will assess the percentage of staff lost in a three month period, and although BHCS leadership to identify the reasons for the departure. A higher percentage reflects an increased number of staffing leaving MDOC. Q1 data is reported on the scorecards dated Jan, Feb, and Mar; Q2 data on Apr, May, and June; Q3 data on July, Aug and Sept; Q4 data on Oct, Nov and Dec.
BHCS-16	BHCS Civil Servant Position Vacancy Rate - % of vacant positions	Green	👍	10.0	7.0 FY 2019, Q2	7.01	Quarterly	The MDOC currently has 1492 Civil Service BHCS employee positions to maintain. The MDOC is responsible to maintain provision of patient care in correctional facilities and to ensure full health care staffing levels. This metric measures the percentage of overall health care and mental health positions that are currently vacant. The information from this metric will be utilized to target recruitment efforts. A higher percentage reflects an increased vacancy rate. Q1 data is reported on the scorecards dated Jan, Feb, and Mar; Q2 data on Apr, May, and June; Q3 data on July, Aug and Sept; Q4 data on Oct, Nov and Dec.
V5 - Humane, Protective Custodial Care, Rehabilitative Opportunities, Reentry Assistance								
CFA-DWHC-06	Prisoner/Patient Arm Bands Placed upon Admission for Identification Purposes - # of Prisoners without Arm Bands	Yellow	=	0	0 CY 2019, April	0	Monthly	Patient prisoner armbands are used for identification purposes at all times. Absence may affect ability to correctly identify prisoner/patient and provide safe care.
BHCS-02	Post ERD Prisoners on MSOP Program Waiting Lists - # Prisoners	Green	=	500	59 FY 2019, Q2	60	Quarterly	Monitoring the volume of prisoners who are past their Earliest Release Date (ERD), yet remain on the waiting lists for required Sex Offender Programming (SOP) is important information for the Michigan Department of Corrections (MDOC). With this information, the MDOC can identify potential reasons a prisoner is being continued past his ERD, and ensure they are based on his/her behavior, and not due to outstanding programming needs. This information helps the Department prioritize the waiting lists, in order to place prisoners into their required programming according to how close they are to their ERD. A lower waiting list number means that a greater share of prisoners are completing their required programming in advance of reaching their ERD, thereby removing it as an obstacle to parole consideration. As reported quarterly pursuant to MDOC Boilerplate, Section 913, Assaultive Offender and Sex Offender Programming Report.
BHCS-17	Referrals to Acute Care from the Crisis Stabilization Program (CSP) - % of referrals admitted	Red	👍	98%	55% FY 2019, Q2	39%	Quarterly	The total number of prisoners discharged from CSP to AC divided by the total number of admissions to CSP for a defined period. There is a lag time of two months for this metric. Q1 data is reported on the scorecards dated Jan,Feb

								& March; Apr, May & June Q2; July, Aug & Sept Q3; Oct Nov & Dec Q4.
Process Time								
BHCS-19	Restraint and Seclusion Episodes - total # per quarter	Red		130	256 FY 2019, Q2	150	Quarterly	The total number of restraint and seclusion episodes recorded for a defined period, which is recommended to be defined as monthly. This total includes the use of Seclusion; 1:1 observation; Close observation; 2-pt ambulatory restraints; 4-pt ambulatory restraints; 4-pt stationary restraints and 5-pt stationary restraints. Any of the aforementioned categories may utilize restraint mitts as an added safety measure. There is a lag time of two months for this metric. Q1 data is reported on the scorecards dated Feb, March & Apr; Q2 data on May, June & July; Q3 data on Aug, Sept & Oct; Q4 data on Nov, Dec & Jan.

[1] The status color for this metric reflects breaking points at 50% to 90% of the established target value.