Mental illness common, undertreated

Approximately 45 million adult Americans — corresponding to roughly 20% of the adult population — cope with a mental illness or a substance abuse problem each year, according to the most-recent report from the U.S. Substance Abuse and Mental Health Services Administration.

Oregon, with 23%, has the highest rate, and New Jersey, with 16%, has the lowest rate, according to 2012-2014 data released by the agency last week. The National Survey on Drug Use and Health is an annual survey of the U.S. civilian, noninstitutionalized population aged 12 years or older.

The agency defines mental illness as the presence of any mental, behavioral, or emotional disorder in the past year based on diagnostic criteria in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders. Officials said the presence of mental illness in every state reinforces that mental illness is a major public health concern in the United States.

The government report said that rates of mental illness between 2010-2012 and 2012-2014 rose among adults in California, Maine, North Carolina, and Rhode Island. In South Carolina, the rate of mental illness between the two surveys declined from 18.31% to 17.72%.

“Mental illness is a major public health concern in the United States. However, overall treatment levels remain low, and addressing the mental health of U.S. adults remains a concern for state and national public health officials,” the agency noted in its report.

The American Hospital Association has often highlighted the high toll of mental illness and the limited availability of treatment options. More than half of U.S. counties — all rural — have no practicing mental health clinicians, the group says, even though individuals with mental illness are among the highest-need, costliest patients in the U.S. healthcare system.

In an unrelated study reported last year, researchers found that nearly 17% of adults in the U.S. reported filling at least one prescription for a psychiatric drug in 2013. Antidepressants were the most common type of psychiatric drug in the survey, with 12% of adults reporting that they filled prescriptions for these drugs.
We encourage you to make sure a team representing your organization participates in the following upcoming events:

• A Slip/Trip/Fall Champions & Walkway Auditors Workshop for members of Palmetto Hospital Trust will be held September 21 at PHTS. Slips, trips, and falls continue to be the number one category of losses to Palmetto Hospital Trust. This workshop will enable member competent walkway auditors to renew their walkway auditor status, enhance their understanding of the newly updated Walking and Working Surfaces OSHA standard, and review new and updated resources to aid in slip, trip, fall hazard recognition and education. Participants will learn about and discuss trending analysis of slip, trip, fall causes, will receive an update on the status of PHT’s slip, trip, fall project, and will have an opportunity to discuss walkway auditor responsibilities and best practices.

• On September 26, PHTS will present a webinar for members of the PHLIP liability program, during which Allan Stalvey, executive vice president for the South Carolina Hospital Association, will cover Updates and Impacts: Federal and State-Level Legislation and Regulations. Mr. Stalvey leads the SCHA’s advocacy and communications efforts and is responsible for SCHA’s organizational and financial management. A graduate of The Citadel with an MBA from the University of South Carolina, he has 34 years of experience in federal, state, and local government affairs.

• The 17th Annual SC ACHE Leadership Conference will be held on October 12 at PHTS. Carson F. Dye, FACHE, president & CEO of Exceptional Leadership LLC, will serve as faculty for this year’s conference. With the rapid changes occurring in both healthcare and the workplace today, leaders need practical tools they can use immediately within their organization. This program will cover strategies for dealing with a changing workforce and provide suggestions on how transformational leadership, rather than transactional leadership, can enhance quality and outcomes. Case studies and group interaction will give participants sensible ideas to deal with contemporary issues and develop an energized staff.

• Each PHLIP liability program member has registered at least two representatives for the upcoming ASHRM Annual Conference & Exhibition, to be held September 25-28 at the Orange County Convention Center in Orlando, FL. Each year, PHLIP includes the cost of registration, travel, lodging, and group meals for two representatives of each liability program member as a component of the liability premium. The ASHRM conference is the premier risk management event for healthcare professionals and an important part of the PHLIP liability reduction efforts. This year, member representatives will be staying at the Hilton Orlando, and PHTS will host a welcome reception on the first evening, and a group dinner another night.

To register or for more information on any PHTS educational offerings, visit www.phts.com or contact Janine Wall, ARM, AIS, GBA, director of marketing at PHTS, at jwall@phts.com.

SCWCC: Medical Services Provider Manual proposed changes

On the SC Workers Compensation Commission website last week, the following announcement was posted:

“At the Business Meeting on July 17, 2017 the Commissioners received a draft of the Proposed 2017 Medical Services Provider Manual (MSPM) text and the analysis prepared by the Commission’s consultants for three conversion factors of $50, $53, and $54. The effective date of the new MSPM is September 1, 2017. The Commission took the proposed MSPM as information and directed staff to solicit comments from stakeholders. The Commission will consider final approval at the Business Meeting on August 21. Interested parties are requested to submit written comments on the proposed changes by email to Kim Ballentine at kballentine@wcc.sc.gov no later than August 11.”

The full announcement, including a summary of the proposed changes to the MSPM text, can be accessed online at www.wcc.sc.gov/Documents/What%27s%20New/Medical%20Services%20Notices/Posting%202017%20MSPM%20Fee%20Schedule%202017-20-17%20FINAL.pdf.
Allied Universal and partner Knightscope, Inc., a developer of advanced physical security technologies focused on significantly enhancing U.S. security operations, demonstrated robots in action at the BOMA International Conference & Expo held last month in Nashville.

Officially called Autonomous Data Machines (ADMs), a K5 model provided security during the conference alongside Allied Universal’s uniformed security professionals, while a K3 model was on display in Allied Universal’s booth.

“The Knightscope K5 and K3 Autonomous Data Machines are groundbreaking in advanced anomaly detection and may be used in many industries and environments,” said Steve Jones, CEO, Allied Universal. “These robots are best equipped to work in routine and sometimes hazardous situations, therein freeing up security personnel to handle more interactive and strategic activities. We are thrilled to partner with Knightscope to showcase this dynamic technology for BOMA attendees.”

The ADMs, along with Allied Universal’s other technology offerings, will create a paradigm shift in the way the company’s customers do business. Some of the ADMs’ features and capabilities include:

- 360-degree video that provides complete awareness and feeds to a security operations center
- Thermal imaging for identifying fires and gauging proper environmental temperature settings
- License plate recognition, which is an example of a computational task that may include data collection in a large parking facility
- Intercom and broadcast capability that can be programmed to relay messages or alert security personnel to immediately dispatch law enforcement

The K3 and K5 ADMs are designed and built in Silicon Valley by Knightscope, and are available to Allied Universal clients nationwide. Deployments have commenced in California, Florida, Georgia, Massachusetts, New York and Texas.

For more information on the services available through PHTS and Allied Universal, please contact Adam Allen, executive vice president & chief operating officer at PHTS, at aallen@phts.com.

Using electronic alerts helped a pediatric emergency department reduce missed diagnosis of sepsis by 76%, according to a recent story in HealthLeaders Media.

The publication explains that researchers built a two-stage alert (ESA) and implemented it into the hospital’s EHR. The first-stage alert is triggered when an age-based elevated heart rate or hypotensive blood pressure is documented in the EHR at any time during the emergency visit.

“If the patient also has a fever or infection risk, the alert triggers a series of questions about underlying high-risk conditions, perfusion, and mental status. If the answer is yes to any of these questions, a second-stage alert triggers,” the publication reports.

Positive first- and second-stage alerts then trigger a sepsis huddle: a brief, focused patient evaluation and discussion with the treatment team, including the emergency physician. Of the 1.2% of the patients with positive ESAs, 23.8% had positive huddles and were placed on the sepsis protocol.

HealthLeaders Media reports the protocol missed 4% of patients who later went on to develop severe sepsis, which researchers attribute to “patient complexity,” especially among patients with developmental delays.

Separately, Kaiser Health News reports that although most hospitals in the U.S. have programs aimed at reducing sepsis, few have designated sepsis nurses and coordinators like St. Joseph Hospital in Orange, California, operated by St. Joseph Hoag Health, an integrated medical system. The six hospitals in the St. Joseph Hoag Health system treat about 8,000 cases of sepsis each year, at a cost of $130 million.

continued on page 4
As reported by Scientific American, psychiatric drug use differed among adults of different ages, sex and race. For instance, nearly 21% of white adults reported taking a psychiatric drug, compared with less than 9% of Hispanic adults.

The study was done by Thomas Moore, a senior scientist at the Pennsylvania-based Institute for Safe Medication Practices, and Dr. Donald Mattison, the chief medical officer at the Canadian consulting company Risk Sciences International.

Electronic alerts help in diagnosing sepsis - continued from page 3

Although the health system has created sepsis care checklists and a mobile app to help coordinate care for patients at risk, dedicated sepsis-nurses are at the core of the initiative because they know the condition so well. Hospitals that don’t have a systematic approach could have a delay in recognition of sepsis.

Recent federal rules could push more hospitals into assigning dedicated staff to diagnose and treat sepsis.

The Centers for Medicare & Medicaid Services began requiring hospitals in 2015 to measure and report on their sepsis treatment efforts. Hospitals must make sure certain steps are completed within the first three hours after sepsis is identified, including getting blood cultures, giving intravenous fluids and starting patients on a broad-spectrum antibiotic.

Around PHTS

Sheila Woodward, executive assistant to the President & CEO, will attain ten years of service on July 30.

DATEBOOK

August 1    “Professionalism Policy” (audioconference 1:00-2:00 p.m.) (HortySpringer)+
August 1    “Determining Compensation for Physicians in Leadership Positions” (webcast 1:00 p.m.) (HCPro)**
August 8    “Fostering Nurse Engagement Through Shared Governance” (webcast 1:00 p.m.) (HCPro)**
August 22   “CDI and Patient Safety Indicators: Understanding the Relationship Between Clinical Documentation and Performance” (webcast 1:00 - 2:30 p.m.) (HCPro)**
September 5 “Practitioner Health & Wellness Policy” (audioconference 1:00-2:00 p.m.) (HortySpringer)+

September 21 Slip/Trip/Fall Champions & Walkway Auditors Workshop (PHT members only)*    Columbia, SC
September 26 Updates and Impacts: Federal and State Level Legislation and Regulations (webinar) (PHLIP liability program members only)*
October 3   “Hot Topics: Vaccination, Marijuana & Opioids” (audioconference 1:00-2:00 p.m.) (HortySpringer)+
October 12  17th Annual SC ACHE Leadership Conference*    Columbia, SC
October 15-18 ASHRM Annual Conference & Exhibition (PHLIP liability program members only)* (Invitation Only)    Seattle, WA

+ To register or for more information, call 800.245.1205
* To register or for more information, visit www.phts.com or contact Janine Wall, ARM, AIS, GBA, director of marketing at PHTS, at jwall@phts.com
** To register or for more information, visit www.hcmarketplace.com