

MINUTES

ASH Redesign Peer & Family Work Group

Thursday, September 3, 2020 ▪ 8:00-9:00am ▪ Conference Call

Agenda

1. Welcome
2. HHSC updates to goals
3. Survey results so far
4. Work Group Summaries

Attendees

Sydney Harris, Francela Williams, Karen Ranus, Parker LaCombe, Colleen Horton, Sonja Burns, Jason Johnson, Greg Hansch, Debbie Cohen

Minutes

Welcome

The group was welcomed and the agenda was reviewed.

HHSC updates to goals

The group was given an update on the ASH Brain Health website. The Peer and Family section of the website was reviewed with the group to clarify goals listed. It was suggested that the second goal listed needed a little word-smithing since the phrasing felt awkward. The group discussed whether this group will continue meeting or take a break as the other work groups plan to do. The group was asked to respond in email if they have any additional feedback on the goals by the end of the day. A member added that the group should be involved in how the culture of the new hospital will include person first, and that the group has not met some of their goals yet. The group discussed current efforts in other areas of the project that are also looking at the culture of person-centered care. A chair expressed that it is important to recognize the design efforts of the hospital and to not diminish the thought and effort that was put into those aspects. A member expressed that they did not think the work that has been done is diminished but that the work needs to continue with those efforts. Other members of the group agreed. A member summarized that 1) the group is asking for a potential fourth goal to include a cultural aspect at the hospital, 1) that the group feels they need to continue but has been asked that the group take a brief pause in November and December while the report is being written, and 3) that the report will be shared with workgroup members to illicit feedback. A member shared how some of the recent changes due to COVID has changed perspectives at ASH and there are conversations happening with the leadership at ASH around culture. The group agreed to allow for feedback by Tuesday.

[Survey results so far](#)

The survey that was sent to the Peer and Family group from the Hospital Clinical Strategies group was shared and reviewed. These results are preliminary and only a summary of responses so far. Over half the current respondents are at ASH due to competency restoration related needs and over half have been admitted more than once. There is work that needs to be

done on involvement in treatment decisions. Reviewed the responses to primary barriers to discharge and step-down supports. Reviewed suggestions for ensuring safety and whether safety is prioritized. Travis county made up the majority of responses. Reviewed the race/ethnicity responses as well as cultural aspects in regards to individual beliefs and culture. A member suggested desegregating responses based on race/ethnicity to identify if there are different needs. The group then reviewed the staff survey response from the same work group. The survey was shared with all staff, not just direct care staff. Reviewed responses for whether staff felt included in larger decisions at ASH, in their role, and decisions that affect those serviced by ASH. Both peers and family and staff survey responses have similar responses for why stays are too short. Reviewed the responses on safety for staff and patients as well as preference for personal safety systems. The group was reminded that the survey will close on the 16th and asked to send reminders to anyone they shared the survey with. Any questions can be sent to the chairs or DMS. A member asked if there was a cost identified for both competency restoration and recidivism that may be offset with supportive services like housing. Bed day costs for Travis County was shared with the group, data from McLellan county is being worked on. Cost of evaluations are also being evaluated. It was suggested to evaluate the cost in the hospital as well to gather real costs of recidivism or individuals that repeatedly go back to the hospital. A member asked if early access to care, specifically medication, affect total length of stay.

[Work Group Summaries](#)

The group did not review this during the meeting due to time restraints

Open Discussion

A member had shared a desire to have this group review [specific items](#) to provide solutions with the chairs. The member provided six main points, which the chairs believe is a good place to start. The group discussed how to ensure these items do not get missed and are included in the next report to HHSC. The group was asked what kind of commitment, if any, they are willing to put forth to review these specific items to ensure their inclusion. A member expressed how crucial they feel step down is for the success of individuals and asked if the group could identify a dollar amount to focus on in order to help push this through as an essential aspect of the project.

Close

A poll will be sent out to the group for meeting frequency and length to address these goals, including prioritizing issues and providing solutions. Goal is to have final suggestions to DMS by mid-October in order for them to be included in the report. It was suggested that instead of several one-hour meetings to have a longer meeting to hash out all of the recommendations (3-4 hours). The group agreed that would work best.