

Piedmont Geriatric Hospital

A LEADER IN GERIATRIC PSYCHIATRY



**Update to the Office of the Inspector General on Recovery
Implementation**

December 2010

Piedmont Geriatric Hospital

Update to the Office of the Inspector General on Recovery Implementation

December 2010

Piedmont Geriatric Hospital has had a successful year in the continued effort to plan and implement systemic changes to make our clinical care increasingly consistent with a Recovery-based philosophy. The following report is intended to serve as an update as to the progress that has been made up to this point.

Organization of the Report

Following an executive summary, this report includes progress updates in six (6) areas highlighted in the original OIG review as compared to the last report submitted in December 2009. The six areas discussed are: Role of Senior Leadership, Workforce Development, Design of the Clinical Record, Treatment Planning, Resident Activities and Opportunities, and Relationship to the Community.

Mary B. Mock RN BSN CIC
Director of Healthcare Compliance

Stephen M. Herrick, Ph.D., MSHA
Hospital Director

Table of Contents

Organization of the Report.....	2
Executive Summary.....	4
The Role of Senior Leadership.....	5
Workforce Development.....	7
Design of the Clinical Record.....	7
Treatment Planning.....	8
Resident Activities and Opportunities.....	9
Relationship to the Community.....	9

Executive Summary

The Role of Senior Leadership

Piedmont continues to maintain its Recovery-based practice. The Recovery Operations committee (ROC) ensures that hospital practices are carried out in a manner consistent with Recovery principles. Leadership has supported the ROC by serving as ex-officio advisors on the committee, approving (as appropriate) and participating in ROC initiatives, and empowering the committee to carry out its goals. .

Workforce Development

Training of new employees on Recovery principles continues. A survey was conducted for all PGH staff with the focus being awareness and ability to offer patient centered care. The Recovery Operations Committee will follow-up with survey results for opportunities for training as indicated.

Design of the Clinical Record

All PGH records continue to utilizing the Recovery Treatment Plan document. This format allows us to maintain a high-quality, Recovery-based clinical process. Re-assessment and evaluation of the documented process is ongoing by way of the hospital performance improvement process. This year chart audits were conducted using the same criteria the OIG uses to ensure that Medical Record documentation supports the Recovery Process.

Treatment Planning

The treatment teams continue to conduct their conferences in the Recovery format. Recovery Coaches are a part of the Treatment Team to assist the patients and increase their participation in their own treatment planning.

Resident Activities and Opportunities

Regular reviews of LAR and patient surveys regarding the hospital's overall service continue to allow for improvement. Patient responses are very positive regarding the programs offered. The new afternoon program "RAP" (Recovery Afternoon Program) has been ongoing for one year now and continues to produce positive results. Another year's "Recovery Week" offered programs and activities for patient participation. One patient goes out into the community for program purposes.

Relationship to the Community

Piedmont remains a highly visible and valued component of the state mental health system, and is increasingly involved in providing recovery related community education, resources, and general support.

The Role of Senior Leadership

Who/What	December 2009 Report	Update for December 2010
Director/CEO – Senior Leadership Team	<ul style="list-style-type: none"> Continue to re-enforce "Recovery" as the hospital culture and support the Recovery Operations Committee in meeting their goals. <p>In addition: Included aspects of the Recovery Process in the Performance Improvement initiatives</p>	<p>Concluded the Performance Improvement Initiative regarding audits of the medical record for evidence of recovery implementation. Improvements were made in documentation of dialogues “with” the patient instead of “about the patient”.</p> <p>Continue to re-enforce "Recovery" as the hospital culture and support the Recovery Operations Committee in meeting their goals.</p>
Recovery Operations Committee (ROC)	<ul style="list-style-type: none"> ROC Oversees the following Recovery-based workgroups: <ol style="list-style-type: none"> Consumer and Family Involvement – Continues with "Recovery Community Meetings" on 1-West and 3-West units in which each patient attendee identifies one concrete "goal for the day" from the 10 recovery domains. Recovery coaches will assist the Patients in meeting their goals. Sponsored another successful Recovery Awareness Program in October Revised the Recovery Readiness Assessment to be a more interdisciplinary measure to capture a holistic view of the patient and his/her recovery Workforce Development – Continued training on Recovery for all new employees, yearly recertification for all staff, and training for “Recovery Coaches”. 	<ol style="list-style-type: none"> Unchanged Unchanged Unchanged Continued training on Recovery for new employees and “Recovery Coaches.

Who/What	December 2009 Report	Update for December 2010
Recovery Operations Committee (ROC) (Continued)	<p>5. The Aggressive Behavior Review Committee met its' timeline in data definition and collection. Data included identifying variables which are more related to aggression than others and designing a prevention of aggressive behaviors program tailor-made to PGH's population. However there has been a delay in the data analysis due to budget complications. A group of students at a local University have now volunteered to do the analysis. Results are pending.</p> <p>In addition:</p> <ul style="list-style-type: none"> • Revised Committee Charter in order to update the purpose and expectations to reflect future directions of the group • ROC has expanded its membership to allow improved hospital wide representation and input • Assigned and overseeing a sub-committee for "Cultural Diversity" planning and implementation • Divided ROC Team into two groups with a focus on initiating "Trauma Informed Care" and "Patient Centered" programs. 	<p>5. Analysis presented to the Leadership Team. Follow-up plan pending.</p> <p>In addition:</p> <p>Conducted a hospital wide survey for patients and employees on patient centered care. The results were analyzed and presented to the Leadership Committee. Follow-up still to be determined.</p> <p>Monthly reviewed the activities of the unit program teams; offered assistance as requested.</p>

Workforce Development

Who/What	December 2009 Report	Update for December 2010
Annual evaluation survey of staff knowledge of Recovery	<ul style="list-style-type: none"> Conducted a hospital wide "Culture of Safety" survey in August 09 as a part of this endeavor. Recovery evaluation to be conducted after the new Patient Centered and Trauma Informed Care programs are in place. All Recovery Treatment Teams were evaluated for one year in regards to incorporating the Recovery Process by using the same criteria as the OIG. Results were reviewed by the Leadership and Medical Executive Committees and the Treatment Teams quarterly. A new audit will be conducted this year regarding the Medical Record's compliance to the recovery process; again using OIG review criteria. 	<p>Conducted a hospital wide survey on "patient centered care" for employees and patients. Plans for follow-up on results will be the responsibility of the Recovery Operations Committee.</p> <p>Concluded the Performance Improvement Initiative regarding audits of the medical record for evidence of recovery implementation. Improvements were made in documentation of dialogues "with" the patient instead of "about the patient".</p>
Ongoing training to staff	<ul style="list-style-type: none"> Recovery Coach Training completed. Program up and running successfully. Recovery Coaches attend Recovery Team Conferences to support the patient. Workforce receives annual training on Recovery Educational session for staff and community offered during the month of October 	<p>No changes</p> <p>All new employees receive training on Recovery</p> <p>No changes</p>

Design of the Clinical Record

Who/What	December 2009 Report	Update for December 2010
Conversion of Clinical Record to Recovery Treatment Plan	<ul style="list-style-type: none"> 100% compliance for all new admissions 100% compliance for current patients 	<p>Unchanged, Continue with Recovery Treatment Plan Document</p> <p>Nursing audits charts randomly for compliance</p> <p>PI Initiative for compliance to Recovery process for Treatment Teams and the Medical Record concluded</p>
Recovery Readiness Assessment	<ul style="list-style-type: none"> Readiness Assessment updated and ready for approval from ROC 	<p>Completed</p>

Treatment Planning

Who/What	February 2009 Report	Update for December 2009
Recovery Coaches	<ul style="list-style-type: none"> • Training completed other than for new or replacement staff. Ongoing • 	No changes
Evaluation of Recovery Treatment Team	<ul style="list-style-type: none"> • Performance Improvement initiative was conducted for 1 year regarding evaluation of treatment Team compliance to OIG expectations for Recovery implementation. Final results of audit reported to the Leadership and Medical Executive Committee and feedback given to the Recovery Treatment Teams. Improvements were made regarding including all of the treatment team members feedback in patient conferences. • A new Performance Improvement initiative is being conducted now on the Medical Record and the Recovery Process. OIG criteria are also being used for this indicator. 	<p>Completed</p> <p>Performance Improvement initiative was conducted for 1 year. Final results of audit reported to the Leadership and Medical Executive Committee and feedback given to the Recovery Treatment Teams. Improvements were made regarding including all of the treatment team members feedback in patient conferences.</p>

Resident Activities and Opportunities

Who/What	December 2009 Report	Update for December 2010
Recovery Week	<ul style="list-style-type: none"> • Recovery week celebrated in October 	No changes
Family and patient surveys distributed annually and upon discharge	<ul style="list-style-type: none"> • Patient satisfaction surveys (overall satisfaction with PGH services) • LAR satisfaction surveys 	<p>No changes</p> <ul style="list-style-type: none"> • Annual Survey conducted in May 2010 • Discharged patients and AR's of discharged patients satisfaction surveys reviewed semi-annually

Who/What	December 2009 Report	Update for December 2010
Recovery Programming	<ul style="list-style-type: none"> • Patient programs re-formatted under the theme of "Bridge to Recovery". The new programs continue the Recovery process and include but not limited to Wellness, Discharge Readiness, Coping Strategies, Medication Management, and Symptom Recognition • New Recovery Afternoon Program (RAP) developed as follows: This program was designed and developed by members of the Rehabilitation Department to address the recovery needs of patients who have been identified to have certain educational needs that may be met through therapeutic interdisciplinary interventions. For the past 5 years patients have not been required to attend programs in the afternoon for various reasons, including tolerance levels and schedule conflicts. After the transformation to the Recovery Model of care, hospital staff realized that many of our patients desired and needed education in the areas of "Wellness", e.g., Medication Education, Discharge Readiness, Community Resources, Dietary/ Nutrition, Symptom Recognition, Relapse Prevention, Substance Abuse, Leisure Skills, and Exercise and Relaxation in order to remain in the community and live healthy. Specific goals include the following: <ul style="list-style-type: none"> • To provide recovery-based interventions to patients to assist in their discharge process to a community environment. • To educate, enhance, motivate, and empower patients by providing interventions that assist patients in achieving their goals of choice. • To provide the needed services through interdisciplinary processes. • To allow clinical departments the opportunity to provide at least one session consistently on a weekly basis. 	<ul style="list-style-type: none"> • Programs reformatted as planned <p>Program continues with great success</p>

Relationship to the Community

Who/What	December 2009 Report	Update for December 2010
Recovery Team, Community & Family Involvement Workgroup, PGH Social Work Dept, Piedmont Geriatric Institute	<ul style="list-style-type: none"> • ROC replaces Recovery Team • A news letter for the community is published twice a year "Piedmont Family Connection" • PGH, via the ROC, will continue to collaborate with other facilities to develop standards of practice for volunteer opportunities Unchanged 	<ul style="list-style-type: none"> • Unchanged • Outside "Recovery Session" brought to PGH for staff and the community during October 2009 • One patient going into the community for program purposes. .