

# Piedmont Geriatric Hospital

A LEADER IN GERIATRIC PSYCHIATRY



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

**December 2009**

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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 February 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.

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# **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. The Leadership Team has also made the “Recovery Process” as part of the hospital wide performance improvement initiatives.

## **Workforce Development**

Training of nursing employees has been expanded to include “Recovery Coaches”. All PGH clinical staff are receiving current Recovery information annually as part of the PGH annual inservice program. New employees are trained monthly as part of the orientation process.

## **Design of the Clinical Record**

All PGH records are now 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.

## **Treatment Planning**

One year of data has been collected and reviewed regarding the treatment teams’ compliance to the Recovery philosophy. Each treatment team was provided feedback and direction for areas in need of additional focus. Recovery Coaches continue to be a part of the Recovery Treatment Team which has had a positive impact on patient participation in 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. An entirely new program “RAP” (Recovery Afternoon Program) has been developed with positive results. Another year’s “Recovery Month” offered programs and activities for patient participation. Two patients now go 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                              | February 2009 Report   | Update for December 2009   |
|---------------------------------------|--|--|
| Director/CEO – Senior Leadership Team | <ul style="list-style-type: none"> <li>• Recovery initiatives implemented and in the maintenance phase.</li> <li>• Support Recovery initiatives by :               <ul style="list-style-type: none"> <li>-serving as ex-officio advisors on the ROC committee</li> <li>-participating in ROC activities</li> <li>-empowering the committee to carry out its' goals</li> </ul> </li> </ul>   | <ul style="list-style-type: none"> <li>• Continue to re-enforce "Recovery" as the hospital culture and support the Recovery Operations Committee in meeting their goals.</li> </ul> <p>In addition:</p> <ul style="list-style-type: none"> <li>• Included aspects of the Recovery Process in the Performance Improvement initiatives</li> </ul>  |
| Recovery Operations Committee (ROC)   | <ul style="list-style-type: none"> <li>• ROC Oversees the following Recovery-based workgroups:           <ol style="list-style-type: none"> <li>1. Consumer and Family Involvement – developed and implemented "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.</li> <li>2. Recovery month – Second annual throughout the month of October 2008 – Theme was "Recovery is a Community Effort"</li> <li>3. Recovery Readiness Reassessment – Reviews documentation processes to reflect the patient's phases and progress in Recovery. Recommends changes as appropriate</li> <li>4. Workforce Development – Continued training on Recovery for all new employees, yearly recertification for all staff, and training for "Recovery Coaches".</li> </ol> </li> </ul> | <ol style="list-style-type: none"> <li>1. Unchanged</li> <li>2. Sponsored another successful Recovery Awareness Program in October</li> <li>3. Revised the Recovery Readiness Assessment to be a more interdisciplinary measure to capture a holistic view of the patient and his/her recovery</li> <li>4. Unchanged</li> </ol> <p>In addition:</p> <ul style="list-style-type: none"> <li>• Revised Committee Charter in order to update the purpose and expectations to reflect future directions of the group</li> <li>• ROC has expanded its membership to allow improved hospital wide representation and input</li> <li>• Assigned and overseeing a sub-committee for "Cultural Diversity" planning and implementation</li> <li>• Divided ROC Team into two groups with a focus on initiating "Trauma Informed Care" and "Patient Centered" programs.</li> </ul> |

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|--|---|---|
| Recovery Operations Committee (ROC)<br>(Continued) | <ul style="list-style-type: none"> <li>• Established two Performance Improvement teams               <ul style="list-style-type: none"> <li>A. Aggressive Behavior Review – Goals Include:                   <ul style="list-style-type: none"> <li>-Decrease frequency of aggressive outcomes</li> <li>-Increase accuracy of recording aggressive incident</li> <li>-Increase staff retention and satisfaction</li> </ul> </li> <li>B. Staff Retention – In the data gathering stage. Plans to review the Virginia Tech staff retention study results just recently received.</li> </ul> </li> <li>• Efforts to improve the therapeutic milieu of the patient care units</li> <li>• Supported re-organization of unit space used to improve program areas</li> <li>• Establish a committee for Cultural and Linguistic Competency – Currently on hold</li> <li>• Supported the effort for a Peer Specialist to work 2 – 3 days a month</li> <li>• A state sponsored program whereby a person with a history of being in a mental health facility and in recovery would assist PGH with insight on Recovery. Peer Specialist was promoted to another position and did not come to PGH. No plans to replace at this time.</li> </ul> | <p>A. 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>B. Unchanged</p> <ul style="list-style-type: none"> <li>• Unchanged</li> <li>• The Space Use Committee continues to make assessments and changes to allow more space for program areas</li> <li>• See above page 5</li> <li>• On hold due to budget restraints</li> </ul> |

## Workforce Development

| Who/What  | February 2009 Report   | Update for December 2009  |
|---|--|---|
| Annual evaluation survey of staff knowledge of Recovery | <ul style="list-style-type: none"> <li>Annual evaluation scheduled for March 2009 will be orchestrated through the Healthcare Compliance Department</li> <li>PGH Outcomes Committee will review data, make any new recommendations based on data analysis</li> </ul>   | <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>A new audit will be conducted this year regarding the Medical Record's compliance to the recovery process; again using OIG review criteria.</li> </ul> |
| Ongoing training to staff                               | <ul style="list-style-type: none"> <li>Training of recovery coaches 98% complete</li> <li>Annual re-training mandatory for all staff completed in June 08 along with other hospital-wide mandatory training</li> <li>Training for all new employees included in orientation</li> <li>Educational sessions offered to the staff during Recovery Month (October 08) through the "Information Fair" and "Choices in Recovery" workshop</li> </ul> | <ul style="list-style-type: none"> <li>Recovery Coach Training completed. Program up and running successfully. Recovery Coaches attend Recovery Team Conferences to support the patient.</li> <li>Workforce receives annual training on Recovery</li> <li>Educational session for staff and community offered during the month of October.</li> </ul>   |

## Design of the Clinical Record

| Who/What   | February 2009 Report   | Update for December 2009   |
|--|--|--|
| Conversion of Clinical Record to Recovery Treatment Plan | <ul style="list-style-type: none"> <li>• 100% compliance for all new admissions</li> <li>• 100% compliance for current patients</li> </ul>   | <ul style="list-style-type: none"> <li>• Unchanged, Continue with Recovery Treatment Plan Document</li> <li>• Nursing audits charts randomly for compliance</li> <li>• PI Initiative for compliance to Recovery process for Treatment Teams and the Medical Record.</li> </ul> |
| Recovery Readiness Assessment                            | <ul style="list-style-type: none"> <li>• Recovery Readiness Assessment Committee reviewed current form and agreed that changes were needed. Recommendations on changes were brought to ROC. Roc empowered committee to choose the best plan and present to ROC in March 09.</li> </ul> | <ul style="list-style-type: none"> <li>• Readiness Assessment updated and ready for approval from ROC</li> </ul>   |

## Treatment Planning

| Who/What                              | February 2009 Report  | Update for December 2009  |
|---------------------------------------|---|---|
| Recovery Coaches                      | <ul style="list-style-type: none"> <li>• Addition of Recovery Coach to treatment planning process Training near completion</li> </ul>   | <ul style="list-style-type: none"> <li>• Training completed other than for new or replacement staff. Ongoing</li> </ul>   |
| Evaluation of Recovery Treatment Team | <ul style="list-style-type: none"> <li>• Evaluation of Recovery Treatment Team compliance to OIG observation list made a PGH Performance Improvement Initiative. Monthly 10 team conferences are observed and evaluated; quarterly results given to the Leadership Team and to the Treatment Teams. Process started October 08. Results indicate 95% compliance to the observation list with one minor improvement needed regarding including input from the entire treatment team. Treatment team leaders are ensuring that each patient's phase in recovery is identified and that all aspects of the OIG observation list is reviewed as appropriate.</li> </ul> | <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> <p>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> |

## Resident Activities and Opportunities

| Who/What   | February 2009 Report  | Update for December 2009  |
|--|---|---|
| Recovery Month   | Recovery Month subcommittee of the ROC to plan yearly event   | <ul style="list-style-type: none"> <li>• Unchanged – Recovery month celebrated in October 2009</li> </ul>   |
| Family and patient surveys distributed annually and upon discharge | <ul style="list-style-type: none"> <li>• Patient satisfaction surveys (overall satisfaction with PGH services)</li> <li>• LAR satisfaction surveys</li> </ul>   | <ul style="list-style-type: none"> <li>• Unchanged</li> <li>• Annual Survey conducted in May 2009</li> <li>• Discharged patients and AR's of discharged patients satisfaction surveys done quarterly</li> </ul>   |
| Recovery Programming   | <ul style="list-style-type: none"> <li>• Patient programs are in the process of being re-formatted under the theme of "Bridge to Recovery". The new programs will continue the Recovery process and will include but not limited to Wellness, Discharge Readiness, Coping Strategies, Medication Management, and Symptom Recognition</li> </ul> | <ul style="list-style-type: none"> <li>• Programs reformatted as planned</li> <li>• New Recovery Afternoon Program (RAP) developed as follows:</li> </ul> <p>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.</p> <p>Specific goals include the following:</p> <ul style="list-style-type: none"> <li>• To provide recovery-based interventions to patients to assist in their discharge process to a community environment.</li> <li>• To educate, enhance, motivate, and empower patients by providing interventions that assist patients in achieving their goals of choice.</li> <li>• To provide the needed services through interdisciplinary processes.</li> <li>• To allow clinical departments the opportunity to provide at least one session consistently on a weekly basis.</li> </ul> <p>The expected outcomes include the following:</p> <ol style="list-style-type: none"> <li>1. Reduced recidivism into PGH from the community (i.e., decreased re-admission rates) due to patient educational needs being filled;</li> <li>2. Reduced afternoon behavioral challenges due to increased structure; and</li> <li>3. Subjective patient feedback indicating increased satisfaction with PGH services.</li> </ol> <p>These goals are expected to be met within the first three (3) 12-week sessions.</p> |

## Relationship to the Community

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