Adair Acute Care at Osawatomie State Hospital
Overview
Adair Acute Care
Building Updates

- Transition from OSH
- A1/A2 (30 beds each)
- Professional hall
- Treatment rooms
- Interview rooms
- Patient rooms
- Group rooms
- New fencing
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Program Focus

Acute Psychiatric Care

• Psychotic conditions
• Delusional conditions
• Severe depression
• Bipolar disorder
• Suicidal ideation
• Homicidal ideation
• Mental health conditions that cause self-care failure
• Substance abuse – secondary or a detox protocol
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Operational Data September 1, 2016 – November 30, 2016

- Average Length of Stay = 16.3 Days
- Admissions = 253
- Discharges = 259
- Recidivism rates = 10 percent (Readmission within 30 days)
- Average Daily Census = 52.6
New organizational and governing body structure

- Quarterly reporting for oversight
- Approval of bylaws and medical staff appointments
- Weekly conference calls
Policy and Procedure Review

- Reviewed close to 200 policies. Revised at least half.
- Revised Medical staff bylaws
- Revised the Risk Management Plan (Approved by KDHE)
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Levels of Observation:

• 15-minute checks standard
• Line of Sight
• 1:1
Acuity Scales

- Medical acuity
- Psychiatric acuity
Committee Structures

• Administrative Executive Committee
• Committee of the Whole (“COW”)
• C.A.R.E. Committee (Committee to Access, Respect and Empowerment)
• Risk Management Committee
Revised Position Descriptions

- Director of Nursing
- Director of Social Services
- Program Manager
- Administrative Officer
- Staff Trainer
- Scheduler
- Risk Manager
- Infection Control Nurse
- Nurse Supervisors
- CEO
Increased physician coverage (7 days a week)

- Medical Directors
  - Psychiatry
  - Physical Medicine
- Four full-time psychiatrists
- Medical physicians
- Psychiatric residents cover weekends
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Quality Assurance/ Performance Improvement (QAPI)

• Internal monitoring
• New metrics
• Satisfaction Surveys
• 23 Current projects (examples below)
  ➢ Medical Transfers
  ➢ MHDDFT documentation reviews
  ➢ Nursing intake assessment
  ➢ RN documentation reviews
  ➢ Social services chart reviews
  ➢ Treatment planning—Near misses
  ➢ Psychiatric evaluations (w/n 24 hours of admission)
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Operational Changes

• Increased staffing schedule on units has resulted in:
  ➢ Reduced mandates
  ➢ Reduced overtime
  ➢ Reduction of nursing staff caseloads
    o 1 to 15 ratio per nurse
    o 1 to 7 ratio per Mental Health Technician
  ➢ Increased safety for patients and staff on units
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Operational Changes

• Increased focus on individualized treatment planning
• Increased focus on patient/staff safety
• Refined triage process
  ➢ Increased communication and streamlined workflow
  ➢ Stronger focus on determining medical stability of patients prior to admission
• Revised pharmacy protocols
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Operational Changes

• Strengthened discharge planning process
• Modified Electronic Medical Record (EMR)
  ➢ Additional templates
  ➢ New alerts
  ➢ DO3 (Electronic Card Index)
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Operational Changes

• Environment of Care
  ➢ Modified buildings
  ➢ Safety supplies
  ➢ Environmental rounds
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Professional Environment

- New dress code
- Vigorous training
- Development of support tools which will:
  - Monitor distribution of admissions
  - Admission/Triage process effectiveness
  - Staffing variance
- Newly defined mission/vision
Impact of Changes

- Substantial reduction of physical interventions
  - Physical restraints
    - 72 percent drop in October (Compared to September)
    - 62 percent fewer in November (Compared to September)
    - 25 percent greater in November (Compared to October)
  * Variances generally due aggressive patients with a high frequency of incidents. (Sometimes due to organic conditions)
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Raising Expectations

- Continue to improve the organizational culture
- Increased employee recognition
- Strive for better outcomes
- Develop a leadership model to achieve recognition as Center of Excellence