



Osawatomie State Hospital Overview

Osawatomie State Hospital: CMS/ The Joint Commission (TJC) Timeline

October 20, 2014: Complaint Survey

- Related to Nursing and Pharmacy Services
- Resulted in Immediate Jeopardy (IJ)

October 21, 2014: State Fire Marshal's Office Arrive

- Related to concerns about capacity
- Resulted in IJ
- Mitigated by 24/7 Fire Watch until occupancy fell below capacity

November 12, 2014: TJC Complaint Survey



Osawatomie State Hospital: CMS/ The Joint Commission (TJC) Timeline

December 1, 2014: CMS IJ Follow-Up Survey

- Resulted in the removal of IJ's for Nursing and Pharmacy Services

December 22, 2014: TJC Medicare Deficiency Survey

- Related to deficiencies found in November Complaint Survey
- Resulted in IJ for:
 - Ligature Risks
 - Individual and Environmental Checks
 - Medication Management
 - Infection Control



Osawatomie State Hospital: CMS/ The Joint Commission (TJC) Timeline

January 12, 2015: CMS Full Survey (All Conditions for A, B, and K Tags)

- A-Tags: Hospital Conditions
- B-Tags: Special Psychiatric Hospital Conditions
- K-Tags: Life Safety Codes
- Resulted in IJ for:
 - Nursing Services
 - Patient Rights
- Conditions out of Compliance:
 - Governing Body
 - Quality Assessment/ Performance Improvement (QAPI)
 - Medical Records (Active Treatment)
 - Discharge Planning
 - Staffing
 - Physical Environment

Osawatomie State Hospital: CMS/ The Joint Commission (TJC) Timeline

January 14, 2015: TJC Survey

- Related to IJs issued in November 2014 Complaint Survey
- Resulted in removal of IJs

January 21, 2015: TJC Medicare Deficiencies Survey

- No deficiencies found

February 12, 2015: TJC Denies Accreditation

February 18-20, 2015: CMS IJ Follow-up Survey

- IJs removed



Osawatomie State Hospital: CMS/ The Joint Commission (TJC) Timeline

July 13, 2015: CMS Complaint Survey

- Related to death of former patient after return to Nursing Facility for Mental Health (NFMH)
 - Conditions Out of Compliance:
 - Medical Records (Active Treatment)
 - Discharge Planning
 - Staffing
- Cleared of any concerns/responsibility related to NFMH death investigation

Osawatomie State Hospital: CMS/ The Joint Commission (TJC) Timeline

October 23, 2015

- KDADS and OSH receive formal notice that hospital will need to be “split” into separate and distinct facilities in order to receive certification
- Only units where the hospital is in full compliance, including physical environment can be certified
- Adair A Building construction completed by October 2015
- Only building that would be in full compliance due to physical environment requirements
- All remaining buildings to be licensed by KDHE only
- Termination Date moved to February 1, 2016 in order to allow hospital time to separate Adair A Building from the rest of the hospital



Osawatomie State Hospital: CMS/ The Joint Commission (TJC) Timeline

Separation

- In order to meet requirements to show separation of Adair A Building, the hospital had to address multiple areas of operation including but not limited to:
 - Independent Medical staff and Medical Bylaws
 - Independent Nursing staff
 - Independent policies and procedures
 - Contracting with the “licensed only” portion of the hospital for pharmacy services
 - Creation of dinning room area on unit

Osawatome State Hospital: CMS/ The Joint Commission (TJC) Timeline

November 3, 2015: CMS Complaint Survey

- Resulted in IJ:
 - Nursing Services

December 18, 2015: CMS IJ Follow-up Survey

- Nursing Services IJ remained
- Conditions Remaining out of Compliance:
 - Governing Body
 - Patient Rights
 - QAPI
 - Medical Records (Active Treatment)
 - Discharge Planning
 - Staffing
 - Physical Environment

December 21, 2015: Osawatome Decertified

Osawatomie State Hospital: CMS/ The Joint Commission (TJC) Timeline

February 2016 – KDADS and OSH decide to seek recertification

- Established consulting contract with Kathy Bolmer
 - 100% success rate in recertification efforts
 - More than 300 facilities
 - Employees team of highly qualified professionals with relevant experience and expertise in field and with CMS

July 28, 2016: CMS 855 A Application Submitted



Osawatomie State Hospital: Two Main Programs – SPMI and Forensic

1. Treating those with Severe and Persistent Mental Illness
2. Treating those with Court-Referred Assessment or Treatment Issues

Osawatomie State Hospital

Two Main Programs – SPMI and Forensic

1) Treating those with Severe & Persistent Mental Illnesses

- The primary focus is for individuals who have mental health disabilities, and who have had difficulties remaining in community placements once discharged.
- Treatment programs are individualized to address the unique, presenting issues for each person.
- The overarching goal is to help each person learn the skills necessary that will help them take on more active roles in life and overcome the barriers to living in the community (whether on their own, in a group setting or with the support of a nursing facility).



Osawatomie State Hospital Programs - SPMI

Treatment Approaches

- Cognitive Behavioral Therapy (CBT)
 - Most dysfunctional emotional & behavioral patterns are learned and are based on thoughts or interpretations, not on external things
 - Treatment is oriented toward helping people identify the maladaptive assumptions and beliefs that underlie their thinking
 - Assist individuals in learning more adaptive ways of thinking, behaving and relating

Osawatomie State Hospital Programs - SPMI

Treatment Approaches

- Psychopharmacological
 - Psychiatrists evaluate each person's past and present symptoms; medications already prescribed and the person's overall health
 - Based on this combination, medications are prescribed that are most appropriate to treat the symptoms for that individual
 - Symptom's are monitored and medications are adjusted as necessary, depending on the response to the medications

Osawatomie State Hospital Programs - SPMI

Treatment Approaches

- Social Learning
 - The environment (or “milieu”) is considered to be an area for ongoing, supportive therapy
 - Staff provide positive role modeling by demonstrating appropriate and effective interactions, conflict resolutions and emotions
 - Support is also given for effective, independent decision making on the part of each individual according to his/her treatment plan



Osawatomie State Hospital Programs - SPMI

Treatment Schedule

- Group and Individual Therapy (per each patient's treatment plan) is provided by Master's level Behavioral Health Clinicians
- Psycho-educational and Therapeutic Activity Groups are provided each day throughout the year
- Regular meetings with the interdisciplinary team to review and update the treatment plan (the team consists of the psychiatrist, Master's level clinician, Registered Nurse, Social Worker, Patient, and other Clinical Staff or Appointed representatives, as appropriate.



Osawatomie State Hospital Programs - SPMI

Patients demonstrate stability and readiness for discharge by:

1. Taking medications as prescribed
2. Are not a threat to themselves or others
3. Cooperate with blood draws for labs
4. Work actively on progress towards treatment goals
5. Complete self-care/grooming tasks consistently
6. Regularly attend groups and activities
7. Cooperate with hospital Social Workers and Community Mental Health Center Liaisons during the discharge planning process



Osawatomie State Hospital Programs – Forensic

2) Treating those with Court-Referred Assessment or Treatment Needs

- The Forensic program’s primary focus is on individuals who have been referred for assessment of their competency to stand trial, OR
- Require treatment to assist getting them to the point of being competent to stand trial.
- Individuals who have been determined “Not Guilty by Reason of Insanity” (NGRI) and who have successfully been treated at a more secure location may be referred to OSH for continuing treatment as a “step-down” process
- Continuing the treatment for NGRI patients to attain a status that allow be conditionally released by the courts



Osawatomie State Hospital Programs - Forensic

Treatment Approach and Outcomes

- The goal is to address the patient's ability to communicate with the attorney responsible for his/her defense, and understand both the rational and factual elements of a court hearing/process
 - What is competency/Why you are at the hospital
 - Understanding of legal charges, and the implications of being found guilty
 - Roles/responsibilities of courtroom personnel
 - Communicating with the defense attorney
 - The importance of truth
 - Court terminology
 - Appropriate courtroom behavior



Osawatomie State Hospital Programs - Forensic

Treatment Approach and Outcomes

- Assessment, treatment and training includes material from multiple sources to ensure that all patients are provided adequate care to address competency issues
 - Mock Trials
 - Worksheets and discussions
 - Keys to Competency Training
 - Ongoing Workbook Completion
 - Individual and Group Therapy
 - Psycho-educational and Therapeutic Activities



Osawatomie State Hospital Programs - Forensic

Patient Outcome Goals

- **Competency Assessment and Restoration**
 - Stability in symptoms sufficient to allow for effective and meaningful communication with his or her attorney. Patient has an understanding of personal legal charges and courtroom mechanics
- **Not Guilty by Reason of Insanity (NGRI)**
 - Ability to demonstrate, consistently, appropriate behaviors towards self and others. Patient has been stabilized on his or her prescribed medication regimen and is approved by the courts as safe to discharge to a less restrictive facility



Osawatomie State Hospital Programs - Outcomes

Patient Satisfaction Survey

- Completed during discharge planning process
- Anonymous
- 5-point Likert scale with option to provide narrative comments on each question
- Data collected reviewed and used by hospital to determine improvements in care and perception of care and communication with patients

Schwartz Outcome Scales (SOS-10)

- Research-validated questionnaire designed to assess patient's perception of their need for treatment
- Provided to all patients at time of admission (baseline measure) and discharge (goal measure) to determine if there has been a change in overall score as a result of treatment
- Scores with changes of +8 are considered significant



Osawatomie State Hospital Community Participation

Community Partners

- Citizens Advisory Board – Meets three times per year to review ongoing operations at the hospital. The Board consists of local legislators, hospital and chamber representatives, and local/state organizations
- Friends of the Mentally Ill – A support organization dedicated to assisting the patients at the hospital through monthly “treats” and annual Holiday gifts, as well as providing a volunteer “face” for the mentally ill
- Quarterly Mental Health Reform meetings with the Executive Directors of area Community Mental Health Centers to work through continuing, mutual support issues for the patients being jointly served



Osawatomie State Hospital Changes Since 2014

Nursing Services

- A concerted effort to recruit new and retain existing Registered Nurses, including but not limited to:
 - Revising the nurse staffing pattern and supervision by adding experienced Nurse Manager/House Supervisors.
 - Increasing RN salaries to an attractive, competitive rate.
 - Allowing flexible shifts and exploring additional benefits such as tuition reimbursement.
- MHDDT salaries have also been raised to an attractive and competitive rate, and additional training is provided to improve core competencies.



Osawatomie State Hospital Changes Since 2014

Nursing Services (Continued)

- The hospital now staffs to its acuity needs, including consideration of heightened levels of observation and special precautions
 - Additional staff are brought on to perform these heightened levels of observation and special precautions.
- Nursing documentation tools and resources have been reviewed and revised to ensure they are comprehensive, and policies have been revised accordingly.
- Nursing staff have received training, including role play, on how to engage with patients in a therapeutic and friendly manner, for a safe and comforting milieu.



Osawatomie State Hospital

Changes Since 2014

Nursing Services (Continued)

- All direct care staff have now been trained, with return demonstration of competency in the nationally recognized Crisis Prevention Institute (CPI) methods of de-escalation and intervention.
 - This ensures a consistent and safe approach for patients who evidence escalation, aggression, violence or other actions that may cause harm to themselves or others.
 - CPI has also certified trainers among the staff so that they may continue to provide training as part of onboarding new staff, and providing annual refresher training for existing staff.



Osawatomie State Hospital Changes Since 2014

Safety & Security

- Additional Security Officers are now on-site 24/7 to assist with safety and security of patients and staff.
 - Orientation and training for security officers includes CPI and education aimed at increasing awareness and understanding of the psychiatric population served.
 - Routine walk-through of all units and ready availability for emergencies
- Security officers search all patient belongings upon admission, before the patient enters the unit.



Osawatomie State Hospital Changes Since 2014

Physical Environment

- Renovations to address immediate issues were made as well, including but not limited to:
 - Door handles replaced;
 - Shower heads and controls replaced;
 - Sink Faucets and controls replaced;
 - Containment of plumbing fixtures;
 - Soap and towel dispensers replaced;
 - Vent and sprinkler head replacement;
 - Bed linens replaced with flat sheets only;
 - Patient gowns replaced with snap closures;
 - Tamper-proof screws;
 - Mirrors replaced with stainless steel model;
 - Patient telephone cords were shortened;
 - Beds and mattresses have been replaced with behavioral health safe models.



Osawatomie State Hospital Changes Since 2014

Physical Environment (Continued)

- New furnishings and fixtures have been added to common areas, interview rooms and assessment and intake areas.
- All furnishings have been identified as safe for use in an acute psychiatric hospital setting by the Design for the Built Environment for Behavioral Health guide.

Osawatomie State Hospital Changes Since 2014

Medical/Psychiatric Services

- The Hospital has now employed physicians for the medical needs of patients.
 - Physicians are now on the units daily and on-call 24/7, to monitor existing medical problems and those that arise during hospitalization.
 - Physicians complete a History and Physical Examination for each patient within 24 hours of admission.
 - ✓ The Charge RN adds any patients with medical problems for “sick call” onto a clipboard list each night.
 - ✓ The physician(s) pick up the clipboard when they arrive in the morning, prioritize the list based on acuity, and then see each patient.
- If needs arrive during off-hours, the on-call physician is called to provide medical guidance and comes in to see the patient if indicated.



Osawatomie State Hospital Changes Since 2014

Medical/Psychiatric Services

- The Hospital has now employed full-time psychiatrists, onsite and on-call 24/7.
 - Psychiatrists complete a psychiatric evaluation for each patient within 24 hours of admission.
 - Psychiatrists now attend, participate in and oversee Interdisciplinary Treatment Planning.
- The Medical Director is a psychiatrist who is on-site and on-call.



Osawatomie State Hospital Changes Since 2014

Medical/Psychiatric Services

- Comprehensive Education and Training was provided to the Medical Staff focused on the Medical Records Requirements for Psychiatric Hospitals and physician documentation.
 - The Requirements were distributed and examples used to practice new templates.
- Consultants and the Medical Director have rigorously audited physician documentation and required corrective action for any deficiencies.



Osawatomie State Hospital Statistics

- Each active program at OSH has been at 90 to 100 percent of capacity throughout the year, and at no point has the licensed capacity been exceeded.
- As of November 30, 2016, there had been a total of 489 admissions to both hospitals a Osawatomie during FY2017; during FY2016 there were 1,205 admissions in total.
- The 30-day readmission rate for OSH over the last 12 weeks has been 6.7 percent
- The average length of stay over the last three months has varied from a low of 30 days to a high of 134 days (with the median varying from 25 days to 133 days).



Osawatomie State Hospital Statistics

- Since it began, the average wait time on the bed availability list is approximately 41.3 hours (for other than OTO revocation, SBU returns and corrections transfers)
- For OTO Revocations, SBU returns and corrections, it is approximately 177.8 hours
- Since September 1, 2016 (the formal opening of AAC), the average time on the bed availability list is approximately 50.9 hours (for other than OTO revocation, SBU returns and corrections transfers)
- For OTO Revocations, SBU returns and corrections, it is approximately 138.5 hours