



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 (I cannot remember the number of facilities she's worked with)
 - 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: CMS/ The Joint Commission (TJC) Timeline

- May 8, 2017 – CMS Survey of AAC Begins
 - CMS and CMS contracted Surveyors on site for full survey May 8th through May 12th
 - AAC begins developing plan of correction concerns addressed during exit conference with survey team
- June 9, 2017 – AAC Receives CMS 2567 Report
 - AAC continues to work through plan of correction based on concerns addressed in 2567 report
- July 25, 2017 – AAC Sends Request for Subsequent Certification Review



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 – Forensic

2) Treating those with Court Referred Assessment or Treatment Issues

- The primary focus is for individuals who have been referred for assessment of their competency to stand trial, OR
- Treatment to assist getting them to the point of being able 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 they can be conditionally released by the courts

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 & 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 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 provided to improve core competencies.



Osawatomie State Hospital Changes Since 2014

Nursing Services (Continued)

- The hospital now staffs to acuity, 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

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 Statistics

- Each active program at OSH has been at 90% to 100% of capacity throughout the year, and at no point has the licensed capacity been exceeded.
- As of July 31, 2017, there have been 261 admissions to OSH and 984 admissions to AAC
- The 30-day readmission rate for AAC over the last 12 weeks has been 9.57%
 - 20 re-admissions of the 209 total discharges
- The 30-day readmission rate for OSH has been 0%

Osawatomie State Hospital Statistics

- The average length of stay over the last 3 months at AAC has varied from a low of **1 days** to a high of **145 days** (with the median varying from **12 days to 15 days**).
- At OSH, the average **137** with the median being **45**.

Osawatomie State Hospital Statistics

- Since it began, the average time on the bed availability list is approximately 48.5 hours (for other than OTO revocation, SBU returns & corrections transfers)
- For OTO Revocations, SBU returns & corrections, it is approximately 233.0 hours
- Since September 1, 2016 (the formal opening of AAC), the average time on the bed availability list is approximately 63.1 hours (for other than OTO revocation, SBU returns & corrections transfers)
- For OTO Revocations, SBU returns & corrections, it is approximately 278.4 hours

OSH RFP PRESENTATION DATES

Thursday, August 24th

1:00pm – 3:00pm
CDDO Conference Room
615 N. Main
Wichita, KS 67203

Tuesday, August 29th

1:00pm – 3:00pm
Four County Mental Health Center
3751 W. Main
Independence, KS 67301

Friday, August 30th

10:00pm – 12:00pm
Capitol Visitors Center Auditorium
Kansas State Capitol

Friday, September 8th

1:00pm – 3:00pm
KCK Public Library – West Branch
1737 N. 82nd St.
Kansas City, KS 66112

