

Catawba Hospital

Person Centered Care and Recovery

Where Do We Go From Here?



March 1, 2014

“ . . . a person with mental illness can recover even though the illness is not “cured”

[Recovery] is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness”.

(Anthony, 1993).

Anthony's statement provides a poignant starting premise for building use of recovery principles, supporting attitudinal transformation in our staff and integrating empowering principles and tools in our planning and work, collaborating with the persons we serve.

Catawba Hospital Mission Statement:

To support the continuous process of recovery by providing quality psychiatric services to those individuals entrusted to our care.

Catawba Hospital Vision Statement: *EXCELLENCE*

Catawba Hospital CORE Values: *EXCELLENCE* in

- Clinical Service
- Consumer Recovery
- Corporate Stewardship

The following document represents the efforts of Catawba Hospital staff in our planning process for improving the recovery-based treatment and supports for those individuals who utilize our services, as well as those individuals who care for and support them.

CULTURE CHANGE

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Promote recovery through the written materials originating from the facility.	Brochures, information sheets, marketing materials, educational materials, and other printed materials originating from the facility will be reviewed and revised to incorporate recovery language and concepts.	Printed materials will be evaluated.	4 months	Culture Change Subcommittee	Brochures, staff educational materials, and marketing materials were reviewed and revised to include up to date recovery concepts and language. <i>(Peer Specialist Staff Brochure)</i>
To support change toward culture of recovery	To determine if current material needs to be updated	Inventory present materials. See what is new and available	Evaluate annually	Culture Change Subcommittee	Purchased and received donations of books and other educational materials related to mental health and recovery for the Patient Library.
Enhance the aesthetic elements of the living environment for individuals receiving services to make them more welcoming	<p>Use service recipient artwork to decorate the units. Choose the artwork from a service recipient juried art show at the Facility.</p> <p>Research what is available. (furniture, wall décor to make hospital more welcoming)</p> <p>Offer suggestions that are low cost or minimal cost that are appropriate to setting</p>	<p>Artwork created by individuals receiving services will be mounted. Art Show will be scheduled.</p> <p>Make recommendations to executive board</p>	<p>12 months</p> <p>6 - 8 months</p>	Culture Change Subcommittee	<p>Individuals' artwork was submitted to an art show at VTCOM. The artwork was picked up and is ready for display. Mounting techniques to display artwork are currently being explored.</p> <p>A recovery themed wall decal was created and displayed across from the main elevators on the 1st floor.</p> <p>Currently working with an interior designer from Barrows Inc. on creating new valances for solariums on patient units.</p> <p>Searching for low cost posters to use for wall décor on individual units, 3rd Floor, and elevators.</p>

CULTURE CHANGE

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Transition to person first language in documentation and interpersonal communication among staff and with persons receiving services.	Use communication tools throughout hospital. Evaluate current communication tools.	Communication tools are displayed.	12 months	Culture Change Subcommittee	Recovery brochures were revised to use person first language. This will be done on an on-going basis to keep the brochures up-to-date.
Successfully integrate peer support employee into the Facility culture.	Develop communication tools to educate staff and individuals we serve on role of Peer Support Specialist.	Communication tools displayed	3 months	Peer Support Specialist Active Treatment Subcommittee	Developed a brochure educating about the role of a Peer Support Specialist which is now distributed during employee orientation.
Develop materials to help individuals receiving services and significant others understand the recovery process.	An information sheet, outlining basic recovery-based concepts and language, will be developed and given to each person receiving services early in their hospitalization. This can also be sent to their significant others if appropriate.	Information sheet is given to individuals we serve early in admission.	6 months	Culture Change Subcommittee	Revised the Recovery Brochures to include current recovery concepts and a list of staff members on the individual's assigned Treatment Team. The text in the body of the brochure was also simplified and changed to person first language to make the brochure user friendly. <i>(Mental Health Recovery Brochure)</i> Plan Authors were educated on distributing the Recovery Brochures at the time of assessing Personal Recovery Goals.

CULTURE CHANGE

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
<p>Employees will demonstrate retention and growth of positive attitudes and beliefs about recovery since beginning employment.</p>	<p>Follow-up questionnaire for all new employees three months after completion of classroom orientation.</p> <p>Assess method of determining growth of positive attitudes. Will develop and revise as needed.</p>	<p>Sub-committee will identify methods for measuring growth and implement them.</p>	<p>8 months</p>	<p>Culture Change Subcommittee</p>	<p>Reviewed current method of measuring employees' positive attitudes about recovery since beginning of employment.</p> <p>Analyzed results from new employee Recovery Surveys as well as the three month follow up Recovery Surveys from 2012 and 2013.</p> <p>From 2009-2013, there was an average of a 9.1% growth of positive views of recovery from the start of orientation to three months after.</p>

RECOVERY SUPPORT COUNCIL DEVELOPMENT

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
To develop a Peer Council	Establish a process for determining members and develop infrastructure.	A Peer Support Council will be established and functioning.	9 months	Peer Council Development Subcommittee	<p>Researched to find other facilities/similar councils Created by laws based on research and information from multiple resources (<i>Council Bylaws</i>) Created an application and interviewing potential council members in June (<i>Application for Peer Council Membership</i>) Created education plan and communication plan to educate staff on roles/practices of council (<i>Communication Plan</i>)</p>
Determine best practices through what other hospitals and organizations have done	Research Consider field trip	Implement best practice in regard to developing a Peer Council	3 months	Peer Council Development Subcommittee	<p>Contacted counterparts at other facilities in hopes of finding similar councils at local facilities. There was no similar council that we could visit. Research was conducted on similar councils bylaws, common practices, membership qualifications and terms, etc.</p>
Determine role and lines of communication at Catawba.	Take recommendations from peers. Determine how consults are made. Research existing councils and make recommendations.	Guidelines established for Peer Council	3 months Develop role 6 months Lines of communication	Peer Council Development Subcommittee	<p>Conducted a focus group at treatment mall and on the units to gather information, concerns and ideas from individuals that we serve (<i>Focus Group Questions</i>) Reviewed the findings of the focus group and created the purpose and goal of the council based on the needs and interests of the individuals that we serve (<i>Focus Group Schedules</i>) Created a referral form (<i>Referral Form</i>) that will be used to inform the council that an individual would like to get in contact with the council Determined how often the council will meet on the units with individuals that we serve to hear their concerns and to also inform of progress made by the council (<i>Recovery Flyer Patient</i>) and (<i>Recovery Flyer Staff</i>) The overall process was based on research from similar councils and from the information that was gathered from the focus group (<i>Flyer for eBoard</i>) and (<i>RSC Brochure</i>)</p>

RECOVERY SUPPORT COUNCIL DEVELOPMENT

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Train staff on Peer Council role.	Determine and provide training for staff on role of Peer Council	Staff will be trained	9 months	Peer Council Development Subcommittee	Education plan was created and reviewed by Melanie Ham, Director of Staff Development (<i>Education Plan</i>) Implemented education plan in March and completed in June

TREATMENT PLANNING

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
<p>Support the input of families and significant others when they are part of the natural support system for the individual receiving services.</p>	<p>Treatment Teams will contact and involve families and significant others in supporting the success of the individual receiving services when they are part of the natural support system. Will make accommodations to assist with scheduling or transportation difficulties.</p>	<p>Treatment Plans will include a section focused on input from family when this is appropriate to the individual's treatment situation.</p> <p>Evaluate Electronic Health Record (EHR) to determine if family input included.</p>	<p>3 months</p> <p>9 months</p>	<p>Treatment Planning Subcommittee</p>	<p>Previously Completed</p> <p>During the past 2 years, Michael Gray, disAbility Law Center of Virginia, has provided four quarterly updates yearly on the rights of individuals receiving services as well as on opportunities for involvement in receiving services outside of the facility to enhance post-discharge planning. This education continues.</p> <p>Audit Results 1/8/14 revealed the following: Family education or inability to (i.e. no family to educate) is being documented.</p> <p>*We have no EHR to evaluate at this time. However, the practice of including this process in any new treatment plan program needs to be looked at by the teams when a program is initiated.</p>
<p>Assure person receiving services long range goals are supported by the Treatment Plan.</p>	<p>Work with Teams to assure they focus on the short range goals of persons receiving services, and, that these goals are consistent with the individual's identified long-range goals.</p> <p>Assess current use of form.</p>	<p>Treatment Plans will have short-range goals that support the person receiving services long-range goals.</p> <p>Forms will be used consistently and are part of treatment plan.</p>	<p>4 months</p> <p>4 months</p>	<p>Treatment Planning Subcommittee</p>	<p>Personal Recovery Goals form revised 08/07/13 (with HIM approval), implemented 09/18/13; education email sent to Treatment Planning Coordinators to help with transition.</p> <p>Audit of treatment plans (on K Drive) in July 2013; return rate of 72% (adults) and 49% (geriatric.).</p> <p>Re-Audit of treatment plans done in December 2013; return rate of 100% (adults) and 100% (geriatric). Completed revised Personal Recovery Goals form.</p>

TREATMENT PLANNING

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Develop and implement methods to assure treatment planning input from persons receiving services.	<p>Assess use of form.</p> <p>Utilize shared decision making practices.</p>	Form is being used consistently.	4 months	Treatment Planning Subcommittee	<p>Creation of form(s) based on the Ottawa forms for Family and Individuals. These forms have been approved and added to the intranet page. <i>(Family Shared Decision Guide - Print Version)</i> and <i>(Personal Shared Decision Guide - Print Version)</i></p> <p>Training via email with guidance to Treatment Planning Coordinators to disseminate to the teams.</p>
<p>To improve quality and individuality of Treatment Plans.</p> <p>Maximize individual participation in the development and revision of the treatment plan.</p>	<p>Individuals encouraged to review and sign Treatment Plan. Authorized Representative (AR) also communicates agreement with plan</p> <p>To review and revise treatment planning policy and guidelines</p> <p>Explore methods to include individuals who lack capacity in the Treatment Planning process including having them sign their plans.</p> <p>Develop training</p> <p>Plan for implementation, measurement, and maintenance</p>	<p>Documentation that individual was educated and signed plan or refused.</p> <p>Documentation that AR/guardian agrees or continues to agree with plan.</p> <p>Must cross reference note in chart that states concurrence</p> <p>Training completed</p> <p>Documentation of individuals involvement</p>	<p>6months</p> <p>6 months</p> <p>6-9 months</p> <p>9 months</p>	Treatment Planning Subcommittee	<p>Audit Results 1/8/14 revealed the following: Individuals are signing treatment plans or documentation as to why their signature was not present.</p> <p>Audit Results 1/8/14 revealed the following: This is being documented.</p> <p>Audit Results 1/8/14 revealed the following: Individuals are signing treatment plans or documentation as to why their signature was not present.</p> <p>Once Treatment Guidelines are in place, education (e-mail) will be sent to Treatment Planning Coordinators.</p>

TREATMENT PLANNING

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Peer support or counselors will be available to individuals receiving services to support their participation and advocate for their input and choice in the development of treatment plans.	Facilitate support of the individual receiving services when natural supports are not available.	Peer Support Specialist will log request made to attend team.	6 months	Treatment Planning Subcommittee	Catawba hired a Peer Support Specialist in October 2011. He is facilitating groups as well as providing one on one support as requested by individuals receiving services. He also attends treatment team meetings.
	Develop materials to educate individuals, staff, and significant others regarding peer support role and resources.	Materials developed and made available.	2 months	Culture Change Sub-committee	<p>A poster with information about Peer Support was created and printed. These posters will be mounted in cases on each floor and included in intake packet.</p> <p>Flyer also will be sent to the Authorized Representative in the packets from Social Work and given to family members during face-to-face meetings.</p> <p>Catawba Continues to employ a Peer Support Specialist.</p>
	Develop plan for individual referrals to Peer Support Specialist.	Process in place for referrals	8 months		Binders have been received and a designated person has completed educating the Unit Supervisors and Unit Secretaries on the procedure.

ACTIVE TREATMENT

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
<p>Incorporate successful methods for utilization of a peer specialist.</p>	<p>Gather information from other state hospitals concerning how peer specialists are utilized in their treatment programs.</p> <p>Implement best practices of Peer Support Specialist.</p>	<p>Report of data gathered from sister facilities</p> <p>Peer Support Specialist is utilized in best practices.</p>	<p>6-9 months</p> <p>6-9 months</p>	<p>Active Treatment Sub-committee</p> <p>Treatment Planning Sub-committee</p>	<p>Information gathered from other state hospitals and local private hospital which typically send individuals to this facility. Information collated and presented to recovery committee in September 2013.</p>
<p>To provide recovery and wellness based programming that encourages participation of the individuals we serve.</p>	<p>Poll individuals in what would support their participation in Active Treatment programming.</p> <p>Review/revise current programming in Active Treatment Mall.</p>	<p>Continue to keep record of Treatment Mall census.</p> <p>Groups are developed or revised as indicated to provide person centered care.</p>	<p>On-going</p> <p>6 months.</p>	<p>Active Treatment Sub-committee</p>	<p>Poll of individuals completed and information presented to recovery committee in September 2013. Information from poll used to develop and revise group programs, including adding sections of some groups and revamping several other groups.</p> <p>Ongoing development/revision of groups including changing names, updating group descriptions, referral criteria and treatment processes.</p> <p>Developing system of 16 week “semesters” to facilitate individuals’ ability to change groups, and provide mechanisms for group leaders to evaluate groups on a regular and ongoing basis. Expect that the new programming system will be active no later than July 2014.</p>
<p>Relevant leisure opportunities will be developed for non-treatment program times.</p>	<p>Develop options to provide programming during non-treatment mall hours.</p> <p>Seek input from peer council</p>	<p>Leisure program developed.</p>	<p>12 months</p>	<p>Active Treatment Sub-committee</p>	<p>Ongoing review of available programs, especially availability of staff to lead groups on unit. Looked at using mental health techs to lead or co-lead on unit groups.</p> <p>Mental Health Techs duties will be coordination of groups/activities on the unit.</p>

ACTIVE TREATMENT

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Treatment program will expand to improve resilience of individuals receiving services through increased vocational opportunities.	Develop services leading to employment opportunities in vocational areas that are not presently available within the treatment program with input on preferences from individuals receiving services.	Develop new options for vocational opportunities	12 months	Active Treatment Sub-committee	Looked at current vocational preparation groups, and these are being revised along with the other active treatment programs. In progress.

COMMUNITY/HOME LINKAGE

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
<p>Increase awareness of local, regional and state wide peer and family resources.</p>	<p>Will partner with community based agencies to provide wellness based resource information regarding availability of resources in the community.</p> <p>Will develop a method for disseminating resource information</p> <p>Consult with Peer Council on best method to do this</p>	<p>Resource material is developed and available.</p>	<p>3 months</p>	<p>Community/Home Linkage Subcommittee</p>	<p>Recommend:</p> <ul style="list-style-type: none"> • To give individuals (at discharge) a colored paper containing contact information on all the relevant resources and groups available in the community that support various aspects of recovery (including but not limited to local AA/NA, MHA, NAMI, VOCAL, etc. • To give individuals (at discharge) pamphlets and brochures from 211 resources, MESA, NAMI.
<p>Explore new vocational opportunities available from the Department of Rehabilitation Services (DRS).</p>	<p>Facility staff will meet with representatives from the Department of Rehabilitation Services (DRS) to explore what additional vocational supports could be made available to individuals receiving services both prior to and following discharge. Individuals receiving services will give input on desired services.</p> <p>Will continue consultation with DRS to provide supported employment opportunities for persons interested.</p>	<p>Patients will participate in vocational activities as available and appropriate.</p>	<p>6 months</p>	<p>Community/Home Linkage Subcommittee</p>	<p>Recommend:</p> <ul style="list-style-type: none"> • DRS to provide an in-service to Treatment Team members, providing them information regarding vocational services suitable through their agency. • Treatment Teams to meet with individuals periodically to assess those appropriate and willing for DRS related services and then refer such individuals to attend monthly meeting with DRS staff.

COMMUNITY/HOME LINKAGE

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
To bridge transition of care from hospitals to community	<p>Explore current best practices to support follow-through of community care.</p> <p>Possible strategies: involvement in planning, develop WRAP Plan, Advance Directives.</p> <p>Collaborate with Treatment Planning Committee</p>	<p>Development facility appropriate suggestions to support goal.</p> <p>Implement the strategy developed.</p>	<p>3 months</p> <p>6 months</p>	<p>Community/Home Linkage Subcommittee</p> <p>Community/Home Linkage Subcommittee (in collaboration with) Treatment Planning Sub-Committee</p>	<p>Recommend:</p> <ul style="list-style-type: none"> • Starting a “discharge group” at Catawba Treatment Mall, designed specifically to address discharge related issues • Continuing discharge instruction forms as such. • Mailing a reminder letter to individuals after their discharge reminding them about their appointments. • To provide a discharge bag to discharge ready individuals. • To integrate into the Treatment Plan, the section of “Personal Recovery Goals” questionnaire that pertains to WRAP/PAD. • To give every individual a brochure with information on WRAP/PAD development after discharge. • To continue assisting the interested patients in developing WRAP/PAD during WRAP group at Catawba.

06/30/14-revised
TS/bjd