

Culture of Recovery

Issue Statement: To create a culture of recovery for all clients and staff.

Objectives	Strategies	Responsible Parties	Key Stakeholders	Anticipated Outcomes	Current Status by Strategy 7-5-05
1. Increase recognition that clients staying out of S/R is a success	1. Form a team to develop methods to improve staff selection processes in order to better identify those with values more consistent with rehabilitation philosophy 2. Team to identify strategies for increasing staff recognition that clients staying out of S/R is a success 3. Have RESPECT Institute speakers to present to existing staff as part of annual mandatories . 4. Units/Programs/Wards develop ways to celebrate successes related to S/R reductions	<ul style="list-style-type: none"> ▪ NLC ▪ HRDC ▪ Staff Councils ▪ Staff Focus Groups ▪ RESPECT Speakers and Vicki Bridges ▪ Staff Development Program ▪ Leadership 	<ul style="list-style-type: none"> ▪ Clients ▪ Families ▪ Guardians ▪ Staff 	1. Heightened awareness by both clients and staff about aggression, seclusion and restraint reduction, and safety. 2. Fewer S/R incidents and related injuries.	1. Values Driven Hiring team presented report to FET on 2/8/05. Current action on recommendations: <ol style="list-style-type: none"> a. Selected 1 hiring team for entire campus (nominees rec'd from BFC & HPC; currently training them to conduct interviews) b. standardized interview protocol developed c. Plan to test essential job skill of reading/writing with sample ITP, MSDS d. Team will continue review & comparison of Step One Survey & other tools (Janie S. & Tom B. working on bids) e. Create info kiosk in Personnel f. SA title changed to Forensic Rehab Specialist on 6/17/05 Pending recommendations: Job matching, Float pool, Hiring team follow-up process, CQI retention team 2. No team formed yet; Use of Data group working to develop processes to get S/R information to ward staff more immediately & in form of episodes. 3. Ongoing, but need to re-

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					<p>emphasize S/R experiences as part of presentations.</p> <p>4. Project staff meeting with BFC BLAST committee to develop client-driven non-violence campaign starting in July, will need to involve client welfare \$\$\$ & units/wards/programs to support</p>
<p>2. Increase client involvement in treatment</p>	<ol style="list-style-type: none"> 1. Seek input from client councils on creating culture of non-violence 2. Have clients help develop orientation packets for new clients 3. Workgroup to develop guidelines for ITP's and reviews that are more client centered and recovery oriented 4. Workgroup to develop client training module about MH system and commitment status 	<ul style="list-style-type: none"> ▪ Tony Menditto ▪ Treatment Council ▪ Program Coordinators ▪ RESPECT Speakers and Vicki Bridges ▪ Client Advocates ▪ Client Councils ▪ Community Meetings 	<ul style="list-style-type: none"> ▪ Clients ▪ Families ▪ Guardians ▪ Staff 	<ol style="list-style-type: none"> 1. Revised program schedules with more client choice in groups and activities. 2. Program orientation packets developed by clients. 3. Fewer S/R incidents and related injuries. 	<ol style="list-style-type: none"> 1. Project staff meeting with BFC BLAST committee to develop client-driven non-violence campaign starting in July, will need to involve client welfare \$\$\$ & units/wards/programs to support , will need to involve client councils in GFC & HPC; follow-up on client ideas 2. Family/client education packets sent to Cathy Bruns to forward to unit CRC's. 3. Treatment Plan Redesign team Current actions: <ol style="list-style-type: none"> a) New ITP manual currently being revised b) 2nd Draft to be disseminated to team members in two weeks c) Will follow with dissemination to select staff & persons in recovery for input Pending actions: <ol style="list-style-type: none"> a) Present recommendations to FET b) Develop training protocol for using new ITP, emphasizing the

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					<p>necessary “cultural shift”</p> <p>c) Design a collection analysis for measuring degree of success of implementation</p> <p>4. Marty Martin to obtain copy of M3HC packet on commitment status.</p>
<p>3. Provide enhanced opportunities for clients to own the treatment planning process</p>	<ol style="list-style-type: none"> 1. Redesign treatment plan document to move toward a more client goal/outcome focused document that emphasizes hope and the potential for recovery 2. Survey clients as to how participation in treatment team meetings could be redesigned to be a more positive and client-friendly experience and modify the process accordingly (value = “nothing is said about a client that can’t be said to a client”) 3. Explore potential role for Peer Specialist during treatment team meetings. 	<ul style="list-style-type: none"> ▪ Medical Records Committee ▪ Treatment Plan Manual Committee 	<ul style="list-style-type: none"> ▪ Quality Improvement Officer ▪ Clients ▪ Treatment Teams 	<ol style="list-style-type: none"> 1. Clients will report enhanced satisfaction with the Treatment Planning process. 	<ol style="list-style-type: none"> 1. Treatment Plan Redesign team Current actions: <ol style="list-style-type: none"> a) New ITP manual currently being revised b) 2nd to be disseminated to team members in 2 weeks c) Will follow with dissemination to select staff & persons in recovery for input <p>Pending actions:</p> <ol style="list-style-type: none"> a) Present recommendations to FET b) Develop training protocol for using new ITP, emphasizing the necessary “cultural shift” c) Design a collection analysis for measuring degree of success of implementation 2. See 1. c) above 3. Peer Specialist incorporated into new ITP protocol; team consulting with hospital Client Advocates on this issue (e.g., may need to expand Peer Specialists to include

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<p>4. Staff training and support designed to emphasize recovery and reduce S/R</p>	<ol style="list-style-type: none"> 1. Consult the literature (Susan Hall & Will Newbill) 2. Focus groups with staff to I.D. training needs and support 3. Program Coordinators and Tony will develop recovery oriented training for all staff with Staff Development as consultants 4. Supervisory training to focus on ways to support staff 5. Continued development and implementation of CISM 6. Improve mentor program 7. Refer to Issue Statement #2 of Trauma History Plan and Pool Efforts 	<ul style="list-style-type: none"> ▪ Susan Hall & Will Newbill ▪ Program Coordinators and Tony Menditto ▪ Staff Development ▪ Susie Kemp 	<ul style="list-style-type: none"> ▪ Clients ▪ Families ▪ Guardians ▪ Staff 	<ol style="list-style-type: none"> 1. Revised curriculum for staff that emphasizes recovery model 2. Supervisory training that focuses on ways to support staff 3. Continued increases in number of staff who participate in CISM and favorable ratings and comment by those who do. 4. Fewer S/R incidents and related injuries. 5. Revised mentor training with emphasis on S/R reduction. 	<p style="text-align: center;">additional people)</p> <ol style="list-style-type: none"> 1. Literature consultation continuing under James Coleman & Steven Medrow 2. Hands off team completed 3. Steven Medrow currently developing training 4. _____ 5. Susie Kemp et al. providing debriefings to staff, persons in recovery; need to better utilize, recruit new debriefing facilitators; staff evaluation form under revised; expand into individualized ASAP? Change to NOVA? 6. Susie Kemp will take lead in finding a new supervisor for Cecil Brandt (possibly Bill Styles?). Susie will brief Marty about other issues with the mentor program.
<p>5. Review & Revise Rehabilitation and treatment strategies</p>	<ol style="list-style-type: none"> 1. Tony will have a series of meetings with Program Coordinators to review program manuals. Program Coordinators will consult Psychiatrists and meet with all other staff on an ongoing basis. <p>Purpose is to look at:</p> <ol style="list-style-type: none"> a) Do programs have procedures that have strayed from philosophical 	<ul style="list-style-type: none"> ▪ Program Leaders ▪ Psychiatrists ▪ Tony Menditto ▪ Treatment Council ▪ Clients 	<ul style="list-style-type: none"> ▪ Program Leaders ▪ Psychiatrists ▪ Clients ▪ Families ▪ Guardians, ▪ Program Staff 	<ol style="list-style-type: none"> 1. Revised program manuals 2. Improved program training and competency assessment methods 3. Better client outcomes associated with programs 4. Increased client involvement and choice in program schedules 	<ol style="list-style-type: none"> 1. Program Review Task Force met 2x; members from each program were oriented to the purpose of task force & have begun a thorough review of program manuals 2. Program Review Task Force will accomplish this in a future

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	<p>under pinnings that were originally intended</p> <ul style="list-style-type: none"> b) Are there genuine aspects of each program that need to be re-evaluated? c) Are programs being implemented incorrectly? <ul style="list-style-type: none"> 2. Get more client input in programs and schedules through community meetings and offer more client choices in program activities 3. Develop mechanisms to ensure that program curricula, both core and ancillary, are reviewed and shaped by clients 				<p>stage.</p> <ul style="list-style-type: none"> 3. Program Review Task Force will accomplish this in a future stage.

Hands Off Interventions

Issue Statement: Creating a safer environment for staff and clients through the use of alternatives to seclusion and restraint, and developing safer ways of physically intervening in crises when unavoidable.

Objectives	Strategies	Responsible Parties	Key Stakeholders	Anticipated Outcomes	Current Status by Strategy 7-5-05
<p>1. Increase Staff Skills for Non-Physical Interventions</p> <p>A. Verbal de-escalation including Alternative Dispute Resolution</p> <p>B. Ability to assess clients' precursors to aggression</p> <p>C. Staff self awareness</p>	<p>1. Literature review to identify available training packages</p> <p>2. Develop new material as needed helped by consultants:</p> <ul style="list-style-type: none"> • SA's • NLC • Focus Groups – SA's/PA's • Others as identified by Staff Development <p>3. Approval through HRCD and FET</p> <p>4. Train Staff</p>	<ul style="list-style-type: none"> ▪ Steven Medrow ▪ Lori Hollinger ▪ Staff Development 	<ul style="list-style-type: none"> ▪ Clients ▪ Families ▪ Guardians ▪ Staff 	<p>1. Improved verbal de-escalation techniques for staff.</p> <p>2. Reductions in aggressive incidents and S/R incidents.</p> <p>3. Fewer client injuries.</p> <p>4. Fewer staff injuries.</p> <p>5. Increased satisfaction with safety by clients.</p>	<p>1. The "Hands Off" Team presented a report to FET on 12/14/04. See FET minutes for recommendations follow-up.</p> <p>2. Steven Medrow & Staff Development translated "Hands Off" Team recommendations into training curriculum</p> <ul style="list-style-type: none"> a) Developed teaching vignettes to demonstrate typical & difficult intervention situations during training b) Purchased new camera to record teaching vignettes ; filming of training scenarios begins 7/1 <p>3. Approved.</p> <p>4. ProAct started in May; incorporated some Hands Off curriculum, will continue to expand with ultimate goal of 3 to 1 emphasis on non-physical interventions versus physical interventions</p>
<p>2. Revise Physical Intervention Training</p>	<p>1. Expand membership of CQI Injury Team and either revise physical techniques currently taught with PART R or identify alternatives.</p> <p>2. Approval through HRDC, FET, beyond?</p> <p>3. Train staff</p>	<ul style="list-style-type: none"> ▪ Expanded CQI Team ▪ Staff Development 	<ul style="list-style-type: none"> ▪ Clients ▪ Families ▪ Guardians ▪ Staff 	<p>1. Fewer staff injuries associated with application of S/R.</p> <p>2. Fewer client injuries associated with application of S/R. (although they are already so low that it may be difficult to identify statistically).</p>	<p>1. , 2. & 3. ProAct started in May; incorporated some Hands Off curriculum, will continue to expand with ultimate goal of 3 to 1 emphasis on non-physical interventions versus physical interventions</p>

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3. Improve Staff Support Process	<ol style="list-style-type: none"> 1. CQI Injury Team revise staff support process 2. CQI Injury Team develop training and implementation plan 3. Approval through FET 4. Train staff 	Expanded CQI Team	<ul style="list-style-type: none"> ▪ Clients ▪ Families ▪ Guardians ▪ Staff 	<ol style="list-style-type: none"> 1. Staff report better understanding of process. 2. More involvement on non-nursing staff in process. 3. Fewer S/R incidents. 4. Fewer client injuries. 5. Fewer staff injuries. 6. Increased satisfaction with safety by clients and staff. 	1., 2., 3. & 4. Two-tiered staff response in place on all units.
4. Post Crisis Debriefing for Staff	<ol style="list-style-type: none"> 1. Expanded CQI Team to revise process and to develop specific procedures for selected staff debriefers to use with direct care staff. 2. Develop training package for selected staff debriefers. 	<ul style="list-style-type: none"> ▪ Expanded CQI Team ▪ Cheryl Maddox ▪ Mindy Lamb ▪ Terri Marty ▪ Bill Styles ▪ James Cole ▪ Tony Overton ▪ Leroy Dudley 	<ul style="list-style-type: none"> ▪ Clients ▪ Families ▪ Guardians ▪ Unit Directors ▪ Nursing and specifically those staff involved with the seclusion and restraint event. 	<ol style="list-style-type: none"> 1. Useful debriefings in which staff can feel free to dialogue about the event rather than a routinized exercise. 2. Fewer S/R incidents. 	<ol style="list-style-type: none"> 1. New staff debriefing developed as part of two-tiered staff response; need to assess implementation; PERS currently tracking data 2. Developed as part of two-tiered staff response; need to select and train staff debriefers
5. Improve ITP's to include Personal Safety Plans and develop ways to communicate to all staff efficiently	Form team to develop guidelines for working with clients to establish Personal Safety Plans, get them integrated into ITP's, and ID ways to effectively communicate plans to staff.	Tony Menditto, Sue Jacobson-Wilson, and Ronda Reitz	<ul style="list-style-type: none"> ▪ Clients ▪ Families ▪ Guardians ▪ Staff 	<ol style="list-style-type: none"> 1. ITP's with clearly identified PSP's 2. Fewer S/R incidents. 3. Fewer client injuries. 4. Fewer staff injuries. 5. Increased satisfaction with safety by clients. 6. Increased satisfaction with safety by staff. 	Treatment Plan Redesign team finishing draft for new ITP, including PSP's; PSP formats from various teams & sources integrated; plan to pilot form on wards this quarter; training protocol for PSP's under development
6. Do a better job of staffing to acuity	Team to develop guidelines for staffing to acuity, including protocols for 2 and/or 3 to one staffing.	<ul style="list-style-type: none"> ▪ Justin Hogue (lead) ▪ Paul Farley ▪ Lori Izworski ▪ Lynn Geeson ▪ Dennis Campbell ▪ Dr. Harry ▪ Dale Turner ▪ Kevin Edwards ▪ 1 PAII scheduler 	<ul style="list-style-type: none"> ▪ Clients ▪ Families ▪ Guardians ▪ Staff 	<ol style="list-style-type: none"> 1. Clear guidelines for staffing to acuity in a timely manner. 2. Fewer S/R incidents. 3. Fewer client injuries. 4. Fewer staff injuries. 	Staffing to Acuity team chartered, but continues to struggle with team dynamics. Starting over with a new group membership has been discussed. A 2 to 1 staffing protocol was developed, Felix & Terri are currently reviewing.

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		from HPC			
7. Identified Comfort Rooms on all Wards	<ol style="list-style-type: none"> 1. Elicit administrative support to reduce ward capacity when needed. 2. Unit leadership identify rooms with input from staff. 3. Someone assigned to check rooms to make sure they are not used for other reasons. 	<ul style="list-style-type: none"> ▪ Dr. Maddox ▪ Steve Smith ▪ Russ DeTrempe 	<ul style="list-style-type: none"> ▪ Clients ▪ Families ▪ Guardians ▪ Staff 	<ol style="list-style-type: none"> 1. Fewer client injuries. 2. Fewer staff injuries. 	1., 2., & 3. Physical Environment Enhancement committee chartered, meeting regularly, and will present findings to FET this quarter

Administrative Involvement

Issue Statement: To involve program, unit, and hospital leadership in methods to review and reduce seclusion and restraint usage.

Objectives	Strategies	Responsible Parties	Key Stakeholders	Anticipated Outcomes	Current Status by Strategy 7-5-05
1. Research how other hospitals have implemented Administrative Involvement.	1. Contact other hospitals to elicit feedback on their implementation process and visit if possible. 2. Contact the presenters of these concepts for implementation ideas.	The Administrative Involvement Committee.	<ul style="list-style-type: none"> ▪ Administrative Involvement Committee ▪ Unit representatives including SA and PA staff. 	Will learn more about how the Administrative Involvement process is done and how other hospitals have implemented this – what works and what doesn’t work.	1. & 2. Administration Involvement Team chartered, Russ reports working on report for FET
2. Educate key staff on the Administrative Involvement concept to gain their “buy in” and see this as an open process rather than a disciplinary process.	1. Education on what Administrative Involvement is. 2. Input mechanisms from staff.	Administrative Involvement Committee	<ul style="list-style-type: none"> ▪ Program Coordinators ▪ Program Nurse Managers ▪ Team Leaders ▪ SA-3s, SA-2s, and PA-2s ▪ Unit Directors, and Assistant Unit Directors 	Staff will accept Administrative Involvement as a valuable administrative tool and see this as a process to develop change for patient and staff safety.	1. & 2. Administration Involvement Team chartered, Russ reports working on report for FET
3. Educate direct care on Administrative Involvement.	1. Will be educated by the staff on Administrative Involvement. 2. Will be asked for input into the process.	<ul style="list-style-type: none"> ▪ Program Coordinators ▪ Team Leaders ▪ SA-2s and PA-2s. 	SAs and PAs	Staff will accept Administrative Involvement as a valuable administrative tool and see this as a process to develop change for patient and staff safety.	1. & 2. Administration Involvement Team chartered, Russ reports working on report for FET
4. Administrator on call	1. Workgroup to develop a tiered system for notification that will include program leadership, unit administration, and executive leadership. 2. Workgroup will determine thresholds for involvement of appropriate level of leadership and procedures for involving leadership in the review of S/R incidents.	<ul style="list-style-type: none"> ▪ Administrative Involvement Committee ▪ Unit Directors ▪ F.E.T. ▪ Program Coordinators ▪ Program Nurse Managers 	<ul style="list-style-type: none"> ▪ Unit and Hospital Administration ▪ Program Leadership ▪ Nursing staff ▪ Clients 	Involvement of appropriate level of administration to assist staff with identifying strategies to reduce S/R.	1. & 2. Administration Involvement Team chartered, Russ reports working on report for FET

Consumer Roles

I. Issue Statement: Consumers will have a greater role in the life of the organization to facilitate necessary culture change

Objectives	Strategies	Responsible Parties	Key Stakeholders	Anticipated Outcomes	Current Status by Strategy 7-5-05
1. Integrate Consumers more systemically into: <ul style="list-style-type: none"> ▪ Standing Committees ▪ Governance Structures ▪ Policy Review ▪ Program Manual Review (including Step Systems and Rules) 	1. Develop policy and mechanisms to ensure that all Councils and standing committees have maximum client inclusion 2. Develop mechanism for soliciting client review of relevant hospital, program and departmental policies, particularly those that rely on sanctions and loss of privileges as a means for obtaining client involvement in treatment and rehabilitation activities	Work Group to include representation from: <ul style="list-style-type: none"> ▪ Team Leaders ▪ Program Coordinators ▪ Facility Executive Team ▪ Clients ▪ Nursing Aides ▪ RNs ▪ Client Rights Council 	<ul style="list-style-type: none"> ▪ Culture of Recovery Workgroup ▪ Clients ▪ Clients Rights Council ▪ Unit Consumer Councils ▪ Quality Improvement 	1. All Program Manuals and Departmental, Unit and Hospital Policies will have evidence of client participation in review 2. Presentations before Facility Operations Team include demonstration of methods for obtaining client inclusion	1. FET / Marty Martin created position statement; currently forwarding policies to unit CRC's 2. Program Review Task Force will accomplish this at a later stage; Client review of select policies underway
2. Enhance the perceived value of consumers as employees and increase clients' exposure to consumer role models, adjusting recruitment efforts accordingly	1. Explore the utility of hiring or appointing Peer Specialist(s) to participate in treatment team meetings and/or to participate in service delivery 2. Hire consumers to serve in direct care, professional, administrative and support-staff roles 3. Consider peer support groups and/or interventions – increase client use of advocates &/or RESPECT speakers	<ul style="list-style-type: none"> ▪ Human Resources Development Council, ▪ Client Rights Council 	<ul style="list-style-type: none"> ▪ NAMI ▪ BRIDGES ▪ Treatment Teams ▪ Support Side Departments 	1. Written plan of if and how Peer Specialists could be utilized 2. Percentage increase of employees in each enumerated category	1. 2. & 3. Treatment Plan Redesign team examining role of Peer Specialists with Client Advocates; Felix provided information about Peer Specialists; exploring mechanisms for incorporating Peer Specialists into operations
3. Enhance the perceived value of client involvement in various volunteer activities	Develop volunteer opportunities for consumers, both within the hospital and the larger community, while in inpatient status and upon release	<ul style="list-style-type: none"> ▪ TOAD ▪ Client Rights Council ▪ Missouri Protection & Advocacy 	<ul style="list-style-type: none"> ▪ Director of Volunteer Services ▪ Director of RSVP 	Percentage increase of volunteer opportunities for clients within each program	Jane Smith provided information regarding ongoing activities; CQI team Consumer Involvement in process of being chartered
4. Increase opportunities for Consumer Advocacy groups to perform outreach and educational activities involving clients, their families and employees	1. Encourage staff to consider membership in organizations like NAMI, DMDA, etc. 2. Utilize Consumer Councils and Client Rights Council to introduce advocacy groups to clients, families and staff and for offering select educational activities	<ul style="list-style-type: none"> ▪ Client Rights Council ▪ Unit Consumer Councils 	<ul style="list-style-type: none"> ▪ NAMI ▪ BRIDGES ▪ RESPECT Institute 	1. Percentage increase of FSH employees as members in consumer organizations 2. Number of outreach efforts/educational offerings by advocacy groups	1. SPSC discussed recruiting NAMI executive director to present at hospital, possibly tie into family days. 2. CRC & Jeanette Parker could take the reins on this issue.

II. Issue Statement: Build a culture of partnership between staff and clients, by eliminating or substantially reducing barriers between staff and clients that contribute to a “Culture of Control and Coercion”

Objectives	Strategies	Responsible Parties	Key Stakeholders	Anticipated Outcomes	Current Status by Strategy 7-5-05
Eliminate all unnecessary structural barriers between staff and the clients they serve	<ol style="list-style-type: none"> 1. Explore all physical barriers such as the continued utility of locked doors within GFC buildings, practices prohibiting staff eating with clients, staff congregating in nursing stations, etc. 2. Explore the need for continued use of uniforms for BFC direct care staff 3. Revise Boundary Training materials to focus on relationships built on trust and honesty, emphasizing the continued importance of appropriate boundaries between staff and clients, without the accompanying insistence on professional detachment and distance 4. Include clients in opportunities to contribute appropriately to charitable events and memorial benefits involving clients, staff or the community 5. Eliminate all policies and practices that actively discourage former clients from visiting the facility and talking with their peers 6. Explore the potential to develop a drop-in center for client usage during transition to the community, in cooperation with an Administrative Agent 	<p>Work Group comprised of:</p> <ul style="list-style-type: none"> ▪ Nursing Staff ▪ Psychiatrists ▪ Other Treatment Team Members ▪ Clients ▪ Security staff ▪ Support Side staff 	<ul style="list-style-type: none"> ▪ Culture of Recovery Workgroup ▪ Staff Development ▪ Arthur Center ▪ Ecumenical Ministries 	<ol style="list-style-type: none"> 1. List of recommendations for the elimination of specific barriers 2. Clients will report enhanced satisfaction during Client Satisfaction Survey 3. Plan for the development of a drop-in center 	<ol style="list-style-type: none"> 1. _____ 2. _____ 3. Building Healthy Partnerships team developed an outline of training needs and training curriculum; currently providing at NEO; need to issue a final report (James will contact Judy S. regarding this). 4. See Issue I: Objective #3 5. Revised policy to be sent out for review to FET, FOT, Medical staff, etc. 6. _____

Trauma History

I. Issue Statement: Improve our Assessment of Clients with Trauma History

Objectives	Strategies	Responsible Parties	Key Stakeholders	Anticipated Outcomes	Current Status by Strategy 7-5-05
1. Appropriately diagnose all clients with trauma histories	Identify and utilize instrument to identify individuals qualifying for a diagnosis of PTSD, GAD, Acute Stress and DID	Marc Maddox, Ph.D. and Psychology	<ul style="list-style-type: none"> ▪ Medical Staff ▪ Social Service 	<ol style="list-style-type: none"> 1. Identify what percentage of our existing population qualifies for such diagnoses 2. Information supportive of such diagnoses will be reflected in the diagnoses of the client 	Trauma-Informed Care team to present report to FET in July '05
2. Integrate assessment and diagnosis of trauma history into treatment plan on an initial and ongoing basis	<ol style="list-style-type: none"> 1. Enhance visibility of trauma diagnosis and history in client medical record 2. Define a quarter in which all treatment plan reviews incorporate trauma history into the medical record 3. Develop recommendations for how to monitor this either in ATM or Med. Records 	Medical Records Committee	<ul style="list-style-type: none"> ▪ Client Reps ▪ Ward Clerks ▪ HIMD ▪ Medical Records Committee ▪ Case Managers 	All staff will be able to identify clients with trauma histories or trauma specific needs	1., 2., & 3. Trauma-Informed Care team chartered, will report on developed process & training recommendations in July '05
3. Improve education of clients and staff on Trauma	<ol style="list-style-type: none"> 1. Provide educational materials in client education racks on PTSD and Trauma 2. Provide teaching about Trauma in Mental Health Education Groups 3. Develop training materials for employees on trauma, with specific suggestions for how to provide such training (to include client and direct-care staff participation) and when (either in Hospital Wide Orientation or beyond in ongoing experiential training opportunities). Materials should focus on: <ol style="list-style-type: none"> a. Definition of Trauma and Traumatic events b. Diagnosis & Symptomatology c. Treatment and Coping d. Re-Traumatization e. Impact of S/R on clients with Seclusion and Restraint History f. Importance of staff awareness of own trauma histories, of how to access assistance, and the potential impact on work with clients 	Work Group to include (from different levels of security): <ul style="list-style-type: none"> ▪ Direct care staff ▪ Clients ▪ Staff Development, DBT staff/leadership ▪ Psychiatry, 	<ul style="list-style-type: none"> ▪ Staff Development ▪ Direct Care Employees ▪ Veterans Administration (Topeka, Houston?) ▪ DMH Trauma-Informed Group 	A completed training curriculum for trauma, with specific recommendations on how such a curriculum will be provided	<ol style="list-style-type: none"> 1. Steven Medrow working on training curriculum. 2. Steven Medrow working on training curriculum for teaching in such groups. 3. Steven Medrow working on training curriculum. 4. Susie Kemp et al. providing debriefings to staff, persons in recovery; more debriefers needed; check with Peggy R-L regarding NOVA

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	4. Improve debriefing practices after traumatic events during hospitalization, to sensitize both staff and clients, on the impact of such events on both				

II. Issue Statement: Build a culture of partnership between staff and clients and reduce Culture of Control/Coercion that is Re-traumatizing to Our Clients

Objectives	Strategies	Responsible Parties	Key Stakeholders	Anticipated Outcomes	
<p>Provide training to employees on significance of -</p> <ul style="list-style-type: none"> ▪ Partnership vs. Power differentials ▪ Client experience of helplessness ▪ Relating program structure to client goals, both short and long-term, persistently and without threat or coercion ▪ Reducing Rigidity/Inflexibility for the sake of “upholding the rules” ▪ Identifying partnership as a central component of their role in the organization ▪ Appropriate and respectful limit-setting and use of health- promoting and natural consequences, based on report and a ritual of repair 	<ol style="list-style-type: none"> 1. Convene focus group of RNs, Mentors, non-nursing professionals and aides to map out key components of leadership development at the ward level on the importance of <ol style="list-style-type: none"> a. Respectful communication b. Partnering c. Facilitating Self-Control 2. Develop leadership curriculum from the focus group and offer it to key leaders at the ward level, in particular RNs and Mentors 3. Develop a process for offering such a curriculum on an ongoing basis and for imparting the concepts learned to direct care employees 4. Concretize the Mission, Vision and Values into specific measurable competencies and develop mechanisms for soliciting client input on those expectations in the performance appraisal 5. <i>Refer to Objective#3 of Culture of Recovery Plan and Pool Efforts</i> 	<p>Work Group of:</p> <ul style="list-style-type: none"> ▪ RNs, ▪ Mentors, ▪ Non-nursing professionals ▪ Clients ▪ Aides ▪ With leadership from Staff Development and the Mentor Coordinator <p>▪ Mission Effectiveness Dept.</p>	<ul style="list-style-type: none"> ▪ RESPECT Institute ▪ Cultural Competence Council ▪ CFO (as leadership expert) ▪ Clients ▪ Office of Consumer Affairs <ul style="list-style-type: none"> ▪ Human Resource Development Council ▪ Spiritual Development Committee 	<ol style="list-style-type: none"> 1. A partnership curriculum, with specific competencies, and specific recommendations on how it will be offered on an ongoing basis to supervisory and direct care employees 2. Measurable competencies and mechanisms for soliciting client input on performance appraisals 	<ol style="list-style-type: none"> 1. Respect policy committee chartered to address these issues 2. _____ 3. _____ 4. _____

Use of Data

Issue Statement: Using Data to Inform Practice

Objectives	Strategies	Responsible Parties	Key Stakeholders	Anticipated Outcomes	Current Status by Strategy 7-5-05
1. Data is available, accessible and timely to all stakeholders at all levels in the facility.	1. Share data by: <ul style="list-style-type: none"> o Moving to SQL servers (Start in December 2003 – March 2004) o Moving data to new servers (prioritize S/R, I & I data, etc.) (Start in December 2003 - March 2004) 		<ul style="list-style-type: none"> ▪ Direct Care Staff ▪ Treatment Teams ▪ Unit Administration ▪ QM ▪ Program Dev. & Research ▪ Clients 	The moves will facilitate timely availability and allow end users greater access.	1. Pending
2. New partnership with data guardians: QM, CIS, Research	<ol style="list-style-type: none"> 1. Regular monthly meetings to understand current data systems, coming changes, and plans to accommodate the changes (January 2004) 2. Shared manpower resources (February 2004) 3. Use Dr. Stuve’s data base and Dan’s S/R, I & I to create a web page of data and links (June 2004) for front-line users 4. Post current data on Intranet and Forum. Tell users where data is and how to access it. (Dan & Thomas – January 2004) 		<ul style="list-style-type: none"> ▪ Quality Management ▪ Program Dev. & Research ▪ CIS ▪ Program Leadership 	<ol style="list-style-type: none"> 1. No Duplication of effort 2. Efficient use of resources 3. Revision of outdated systems 	<ol style="list-style-type: none"> 1. Next meeting mid-July for this purpose 2. Next meeting mid-July for this purpose 3. Dashboard & QM reports available to front-line users 4. Presented in Dashboard & QM reports, not advertised in Forum; working to emphasize reporting S/R episodes & getting data to the ward staff
3. New and different data sources to support the Safety Initiative	<ol style="list-style-type: none"> 1. Meeting with stakeholders about what they need to move forward with the initiative (March 2004) 2. Data needs related to standards JCAHO, NRI, CMS maintained (January 2004 – July 2004) 		<ul style="list-style-type: none"> ▪ Teams ▪ Direct Care Staff ▪ Unit Administration ▪ Quality Management 	<ol style="list-style-type: none"> 1. Progress of Safety initiative can be tracked at all levels. 2. Data can drive decision making at ward and individual patient level. 3. Ownership / sense of responsibility is created with timely accessible data. 	<ol style="list-style-type: none"> 1. After revising Dashboard & developing other data systems, plan another Data Needs Survey, Data Needs Forum for this purpose 2. Regular meetings address this
4. Development of a data sheet for gathering information on the seclusion and restraint event.	<ol style="list-style-type: none"> 1. Have a select group of staff devise questions which would be pertinent to the seclusion and restraint process. 2. Part of these questions should be rated so statistical data can be obtained. 3. Have staff input for the data collection. 	<ul style="list-style-type: none"> ▪ Dr. Tony Menditto or designee ▪ Susie Kemp ▪ Russ DeTrempe ▪ Marc Maddox ▪ Steve Smith ▪ Robert Miller 	<ul style="list-style-type: none"> ▪ Unit Directors ▪ Assistant Unit Directors ▪ Program Coordinators ▪ Team Leaders ▪ Direct care staff 	<ol style="list-style-type: none"> 1. Data will assist with identifying trends in which action can be taken to change practice. 2. Having staff input will help enhance their “buy in” to this process. 3. Will have data which can be 	<ol style="list-style-type: none"> 1. Final revisions for S/R incident form planned for July meeting 2. Final revisions for S/R incident form planned for July meeting 3. Planning pilot project for data collection using new form

Objectives	Strategies	Responsible Parties	Key Stakeholders	Anticipated Outcomes	Current Status by Strategy 7-5-05
		<ul style="list-style-type: none"> ▪ Lance Brown ▪ Ronnie Payton 		acted upon in a timely manner.	

Risk Assessment Work-Plan

Issue Statement:

To reduce the inappropriate use of seclusion and restraint through improved risk assessment, early identification and early intervention.

Objectives	Strategies	Responsible Parties	Key Stakeholders	Anticipated Outcomes	Current Status by Strategy 7-5-05
<p>1. Identification of physical, emotional, and cultural factors that could place a client at increased risk should restraint have to be used.</p>	<p>1. Development of an educational packet for teams that would help identify at-risk clients (clients with history of seizure disorder, history of surgeries, head trauma, cardiac problems, past history of emotional or sexual abuse)</p> <p>2. Actively involve each client in these discussions and Personal Safety Plans and precautions, regarding what should best be done should the client become aggressive or threatening.</p>	<p>Risk Assessment Committee, Treatment Teams</p>	<p>Clients, all direct care staff, unit and hospital administration</p>	<p>1. Increased staff awareness of any client with increased risk factor.</p> <p>2. Development of specific behavioral interventions and precautions, utilizing client involvement, that will guide staff in their behavioral responses</p>	<p>1. Curriculum under development as part of Trauma-Informed Care team.</p> <p>2. Will need to be part of Treatment Plan Redesign teams PSP curriculum</p>
<p>2. Identification of early warning signs and early interventions for any client with a history of aggression.</p>	<p>1. Thorough review of each client's history to include information from aide and ward staff.</p> <p>2. Active involvement of clients to ensure that a Personal Safety Plan is in place should the client potentially require restraint or seclusion.</p>	<p>Treatment Teams</p>	<p>Clients, direct care staff, unit and hospital administration</p>	<p>1. Development of advanced behavioral directives that will serve as specific guidelines for staff.</p>	<p>1. Use of "Hands Off" curriculum for this purpose; Functional Analysis referral process to be developed</p> <p>2. Will need to be part of Treatment Plan Redesign teams PSP curriculum</p>