

## Facility Comprehensive Plan to the Inspector General Report # 137-07

Progress Update February 15, 2011

**Facility:** Eastern State Hospital

**Goal: (1) Increase Patient Involvement in Recovery Initiatives and Treatment**

**Plan:** Include resident participation on hospital committees, improve satisfaction surveys, increase the ability of patients to make choices, and improve collaborative relationships in the hospital and community

Objectives	Responsible Person	Process/ Measures	Timeline	Progress Update
1. Support the mission of the Patient Response Board (PRB) and the Pioneer Press.	PRB/Pioneer Press Committee; Psychology; Rehab Services	Committee sets goals, keeps minutes	<b>ONGOING</b>	<p>The Patient Response Board (PRB) was revamped and renamed the <b>Patient Review Board</b> in October 2010. The PRB strives to be an inclusive advocacy group to address the issues/concerns of all patients. The new Pioneer Press published its first issue in December 2010.</p> <p>The PRB Recovery Tile project was completed. Tiles were permanently mounted in the Adult Mental Health Treatment Center (AMHTC) on the Recovery Wall.</p>
2. Increase the choices available to patients and increase resident participation in their quality of life while in the hospital.	PRB/Pioneer Press Committee; Recovery Coordinator	PRB minutes relating to specific requests from patients	<b>ONGOING</b>	<p>Primary goals and objectives of the PRB were revised in October 2010, to promote recovery and leadership.</p> <p>There is no available data for patient satisfaction surveys for 2010. Patient satisfaction surveys will be completed twice yearly, with results presented to ESH Leadership Team in June and December.</p>
3. Improve the trusting, supportive relationship between patients and staff.	Leadership Team	Use the revised patient complaint data to identify areas where there is need for increased Recovery Education and participation.	Complaint form to be revised June 2009 and reviewed quarterly at Leadership Team meeting.	Previously completed.

Goal: (2) **To Initiate Peer Workforce Development and Enhance Helping Relationships**

Plan: a) Increase the number of volunteer and paid positions for patients to include: peer escorts, WRAP facilitators, peer mediators, and peer support specialists and b) increase support systems of patients both in the hospital and in the community

Objectives	Responsible Person	Process/Measures	Timeline	Progress Update
1. Educate staff and patients regarding new volunteer and paid opportunities for patients.	Volunteer Services Coordinator, Recovery Coordinator	Increased volunteer participation	<b>ONGOING</b>	During 2010, 25 patients actively participated in volunteer activities, to include: Dream Shop, Master Gardening, Meals on Wheels, Patient Education and Patient Library
2. Increase the number of patients with WRAP plans	Peer Support Specialists, Recovery Coordinator	WRAP groups conducted and plans completed	<b>ONGOING</b>	During 2010, 25 patients had an opportunity to participate in WRAP class. Approximately 20 fully completed their plan, under the guidance of two Peer Support Specialists (certified WRAP trainers). WRAP group was increased from 1x weekly (90 minutes) to 2x weekly (3 hours) to opportunities for more patients to participate. Peer Support Specialists continued to work 1:1 with those patients who needed individual assistance with WRAP completion.
3. Patients certified as peer support specialists and peer mediators.	Peer Support Specialists, Recovery Coordinator	Patients trained as peer support specialists and peer mediators	<b>ONGOING</b>	Peer Support Specialist certification was discontinued in 2010. There are currently two Certified Peer Support Specialists on staff. The Peer Support Specialists developed two peer support groups: Peer to Peer and Advanced Peer to Peer. These groups were developed to educate patients about the role of peer support in recovery and to learn to provide peer support to others.
4. Provide opportunities for patients to develop their network of supports (e.g. staff, friends, community resources) to enhance the ability to make and maintain healthy and meaningful relationships.	PRB Committee, Peer Support Specialists, Recovery Coordinator & Leadership Team	PRB minutes and resident satisfaction surveys	<b>ONGOING</b>	PRB members are active participants in the Region V Consumer Advocacy Committee (CAC) meetings.  Patients have participated in Colonial CSB hosted programs.  ESH hosted an "In Our Own Voice" program in May, 2010.  An increased number of patients regularly attended Community Clubhouse Programs (average of 10/monthly) and Spiritworks Program (average of 4/monthly).

Goal: (3) **To Improve and Facilitate Recovery Initiatives in the Community**

Plan: To provide for a more successful transition of patients so as to increase tenure and continuity of their Recovery in the community

Objectives	Responsible Person	Process/Measures	Timeline	Progress Update
1. Share services with CSB for specialized treatments.	Peer Support Specialists; PRB Committee; Recovery Coordinator	Participation on Region V Consumer Advocacy Committee	<b>ONGOING</b>	Staff and patients actively participate in the monthly Region V CAC meetings.
2. Employ Regional Medical Director who will facilitate continuity of care during transitions into or out of the hospital setting and who will be expected to further the Recovery initiatives throughout the region.	HPR-V Council, & DBHDS	ESH to employ Regional Medical Director via collaboration with HPR-V Council and DBHDS		CLOSED

Goal: (4) **Improved Staff Workforce Development to incorporate Recovery Paradigm**

Plan: Increase support for Recovery initiative implementation

Objectives	Responsible Person	Process/Measures	Timeline	Progress Update
1. Clarify the roles of the Leadership Team in the Recovery initiatives.	Hospital Director; Leadership Team	Leadership Team will define and prioritize core values and initiatives monthly at Leadership Team.		Previously Completed.
2. Reinforce the concepts of empowerment and choice by responding to staff morale survey.	Hospital Director; Leadership Team	Increase the involvement of line staff in Recovery initiatives by 25%.  10% improvement in staff morale survey scores regarding feeling valued and able to demonstrate Recovery principles.	<b>ONGOING</b>  <b>April 1, 2011</b>  <b>July 1, 2011</b>	A Morale Survey was not completed in 2010. The ESH Recovery Committee will address completion of a morale survey in 2011.  The Focus on Recovery (FOR) Committee was dissolved. The ESH Recovery Committee will be established by April 1, 2011 to fully reflect the ongoing recovery goals of ESH. The Recovery Committee will include representatives from each discipline and patient representatives. The Recovery Committee will revise the current ESH Recovery Plan by July 1, 2011.

Goal: (5) **Increase staff involvement in Recovery initiatives**

Plan: Involve staff in Recovery initiatives

Objectives	Responsible Person	Process/Measures	Timeline	Progress Update
1. Improve individualized treatment planning and documentation (person-centered planning).	Hospital Director, Leadership Team and Hospital Clinical Leadership	Trainings, in-services and "Super Treatment Team" meetings (expanded treatment teams to include building wide involvement).	April 2010	Previously completed.  The "Super Treatment Team" model resumed in November 2010. Forensic treatment plans were reviewed and 100% of Adult Civil treatment plans were reviewed. Changes were made to individualized treatment plans as necessary to incorporate person-centered language, goals and objectives.
3. Form a Vision Committee	Hospital Director and Leadership Team	Committee formed and charter created  Recognize exemplary recovery champions at ESH.	August 2009  December 2009	Previously completed. The Vision Team is chartered to: <ol style="list-style-type: none"> <li>a. Promote growth at ESH by identifying opportunities for advancement in moving the organization forward through positive change.</li> <li>b. Collaborate with the Hospital Director and Leadership to foster communication across all facets of the hospital and the community at large.</li> <li>c. To promote the quality of life among patients and staff.</li> <li>d. To encourage and support patients during their process of recovery and return to their communities.</li> <li>e. To collaborate with and support the ESH Employee Advisory Committee (EAC) and the ESH Employee Foundation in their endeavors to promote employee morale, teamwork and welfare.</li> </ol>

## **ONGOING RECOVERY PROJECTS**

Volunteer Opportunities - Volunteer services will continue to participate in TWA program with an educational and/or therapeutic focus. Volunteer services will continue to educate, work/train designated staff & patients regarding patient volunteer application process. PRN follow-up with staff & patients provided. Dissemination of Volunteer Supervisor Manual/Guide planned to designated staff.

Satisfaction surveys are available on the website, through the Social Work Dept. and on the units. Issues specific to a program are sent to the program's Clinical Leadership for review and resolution.

Staff continues to be trained in Recovery Model. Recovery Training is an on-going part of New Employee Orientation, facilitated by Peer Support Specialists.