

AGENCY PROGRAM DESCRIPTIONS

AAC Administration: AAC Administration

Subprogram History

This program provides the overarching structure for the hospital and ensures that the activities necessary to manage the facility are completed, and that treatment standards are upheld to ensure that patients receive proper care and treatment, and that the hospital maintains accreditation. General Administration Program provides the overall administration and management of AAC. Included in General Administration is the CEO's office, the Chief Business Operations Director, performance improvement and risk management. All other administration programs are provided through the MOU. These include: accounting, accounts payable, billing and collections, budget, cashier and post office, contract management, credentialing, employee benefits, health information management, human resource management, patient accounts, patient canteen, purchasing, program assistants, information technology services, legal services, and recruitment.

Consequences of Not Funding This Subprogram

The complexity and uniqueness of state hospitals requires professional support staff well trained and well versed in the standards required for continued operation of the facility. Not funding this program would lead to an increase in the utilization of Agency Staffing (where applicable) and a complete breakdown of day to day operations without proper insight on management requirements this program currently provides.

Statutory Basis

N/A

| Mandatory/Discretionary | MOE/Match Requirement | Program Priority | Subprogram Priority |
|-------------------------|-----------------------|------------------|---------------------|
| Discretionary | No | 2 | 2 |

AAC Clinical Program: AAC Clinical Program

Subprogram History

The Clinical Service Program provides most group and individual psychotherapy for the patients admitted at Adair Acute Care. Service is provided to licensed beds across five distinct treatment programs and therapeutic activities occur seven days a week, 365 days a year. Within each program, the care for the patient is individualized with coordination and oversight being provided by an interdisciplinary team of mental health professionals. The approach used in each program is drawn from evidence-based practices and is regularly reviewed to ensure it remains an accepted and effective standard of care. Clinical Services includes the activity therapies subprogram which provides patients with specialized clinical services in music, vocational, and recreational therapy, as well as more general leisure skills training consistent with their presenting psychiatric concerns.

Consequences of Not Funding This Subprogram

This program is the frontline support for patients. This program is integral to the patients treatment plan, as well as, responsible for the day to day patient care and active treatment. The agency would have to discontinue services to all the counties it supports if this program were to be eliminated.

Statutory Basis

N/A

| Mandatory/Discretionary | MOE/Match Requirement | Program Priority | Subprogram Priority |
|-------------------------|-----------------------|------------------|---------------------|
| Discretionary | No | 1 | 1 |

AAC Medical Program: AAC Medical Program

Subprogram History

All psychiatric and medical services provided to the patients at Adair Acute Care at OSH (AAC) are done under the auspices of the Medical and Surgical Services Program. From the initial evaluation, through day-to-day care, and up to the point of discharge, the medical staff forms the backbone of the medical and medication management for the patients being treated at the hospital. Coverage is provided on a "24/7" basis so that a physician is always available to address the treatment needs of the patients. In addition, ancillary treatment is provided through medical services including the Medical laboratory, pharmacy, podiatry, physical therapy, and other contracted services as appropriate to meet the needs of the patient. The Osawatomie State Hospital Provides some Medical Services to AAC through a Memorandum of Understanding.

Consequences of Not Funding This Subprogram

Without this program the hospital could not provide psychiatric or medical services of any kind. The staff related to this program are responsible for the continued care and practice standards use to treat patients on a day to day basis. The agency would have to discontinue services to all the counties it supports if this program were to be eliminated.

Statutory Basis

N/A

| Mandatory/Discretionary | MOE/Match Requirement | Program Priority | Subprogram Priority |
|-------------------------|-----------------------|------------------|---------------------|
| Discretionary | No | 1 | 1 |

AAC Physical Plant and Central Services: AAC Physical Plant and Central Services

Subprogram History

N/A

Consequences of Not Funding This Subprogram

N/A

Statutory Basis

N/A

| Mandatory/Discretionary | MOE/Match Requirement | Program Priority | Subprogram Priority |
|-------------------------|-----------------------|------------------|---------------------|
| N/A | No | N/A | N/A |

AAC SD&T Program: AAC SD&T Program

Subprogram History

This program provides high quality, competency-based training and educational opportunities that promote individual performance, facilitate personal growth, and enhance positive patient outcomes. Staff Development and Training Services are provided to Adair Acute Care through a Memorandum of Understanding. In 2020 OSH was selected as the pilot site for Mid-America Addition Technology Transfer Center (ATTC) and Truman Medical Center's pilot program for Trauma Informed Care implementation. The hospital is halfway through a three year project moving towards being a trauma informed care organization.

Consequences of Not Funding This Subprogram

Staff Development and Training are responsible for initial training and orientation to the hospital as well as ongoing performance adequacy and knowledge checks to ensure best care practices, competency, and knowledge of staff. They also provide opportunities of continuing education on units leading, to continued accreditation. A decrease in staffing education would result in unsafe conditions for both staff and patients. Without the stewardship of this program, staff retention would fall dramatically due to lack of orientation, understanding, accreditation of the individual, as well as, communication.

Statutory Basis

N/A

| Mandatory/Discretionary | MOE/Match Requirement | Program Priority | Subprogram Priority |
|-------------------------|-----------------------|------------------|---------------------|
| Discretionary | No | 2 | 2 |

OSH Administration: OSH Administration

Subprogram History

This program provides overarching structure for the hospital and ensures that the activities necessary to manage the facility are completed, that treatment standards are upheld to ensure patients receive proper care and treatment, and that the hospital maintains accreditation. The General Administration Program provides overall administration and management of the Osawatome State Hospital. This includes the Superintendents office, Chief Business Operations Director, performance improvement, risk management, accounts payable, billing and collections, budget, cashier and post office, contract management, credentialing, employee benefits, health information management, human resource management, patient accounts, patient canteen, purchasing, program assistants, information technology services, legal services, and recruitment. The Osawatome State Hospital also provides administrative services to Adair Acute Care through a Memorandum of Understanding.

Consequences of Not Funding This Subprogram

The complexity and uniqueness of state hospitals requires professional support staff well trained and well versed in the standards required for continued operation of the facility. Not funding this program would lead to an increase in the utilization of Agency Staffing (where applicable) and a complete breakdown of day to day operations without proper insight on management requirements that stem from this program.

Statutory Basis

N/A

| Mandatory/Discretionary | MOE/Match Requirement | Program Priority | Subprogram Priority |
|-------------------------|-----------------------|------------------|---------------------|
| Discretionary | No | 2 | 2 |

OSH Clinical Program: OSH Clinical Program

Subprogram History

This program provides most group and individual psychotherapy for the patients admitted. Services are provided across five distinct programs and therapeutic activities occur seven days a week 365 days a year. Within each treatment program, care for the patient is individualized according to the patients unique presenting concerns with coordination and oversight being provided by an interdisciplinary team of mental health professionals. The approach used in each program is drawn from evidence-based practices and is regularly reviewed to ensure it remains an accepted and effective standard of care. This program includes activity therapies, vocation, and recreation therapy, as well as more general leisure skills training consistent with their presenting psychiatric concerns.

Consequences of Not Funding This Subprogram

This program is the frontline support for patients. This program is integral to the patients treatment plan, as well as, responsible for the day to day patient care and active treatment. The agency would have to discontinue services to all the counties it supports if this program were to be eliminated.

Statutory Basis

N/A

| Mandatory/Discretionary | MOE/Match Requirement | Program Priority | Subprogram Priority |
|-------------------------|-----------------------|------------------|---------------------|
| Discretionary | No | 1 | 1 |

OSH Medical: OSH Medical

Subprogram History

All psychiatric and medical services provided to the patients at Adair Acute Care at OSH (AAC) are done under the auspices of the Medical and Surgical Services Program. From the initial evaluation, through day-to-day care, and up to the point of discharge, the medical staff forms the backbone of the medical and medication management for the patients being treated at the hospital. Coverage is provided on a "24/7" basis so that a physician is always available to address the treatment needs of the patients. In addition, ancillary treatment is provided through medical services including the Medical laboratory, pharmacy, podiatry, physical therapy, and other contracted services as appropriate to meet the needs of the patient. The Osawatomie State Hospital Provides some Medical Services to AAC through a Memorandum of Understanding.

Consequences of Not Funding This Subprogram

Without this program the hospital could not provide psychiatric or medical services of any kind. The staff related to this program are responsible for the continued care and practice standards use to treat patients on a day to day basis. The agency would have to discontinue services to all the counties it supports if this program were to be eliminated.

Statutory Basis

N/A

| Mandatory/Discretionary | MOE/Match Requirement | Program Priority | Subprogram Priority |
|-------------------------|-----------------------|------------------|---------------------|
| Discretionary | No | 1 | 1 |

OSH Physical Plant and Central Services: OSH Physical Plant and Central Services

Subprogram History

N/A

Consequences of Not Funding This Subprogram

N/A

Statutory Basis

N/A

| Mandatory/Discretionary | MOE/Match Requirement | Program Priority | Subprogram Priority |
|-------------------------|-----------------------|------------------|---------------------|
| N/A | No | N/A | N/A |

OSH SD&T Program: OSH SD&T Program

Subprogram History

This program provides high quality, competency-based training and educational opportunities that promote individual performance, facilitate personal growth, and enhance positive patient outcomes. Staff Development and Training Services are provided to Adair Acute Care through a Memorandum of Understanding. In 2020 OSH was selected as the pilot site for Mid-America Addition Technology Transfer Center (ATTC) and Truman Medical Center's pilot program for Trauma Informed Care implementation. The hospital is halfway through a three year project moving towards being a trauma informed care organization.

Consequences of Not Funding This Subprogram

Staff Development and Training are responsible for initial training and orientation to the hospital as well as ongoing performance adequacy and knowledge checks to ensure best care practices, competency, and knowledge of staff. They also provide opportunities of continuing education on units leading, to continued accreditation. A decrease in staffing education would result in unsafe conditions for both staff and patients. Without the stewardship of this program, staff retention would fall dramatically due to lack of orientation, understanding, accreditation of the individual, as well as, communication.

Statutory Basis

N/A

| Mandatory/Discretionary | MOE/Match Requirement | Program Priority | Subprogram Priority |
|-------------------------|-----------------------|------------------|---------------------|
| Discretionary | No | 2 | 2 |

Subprograms Without Narrative Data

AGENCY PERFORMANCE MEASURES

| | | | 2022 Actuals | 2023 Actuals | 2024 Actuals | 2025 Actuals | 2026 Estimate | 2027 Estimate |
|---|------|--|-----------------|-----------------|-----------------|-----------------|------------------|------------------|
| AAC Administration: AAC Administration | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | | Physical Prevention Rate (Average restraint hours per 1,000 inpatient hours) | 0.49 | 1.71 | 0.48 | 0.61 | 0.50 | 0.50 |
| | | Physical Prevention Rate (Average seclusion hours per 1,000 inpatient hours) | 0.95 | 0.84 | 1.00 | 1.22 | 1.00 | 1.00 |
| | | Patient falls per thousand patient days monthly | | 2.70 | 5.39 | 7.14 | 7.00 | 7.00 |

| | | | 2022 Actuals | 2023 Actuals | 2024 Actuals | 2025 Actuals | 2026 Estimate | 2027 Estimate |
|---|---------|---|-----------------|-----------------|-----------------|-----------------|------------------|------------------|
| | Outcome | Number of employees that turnover recorded every month | 34.00% | 1.00% | 7.00% | 10.00% | 8.00% | 8.00% |
| | | Number of filled and vacant positions recorded monthly | 42.00% | 32.00% | 39.00% | 35.60% | 32.00% | 32.00% |
| AAC Clinical Program: AAC Clinical Program | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | | AAC Readmits | | | 57 | 60 | 60 | 60 |
| | | 5 Moments of Handwashing Compliance | | 97.00% | 99.00% | 99.50% | 99.00% | 99.00% |
| | | Patient galley inspections | | 93.00% | 86.00% | 88.17% | 90.00% | 90.00% |
| | | Patient survey average scores (1-5) | | 2.70 | 2.66 | 3.90 | 5.00 | 5.00 |
| | Outcome | HAI rate of infection recorded on a monthly basis | 1.00% | 1.00% | 1.00% | 3.10% | 3.00% | 2.50% |
| | | Percentage of patients readmitted within 30 days of discharge | 8.00% | 7.00% | 7.00% | 6.00% | 7.00% | 7.00% |
| AAC Medical Program: AAC Medical Program | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | | Psychiatric Evaluations within 24 hours of admission | | 100.00% | 100.00% | 98.60% | 99.00% | 99.00% |
| | Outcome | Percentage of patient discharged having a discharge summary completed within 30 days of discharge | 100.00% | 100.00% | 100.00% | 99.00% | 100.00% | 100.00% |
| | | Percentage of patients who have a history and physical completed within 24 hours of admission | 97.00% | 99.00% | 99.00% | 99.00% | 99.00% | 99.00% |
| AAC SD&T Program: AAC SD&T Program | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | | Staff trained monthly | | 31 | 37 | 38.75 | 35 | 35 |

| | | | 2022 Actuals | 2023 Actuals | 2024 Actuals | 2025 Actuals | 2026 Estimate | 2027 Estimate |
|---|---------|--|-----------------|-----------------|-----------------|-----------------|------------------|------------------|
| OSH Administration: OSH Administration | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | | Physical Prevention Rate (Average restraint hours per 1,000 inpatient hours) | | | 0.11 | 0.10 | 0.10 | 0.10 |
| | | Physical Prevention Rate (Average seclusion hours per 1,000 inpatient hours) | | | 0.26 | 0.36 | 0.30 | 0.30 |
| | | Accuracy in cash accounts | | 1 | 1 | 1 | 1 | 1 |
| | | Discharged charts scanned into EMR | | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | | Patient falls per thousand patient days monthly | | 2.70 | 3.20 | 3.02 | 3.00 | 3.00 |
| | Outcome | Number of employees that turnover recorded every month | 34.00% | 3.00% | 11.00% | 12.60% | 12.00% | 12.00% |
| | | Number of filled and vacant positions recorded monthly | 42.00% | 32.00% | 39.00% | 34.20% | 32.00% | 32.00% |
| OSH Clinical Program: OSH Clinical Program | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | | Percent of nursing assessments with vital signs | | | 96.00% | 96.00% | 95.00% | 95.00% |
| | | Percent of Nursing Care Plans completed | | | 94.00% | 89.00% | 90.00% | 90.00% |
| | | Full nursing assessment tracking within 12 hours of admissions | | 95.00% | 95.80% | 95.00% | 95.00% | 95.00% |
| | | Percentage of Patient Grievances Addressed within 7 days | | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | Outcome | Infection rate recorded monthly and averaged for yearly outcome | 1.00% | 1.00% | 1.00% | 1.30% | 1.00% | 1.00% |

| | | | 2022 Actuals | 2023 Actuals | 2024 Actuals | 2025 Actuals | 2026 Estimate | 2027 Estimate |
|---|---------|---|--------------|--------------|--------------|--------------|---------------|---------------|
| | Outcome | Percentage of patients readmitted within 30 days reported monthly then averaged for yearly outcomes | 4.00% | 2.00% | 2.00% | 2.00% | 2.00% | 2.00% |
| | | Percentage of staff in compliance with 5 moments of handwashing reported monthly | 95.00% | 95.00% | 97.00% | 97.00% | 97.00% | 97.00% |
| OSH Medical: OSH Medical | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | | Percentage of patients having a psychiatric evaluation within 24 hours of admission | 95.00% | 99.00% | 99.00% | 97.00% | 98.00% | 98.00% |
| | | Annual physical/neurological exams completed timely | | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | | Patient history/physical within 24 hours of admission | | 99.00% | 100.00% | 85.00% | 90.00% | 90.00% |
| | Outcome | Percentage of patient discharged having a discharge summary completed within 30 days of discharge | 100.00% | 100.00% | 100.00% | 99.00% | 100.00% | 100.00% |
| | | Percentage of patients who have a history and physical completed within 24 hours of admission | 97.00% | 99.00% | 100.00% | 96.80% | 99.00% | 99.00% |
| OSH Physical Plant and Central Services: OSH Physical Plant and Central Services | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | Output | Purchasing help desk tickets worked within 24 hours | | | 100.00% | 94.30% | 95.00% | 95.00% |
| OSH SD&T Program: OSH SD&T Program | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | | Staff trained monthly | | 31 | 37 | 38.75 | 35 | 35 |

Footnotes