

Adair Acute Care at OSH Administration - 1031

Consequences of Not Funding this Program

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	Mandatory vs. Discretionary	MOE/Match Rgt.	Priority Level
	Discretionary	No	2

Program Goals

- A. Track percentage of employees that turnover in a month/year.
- B. Record number of filled and vacant positions in a month/year.
- C. The monthly Physical interventions rate will be below .30 per 1000 patient hours for all physical interventions.

Program 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.

Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Outcome Measure #1 Number of employees that turnover recorded every month.		73%	68%	52%	46%	34%	30%	30%	51%
2. Outcome measure #2 Number of filled and vacant positions recorded monthly.		23%	25%	36%	35%	42%	38%	35%	34%

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3. Outcome measure #3 Months physical intervention rate within one standard deviation of the National Mean.

12	8	9	12	9	9	9	9
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Funding

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 510,290	\$ 921,366	\$ 437,090	\$ 1,140,799	\$ 412,271	\$ 991,232	\$ 1,003,416	\$ 590,242
Non-SGF State Funds	236,626	374,865	1,085,442	538,634	1,539,724	1,037,710	999,811	1,000,010
Federal Funds	-	-	-					-
Total	\$ 746,916	\$ 1,296,231	\$ 1,522,532	\$ 1,679,433	\$ 1,951,995	\$ 2,028,942	\$ 2,003,227	\$ 1,590,253
FTE	11.50	22.30	19.50	21.50	21.50	21.50	21.00	21.10

OSH Administration Program - 1030

Consequences of Not Funding this Program

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	Mandatory vs. Discretionary	MOE/Match Rgt.	Priority Level
	Discretionary	No	2

Program Goals

- A. Track Percentage of Employees that turnover in a month
- B. Track percentage of transmission submitted to Insurance/Medicare/Medicaid within 30 days of discharge
- C. Track percentage of requests for Goods and Services on the OSH help Desk answered within 24 hours of submission, per month.

Program 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 Osawatomie 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 Osawatomie State Hospital also provides administrative services to Adair Acute Care through a Memorandum of Understanding.

Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Outcome Measure #1 Number of employees that turnover recorded every month.		15%	28%	29%	25%	32%	30%	30%	30%

Osawatomi State Hospital

2. Outcome measure #2 Number of filed and vacant positions recorded monthly.
3. Outcome measure #3 Months physical intervention rate within one standard deviation of the National Mean.

100%	100%	100%	100%	29%	25%	25%	76%
98%	99%	97%	98%	100%	99%	99%	99%

Funding

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 3,090,150	\$ 2,484,293	\$ 3,217,405	\$ 3,512,849	\$ 3,033,856	\$ 3,201,138	\$ 3,275,725	\$ 2,911,851
Non-SGF State Funds	40,729	(17,684)	487	495	3,582	3,595	3,734	(4,538)
Federal Funds	-	-	-	-	-	-	-	-
Total	\$ 3,130,879	\$ 2,466,609	\$ 3,217,892	\$ 3,513,344	\$ 3,037,438	\$ 3,204,733	\$ 3,279,459	\$ 2,907,313
FTE	31.00	33.30	32.50	31.50	31.50	31.50	31.00	32.43

AAC SD&T Program - 1071

Consequences of Not Funding this Program

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	Mandatory vs. Discretionary Discretionary	MOE/Match Rgt. No	Priority Level 2
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Program Goals

A. 100 % of new hires will complete orientation.

Program 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.

Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Outcome Measure #1 Percentage of new hires completing orientation recorded on a monthl basis and then averaged for a yearly outcome.		73%	95%	94%	96%	97%	97%	98%	95%

Funding

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 11,453	\$ 3,876	\$ 16,458	\$ 260,223	\$ 11,780	\$ 180,548	\$ 181,809	\$ 10,705
Non-SGF State Funds	520	5,831	113,129	5,881	177,649	12,836	16,848	98,870
Federal Funds	-	-	-	-	-	-	-	-
Total	\$ 11,973	\$ 9,707	\$ 129,587	\$ 266,104	\$ 189,429	\$ 193,384	\$ 198,657	\$ 109,574
FTE	0.50	0.00	2.90	1.50	1.50	1.50	1.50	1.47

OSH SD&T Program - 1070

Consequences of Not Funding this Program

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	Mandatory vs. Discretionary Discretionary	MOE/Match Rgt. No	Priority Level 2
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Program Goals

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Program History

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Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Outcome Measure #1 Percentage of new hires completing orientation recorded on a monthly basis and then averaged for a yearly outcome.	100%	73%	95%	94%	96%	98%	98%	98%	96%

Funding

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 31,340	\$ 37,325	\$ 439,230	\$ 305,038	\$ 580,710	\$ 580,573	\$ 587,656	\$ 352,422
Non-SGF State Funds	1,475	2,792	4,150		-	500	500	2,314
Federal Funds	-	-	-					-
Total	\$ 32,815	\$ 40,117	\$ 443,380	\$ 305,038	\$ 580,710	\$ 581,073	\$ 588,156	\$ 354,736
FTE	0.00	2.90	2.90	3.93	5.35	5.35	5.35	3.72

AAC Medical Program - 83001

Consequences of Not Funding this Program

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	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
	Discretionary	No	1

Program Goals

- A. At least 95% of patients dsicharged will have a discharge summary completed within 30 days of discharge.
- B. 100% of patients will have a complete history and physical within 24 hours of admission.

Program 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 physican 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 meed the needs of the patient. The Osawatomie State Hospital Provides some Medical Services to AAC through a Memorandum of Understanding.

Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Outcome Measure #1 Percentage of patient discharged having a discharge summary completed within 30 days of discharge.	100%	97%	99%	93%	95%	100%	100%	100%	97%
2. Outcome measure #2 Percentage of patients who have a history and physical completed within 24 hours of admission.	100%	99%	100%	99%	100%	97%	98%	99%	99%

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Funding

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 2,535,320	\$ 1,954,911	\$ 1,085,764	\$ 1,018,449	\$ 1,091,198	\$ 112,899	\$ 83,502	\$ 1,377,291
Non-SGF State Funds	535,611	586,537	1,367,438	1,948,543	2,567,455	3,188,685	3,210,915	1,507,143
Federal Funds	-	-	-					-
Total	\$ 3,070,931	\$ 2,541,448	\$ 2,453,202	\$ 2,966,992	\$ 3,658,653	\$ 3,301,584	\$ 3,294,417	\$ 2,884,434
FTE	9.00	4.00	12.50	12.50	12.50	12.50	12.50	9.67

OSH Medical Program

Consequences of Not Funding this Program

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.

<u>Statutory Basis</u>	<u>Mandatory vs. Discretionary</u>	<u>MOE/Match Rgt.</u>	<u>Priority Level</u>
	Mandatory	No	1

Program Goals

- A. At Least 95% of patients discharged will have a Discharge Summary Completed within 30 days of discharge.
- B. 100 % of patients will be evaluated and the Psychiatric Evaluation documented within 24 hours of admission.
- C. 100 % of patients will have a complete history and physical within 24 hours of admission.

Program 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.

Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Outcome Measure #1 Percentage of patient discharged having a discharge summary completed within 30 days of discharge.	95%	100%	93%	97%	98%	100%	100%	100%	97%
2. Outcome measure #2 Percentage of patients who have a history and physical completed within 24 hours of admission.	100%	99%	94%	97%	98%	95%	98%	98%	95%

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Funding

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 5,168,020	\$ 4,710,342	\$ 5,012,880	\$ 5,618,148	\$ 4,194,985	\$ 4,682,894	\$ 5,307,228	\$ 4,639,402
Non-SGF State Funds	140,059	387	-	300,000	225,245	224,643	224,829	75,211
Federal Funds	-	-	-	-	-	-	-	-
Total	\$ 5,308,079	\$ 4,710,729	\$ 5,012,880	\$ 5,918,148	\$ 4,420,230	\$ 4,907,537	\$ 5,532,057	\$ 4,714,613
FTE	19.00	24.50	16.00	16.00	16.50	16.50	16.50	19.00

AAC Clinical Program - 84001

Consequences of Not Funding this Program

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	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
	Mandatory	No	1

Program Goals

- A. 100% of patients who are readmitted within 30 days of discharge will be tracked to identify trends.
- B. A comprehensive discharge plan will be developed and implemented. 95% of patients will have discharge criteria that is Realistic, Attainable, and individualized to their treatment on their Master Treatment Plan with a Psychosocial Assessment being completed within 72 hours of admission.
- C. The Hospital Acquired Infection (HAI) infection rate at AAC will remain below the national average of 4%.

Program 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.

Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Outcome Measure #1 Percentage of patients readmitted within 30 days of discharge.	<10%	8%	20%	8%	8%	8%	7%	7%	12%

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2. Outcome measure #2 Percentage of discharge criteria is realistic, attainable, and individualized to the patient, % of assessments completed within 72 hours of admission, recorded on a monthly	95%	88%	100%	96%	100%	98%	98%	98%	98%
3. Outcome measure #3 HAI rate of infection recorded on a monthly basis.	<3%	4%	1%	2%	2%	1%	1%	1%	1%

Funding

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 4,967,546	\$ 4,741,879	\$ 5,583,164	\$ 1,826,945	\$ 3,556,841	\$ 4,323,544	\$ 4,715,495	\$ 4,627,295
Non-SGF State Funds	3,737,400	3,822,720	2,056,182	6,961,127	7,358,530	4,476,883	3,434,889	4,412,477
Federal Funds	-	-	-	-	-	-	-	-
Total	\$ 8,704,946	\$ 8,564,599	\$ 7,639,346	\$ 8,788,072	\$ 10,915,371	\$ 8,800,427	\$ 8,150,384	\$ 9,039,772
FTE	131.00	139.90	120.50	92.50	92.50	92.50	93.50	117.63

OSH Clinical Program - 8400

Consequences of Not Funding this Program

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.

<u>Statutory Basis</u>	<u>Mandatory vs. Discretionary</u>	<u>MOE/Match Rgt.</u>	<u>Priority Level</u>
	Discretionary	No	1

Program Goals

- A. Number of months the Hospital Associated Infection rate remains below national average of 4%.
- B. Track and trend percentage of discharged patient readmitted within 30 days.
- C. 95% of staff are in compliance with the 5 moments of handwashing.

Program 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.

Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Outcome Measure #1 Infection rate recorded monthly and averaged for yearly outcome.	<4%	11%	12%	12%	8%	1%	1%	1%	8%
2. Outcome measure #2 Percentage of patients readmitted within 30 days reported monthly then averaged for yearly outcomes.	<5%	6%	3%	1%	100%	4%	5%	5%	2%

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3. Outcome measure #3 Percentage of staff in compliance with 5 moments of handwashing reported monthly.	95%	90%	55%	97%	2%	95%	97%	97%	82%
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Funding

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 13,088,118	\$ 13,763,059	\$ 13,253,609	\$ 14,066,891	\$ 14,590,408	\$ 16,348,354	\$ 15,533,399	\$ 13,869,025
Non-SGF State Funds	(593,833)	-	-	-	2,039,078	1,137,802	1,183,314	679,693
Federal Funds	-	-	-	-	-	-	-	-
Total	\$ 12,494,285	\$ 13,763,059	\$ 13,253,609	\$ 14,066,891	\$ 16,629,486	\$ 17,486,156	\$ 16,716,713	\$ 14,548,718
FTE	162.25	204.60	185.50	241.00	239.00	239.00	239.00	209.70