

Motion for Immediate Relief

Exhibit 23

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

f/k/a DEPARTMENT OF HUMAN RESOURCES, DIVISION OF MHDDAD

1.15.2010 QUALITY MANAGEMENT REPORT

FOR THE CRIPA SETTLEMENT AGREEMENT ENTERED INTO BY THE UNITED STATES OF AMERICA AND THE STATE OF GEORGIA

January 15, 2009

The Quality Management Report details outcome data for the seven state hospitals operated by the Department of BHDD that is aggregated at the State level.

III. SUBSTANTIVE PROVISIONS

In order to protect the constitutional and federal statutory rights of Patients, the State shall promptly implement the remedial measures set forth below:

A. PROTECTION FROM HARM

The Georgia Psychiatric Hospitals shall provide their patients with a safe and humane environment and protect them from harm. The Georgia Psychiatric Hospitals shall:

INCIDENT MANAGEMENT SYSTEM

1. Create or revise, as appropriate, and implement an incident management system that comports with generally accepted professional standards. The Georgia Psychiatric Hospitals shall:

a. Create or revise, as appropriate, and implement comprehensive, consistent incident management policies and procedures that provide clear guidance regarding reporting requirements and the categorization of incidents, including those involving any physical injury or threats of serious physical injury; abuse and neglect; contraband; or suicide attempts;

b. Require all staff to complete competency-based training in the revised reporting requirements;

c. Create or revise, as appropriate, and implement thresholds for indicators of incidents, including, without limitation, patient injury, patient-on-patient assaults, self-injurious behavior, falls, and suicide attempts, that will initiate review at the unit/treatment team level and review by supervisors consistent with generally accepted professional standards and policy, regulation, and law; whenever such thresholds are reached, the treatment team shall review patient incidents and document in the patient medical record the rationale for changing/not changing the patient's current treatment regimen;

d. Create or revise, as appropriate, and implement policies and procedures addressing the investigation of serious incidents, including, without limitation, abuse, neglect, suicide

attempts, unexplained injuries, and all injuries requiring medical attention more significant than first aid. The policies and procedures shall require that all investigations of such incidents are comprehensive, include consideration of staff's adherence to programmatic requirements, and are performed by investigators with no conflict of interest;

e. Require that all hospital staff members charged with investigative responsibilities to complete competency-based training on investigation methodologies and documentation requirements necessary in mental health service settings;

f. Require the thorough, competent, and timely completion of investigations of serious incidents; monitor the performance of hospital staff charged with investigative responsibilities; and provide administrative and technical support and training as needed;

g. Require that corrective action plans are developed and implemented in a timely manner;

h. Require qualified clinical professional(s) at the applicable hospital to review all findings and recommendations made by bodies investigating patient care and safety, and develop and implement appropriate remedial measures as necessary;

i. Review, revise as appropriate, and implement policies and procedures related to the tracking and trending of incident data; require that incidents are properly investigated and responsive corrective actions are identified and implemented in response to undesirable trends; and

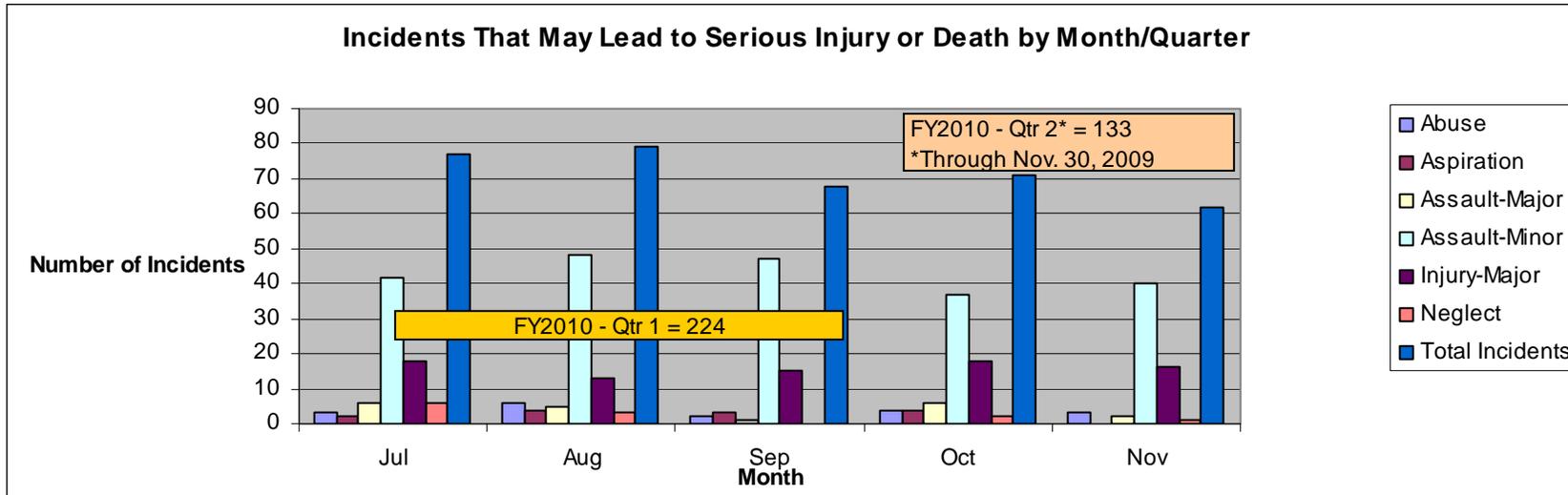
Department of BHDD – Patient Injury Rate

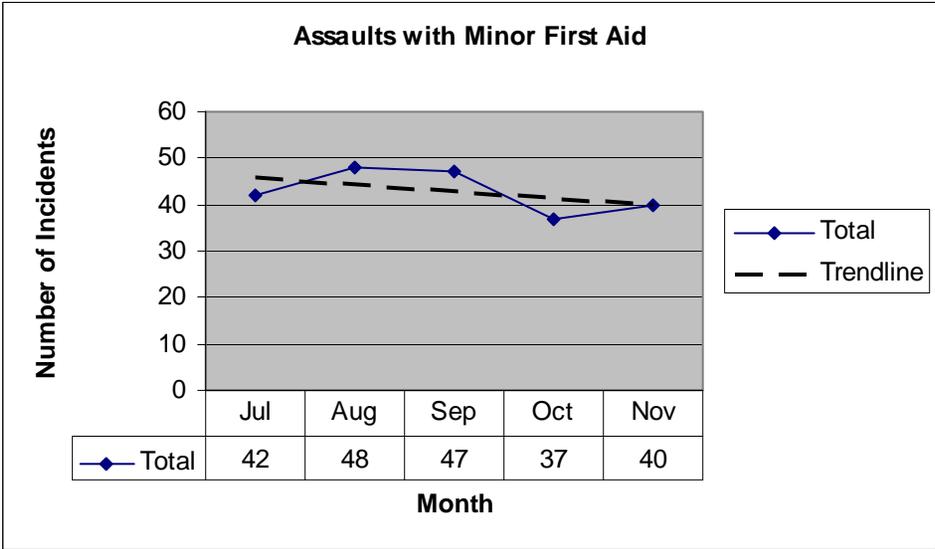
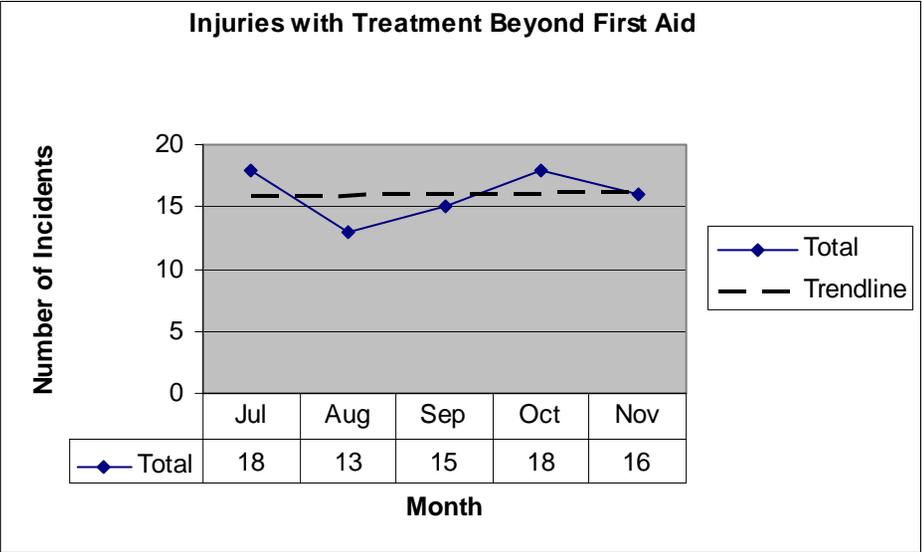
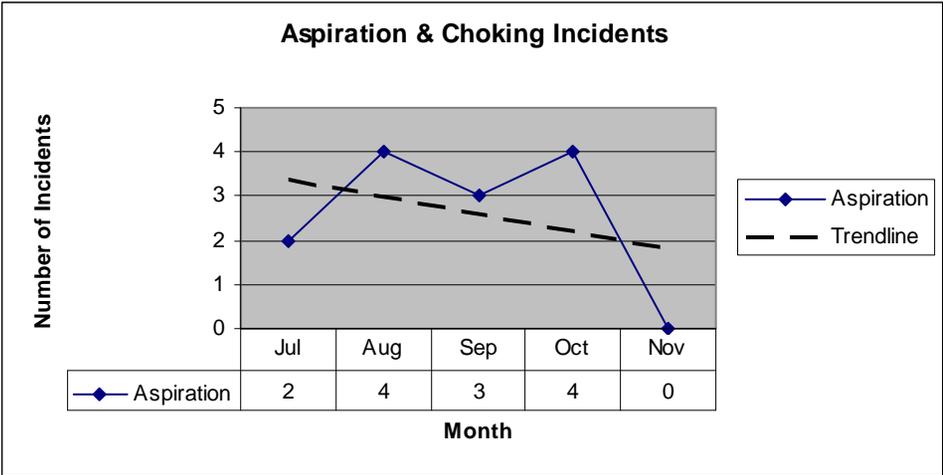
Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
FY 09 1st Qtr	Patient injury rate is less than 0.5 per 1,000 inpatient days.	Track patient injury events with a severity level of more than minor first aid per 1,000 inpatient day. Divide by total number of patient injury events with a severity level of more than minor first aid.	101/0.45	Target met	Continue tracking
FY 09 2 nd Qtr	As above	As above	75/0.34	Target met	Continue tracking
FY 09 3 rd Qtr	As above	As above	80/0.39	Target met	Continue tracking
FY 09 4 th Qtr	As above	As above	81/0.40	Target met	Continue tracking
FY 10 1 st Qtr	As above	As above	80/0.39	Target met	Continue tracking
FY 10** 2 nd Qtr	As above	As above	68/0.34		

**Through November, 2009

FY-2010 Incidents - All Hospitals

Category	Jul	Aug	Sep	Oct	Nov
Injury-Major	18	13	15	18	16
Assault-Major	6	5	1	6	2
Assault-Minor	42	48	47	37	40
Aspiration	2	4	3	4	0
Neglect	6	3	0	2	1
Abuse	3	6	2	4	3
Total Incidents	77	79	68	71	62





j. Create or revise, as appropriate, and implement policies and procedures regarding the creation, structure, and preservation of all records of care and treatment of patients, including measures to address improper removal, destruction, or falsification of any record.

QUALITY MANAGEMENT AND RISK MANAGEMENT SYSTEM

2. Develop and implement a comprehensive quality management system and risk management system, consistent with generally accepted professional standards. Such a system

shall:

Department of BHDD – Elopements

Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
FY 09 1st Qtr	The rate of elopements is less than 0.31 per 1,000 inpatient days.	Track number of elopements per inpatient day. Calculate rate per 1,000 inpatient days.	29/0.13	Target met	Continue tracking
FY 09 2 nd Qtr	As above	As above	22/0.10	Target met	Continue tracking
FY 09 3 rd Qtr	As above	As above	40/0.19	Target met	Continue tracking
FY 09 4 th Qtr	As above	As above	30/0.15	Target met	Analyze elopements by patient profile.
FY 10 1 st Qtr	As above	As above	21/0.11	Target met	Continue tracking

a. Collect information related to the adequacy of safety, treatments, and services provided by the Georgia Psychiatric Hospitals;

b. Analyze the information collected in order to identify strengths and weaknesses within the current system;

c. Identify and monitor implementation of corrective and preventative actions to address identified issues; and

d. Assess and document the effectiveness of the actions taken.

B. MENTAL HEALTH CARE

ASSESSMENTS AND DIAGNOSES

1. The Georgia Psychiatric Hospitals shall require that their patients receive accurate, complete, and timely assessments and diagnoses, consistent with generally accepted professional standards, and that these assessments and diagnoses drive treatment interventions. More particularly, the Georgia Psychiatric Hospitals shall:

a. Develop and implement comprehensive policies and procedures regarding the timeliness and content of initial psychiatric assessments and ongoing reassessments;

b. Develop a clinical formulation of each patient that integrates relevant elements of the patient's history, mental status examination, and response to current and past medications and other interventions, that is used to prepare the patient's treatment plan;

c. Require that psychiatric reassessments are completed within time-frames that reflect the patient's needs, including prompt reevaluations of each patient for whom a restrictive intervention was used;

d. Develop diagnostic practices, consistent with generally accepted professional standards;

e. Conduct multidisciplinary assessments of patients consistent with generally accepted professional standards. Expressly identify and prioritize each patient's individual health problems and needs, including, without limitations, challenging behaviors and substance abuse problems;

f. Require that the information gathered in the assessments and reassessments is used to justify and update diagnoses and to establish the need to perform further assessments for a differential diagnosis;

g. Review and revise, as needed, psychiatric assessments of all patients, providing clinically justified current diagnoses for each patient and removing all diagnoses that cannot be clinically justified. Modify treatment and medication regimens as necessary, considering factors such as the patient's response to treatment, significant developments in the patient's condition, and changing patient needs; and

h. Develop or modify instruments to conduct ongoing systematic review of the quality and timeliness of all assessments according to established indicators, including an evaluation of initial assessments, progress notes, and transfer and discharge summaries; require the director of each clinical discipline to address the process and content of assessments and reassessments, identify individual and group trends, and provide corrective action consistent with generally accepted professional standards.

TREATMENT PLANNING

2. The Georgia Psychiatric Hospitals shall develop and implement an integrated treatment planning process consistent with generally accepted professional standards. More particularly, the Georgia Psychiatric Hospitals shall:

a. Develop and implement policies and procedures regarding the development of individualized treatment plans consistent with generally accepted professional standards.

b. Develop and implement policies and procedures to promote participation in the treatment process by: each patient, and where applicable the legal guardian; and family members if desired by the patient.

c. Require that treatment plans derive from an integration of the individual disciplines' assessments of patients, and that goals and interventions are consistent with clinical assessments. At a minimum, this should include:

(1) Review by the attending psychiatrist, or, for those persons with no psychiatric diagnosis, by the attending physician, of all proposed behavioral plans to determine that they are

compatible with the clinical formulations of the case;

(2) Integration of psychiatric and behavioral data and treatments in those cases where clinically indicated; and

(3) Documentation in the patient's record of the rationale for treatment.

d. Require that treatment plans address repeated admissions and adjust treatment plans accordingly to examine and address the factors that led to re-admission.

e. Develop and implement short-term treatment goals that establish an objective, measurable basis for evaluating patient progress, including goals that address barriers to successful placement in a community based setting.

f. Require that treatment plans are assessed for their effectiveness and revised in accordance with policy and as clinically indicated.

g. Provide mental health and behavioral services, including active treatment consistent with generally accepted professional standards.

OUTCOME 2: Doctoral level psychologist to patient ratios will provide mental health and behavioral services, including active treatment.

Forensic services, all levels, maximum secure forensic units

1. The ratio of psychologist to patient is 1:18;

Adult Mental Health Acute and Rehabilitation level of care

1. The ratio of psychologist to patient 1:36

Skilled nursing level of care (including very medically involved ICF/MR patients)

1. The ratio of psychologist to patient is 1:50

ICF/MR level of care

1. The ratio of psychologist to patient is 1:25

Doctoral Level Psychologists – brief description of duties and responsibilities

There is adequate doctoral level psychology staff to play a key role in

1. Psychiatric assessment, focusing on differential diagnoses
2. Assessment of functional ability
3. Cognitive assessment
4. Individualized treatment planning
5. Provision of individual treatment and therapies
6. Provision of group treatment and therapies
7. Development and implementation of behavior support plans
8. Patient education
9. Staff education

SYSTEM SUMMARY

Doctoral Level Psychologists	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
------------------------------	------------------------------	------	--------	------------------	---------------

8.20.09	2478	95	36		59
12.10.09	2256	98	36	0	62

OUTCOME 4: Masters level psychologist to patient ratios will provide mental health and behavioral services, including active treatment.
Forensic Acute service, including maximum secure forensic units 1. The ratio of masters level psychologist to patient is 1:18;
Adult Mental Health Acute, Adult Rehabilitation and Forensic Rehabilitation level of care 1. The ratio of masters level psychologist to patient is 1:36
Skilled nursing level of care (including very medically involved ICF/MR patients) 1. The ratio of masters level psychologist to patient is 1:25
ICF/MR level of care 1. The ratio of masters level psychologist to patient is 1:25

Masters Level Psychologists – brief description of duties and responsibilities
There is adequate masters level psychology staff to play a key role in 1. Individualized treatment planning 2. Provision of individual treatment and therapies 3. Provision of group treatment and therapies 4. Development and implementation of behavior support plans 5. Patient education 6. Staff education

SYSTEM SUMMARY					
Masters Level Psychologists	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	96	61		35
12.10.09	2256	96	62	+1	34

OUTCOME 5: Masters level social workers (LMSW and LCSW) will provide mental health and behavioral services, including active treatment.
Forensic maximum secure, Forensic Rehabilitation and Adult Rehabilitation level of care 1. The ratio of social work to patient is 1:18;
Adult Mental Health Acute level of care 1. The ratio of social work to patient is 1:6
Forensic Acute level of care 1. The ratio of social work to patient is 1:9
Skilled nursing level of care (including very medically involved ICF/MR patients) and ICF/MR level of care 1. The ratio of social work to patient is 1:150

LCSW, LMSW and MSW social work staff – brief description of duties and responsibilities
There is adequate LCSW, LMSW and MSW social work staff to play a key role in 1. Assessment, of the individual, including a. Social environment b. Stressors c. Strengths and abilities d. Social supports 2. Development of interventions that are a. Individualized b. Person -centered c. Collaborative d. Recovery-oriented

3. Acquisition of benefits or resources
4. Provision of individual treatment and therapies
5. Provision of group treatment and therapies
6. Linkage to community- based services
7. Patient education
8. Family/caregiver education
9. Staff education

SYSTEM SUMMARY

Social Work (LCSW, LMSW, MSW)	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	152	52		100
12.10.09	2256	136	64	+12	72

OUTCOME 7: Certified Peer Specialists / Peer Support staff will model recovery and support patients receiving mental health and behavioral services.

Adult Mental Health Acute level of care

1. The ratio of peer specialist to patient is 1:12

Forensic Acute level of care

1. The ratio of peer specialist to patient is 1:36

Adult Mental Health Rehabilitation and Forensic Rehabilitation level of care

1. The ratio of peer specialist to patient is 1:18

Certified Peer Specialists / Peer Support staff – brief description of duties and responsibilities

There is adequate Peer Support staff to play a key role in

1. Modeling recovery
2. Provision of practical guidance in day to day living with mental illness, substance abuse or dependence
3. Provision of hope

SYSTEM SUMMARY

Consumer Specialists	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	119	7		112
12.10.09	2256	100	7	0	93

h. Require that all psychologists who provide or supervise the provision of behavioral services have training and demonstrate competency in:

(1) performing behavioral assessments, including the functional analysis of behavior and appropriate identification of target and replacement behaviors;

(2) the development and implementation of thresholds for behaviors or events that trigger referral for a behavioral assessment;

(3) timely review of behavioral assessments by treatment teams, including consideration or revision of behavioral interventions, and documentation of the team's review in the patient's record;

(4) the development and implementation, when indicated, of behavior support plans that are consistent with generally accepted professional standards;

(5) the development and implementation of processes for collecting objective data on target and replacement behaviors; and

(6) supervision of staff who collect behavioral data and perform behavioral interventions, including monitoring the fidelity of implementation of the behavior plan.

i. Assess patients' cognitive deficits and strengths and select treatment interventions based on the patient's capacity to benefit.

j. Consistent with generally accepted professional standards and policy, regulation, and law, screen or rescreen all patients to identify those who have speech or communication deficits that are barriers to treatment or discharge and who would benefit from speech or communication therapy; when indicated, develop and implement interventions to establish and maintain communication behaviors that reduce or eliminate barriers to treatment and discharge; provide sufficient qualified and trained staff to provide adequate and timely communication intervention services that are consistent with and supportive of behavior support plans according to the outcome of each patient evaluation.

OUTCOME 2: Speech or communication therapy will be provided according to generally accepted professional standards.

Skilled nursing level of care (including medically involved ICF/MR patients) and ICF/MR level of care
1. Speech pathologist per patient ratio to provide care according to generally accepted professional standards is 1:100

All other patient care services
1. Speech pathologist per patient ratio to provide care according to generally accepted professional standards is 1:150

Speech Pathologist - brief description of duties and responsibilities

Speech Pathologist staff to play a key role in assessment and intervention of:
1. Articulation
2. Language
3. Stuttering
4. Voice auditory discrimination
5. Hearing acuity disorders
6. Swallowing
7. Alternative communication devices or mechanisms

SYSTEM SUMMARY					
Speech Pathologists	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	23	2		21
12.10.09	2256	22	1	-1	21

Note that two hospitals do not have DD patients, thus contract for the services of speech pathology, which changes the 'need' requirement

k. Develop and implement a qualitative review process for treatment plans consistent with generally accepted professional standards. The review process will include ongoing feedback and professional development for all professional staff.

l. Require all treatment team staff, consisting of professionals and direct care staff involved in the treatment team, to complete successfully competency-based training, appropriate to their duties, on the development and implementation of individualized treatment plans, including behavioral plans and the development of clinical formulations, goals,

interventions, and discharge criteria.

m. Require the clinical director to review high-risk situations in a timely manner, consistent with generally accepted professional standards.

n. Develop and implement policies to require that patients with special needs, including co-occurring diagnoses of substance abuse and/or developmental disability, physical, cognitive, and/or sensory impairments are evaluated, treated, or referred for timely treatment consistent with generally accepted professional standards.

OUTCOME 2: Adequate, appropriate and timely rehabilitation therapy services will be provided by physical therapists and available at a level to support the provision of therapeutic services.

All Forensic services and Adult services, all levels of care

1. Physical therapists will be available on a consultation basis.

Skilled nursing level of care (including very medically involved ICF/MR patients) and ICF/MR level of care

1. The ratio of physical therapist to patient is 1:100

Physical Therapists staff – brief description of duties and responsibilities

There is adequate Physical Therapists staff to provide care: required to:

1. Help restore function
2. Improve mobility
3. Relieve pain
4. Prevent or limit permanent physical disabilities of patients with physical effects from developmental disabilities, injuries or disease.
5. Restore, maintain, and promote overall fitness and health
6. Assess a patients'
 - a. Strength
 - b. Range of motion
 - c. Balance and coordination
 - d. Posture
 - e. Muscle performance, respiration, and motor function.
7. Develop treatment strategies to address findings
8. Provide interventions

SYSTEM SUMMARY

Physical Therapists	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	13	1		12
12.10.09	2256	13	1	0	12

OUTCOME 3: Adequate, appropriate and timely habilitation services will be coordinated by team leaders for individuals with developmental disabilities

Skilled nursing level of care (including very medically involved ICF/MR patients) and ICF/MR level of care

1. The ratio of team leader to patient is 1:25

SYSTEM SUMMARY

Team Leader	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	67	60		7
12.10.09	2256	65	57	-3	8

o. Develop and implement a policy for suicide risk assessment and management of suicidality

p. Require that, with the exception of emergency interventions, no planned restrictive interventions shall be used in the Georgia Psychiatric Hospitals without prior review and approval by a Human Rights Committee, or its equivalent, as to whether the degree of restriction of rights is necessary, appropriate, and of limited duration.

q. Require that all psychotropic medications are:

(1) tailored to each patient's individual symptoms;

Department of BHDD – New Generation Antipsychotic Use

Month	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
July 2008	89% of patients on antipsychotic medications will be treated with new generation antipsychotics	Proportion of patients receiving scheduled antipsychotic medications that receive new generation agents. Calculate against number of unduplicated patients who received at least one scheduled dose of a new generation antipsychotic medication during an inpatient stay.	2031/91.0%	Target met	Continue tracking
August 2008	As above	As above	2,081/90.7%	Target met	Continue tracking
September 2008	As above	As above	2,028/89.9%	Target met	Continue tracking
October 2008	As above	As above	1,895/89.4%	Target met	Continue tracking
November 2008	As above	As above	1,864/90.2%	Target met	Continue tracking
December 2008	As above	As above	1,864/90.4%	Target met	Continue tracking
January 2009	As above	As above	1,753/90.0%	Target met	Continue tracking
February 2009	As above	As above	1,766/90.4%	Target met	Continue tracking
March 2009	As above	As above	1,810/90.6%	Target met	Continue tracking
April 2009	As above	As above	1,699/89.9%	Target met	Continue tracking
May 2009	As above	As above	1,706/89.6%	Target met	Continue tracking
June 2009	As above	As above	1,752/89.1%	Target met	Continue tracking
July 2009	As above	As above	1,688/86.2%	Target not met	Continue tracking
August 2009	As above	As above	1,719/88.8%	Target not met	Continue tracking

September 2009	As above	As above	1,733/90.0%	Target met	Continue tracking
October 2009	As above	As above	1,693/89.3%	Target met	Continue tracking

Department of BHDD - Percent Depakote Usage by Hospital

Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
FY 09 1st Qtr	Depakote is used for target symptoms only, as manifested by reduction of utilization	Track normalized utilization, by hospital	32%		Continue tracking
FY 09 2 nd Qtr	As above	As above	33%	Continues fairly static	Continue tracking
FY 09 3 rd Qtr	As above	As above	30%	Slight drop	Continue tracking
FY 09 4 th Qtr	As above	As above	32%	Is this representative of true clinical indication?	Focus on utilization by individual physician
FY 10 1 st Qtr	As above	As above	31%	Continues fairly static	Continue tracking

(2) administered as prescribed;

(3) monitored for effectiveness and potential side-effects against clearly-identified patient outcomes and time frames;

Department of BHDD - Benzodiazepine Use for More Than 60 Days*

Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
FY 09 1st Qtr	Eliminate use of benzodiazepines with hospitalized patients	Tracking utilization of benzodiazepines by hospital	Aggregate all hospitals - 7%		Continue tracking
FY 09 2 nd Qtr	As above	As above	Aggregate all hospitals - 6%	Slight drop in utilization	Continue tracking
FY 09 3 rd Qtr	As above	As above	Aggregate all hospitals - 6%	No change 3 rd quarter	Continue tracking
FY 09 4 th Qtr	As above	As above	Aggregate all hospitals - 7%	One hospital outlier is causing higher average	Focus on individual hospital performance
FY 10 1 st Qtr	As above	As above	Aggregate all hospitals - 5%	One hospital remains an outlier, causing higher average	Continue tracking

* Tracked for AMH and Forensic Patients Only

(4) modified based on clinical rationales;

Department of BHDD - Number of Patients on Two or More Antipsychotic Medications

Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
FY 09 1st Qtr	Minimize utilization of two or more anti-psychotic medications with a goal of no more than 20% aggregate, all hospitals	Tracking utilization of two or more anti-psychotics by hospital	Aggregate all hospitals - 22%		Continue tracking
FY 09 2 nd Qtr	As above	As above	Aggregate all hospitals - 25%	3% increase in aggregate from first quarter	Continue tracking
FY 09 3 rd Qtr	As above	As above	Aggregate all hospitals - 27%	5% increase in aggregate from first quarter	Continue tracking
FY 09 4 th Qtr	As above	As above	Aggregate all hospitals – 23%	1% increase in aggregate from first quarter	Focus on individual physician performance
FY 10 1 st Qtr	As above	As above	Aggregate all hospitals – 24%	Slight uptick	As above

Department of BHDD - Total Number of DD Patients on Antipsychotic Medications

Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
FY 09 1st Qtr	Only DD patients with dual diagnoses are treated with antipsychotic medications, with a goal of no more than 20% aggregate, all hospitals.	Track utilization of antipsychotics with DD patients who are dually diagnosed, by hospital	Aggregate all hospitals - 36%		Continue tracking
FY 09 2 nd Qtr	As above	As above	Aggregate all hospitals - 38%	Two hospitals remain high, bringing the state-wide average up	Continue tracking
FY 09 3 rd Qtr	As above	As above	Aggregate all hospitals - 36%	Two hospitals remain high, bringing the state-wide average up	Continue tracking
FY 09 4 th Qtr	As above	As above	Aggregate all hospitals – 35%	Two hospitals remain high, bringing the state-wide average up	Focus on individual hospital performance
FY 10 1 st Qtr	As above	As above	Aggregate all hospitals – 37%	As above	As above

(5) properly documented; and

(6) subject to regular review consistent with generally accepted professional standards.

r. Institute systematic monitoring mechanisms regarding medication use throughout the facility. In this regard, the Georgia Psychiatric Hospitals shall implement a procedure governing the use of pro re nata (“PRN”) and “Stat” medications that includes requirements for specific identification of the signs and symptoms prior to administration of PRN or “Stat” medication, a time limit on PRN orders, a documented rationale for the use of more than one medication on a PRN or “Stat” basis, triggers for review by the treatment team, and physician documentation to require timely, critical review of the patient’s response to PRN or “Stat” medication including reevaluation of regular treatments as a result of PRN

or "Stat" use.

Department of BHDD - Normalized Number PRN Orders - (100 Patients)

Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
FY 09 1st Qtr	Reduce utilization of PRN medication	Track utilization of PRN medication by hospital	160 orders/100beds		Continue tracking
FY 09 2 nd Qtr	As above	As above	115 orders/100 beds	Numbers of PRN orders is dropping	Continue tracking
FY 09 3 rd Qtr	As above	As above	106 orders/100 beds	Numbers of PRN orders continues to drop	Continue tracking
FY 09 4 th Qtr	As above	As above	87 orders/100 beds	Numbers of PRN orders continues to drop	Continue tracking
FY 10 1 st Qtr	As above	As above	123 orders /100 beds	Numbers of PRN orders increased	Continue tracking

Department of BHDD - Normalized Number Stat / Now Orders - (100 Patients)

Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
FY 09 1st Qtr	Stat or 'now' orders are appropriate to situation	Track utilization of stat or 'now' orders	161 orders/100 beds		Continue tracking
FY 09 2 nd Qtr	As above	As above	98 orders/100 beds	Numbers of Stat orders is dropping	Continue tracking
FY 09 3 rd Qtr	As above	As above	105 orders/100 beds	Numbers of Stat orders is increasing	Continue tracking
FY 09 4 th Qtr	As above	As above	111 orders/100 beds	Numbers of Stat orders continue to increase	Conduct random audits for appropriate clinical utilization
FY 10 1 st Qtr	As above	As above	148 orders /100 beds	Numbers of Stat orders continue to increase	Conduct random audits for appropriate clinical utilization

Department of BHDD - Normalized Number PRN/Stat Doses Administered - (100 Patients)

Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
FY 09 1st Qtr	Utilization of PRN or stat medications are tied to clinical necessity	Track utilization of PRN or state medications by hospital	433 administered doses/100 beds		Continue tracking
FY 09 2 nd Qtr	As above	As above	382 administered doses/100 beds	Utilization dropped by 51 from 1 st quarter	Continue tracking
FY 09 3 rd Qtr	As above	As above	360 administered doses/100 beds	Utilization dropped by 73 from 1 st quarter	Continue tracking
FY 09 4 th Qtr	As above	As above	352 administered doses/100 beds	Utilization dropped by 81 from 1 st quarter	Conduct random clinical

Qtr				quarter	audits to determine clinical necessity
FY 10 1 st Qtr	As above	As above	315 administered doses/ 100 beds	Utilization dropped by 118 from FY09 1 st quarter	Continue tracking

C. SECLUSION OR RESTRAINT

The Georgia Psychiatric Hospitals shall require that the use of seclusion or restraint is used in accordance with requirements of applicable policies, regulations, and law, and consistent with generally accepted professional standards. More particularly, the Georgia Psychiatric Hospitals shall:

1. Eliminate the planned use of restrictive interventions, including planned seclusion and planned restraint, with the exception of the use of restrictive interventions for persons with diagnoses of developmental disability, which have received the prior review and approval of a Human Rights Committee, or its equivalent, as to whether the degree of restriction of rights is necessary, appropriate, and of limited duration.

Department of BHDD – Percent of Patients Secluded

Month	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
July 2008	Less than three per cent of consumers will be secluded.	Count unduplicated patients secluded at any time. Calculate against total number of unduplicated hospitalized patients.	58/1.72%	Target met	Continue tracking
August 2008	As above	As above	50/1.45%	Target met	Continue tracking
September 2008	As above	As above	53/1.57%	Target met	Continue tracking
October 2008	As above	As above	55/1.70%	Target met	Continue tracking
November 2008	As above	As above	50/1.61%	Target met	Continue tracking
December 2008	As above	As above	39/1.26%	Target met	Continue tracking
January 2009	As above	As above	44/1.49%	Target met	Continue tracking
February 2009	As above	As above	59/1.99%	Target met	Continue tracking
March 2009	As above	As above	53/1.77%	Target met	Continue tracking
April 2009	As above	As above	35/1.22%	Target met	Continue tracking
May 2009	As above	As above	29/1.01%	Target met	Continue tracking
June 2009	As above	As above	30/1.00%	Target met	Continue tracking
July 2009	As above	As above	35/1.19%	Target met	Continue tracking
August 2009	As above	As above	41/1.39%	Target met	Continue tracking
September 2009	As above	As above	27/0.94%	Target met	Continue tracking

October 2009	As above	As above	33/1.14%	Target met	Continue tracking
--------------	----------	----------	----------	------------	-------------------

Department of BHDD – Percent of Patients Restrained

Month	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
July 2008	Less than five per cent of consumers will be restrained.	Count unduplicated patients restrained at any time. Calculate against total number of unduplicated hospitalized patients.	31/0.92%	Target met	Continue tracking
August 2008	As above	As above	29/0.84%	Target met	Continue tracking
September 2008	As above	As above	22/0.65%	Target met	Continue tracking
October 2008	As above	As above	37/1.14%	Target met	Continue tracking
November 2008	As above	As above	25/0.80%	Target met	Continue tracking
December 2008	As above	As above	24/0.78%	Target met	Continue tracking
January 2009	As above	As above	30/1.01%	Target met	Continue tracking
February 2009	As above	As above	21/0.71%	Target met	Continue tracking
March 2009	As above	As above	22/0.74%	Target met	Continue tracking
April 2009	As above	As above	14/0.49%	Target met	Continue tracking
May 2009	As above	As above	18/0.63%	Target met	Continue tracking
June 2009	As above	As above	14/0.47%	Target met	Continue tracking
July 2009	As above	As above	16/0.54%	Target met	Continue tracking
August 2009	As above	As above	19/0.64%	Target met	Continue tracking
September 2009	As above	As above	11/0.38%	Target met	Continue tracking
October 2009	As above	As above	19/0.66%	Target met	Continue tracking

2. Require that the use of restraint or seclusion:

a. Occurs only when persons pose an imminent threat to themselves or others and after less restrictive measures have been determined to be ineffective;

b. Is not an alternative to active treatment, as coercion, punishment, retaliation, or is not for the convenience of staff;

c. Is terminated at the earliest possible time;

Department of BHDD – Hours in Seclusion

Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
FY 09 1st Qtr	Reduce hours in seclusion per 1000 inpatient hours to 0.45 or less	The total number of hours that all patients spent in seclusion. Calculate rate per 1000 inpatient hours.	383/0.076	Target met	Continue tracking
FY 09 2 nd Qtr	As above	As above	311/0.063	Target met	Continue tracking
FY 09 3 rd Qtr	As above	As above	419/0.090	Target met	Continue tracking
FY 09 4 th Qtr	As above	As above	225/0.050	Target met	Continue tracking
FY 10 1 st Qtr	As above	As above	273/0.060	Target met	Continue tracking

Department of BHDD - Hours in Restraint

Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
FY 09 1st Qtr	Reduce hours in restraint per 1000 inpatient hours to 0.50 or less	The total number of hours that all patients spent in restraint. Calculate rate per 1000 inpatient hours.	151/0.030	Target met	Continue tracking
FY 09 2 nd Qtr	As above	As above	130/0.027	Target met	
FY 09 3 rd Qtr	As above	As above	300/0.064	Target met	Continue tracking
FY 09 4 th Qtr	As above	As above	72/0.016	Target met	Continue tracking
FY 10 1 st Qtr	As above	As above	88/0.019	Target met	Continue tracking

d. Is documented in the clinical record; and

e. Is regularly monitored and assessed consistent with generally accepted professional standards and applicable policy, regulation, and law, and that a qualified staff member with appropriate training makes and documents a determination of the need for continued seclusion or restraint.

3. Create or revise, as appropriate, and implement policies and procedures consistent with generally accepted professional standards and applicable law and regulation that cover the following areas:

a. The restrictive alternatives available to staff and a clear definition of each, including restrictive alternatives available for dental and medical procedures; and

b. The training that all staff receive in identifying factors that may trigger circumstances that require the use of restraint or seclusion, the safe use of restraint or seclusion, and the use of less-restrictive interventions.

4. Require that any order for seclusion or restraint includes:

a. The specific behaviors requiring the procedure;

b. The maximum duration of the order; and

c. Behavioral criteria for release, which, if met, require the patient's release even if the maximum duration of the initiating order has not expired.

5. Require that the patient's attending physician be consulted in a timely fashion regarding the seclusion or restraint if the attending physician did not order the intervention.

6. Require that at least every thirty minutes, if their clinical condition permits, patients in seclusion or restraint be re-informed of the behavioral criteria for their release from the restrictive intervention.

7. Require that following a patient being placed in seclusion or restraint, the patient's treatment team reviews the incident within one business day, and documents the review and the reasons for or against change in the patient's current pharmacological, behavioral, and/or psychosocial treatment.

8. Develop and implement a policy that addresses multiple episodes of restraint or seclusion that include revising the treatment plan if appropriate and consideration of a behavior support plan.

9. Act consistent with generally accepted professional standards and applicable law and regulations regarding assessments of any patient placed in seclusion or restraints, by a physician, nurse practitioner or clinical nurse specialist licensed in the State of Georgia.

10. Require that staff successfully complete competency-based training regarding implementation of seclusion or restraint and the use of less-restrictive interventions.

D. MEDICAL AND NURSING CARE

The Georgia Psychiatric Hospitals shall provide medical and nursing services to its patients consistent with generally accepted professional standards for an inpatient psychiatric facility and for long-term care, as applicable, including individualized care, services and treatment, consistent with their treatment plans. More particularly, the Georgia Psychiatric Hospitals shall:

1. Require adequate clinical oversight of the standard of care consistent with generally accepted professional standards.

OUTCOME 1: Psychiatrist and medical physician to patient ratios will support adequate and timely patient care.

Forensic Acute care, including maximum secure forensic units

1. The ratio of psychiatrists to patient is 1:18;
2. The ratio of medical physician to patient is 1:150

Adult Mental Health Acute care

1. The ratio of psychiatrists to patient is 1:12
2. The ratio of physician to patient is 1:150

Adult Mental Health and Forensic Rehabilitation level of care

1. The ratio of psychiatrists to patient 1:36
2. The ratio of medical physician to patient is 1:150

Skilled nursing level of care (including very medically involved ICF/MR patients)

1. Psychiatrist is available on a consulting basis.
2. The ratio of medical physician to patient is 1:75

ICF/MR level of care

1. The ratio of psychiatrist to patient is 1:150
2. The ratio of medical physician to patient is 1:75

Psychiatrist – brief description of duties and responsibilities

There are adequate board eligible and board certified psychiatrists to provide psychiatric treatment

1. Psychiatric history
2. Mental status examination
3. Assessment of functional ability
4. Cognitive assessment
5. Individualized treatment planning and case management
6. Medication management
7. Provision of individual treatment and therapies
8. Provision of group treatment and therapies
9. Patient education
10. Staff education

Medical Physician – brief description of duties and responsibilities

There are adequate board eligible and board certified medical physicians (internal medicine, family practice, or equivalent certification) to provide physical health care and treatment

1. Medical history
2. Physical examination (systems assessment)
3. Individualized treatment planning and case management related to physical health care
4. Medication management
5. Provision of individual treatment and therapies
6. Patient education
7. Staff education

SYSTEM SUMMARY

Psychiatrists	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	102	39		62
12.10.09	2256	89	44	+5	45

SYSTEM SUMMARY					
Physicians	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	28	44		0
12.10.09	2256	26	36	-8	0

OUTCOME 3: Nurse managers will be in place to provide adequate clinical oversight of the standard of care. Forensic Acute, Forensic maximum security and Forensic Rehabilitation level of care (Cook Building – all units)
1. The ratio of nurse manager to patient bed count is 1:23;
All other patient care areas, all hospitals
1. The ratio of nurse manager to patient bed count is 1:36

Nurse Manager – brief description of duties and responsibilities
There are adequate nurse managers to provide 24/7 oversight to the quality of patient care provided throughout each hospital. Specifically, nurse managers are responsible for:
1. RN and direct care staff coverage 24/7
2. Monitoring and supervision of quality of staff work
3. Assuring quality of patient care
4. Assuring nursing interface with the treatment team
5. Assuring implementation of each treatment plan from a 24/7 perspective

SYSTEM SUMMARY					
Nurse Manager	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	81	43		38
12.10.09	2256	79	53	+10	26

2. Require sufficient nursing staff to provide nursing care and services consistent with generally accepted professional standards.

OUTCOME 1: Direct care Registered Nurse to patient ratios will support the provision of nursing care and services.
Forensic Acute care, including maximum secure forensic units
1. The ratio of direct care Registered Nurse to patient is 1:10;
Adult Mental Health Acute care
1. The ratio of direct care Registered Nurse to patient is 1:10;
Adult Mental Health and Forensic Rehabilitation level of care
1. The ratio of direct care Registered Nurse to patient is 1:14
Skilled nursing level of care (including very medically involved ICF/MR patients)
1. The ratio of direct care Registered Nurse to patient is 1:8
ICF/MR level of care
1. The ratio of direct care Registered Nurse to patient is 1:12

Direct Care Registered Nurse – brief description of duties and responsibilities
Adequate numbers of Registered Nurses are available to provide care to individual patients, including:
1. Promotion and maintenance of health

2. Assessment of each individual
3. Nursing diagnosis
4. Formulation
5. Planning care
6. Conducting interventions
7. Evaluating provision of care
8. Oversight of other licensed and non-licensed staff through administration, supervision, evaluation, or any combination thereof, of nursing practice
9. Staff education
10. Patient education
11. Administration of medications and treatments as prescribed by a physician

SYSTEM SUMMARY

Direct Care Registered Nurses	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	1015	324		
12.10.09	2256	935	353	+29	582

OUTCOME 3: Direct care staff will be available in sufficient numbers to provide the noted hours per patient day of care and services to patients. Ratios below address core staffing.

Maximum secure forensic units

1. 6.0 hours per patient day

Adult Mental Health and Forensic Acute care

1. 5.5 hours per patient day

Adult Mental Health and Forensic Rehabilitation level of care

1. 5.0 hours per patient day

Skilled nursing level of care (including very medically involved ICF/MR patients)

691

1. 6.0 hours per patient day

ICF/MR level of care

1. 5.5 hours per patient day

Direct Care Licensed Practical Nurse – brief description of duties and responsibilities

Direct care staff, including Licensed Practical Nurses is sufficient in numbers to provide quality care. Specifically, Licensed Practical Nurses:

1. Participate in the assessment, planning, implementation, and evaluation of the delivery of health care services and other specialized tasks
2. Provide direct personal patient observation, care, and assistance
3. Perform comfort and safety measures;
4. Administer treatments and medication; and
5. Participate in the management and supervision of unlicensed personnel in the delivery of patient care.

Unlicensed Direct Care staff – brief description of duties and responsibilities

Unlicensed direct care staff are available 24/7 to patients to perform auxiliary services in the care of patients when such care and activities do not require the knowledge and skill required of a person practicing nursing as a registered professional nurse, such as :tasks that a) Are considered routine care for this patient; b) Pose little potential hazard for the patient; c) Involve little or no modification from one client-care situation to another; d) Have a predictable outcome; and e) Do not inherently involve ongoing assessments or interpretations. Examples of such tasks are:

1. Routine observation of patients
2. Patient transport
3. Provide assistance as requested
4. Assist with activities of daily living, such as bathing, dressing
5. Measure and record food and liquid intake and output and vital signs, and report changes to professional staff.
6. Observation and reporting of patient status, including observations made of symptoms of illness and side effects of medication
7. Feed patients who are unable to feed themselves.
8. Assist with walking, exercising, and moving in and out of bed.
9. Clean rooms and change linens

SYSTEM SUMMARY					
HST/LPN	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	2334	2382		107
*12.10.09	2256	3049	2413	+37	636

Note: Gap number increased by 40% to address all patient-related activities in addition to core unit-based coverage, including transportation for medical appointments, increased patient supervision needs, etc.

3. Require that before nursing staff work directly with patients, they have completed successfully competency-based training, appropriate to their duties, regarding mental health diagnoses, related symptoms, psychotropic medications, identification of side effects of psychotropic medications, monitoring of symptoms and responses to treatment, and documenting and reporting of the patient's status.

4. Require that nursing staff accurately and routinely monitor, document, and report patients' symptoms and responses to nursing interventions in a manner that enables treatment teams to assess the patient's status and to modify the treatment plan as required.

5. Require that nursing staff actively participate in the treatment team process.

6. Require that nursing staff provide input to and implement interventions in the individualized treatment plan.

7. Require that licensed nurses are appropriately supervised in the administration, monitoring, and recording of the administration of medications and any errors, consistent with generally accepted professional standards.

Department of BHDD – Medication Errors

Month	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
July 2008	Medication errors will occur at a rate of less than 2.40 errors per 100 patients.	Count numbers of medication errors. Calculate the rate per 100 patients.	43/1.25	Target met	Continue tracking
August 2008	As above	As above	62/1.75	Target met	Continue tracking
September 2008	As above	As above	55/1.59	Target met	Continue tracking
October 2008	As above	As above	46/1.39	Target met	Continue tracking
November 2008	As above	As above	40/1.26	Target met	Continue tracking
December 2008	As above	As above	50/1.60	Target met	Continue tracking
January 2009	As above	As above	53/1.77	Target met	Continue tracking
February 2009	As above	As above	60/1.99	Target met	Continue tracking
March 2009	As above	As above	68/2.24	Target met	Continue tracking

April 2009	As above	As above	62/2.11	Target met	Continue tracking
May 2009	As above	As above	55/1.88	Target met	Continue tracking
June 2009	As above	As above	137/4.49	Target not met – rate doubled target rate	Continue tracking. Focus on individual hospital performance
July 2009	As above	As above	69/2.30	Target met	Continue tracking
August 2009	As above	As above	122/4.06	Target not met	Continue tracking
September 2009	As above	As above	198/6.79	Target not met	Fidelity of practice of tracking medication errors is in question... Defer to promulgation of Departmental policy anticipated January, 2010, and corresponding future practice
October 2009	As above	As above	32/1.09	Target met	

8. Require that, prior to assuming their duties and on a regular basis thereafter, all staff responsible for the administration of medication have completed successfully competency-based training on the completion of the Medication Administration Record.

9. Require that all failures to properly sign the Medication Administration Record and/or the Narcotics Log are treated as medication errors and that appropriate follow-up occurs to prevent recurrence of such errors.

10. Establish an effective infection control program to minimize the spread of infections or communicable diseases. The infection control program shall:

a. Actively collect data with regard to infections and communicable diseases;

b. Analyze these data for trends;

c. Initiate inquiries regarding undesirable trends;

d. Identify necessary corrective action;

e. Monitor to determine whether remedies are achieved consistent with generally accepted professional standards;

f. Integrate this information into the hospital quality management system; and

g. Require that nursing staff participate in the infection control program.

11. Establish an effective physical and nutritional management program for patients who are at risk for aspiration or dysphagia, including but not limited to the development and implementation of assessments, risk assessments, and interventions for mealtimes and other activities involving swallowing. The physical and nutritional management program shall:

a. Identify patients at risk for aspiration or choking and assign an appropriate risk level to that patient;

b. Identify triggers on an individualized basis for patients identified as at risk;

c. Assess and determine appropriate and safe positioning for each at risk patient for the 24 hour day;

d. Develop and implement plans that include specific instructions on implementation of the appropriate techniques for all patient activities based on the patient's assessment, with clinical justifications;

OUTCOME 2: Adequate numbers of professional dieticians are available to support special dietary needs of patients.

Skilled nursing level of care (including very medically involved ICF/MR patients) and ICF/MR level of care

1. Dietician per patient ratio is 1:100

All patient care services except what follows

1. Dietician per patient ratio is 1:150

Registered Dietician - brief description of duties and responsibilities

Adequate numbers of Registered Dieticians are available to support the nutritional needs of patients. Registered Dieticians:

1. Assure meal and snacks are nutritionally balanced
2. Plan and prepare special diets, such as low sodium, low fat, etc.
3. Provide foods to patients with difficulty chewing or swallowing through adjustments in texture and thickening

SYSTEM SUMMARY

Registered Dietician	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	23	14		9
12.10.09	2256	22	13	-1	9

e. Monitor and document objective clinical data for at risk patients; and

f. Implement a system to review and revise plans based on appropriate triggering events and outcomes.

12. Require that staff with responsibilities for patients at risk for aspiration and dysphagia have successfully completed competency-based training on duties commensurate with their responsibilities.

13. Provide adequate, appropriate, and timely rehabilitation/habilitation therapy services and appropriate adaptive equipment to individuals whose special needs affect their daily functional abilities, consistent with generally accepted professional standards, policy, regulation and law.

OUTCOME 1: Adequate, appropriate and timely rehabilitation and habilitation therapy services will be provided by activity therapists and available at a level to adequately provide therapeutic services.

Maximum secure forensic units and Forensic Rehabilitation level of care

1. The ratio of activity therapist to patient is 1:9

Adult Mental Health Acute care

1. The ratio of activity therapist to patient is 1:6;

Forensic Acute and Adult Mental Health Rehabilitation level of care

1. The ratio of activity therapist to patient is 1:18

Skilled nursing level of care (including very medically involved ICF/MR patients)

1. The ratio of activity therapist to patient is 1:37.5

ICF/MR level of care

1. The ratio of activity therapist to patient is 1:37.5

Activity Therapists - brief description of duties and responsibilities

Sufficient Activity Therapists are available to provide mental, physical and expressive therapeutic interventions for people who are mentally, or physically ill, developmentally disabled and/or socially handicapped. Activity therapy is used as a preventive measure, to aid in recovery from mental and/or physical illness, or to aid in the growth and development of the developmentally disabled and/or socially handicapped. Activity therapy is a holistic approach incorporating a biopsychosocial framework to intervene in the cognitive, behavioral, social, emotional and physical realms. Activity therapy includes:

1. Music therapy
2. Art therapy
3. Dance therapy
4. Drama therapy
5. Recreational therapy

SYSTEM SUMMARY

Activity Therapists	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	163	101		62
12.10.09	2256	155	98	-3	57

OUTCOME 2: Adequate, appropriate and timely rehabilitation and habilitation therapy services will be provided by occupational therapists and available at a level to support the provision of therapeutic services.

All Forensic services and Adult Rehabilitation level of care

1. The ratio of occupational therapist to patient is 1:150

Adult Mental Health Acute care, Skilled nursing level of care (including very medically involved ICF/MR patients) and ICF/MR level of care

1. The ratio of occupational therapist to patient is 1:100

Occupational Therapists - brief description of duties and responsibilities

Occupational therapists help patients improve their ability to perform tasks in living and working environments. Occupational therapists use treatments to develop, recover, or maintain the daily living and work skills of their

patients. The therapist helps clients not only to improve their basic motor functions and reasoning abilities, but also to compensate for permanent loss of function. The goal is to help clients have independent, productive, and satisfying lives. Examples of interventions used are:

1. Daily activities such as cooking, dressing, eating
2. Physical exercise to increase strength and dexterity
3. Exercises to improve visual acuity or discern patterns.
4. Activities to improve short term memory loss
5. Activities to improve eye-hand coordination, such as computer use
6. Exercises to improve decision making, problem solving, abstract reasoning, memory sequencing and abstract reasoning.

SYSTEM SUMMARY

Occupational Therapists	Facility System Patient Load	Need	Filled	Filled Gain/Loss	Remaining Gap
8.20.09	2478	24	6		18
12.10.09	2256	22	6	0	16

14. Establish an effective medical emergency preparedness program, including competency-based staff training; require staff familiarity with emergency supplies, their operation, maintenance and location; and conduct sufficient practice drills to attain adequate performance when confronted with an actual emergency.

15. Develop, implement, and review as necessary medical/nursing protocols for medical conditions commonly found within the patient population of the Georgia Psychiatric Hospitals, consistent with generally accepted professional standards.

E. SERVICES TO POPULATIONS WITH SPECIALIZED NEEDS

The Georgia Psychiatric Hospitals shall provide services to patients with specialized needs. More particularly, the Georgia Psychiatric Hospitals shall:

1. Provide services to patients with limited English proficiency, consistent with the requirements of the State's Limited English Proficiency and Sensory Impaired Client Services Manual and federal law.

2. Require the provision of adequate education and special education services for qualified students, including:

a. Adequate assessments of individual educational needs and monitoring and reporting of individual progress, including reporting all relevant assessments and information to a new school upon discharge from the hospital;

b. Development and implementation of Individualized Education Plans ("IEPs") consistent with the requirements of the Individuals with Disabilities Education Act ("IDEA"), 20 U.S.C. §§ 1401; and

c. A requirement that students receive instruction and behavioral supports appropriate to their learning abilities and needs, consistent with generally accepted professional standards.

F. DISCHARGE PLANNING

The Georgia Psychiatric Hospitals shall, consistent with federal law, treat patients in a manner consistent with their clinical needs and legal status and shall, consistent with federal law, actively pursue the clinically indicated discharge of patients when not otherwise legally prohibited from doing so. The foregoing shall be satisfied if the State shall:

1. Identify and address in treatment planning within three days of admission but in all cases prior to discharge, barriers to discharge for a particular patient, including but not limited to:

a. The individual patient's symptoms of mental illness or cognitive impairment;

b. Any other barriers preventing that specific patient from transitioning to a more integrated setting, including problems identified as creating the need for readmission that can be addressed by the hospital;

c. The types of resources necessary for discharge; and

d. The patient's strengths, preferences, and personal goals.

2. Provide the opportunity for every patient to be an active participant in the discharge process, commensurate with the patient's ability and willingness to participate.

3. Include in treatment interventions the development of skills necessary to achieve successful discharge.

4. Provide hospital transition services to patients consistent with generally accepted professional standards.

5. Create a Repeat Admissions Review Coordinator position ("RARC"):

a. The State shall have at each hospital a RARC who will be a senior member of the social work department;

b. Every patient admitted with three or more admissions in a twelve month period or more than ten total admissions to any of the Georgia Psychiatric Hospitals, shall have a "repeat admissions review" conducted by the RARC or such coordinator's staff that is consistent with generally accepted professional standards. The review shall, at a minimum, specify barriers to successful discharge, reasons for repeat admissions, and recommended strategies to promote successful discharge;

Department of BHDD – 30 Day Re-admit Rate

Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
---------	------------------	------------------------	------------------------------------------	----------------------	------------

FY 09 1st Qtr	Re-admission rates within 30 days will be 10% or less as calculated against all discharges	Count numbers of re-admissions within 30 days. Calculate the rate against total numbers of discharged patients.	424/12.29%	Target not met	Continue tracking
FY 09 2 nd Qtr	As above	As above	351/11.31%	Target not met	Continue tracking
FY 09 3 rd Qtr	As above	As above	276/10.76%	Target not met	Continue tracking
FY 09 4 th Qtr	As above	As above	270/10.53%	Target not met	Continue tracking
FY 10 1 st Qtr	As above	As above, to include actual numbers of discharges ongoing.	276/2799 = 9.87%	Target met	Continue tracking – revise desired outcome
FY 10 2 nd Qtr	Re-admission rates within 30 days will be 8% or less as calculated against all discharges				

Department of BHDD – Patients with three (3) or more admissions in the previous 12 months

Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
FY 10 1 st Qtr	The number of patients who are admitted during the period with 3 or more admissions in the previous 12 months will be less than 10 per cent.	Count total consumers admitted during the report period that had 3 or more previous admissions in the prior 12 months. Calculate the rate against the total numbers of consumers admitted.	283/2,427 = 11%	Target not met	Continue tracking
FY 10 2 nd Qtr	As Above	As Above	115/2,208 = 5%	Target met	Continue tracking

Department of BHDD – Patients with ten (10) or more admissions to a state psychiatric facility in a lifetime

Quarter	Desired Outcomes	Monitoring Methodology	Findings Based on Monitoring Methodology	Analysis of Findings	Next Steps
FY 10 1 st Qtr	The number of Consumers who are admitted ten or more times to a state psychiatric facility in a lifetime will be less than 15% of total patients admitted.	Count total consumers admitted during the report period that had 3 or more previous admissions in the prior 12 months. Calculate the rate against the total numbers of consumers admitted.	477/2,427 = 20%	Target not met	Continue tracking
FY 10 2 nd Qtr	As Above	As Above	415/2,208 = 19%	Target not met	Continue tracking

c. The findings of the repeat admissions review shall be supplied to the treatment team at least one day prior to the team meeting to write the individualized treatment plan;

d. The treatment team shall consider the findings of the RARC and shall address the findings of the repeat admissions review in writing in the treatment plan, including specific reasons for adopting or rejecting the recommendations made in the repeat admissions review;

e. Upon request by any treatment team, the RARC will attend the treatment planning meeting to assist with discharge planning; and

f. The RARC shall participate in the quality assurance or utilization review of the hospital's discharge process.

6. Create or revise, as appropriate, and implement a quality assurance or utilization review process to oversee the hospital's discharge process.