

# Catawba Hospital

Person Centered Care and Recovery

**Report Update**  
**February 10, 2009**



*“ . . . a person with mental illness can recover even though the illness is not “cured” . . . . [Recovery] is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness”. (Anthony, 1993).*

Anthony's statement provides a poignant starting premise for building use of recovery principles, supporting attitudinal transformation in our staff and integrating empowering principles and tools in our planning and work, collaborating with the persons we serve.

**Catawba Hospital Mission Statement:**

To support the continuous process of recovery by providing quality psychiatric services to those individuals entrusted to our care.

**Catawba Hospital Vision Statement: *EXCELLENCE***

**Catawba Hospital CORE Values: *EXCELLENCE* in**

- Clinical Service
- Consumer Recovery
- Corporate Stewardship

The following document represents the efforts of Catawba Hospital staff in our planning process for improving the recovery-based treatment and supports for those individuals who utilize our services, as well as those individuals who care for and support them.

## Senior Leadership

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Provide leadership for progression of person centered care through culture change, including more choice and more voice for persons receiving services.	Continue to articulate a clear vision, mission, and set of values which is revised as needed to reflect growth and development in person centered care.	Review and possible revision of mission, vision and values to reflect changes in Facility growth.	12 months from date of last revision and every 12 months thereafter	<b>Facility Director Recovery Committee</b>	The mission statement for the Recovery Committee has been formulated. The mission statement is; "Providing a collaborative leadership process that inspires and promotes a culture of recovery." Each of the four Subcommittees also has a mission statement developed in conjunction with the Recovery Committee.
Recognize staff who demonstrate compassionate, person centered attitudes and approaches to care and set an example for others in support of the Facility's mission.	<p>1. The Peer to Peer Recognition Program will have a "Recovery Champion" nomination category for staff who, "Demonstrate leadership in use of person first principles and language in supporting recovery for those we serve".</p> <p>2. Persons receiving services will have a method to nominate staff for the "Recovery Champion" award.</p>	<p>1. The Peer to Peer Recognition Form is revised and recognition pins are purchased.</p> <p>2. A form is developed for use by service recipients to nominate staff.</p>	<p>3 months</p> <p>6 months</p>	<b>Facility Director</b> , Director of Staff Development and Training	<p>1. The Peer to Peer Recognition Program has been implemented. Forms have been revised to reflect the addition of a "Recovery Champion". Pins have been purchased and a number have been awarded</p> <p>2. A form for service recipients to use has been developed and is currently in use.</p>
Develop an evaluation component for examining and refining existing practices through a recovery lens.	<p>Develop a Steering Committee with four workgroups: a. Recovery Practices; b. Staff Development; c. Treatment Planning; d. Community Linkages.</p> <p>Develop a Service Recipient Council to be named by members.</p>	<p>Activation of each subgroup.</p> <p>Council is convened.</p>	<p>Implement one subgroup each quarter starting 01/08</p> <p>18 months</p>	<b>Facility Director</b> , Chief of Staff, Chief Nurse Executive, Vice President for Patient Care Services, Individuals Receiving Services	The Recovery Committee, which is acting as the steering committee, has been developed. All of the four proposed sub-groups have been developed and are in full operation at this time.
Foster cooperation and create partnerships with stakeholders to facilitate seamless support for those in need of services.	Develop a funding proposal utilizing regional funds to increase development of recovery based treatment opportunities for persons receiving services.	Proposal is submitted to Regional Partnership.	24 months	<b>Facility Director</b>	This has been addressed with Regional Partnership members. Funding has been developed to address hiring of Peer Support Specialist position for Catawba, as well as associated CSBs. No appropriate candidate found for position as of yet.

## Workforce Development

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Enhance all staff's ability to see strengths, have positive expectations for individuals' ability to engage in meaningful activity and capacity for growth, no matter how severe the illness with which that individual lives.	Provide class on person centered care to all new employees, augmented by material from the <i>Mental Health Recovery: What Helps and What Hinders?</i> (Onken, Dumont, Ridgway, Douglas, Dornan, Ralph 2002) report.	Pilot questionnaires with new staff at the beginning and end of orientation. Questionnaires will be based on OIG Staff Survey questions from "Review of Services at VA State Mental Health Facilities". Expect 5% positive change in questionnaire responses between pre and post class completion.	3 months	<b>Director of Staff Development and Training</b>	The class on person centered care is being offered as part of the orientation for all new employees of the hospital. Material from "What Helps, What Hinders" has been incorporated into the class. Starting in October 2007, pilot questionnaires were completed by new employees at the beginning of orientation. Employees are asked to complete the questionnaires again at the end of classroom orientation. This has been successfully completed, and will be monitored to assure maintenance.
Employees will demonstrate retention and growth of positive attitudes and beliefs about recovery since beginning employment.	Pilot for six months a follow-up questionnaire for all new employees three months after completion of classroom orientation. The same questionnaire based on the OIG Staff Survey will be used.	Expect 10% change from initial questionnaire responses.	6 months	<b>Recovery Education &amp; Training Subcommittee</b>	This has been ongoing since January 2008. We have been successful with this training and see this as a reflection of ongoing education and modeling. Effectiveness of this will continue to be monitored.
Successfully integrate peer support employee into the Facility culture.	Begin staff education to prepare the environment for inclusion of a peer support employee. Bring Peer Specialists in for discussion and exchange of ideas.	A Peer Support employee begins employment.	12 months	<b>Chief Nurse Executive, Chief of Staff, Vice President for Patient Care Services</b>	We are partnering with WSH and ESH, as well as Certified Peer Specialists on this project. We have had three training opportunities to date involving Peer Specialists to help educate staff on the roles and helpfulness of the Peer Specialist in an inpatient setting. We are also working with the Peer Support Coalition to develop additional opportunities.
Implement Motivational Interviewing as a treatment method for a variety of health concerns experienced by persons receiving services.	Provide education and skills training in The Transtheoretical Model and Motivational Interviewing, including a senior leadership workshop on implementing system change to this model of care. This care model provides an excellent complement to the recovery approach to care. Motivational Interviewing emphasizes respect for individual choice, the centrality of the individual in the treatment process, and the individuality of the recovery path.	Hire a consultant to provide MI training and supervision.	6 months	<b>Director of Staff Development and Training, Chief of Staff, Vice President for Patient Care Services, Chief Nurse Executive</b>	Motivational interviewing training was held in October and December 2007 for 35 multi-disciplinary staff.

### Workforce Development

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Transition to person first language in documentation and interpersonal communication among staff and with persons receiving services.	Place posters in the nursing unit offices with reminders about person first language use and the ways to use recovery versus traditional descriptions of an individual's experience.	Posters are in the nursing unit offices.	3 months	<b>Recovery Education &amp; Training Subcommittee</b>	Person-first language posters are completed and have been posted in clinical departments and Treatment Team conference rooms. These posters have been placed in nursing stations, as well. New posters and printed material are currently under development.

## Treatment Planning

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Develop and implement methods to assure treatment planning input from persons receiving services.	Develop, collaboratively with service recipients, and pilot a treatment team form to obtain input from the person receiving services. Reinforce that there are no "right" answers to the Team other than a response centered on their personal recovery goals.	Form is developed and approved by the Health Information Management Committee.	6 months	<b>Treatment Planning and Process Subcommittee</b>	A form has been developed and piloted for utilization by those persons receiving services for the purpose of obtaining information on short and long-range goals for treatment. The form is currently being revised based on available information regarding best practices and evidence base.
Assure person receiving services long range goals are supported by the Treatment Plan.	Work with Teams to assure they focus on the short range goals of persons receiving services, and, that these goals are consistent with the individual's identified long-range goals.	Treatment Plans will have short-range goals that support the person receiving services long-range goals.	12 months	<b>Treatment Planning and Process Subcommittee</b>	We are presently refining the content of the survey to accurately and effectively obtain this information from persons receiving services, as described above.
Assure that persons receiving services long-range goals are part of the Treatment Plan.	Develop a section of the treatment plan specifically addressing, in their own words, the long-range goals of the person receiving services.	Treatment Plan will contain documentation of long-range goals.	12 months	<b>Treatment Planning and Process Subcommittee</b>	We have made revisions to the Tx Plan (our software-based treatment planning program) content to incorporate this information. We plan ongoing improvements after complete review by the Treatment Planning and Process Subcommittee of the Recovery Committee.
Assure that persons receiving services choices are considered in developing treatment.	Inquire as to the existence and availability of any Wellness Recovery Action Plans or Psychiatric Advance Directives that would help convey the treatment preferences of the individual receiving services to the Treatment Team.	Documentation – e.g. Treatment Plan will contain verification of inquiry regarding the assistance of WRAP/PAD documents.	12 months	<b>Treatment Planning and Process Subcommittee</b>	This presence of this information is presently assessed and documented on the Medical Record. To date, none of our persons receiving services has had a WRAP or PAD upon entering the facility, but staff has been educated regarding how this would be utilized when this does occur.

## Design of the Clinical Record

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Facilitate open and welcoming communication between the Treatment Team and persons receiving services.	Develop, collaboratively with service recipients, a structured format and form for Treatment Teams that indicates specific areas that must be addressed in communication between the Team and the person receiving services.	Format is developed and implemented as evidenced by format use by Teams.	12 months	<b>Treatment Planning and Process Subcommittee</b>	A form to address this issue has been developed and is currently in the process of being revised.
Support the ability of persons receiving services to have meaningful input into the design and content of their treatment.	Begin the development of a medical record format and content that will support person first plans, especially the words of the service recipient, as part of the electronic medical record initiative.	Standardized Electronic Medical Record is utilized throughout the facility which is designed to support person first planning and documentation.	36 months	<b>Commissioner of DMHMRSAS, Facility Director, Chief of Staff, Vice President for Patient Care Services</b>	Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services has committees working on this process at present.
Support the choices of persons receiving services and give them resources to make choices consistent with their goals and preferences.	Pilot use of materials from <i>Common Ground</i> (P. Deegan) to introduce staff to supporting individuals in making choices about risk taking. The " <i>Intervention Assessment Form</i> ", and supporting decision-making charts, provides a method for staff to assess their own potentially neglectful or overprotective interventions. This tool provides structure for the individual and staff to conceptualize choices and risk taking while assessing safety concerns.	" <i>Intervention Assessment Form</i> " will be utilized by the Treatment Teams as appropriate.	18 months	<b>Treatment Planning and Process Subcommittee</b>	<i>Common Ground</i> materials have been obtained. The Treatment Planning and Process Subcommittee is presently exploring the most effective way to utilize this material.
Support the input of families and significant others when they are part of the natural support system for the individual receiving services.	Treatment Teams will contact and involve families and significant others in supporting the success of the individual receiving services when they are part of the natural support system. Will make accommodations to assist with scheduling or transportation difficulties.	Treatment Plans will include a section focused on input from family when this is appropriate to the individual's treatment situation.	12 months	<b>Treatment Planning and Process Subcommittee</b>	We currently have a process in place for this purpose, and we are working with Social Work to evaluate methods to enhance this process. We are presently working on revisions to the Tx Plan (our software-based treatment planning program) to incorporate this information.
Facilitate support of the individual receiving services when natural supports are not available.	Peer support or counselors will be available to individuals receiving services to support their participation and advocate for their input and choice in the development of treatment plans.	Peer counselors will accompany individuals receiving services to meetings with their Treatment Team when requested.	24 months	<b>Community Linkages Subcommittee</b>	In December 2008, the Recovery Committee presented a training session on recovery issues that included two Peer Specialists and clinical staff from other facilities, as well as our facility. We are planning additional staff education regarding role of peer specialist in achieving this goal.

## Resident Activities and Opportunities

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Treatment program will expand to improve resilience of individuals receiving services through increased vocational opportunities.	Develop services leading to employment opportunities in vocational areas that are not presently available within the treatment program with input on preferences from individuals receiving services.	Survey of individuals receiving services will be completed.  New vocational opportunities will be scheduled.	6 months  18 months	<b>Treatment Development and Monitoring Subcommittee</b>	Survey has been completed. We have expanded the opportunities with our Work Skills Development Group (WSDG) within the facility. We now have a peer-assistant attached to Arts and Crafts, as well as Music Groups. We have revised our Active Treatment Program based on this input and individuals receiving services are now able to directly give input into the programming that they would prefer. A third survey was conducted and another program revision, based on this input, is planned to begin on February 23, 2009.
New vocational opportunities will be available from the Department of Rehabilitation Services (DRS).	Facility staff will meet with representatives from the Department of Rehabilitation Services (DRS) to explore what additional vocational supports could be made available to individuals receiving services both prior to and following discharge. Individuals receiving services will give input on desired services.	Survey of individuals receiving services will be completed.	6 months	<b>Community Linkages Subcommittee</b>	Staff actively addresses employment issues/opportunities in our Community Reintegration groups. A new group based upon patient input called Life Outside the Hospital, which incorporates employment discussions and involvement by DRS personnel, is now part of the psychosocial treatment program. Due to changes in availability of services from DRS, our patients have completed a new survey regarding their preferences and priorities for vocational services and these will be targeted during the next three months.
Volunteer opportunities will be made available to individuals receiving services that can continue beyond hospitalization.	Establish non-hospital based volunteer positions that persons receiving services can participate in while still in the hospital and continue upon hospital discharge.	Individuals receiving services will have volunteer opportunities available through the Active Treatment Program.	30 months	<b>Adjunctive Therapy Director,</b> <i>Occupational Therapist, Vice President for Patient Care Services</i>	The Volunteer Services Coordinator (under the auspices of the Adjunctive Therapy Department) is in the process of meeting with other agencies to develop these opportunities.
Support development of strategies to promote wellness and resilience among individuals receiving services.	Treatment opportunities supporting the development of Wellness Recovery Action Plans as well as other relevant Psychiatric Advance Directives will be made available to individuals receiving services.	WRAP/PAD Development group will be scheduled.	12 months	<b>Community Linkages and Treatment Development &amp; Monitoring Subcommittees</b>	A WRAP group is being conducted regularly through a contract with On Our Own of Roanoke Valley. One cycle of this group has been completed and a number of patients successfully completed WRAP plans. A new cycle of this group is currently in progress.

### Resident Activities and Opportunities

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
<p>Relevant leisure opportunities will be developed for non-treatment program times.</p>	<p>Individuals receiving services will have leisure and recreational opportunities outside of Active Treatment Program times. They will be able to choose from activities based on preference and will have tools that provide for health and wellness both while hospitalized and upon returning to the community.</p>	<p>Survey of individuals receiving services will be completed.</p> <p>Opportunities/tools will be on units.</p>	<p>6 months</p> <p>18 months</p>	<p><b>Vice President for Patient Care Services</b>, Adjunctive Therapy Director, Chief Nurse Executive</p>	<p>A survey of persons receiving services has been completed, and data has been obtained and utilized regarding preferred leisure opportunities for non-Active Treatment Program times. We now provide scheduled activities on weekends, and have further expanded the opportunities on weekends, evenings and holidays. Staff members are now scheduled to be here for the provision of direct patient programming services on each holiday.</p>
<p>Process and criteria for granting privilege levels will be consistent within the facility.</p>	<p>Staff will receive training on the level system, focusing on its use to maintain safety and security of those persons receiving services rather than as a behavior modification system. Will develop a monthly meeting with the specific focus of reviewing the level system and its administration. Patients from the two adult units would meet monthly with staff to review pertinent issues concerning the level system, and these representatives would then report back to peers in their respective Community meetings.</p>	<p>Staff training</p> <p>Development of review process/meeting</p>	<p>6 months</p> <p>18 months</p>	<p><b>Vice President for Patient Care Services</b>, Chief Nurse Executive, Unit Managers</p>	<p>Staff training has been developed regarding consistent utilization of the level system based on safety and security issues. All of the Treatment Teams have received this training. The process for developing the review system will be addressed by the Adult Milieu Group prior to the implementation date. The term "Privilege Level" is currently being replaced in all policies, protocols and official documents to "Safety Level" to reinforce the basis of level determinations.</p>

## Relationship to the Community

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Increase awareness of local, regional and state wide peer resources.	Hold a "Recovery Services Fair" inviting, On Our Own, VOCAL, CELT and other consumer advocacy organizations for attendance by our persons receiving services and staff.	The Fair is held at Catawba with participation from a range of peer groups.	6 months	<b>Community Linkages Subcommittee</b>	VOCAL, CELT, and On Our Own are agreeable to participate. The "Recovery Fair" was initially scheduled for June 2008, but had to be rescheduled because of schedule conflicts for a number of the outside agency participants. This is now planned for the spring of 2009.
Peer Specialists will become involved in services at the Facility.	Develop an action plan to develop the use of peer specialists in varied roles for Catawba Hospital. Dr. Vicky Fisher will serve as a resource for expanded recovery focused services throughout the organization in consultation with peer advocacy groups.	Peer Specialists will be available to directly assist individuals receiving services as well as in program planning for the facility.	12 months	<b>Community Linkages Subcommittee</b>	Staff has attended a training event designed to enhance our knowledge of the process for successfully integrating Peer Specialists into our treatment and support program. An Employee Work Profile for this position has been developed and we have attempted to hire a qualified individual for this position, but have not yet had an appropriate applicant. Working with the Peer Support Coalition and On Our Own to encourage appropriate applicants.
Staff will be educated on the role and potential impact of peer counselors.	Peer counselors as well as persons affiliated with advocacy and peer counseling/support agencies will be contacted to provide training on the role and utility of peer counselors in the treatment process.	Training will be scheduled and completed.	24 months	<b>Community Linkages Subcommittee</b>	We have now developed and presented two training events designed to enhance our knowledge of the process for successfully integrating Peer Specialists into our treatment and support program. Additionally, a Grand Rounds training event has been presented to support staff education regarding utilization of the Peer Specialist position.
Employment of a peer specialist.	Develop an employment work profile for a peer specialist provider with a target date of employment in six months.	EWP is developed.	9 months	<b>Community Linkages Subcommittee</b>	This Employee Work Profile has been developed and is the basis for the requirements of the hiring of a Peer Specialist, which is currently in progress, as above.
Develop a list of trained peer providers living within geographic region of Catawba Hospital.	Dr. Fisher will collaborate with WRAP, VOCAL, Statewide Consumer Network, CELT, the Southwest Regional Board and the HST Program to gather data concerning the peer specialist workforce potential.	A report with a list of local peer providers is generated.	6 months	<b>Chief Nurse Executive, Chief of Staff, Vice President for Patient Care Services</b>	Pat Shank has sent information to trained peer providers within our region to solicit interest in employment or participation with recovery planning activities at Catawba Hospital.
Incorporate successful methods for utilization of a peer specialist at the Facility.	Gather information from other state hospitals concerning how peer specialists are utilized in their treatment programs.	Report of data gathered from sister facilities.	9 months	<b>Chief Nurse Executive, Chief of Staff, Vice President for Patient Care Services</b>	We have reviewed the function and utility of a Certified Peer Specialist in meetings, committees, and informal communications with staff as an initial step toward culture change. We have utilized the input of Peer Specialists, as well as applicable research, in developing a peer specialist Employee Work Profile (EWP). Utilizing expertise from ESH and WSH in this process.

### Other Relevant Areas

GOAL	STRATEGY	MEASUREMENT	TARGET DATE	RESPONSIBLE PARTY	RESPONSE
Enhance the aesthetic elements of the living environment for persons receiving services	Use service recipient artwork to decorate the units. Choose the artwork from a service recipient juried art show at the Facility.	Artwork created by individuals receiving services will be mounted. Art Show will be scheduled.	12 months	<b>Recovery Education and Training Subcommittee</b>	The art work for this project has been developed by members of Arts & Crafts groups and is being displayed, with plans for expansion of this effort, including Art Show.
Promote recovery through the written materials originating from the facility.	Brochures, information sheets, marketing materials, educational materials, and other printed materials originating from the facility will be reviewed and revised to incorporate recovery language and concepts.	Printed materials will be revised.	24 months	<b>Recovery Education and Training Subcommittee</b>	Revisions of most documents to address this issue have been accomplished. This will be completed in March 2009.
Develop materials to help individuals receiving services and significant others understand the recovery process.	An information sheet, outlining basic recovery-based concepts and language, will be developed and given to each person receiving services at the time of their admission. This can also be sent to their significant others if appropriate.	Information sheet will be developed and included in admission packet.	12 months	<b>Social Work Director, Vice President for Patient Care Services, Chief Nurse Executive</b>	This has been completed, utilizing input from persons receiving services.
Develop support and educational opportunities for the natural supporters of individuals receiving services.	Plan and implement a monthly support group for the families of individuals receiving services. This would incorporate a training curriculum so that an educational component on recovery topics would be provided at each meeting.	Support group meeting will be scheduled and held.	24 months	<b>Treatment Development and Monitoring Subcommittee</b>	Discussions of this opportunity are taking place with the Boards of Directors of local advocacy and support groups to enhance utilization and avoid duplication of existing services.