




Active Treatment

Part II: Six Improvement Strategies

February 24, 2010
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State & Psychiatric Hospital Compliance Collaborative (www.SPACCC.net) | 10-10-2009


Introduction & Overview



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Active Treatment Improvement Strategies



3 Quantitative Strategies - To ensure a sufficiency of patient engagement

3 Qualitative Strategies - To optimize the treatment contribution of patient engagement

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Quantitative Strategies

- B139: Be certain that the patient's time on the unit is maximized toward the further development of appropriate desired outcomes, including but not limited to leisure and recreation
- Some **AMOUNT** of structured activity is a necessary but not sufficient factor for active treatment compliance

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#1 Define the Minimums

- Define minimum hours of structured engagement per patient
- Define a minimum number of structured activities per day per unit.
- Decide which staff/disciplines will provide how many hours of which types of activities
- Develop and post unit schedules

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#2 Plan For The Gaps

- Anticipated Gaps
 - When activity leaders are absent
 - Always cover, never cancel
 - Double cover whenever possible
 - When Pts stay on the unit
 - Do not be surprised
 - Trend and program accordingly
 - Treat resistance
- Unanticipated Gaps
 - Use a Backup Buffet PRN
 - Provide advance staff training

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#3 Cover Nights & Weekends

- Professional Staff
 - Dir: Centralize or schedule rotations
 - Indir: Train and supervise
- Line Staff
 - Co-lead activities
 - Support with periodic training/supervision



Qualitative Strategies

- B125: It is the hospital's responsibility to provide those treatment modalities with sufficient frequency and intensity to assure that the patient achieves his/her optimal level of functioning
- The right **KIND** of activity is necessary to achieve acceptable results



#1 Specify, Specify, Specify

- Activity linked to TxPln = Active Treatment
- Improve activity linkage
- Increase TxPln specificity
 - Problems: Require AEB
 - Goals/Obj: Require Pt behavior



#2 Create Staff:Patient Synergy

- Identify a core set of patient skills
- Ensure **all** staff competent with core skills
- Involve Pts in determining goals/obj and related skill needs
- Define Txpln interventions with specific skill foci
- Establish line staff role as skill building coaches
- Use achievement of skills, goals/obj as TxPln review basis for discharge progress and privileges



#3 Make It Meaningful

- Frame active treatment as a team effort
- Adopt and commit to a clearly articulated philosophy of care (POC)
- Ensure the POC is:
 - evidence-based
 - Person-centered
 - Appropriate to population needs





Un-mute your phone to ask a question



Resources

- **Activity Tool Kit** - Sample tools and instructions for alternative activities provided by Logansport State Hospital, In
- **Treatment Plan Training** - Sample wording and suggested approaches from Wernersville State Hospital, Pa.
- **Workforce Development Curriculum** - A set of training materials for skill development of direct care staff by NASMHPD.
- **Clinical Program Manual** - Person-centered, evidence-based approach developed by the Osawatomie State Hospital & Rainbow Mental Health Facility, KS



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