AGENCY PROGRAM DESCRIPTIONS

AAC Administration: AAC Administration
Subprogram History
This program provides the overarching structure for the hospital and ensures that the activities necessary to manage the facility are completed, and that treatment standards are upheld to ensure that patients receive proper care and treatment, and that the hospital maintains accreditation. General Administration Program provides the overall administration and management of AAC. Included in General Administration is the CEO's office, the Chief Business Operations Director, performance improvement and risk management. All other administration programs are provided through the MOU. These include: accounting, accounts payable, billing and collections, budget, cashier and post office, contract management, credentialing, employee benefits, health information management, human resource management, patient accounts, patient canteen, purchasing, program assistants, information technology services, legal services, and recruitment.
Consequences of Not Funding This Subprogram
The complexity and uniqueness of state hospitals requires professional support staff well trained and well versed in the standards required for continued operation of the facility. Not funding this program would lead to an increase in the utilization of Agency Staffing (where applicable) and a complete breakdown of day to day operations without proper insight on management requirements this program currently provides.
Statutory Basis
N/A

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

AAC Clinical Program: AAC Clinical Program

Subprogram History

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

Consequences of Not Funding This Subprogram

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

Statutory Basis

N/A

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

AAC Medical Program: AAC Medical Program

Subprogram History

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

Consequences of Not Funding This Subprogram

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

Statutory Basis

N/A

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

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

Subprogram History

N/A

Consequences of Not Funding This Subprogram

N/A

Statutory Basis

N/A

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

AAC SD&T Program: AAC SD&T Program

Subprogram History

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

Consequences of Not Funding This Subprogram

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

Statutory Basis

N/A

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

OSH Administration: OSH Administration

Subprogram History

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

Consequences of Not Funding This Subprogram

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

Statutory Basis

N/A

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

OSH Clinical Program: OSH Clinical Program

Subprogram History

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

Consequences of Not Funding This Subprogram

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

Statutory Basis

N/A

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

OSH Medical: OSH Medical

Subprogram History

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

Consequences of Not Funding This Subprogram

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

Statutory Basis

N/A

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

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

Subprogram History

N/A

Consequences of Not Funding This Subprogram

N/A

Statutory Basis

N/A

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

OSH SD&T Program: OSH SD&T Program

Subprogram History

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

Consequences of Not Funding This Subprogram

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

Statutory Basis

N/A

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

Subprograms Without Narrative Data

AGENCY PERFORMANCE MEASURES

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

			2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
	Outcome	Number of employees that turnover recorded every month	34.00%	1.00%	7.00%	10.00%	8.00%	8.00%
		Number of filled and vacant positions recorded monthly	42.00%	32.00%	39.00%	35.60%	32.00%	32.00%

AAC Clinical Program: AAC Clinical Program								
Goal	**Type**	**Measure**						
		AAC Readmits			57	60	60	60
		5 Moments of Handwashing Compliance		97.00%	99.00%	99.50%	99.00%	99.00%
		Patient galley inspections		93.00%	86.00%	88.17%	90.00%	90.00%
		Patient survey average scores (1-5)		2.70	2.66	3.90	5.00	5.00
	Outcome	HAI rate of infection recorded on a monthly basis	1.00%	1.00%	1.00%	3.10%	3.00%	2.50%
		Percentage of patients readmitted within 30 days of discharge	8.00%	7.00%	7.00%	6.00%	7.00%	7.00%

AAC Medical Program: AAC Medical Program								
Goal	**Type**	**Measure**						
		Psychiatric Evaluations within 24 hours of admission		100.00%	100.00%	98.60%	99.00%	99.00%
	Outcome	Percentage of patient discharged having a discharge summary completed within 30 days of discharge	100.00%	100.00%	100.00%	99.00%	100.00%	100.00%
		Percentage of patients who have a history and physical completed within 24 hours of admission	97.00%	99.00%	99.00%	99.00%	99.00%	99.00%

AAC SD&T Program: AAC SD&T Program								
Goal	**Type**	**Measure**						
		Staff trained monthly		31	37	38.75	35	35

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

Goal	Type	Measure	2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
	Outcome	Percentage of patients readmitted within 30 days reported monthly then averaged for yearly outcomes	4.00%	2.00%	2.00%	2.00%	2.00%	2.00%
		Percentage of staff in compliance with 5 moments of handwashing reported monthly	95.00%	95.00%	97.00%	97.00%	97.00%	97.00%

OSH Medical: OSH Medical

Goal	Type	Measure						
	Outcome	Percentage of patients having a psychiatric evaluation within 24 hours of admission	95.00%	99.00%	99.00%	97.00%	98.00%	98.00%
		Annual physical/neurological exams completed timely		100.00%	100.00%	100.00%	100.00%	100.00%
		Patient history/physical within 24 hours of admission		99.00%	100.00%	85.00%	90.00%	90.00%
		Percentage of patient discharged having a discharge summary completed within 30 days of discharge	100.00%	100.00%	100.00%	99.00%	100.00%	100.00%
		Percentage of patients who have a history and physical completed within 24 hours of admission	97.00%	99.00%	100.00%	96.80%	99.00%	99.00%

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

Goal	Type	Measure						
	Output	Purchasing help desk tickets worked within 24 hours			100.00%	94.30%	95.00%	95.00%

OSH SD&T Program: OSH SD&T Program

Goal	Type	Measure						
		Staff trained monthly		31	37	38.75	35	35

Footnotes