



**Ridgway Psychiatric Rehabilitation Program
S.T.E.P.S. (Striving Toward Empowerment and Personal Satisfaction)
Quality Improvement Report
4/20/2021 - 3/15/2022**

Introduction

This DCI S.T.E.P.S. Psychiatric Rehabilitation Program, nearing its twelfth year of service to community members, has had an eventful year. We have successfully maneuvered the pandemic, adjusted to staffing and program changes and challenges, created a program logo, and supported another agency PR program who was experiencing staffing shortages. We have been excited to see the lessening of pandemic related restrictions and a gradual return to a more flexible and community connected program. Our Psychiatric Rehabilitation (PR) program continues to serve members from the Elk and Cameron County areas. Members partner with PR staff to determine what skills/strengths they currently have and the skills they feel they need in order to achieve their goal(s) within the living, working, learning and social environments. Staff also support skill building in overall health, wellness, and self-maintenance. The program members assist and partner with staff in developing their personal goal plan as well as daily program plan. Groups and activities are designed to teach desired and needed skills and PR staff also provide individual sessions to assess progress or barriers to progress. Family, friends and other agencies may also be involved in this recovery process. The program operates primarily between the hours of 7:30am and 3:30pm Monday through Friday. We continue to provide a Saturday program once a month to allow for recovery activities and opportunities for skill building with individuals.

Referrals

Since April 20, 2021 we have received 32 referrals from several sources and agencies. Our consistent referrals are from DCI Blended Case Management, DCI Outpatient services, Cen-Clear Behavioral Health, Penn Highlands Behavioral Health, and the Cameron/Elk Counties Behavioral & Developmental Program. We are receiving more referrals from various other local entities and existing members, and an increased number of self-referrals. The number of referrals is down from last year, and while the program remains vibrant and active, we will seek to increase our referrals in the coming year. We are aware that numbers may have been affected by the pandemic, illness, decreased interest in being in group settings, and worry about contracting COVID.

Admissions

Since April 20, 2021 we have had 27 admissions. Our current enrollment as of 3/15/22 is 46 and average daily census is 11.87. We made efforts to increase and support consumer engagement and to improve our retention of members through personal contact, phone contact, letters, and communication with other natural and formal supports. We have worked to increase our

outreach to members who have been impacted by the pandemic and offered support when they were unable to attend. Member retention is an ongoing focus and challenge. We continue to work to find creative ways to support individuals in their recovery process while connecting them to skills, services, and supports, and resources that they express interest in. During COVID-19, referrals and admissions continued and we focused on safely admitting and engaging members in on-site and tele-health services. This has been an opportunity for skill building in problem solving, self-care, and community awareness and involvement. We have experienced an increase in use of services based on reports in electronic documentation showing an overall increase in units from 60,258 in 2020/2021 to 68, 089 in 2021/2022 and readiness in working on preferred domains, skills and personal goals.

Three new referrals required exceptions from the county this past year. We were able to complete the required supporting documentation and all three individuals were able to receive services. The PR Director followed the quality plan in communicating with involved stakeholders to ensure service provision was appropriate and in all 3 cases we were able to admit and provide site based psych rehab services. We maintain communication with both CCBH and/or C/E Behavioral Health Services (county) with all admissions and continued stay requests (every 6 months) and communicate changes in a members service needs/interests as they change or are requested. This working relationship has allowed individuals' ready access to site based psych rehab services.

Hospitalizations

There were 7 psychiatric hospitalizations this past year. All of these were voluntary hospitalizations, allowing members to self-direct their choice of location/agency and be a more active part in their care. All were able to return to program, and 3 of these hospitalizations involved safety concerns for one member. This individual was able to re-engage in services, work on recovery skills, and has recently returned to work. They are pursuing a relationship they find meaningful and report an elimination of suicidal thinking and increased hope for their future.

There were 5 medical hospitalizations for members. All of these members have had hospitalizations in the past. These experiences have prompted ongoing support for self-care skills and increased work on managing medical conditions and issues. We continue to support, coach and teach about advocacy and identifying relapse related challenges.

Discharges

There were 24 discharges this past year with an average length of stay of 422.25 days. This is an increase from last year, as several members who had participated over longer periods of time struggle with persistent symptoms and remained dedicated to working toward improved recovery skills and connections. 14 of these discharges were successful in achieving personal recovery goals. Several reasons for discharge included aging issues and increased supports, death (1), obtaining work, members moving from the area, difficulty adjusting to the structure of the program, use of other services, transportation issues, and successful completion of recovery goals. These individuals were able to remain in their home, engage in family activities, and report a decrease in symptoms and an overall improvement in their ability to manage symptoms and stressors more consistently. We remain dedicated to member engagement. We support and promote personal choice while encouraging members to overcome barriers related to attendance. We seek to address discharge skills and preparedness in sessions and talk to members about the opportunities for their recovery as they move on from services.

Individual Record Reviews

On April 20, 2021 during our annual onsite licensing there were no citations. We were informed that plans were thorough, timely and complete. Member engagement looked good. We were asked to include more data and information on our quality report, to include more data on discharges in regard to member response and outcomes to services. We needed to work in increasing the consistency of including frequency, duration and location on objectives in plans. We sought to respond to this with increasing data and responses on both the quality report, member plans and discharge summaries. We have talked about the licensing summary in staffing and worked on these changes in supervisions over the year. All staff were provided with a copy of Psych Rehab regulations and these were reviewed during staffing and have become a more consistent part of conversations throughout the year and in findings ways to remain proactive in service provision. We have made a note of exceptions and remained involved in communicating with stakeholders at admission and with continued stay to ensure they are eligible for services.

46 charts were audited this past year. The majority are showing completion of all regulatory requirements in charts with occasional issues for printing forms from the correct format within the electronic health record, being consistent in following and documenting progress, and including duration and frequency on plans. Chart audits are completed by several staff members in order to increase our team's awareness of documenting and tracking service provision effectively and efficiently. This has resulted in an increase in mindfulness, and resulted in conversations about charting and how to improve in areas we notice there were some struggles:

- In 3 charts a note was found without a signature and we were able to procure them.
- A functional assessment was completed 19 days late and we reviewed errors in tracking and managing member absences.
- A MISA was missed upon one admission and was completed upon audit.
- A PHQ-9 was missing from one chart.

From these results we talk more consistently about audits during supervision and have brought them to our staffing meetings as well. We are working to update our chart audit form to more accurately capture each chart and service component. We are working to identify areas of improvement and explore and discuss solutions in staffing and are planning to update our format in 2022/2023 to make chart information easier to access and file. There has been consistent coaching on chart auditing. For several months this year and due to increased census, only the director completed audits. She shared results with staff and coached staff when filing errors were noted to be more prevalent.

We continue to complete member surveys and outcome checklists to assist in reviewing member successes and progress throughout their program involvement. We are currently utilizing our PR staff to complete the majority of the filing. Two part-time staff have left our program and we are reevaluating how this filing can be managed to prevent errors. We have noticed with more staff using and accessing charts and new staff onboarding and learning about charting, filing errors have slightly increased. The PR Director has met with administrative support staff for creative ideas for managing charts and simplifying the process for the program.

It is worth mentioning that the PR QI plan outlines that we would complete 2 to 3 chart audits monthly, and we have easily averaged completion of 3.8 charts per month. This is because the number of audits varied with the demands of the program over the year. We have had all staff trained to complete audits each month unless increased census dictated that the Director take over audits due to staff time constraints.

Individual Satisfaction

We invite members to complete satisfaction surveys on a biannual basis. We always value member feedback and use it as a guide for responding to the needs and interests of the people we serve. Feedback from the surveys is used to evaluate service provision and adjust as needed or necessary. Member satisfaction surveys were completed in May/June 2021 and again in December 2021. PR staff distribute the surveys and members help each other with completion and submission in order to protect the anonymity of feedback. Results over the past year have been very positive and scores average 4.765 out of a 5.0 scale. These results were shared with PR staff, members and DCI administration. Feedback is used for program planning and service provision as we seek to problem solve issues of dissatisfaction, suggestions for improvement, and gaps in services. We shared this feedback in the program peer committee after each pole of satisfaction and we were able to improve the variety of session topics, have a more varied creative expression projects, increased member engagement/outreach and explored ways to continue to include members in all aspects of program planning.

Psychiatric Rehabilitation Services (PRS) Outcome checklists were administered two times this past year to allow members to self-assess where they felt success and progress are occurring. These are also completed by staff and member upon discharge for a total of 86 outcome checklists completed. Data from these finds members identifying success in all domains, more in the living, social and self-maintenance domains overall. Members report an increased focus of successes which promotes hope and empowerment as well as self-direction for their recovery journey.

Complaints/Grievances

We did not receive any grievances this past year. We did continue to hold monthly member advisory/peer meetings and worked through program suggestions, ideas, and input from members. This allows for everyone's active involvement in sharing their thoughts and ideas on a regular basis. Members have worked together to resolve issues around chores, program planning, respect and group involvement. They have been provided opportunities to build recovery skills around patience, supporting others, listening and acceptance/tolerance.

Staffing Changes

Several staffing changes occurred this past year. Rita Kraus BS, CPRP, remains the Program Director and in August 2021 was promoted to Senior Director of Site-Based Psych Rehab Programs. She works primarily at the Ridgway office while supporting and coaching Directors of the Coudersport and Bradford PR programs and assisting them in training new staff. She continues to learn and grow in this position, and actively communicates with her supervisor and compliance officer in enhancing quality services and effective programming for the site-based PR programs. She seeks to communicate with all stakeholders including OMHSAS to assist in review of regulations and responding proactively to opportunities for growth and change. Rita recently moved from a role as the President of PAPRS to the role of Immediate Past President. She has been active on the PAPRS board for over 8 years.

Cheri Hofmann, BS, CTRS, CPRP, continues as a PR Specialist and is growing into this program more successfully as time passes. She is assisting with program development and planning and is expressing an overall increasing comfort in her skills as a Certified Psychiatric

Rehabilitation Specialist. She is actively pursuing training and experiences that support her growth in providing quality PR services and has become a strong leader within the program.

Lindsey Benevich, BS, joined the program on September 27, 2021. She is working full-time and has expressed interest in working toward her CPRP. We will be supporting her with this goal. She is adjusting to the program, has completed her orientation period, and is working to schedule her 12-hour PR training. She will then attend the 12-hour documentation training. Chris Lawrie, MS Ed., joined the program on 12/28/21 and initially worked 24 hours/week. He moved to working 32 hours/week on 4/11/22. He is working to complete his orientation training and is building a better understanding of psychiatric rehabilitation services. With two part-time staff moving on, we are actively seeking a part-time PR Assistant/Worker. Challenges to hiring felt across the state are known to us as well.

Policy changes

There have been no program policy changes in 2021/2022.

Current Issues, Concerns and/or Challenges

Over the past year we have increased the hours of the PR Assistant. We just recently added a full-time position when two part-time staff moved on. One moved on to become a peer specialist and another sought a Director position at a senior center. We are proud to have supported them in moving onto these opportunities. While adding staff has been necessary, it has also presented challenges in monitoring space and schedules. We are adjusting and exploring schedules that best suit program needs and service provision, and schedules that allow for maximizing services for the needs of the individuals we serve.

We have maintained adherence to all COVID-19 protocols and recommendations received from the PA Department of Health and DCI. We remain successful in providing both on-site and telehealth services to all members. We have sought and encouraged personal choice with members for their comfort with on-site and telehealth services. Our members have had an active role in choosing services that meet their needs. We remained vigilant in providing safe services, collaborated with members in following all established protocols, and continue to follow these with success. Members report feeling confident about their safety at our program. They have joined in with daily sanitizing of the program, monitoring of their own symptoms, and remaining home to care for themselves and protect others from exposure.

We continue to provide personal protective equipment in the form of masks and gloves. We have supported, communicated with, and assisted in creating a schedule that allows individuals experiencing the impact of COVID-19 to maintain contact and successful involvement with services. We continue to clean and sanitize all program areas and surfaces daily.

Transportation is always an ongoing concern, as the Area Transportation Authority is the only public transportation available in the area. Members travel from throughout the Elk and Cameron county areas. This remains at the forefront of planning in order for members to successfully attend the program. We have struggled with ATA's changing schedule due to the pandemic's impact on their services. We are active in communicating with drivers in providing safe transport to and from services. Our contacts with these services have increased in order to ensure effective communication and reliable transport for members.

We are working to increase collaborative efforts with other service providers. We have been able to work with Cen-Clear Community MH Services and find we are building connections with them which have helped to improve member outcomes and coordination of care. This has been reflected in the feedback members give to staff. Initially we sought to meet with other service providers via zoom, and more recently we have begun to gradually return to in-person contact.

Early in 2022, we worked to adjust to changes in our agency's electronic record. We were able to effectively communicate our needs with IT services in order to continue to meet regulatory documentation requirements. We found creative solutions and are now fully using the new format.

Highlights and Successes

Our members continue to document their success and have shared the following:

- I made it through the year sober and cut down on my soda intake.
- 4 years today (1-10-22) since I was last discharged from inpatient mental health program. I have not been in the hospital since then. I started my name change. Increasing my walking.
- I had a couple of interviews, and I applied for SSI, I am helping to take care of my grandma.
- I am going outside a little more, talking in groups more, attending appointments, paying bills on time, and coming to program.
- I am working at burger king, got my own apartment.
- I helped my grandparents to move.
- I moved back to my home after my hospitalization.

Additional successes include:

- We continued the use of Avatar (electronic health record) documentation and plan to expand use to other forms, moving to a more complete electronic health record in 2022/2023.
- Staff continue to seek and engage in psych rehab training and we are registered for this year's state PAPRS conference being held amid licensing (April 21, 22, 28 and 29).
- Members chose to use fundraising monies to provide protective sheets and coverings for beds and pillow cases for members residing in a local high rise when there was a bed bug infestation and continue to provide them as needed when members move into apartment complexes.
- Outcomes for STEPS PR from 2021 to 2022 are noteworthy in that they continue to participate safely in site based psych rehab services despite the threat of the pandemic. The program has remained open and active. We have continued to provide extra masks for member's families and donated hand sanitizer to members to give to family and friends.
- Members have successfully engaged in 2 fundraisers. This allows them to build skills in community outreach and connections, and they report increased confidence in being able to approach others and interact with a wider variety of people. All money made from the fundraisers is used for member planned events, programs and projects including: supporting peers with mattress and pillow covers, pizza and holiday celebrations, art and special projects for example essential oil presentation for members, purchasing program tee-shirts for all members.

- Members were invited to design a logo for the Elk/Cameron County Suicide Prevention Task Force. This provided them the opportunity to talk about their own losses and remember friends and loved ones who have died by suicide.
- Members continued to create an online newsletter and will be returning to a word document format as the member who had taken the lead on the online format is moving on to other projects.
- Program members are returning to community activities as COVID restrictions gradually are lifted. They are sharing updates on community events and activities and supporting each other is safely engaging in these.
- Staff have supported the Coudersport Psych Rehab program when they have been short-staffed. They are traveling and providing sessions and support.
- Staff have participated on the PAPRS board, executive team, and attended board meetings and statewide psych rehab meetings.
- Several members volunteered to weed around the building and continue to plant flowers in memory of members/staff that have died. They are expressing interest in planting herbs and are planning for a gardening program.
- Several members joined the DCI Consumer Advisory Board with one acting as president.

Future Projections

We are gradually moving toward full capacity as COVID 19 recedes in our area. We plan to remain vigilant about safe involvement and participation for all members and staff. We are moving to increase our staff connections in meeting monthly with staff from all site-based psych rehab programs of DCI. We are working to build our internal connections, collaborations and team building. We are working toward increased collaborations and connections to external resources, agencies and programs that support members and our community. We are continuing to on-board newer staff and work to support staff seeking their CPRP. We are attending our state PRS conference in April and continue to train existing staff in building psych rehab skills and competencies. The program is adjusting to growing staff and service provision. We are seeking to grow referrals. We remain dedicated to supporting each member's personal goals and plans and promoting personal choice, hope and empowerment.

Respectfully submitted,

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Sr. Site Based Psych Rehab Program Director
Ridgway Psychiatric Rehabilitation Program



Figure 1 – Program Tee – Shirt Design



Figure 2 – Logo for Task Force