

**CENTRAL STATE HOSPITAL**  
**RECOVERY TRANSFORMATION**  
**2014 PLAN UPDATE**

In 2014, Central State Hospital continued with its efforts to incorporate Recovery into all aspects of the hospital. The highlights of this year included:

- Expansion of WRAP training groups,
- Involvement of the patients and staff in community Recovery efforts through community organization and consumer groups

In June and July of 2014, all CSH staff and patients were given the opportunity to complete Recovery Surveys. 99 patients (49%) and 323 staff (47%) returned completed surveys. The following will outline the results of those completed surveys.

**Recovery Oriented Systems Indicators (ROSI)** Survey results indicated that in 10 of 11 questions we demonstrated an overall positive improvement as compared to 2013 with the remaining one question unchanged. It should be noted that question 12 from last year's survey was combined with question number 9 because the similar intent of both questions. The following is the average combined improvement for both our civil and the 2 maximum security programs:

**Question 1, 12% improvement** - (Most staff at this hospital listen carefully to what I have to say.)

**Question 2, 21% improvement**- (Most Staff at this hospital see me as an equal partner in my treatment program.)

**Question 3, 4% improvement**- (Most staff at this hospital understand my experiences as a person with mental health problems.)

**Question 4, 2% Improvement**- (I feel I have a say in the treatment I get here.)

Question 5, 17 % Improvement- (Staff assist me and do not use pressure, threats or force in my treatment.)

Question 7, 18 % Improvement – (Staff assists me in forming relationships with other.)

Question 8, 20% improvement – (Services at this hospital have assisted in my growth; both emotionally and physically.)

Question 9, 5 % Improvement - (There is at least one person at this hospital who believes in me.)

Question 10, 25% Improvement - (Staff at this hospital believe that I can grow, change and recover.)

Question 11, 15% Improvement - (My treatment goals in my treatment plan are stated in my own words.)

Question 6 was the only questions that the average percentage remained unchanged as compared to the previous year- (The doctor has worked with me to get me on medications that are most helpful to me.)

**Resident Choice** Overall improvement was shown in 6 out of the 9 questions (improvement means movement towards the patient’s feelings that “I shared or I decide”) Questions 1,3, 4,5,6,9 noted overall improvement from last year ranging in increases from 8% to 12%. 2 out of the 9 questions (questions 2 and 7) demonstrated a decrease. In question 2 (Choice about when I go to sleep or wake up) the reduction was noted only in the Maximum Security Programs while the Civil program had an improvement. With question7, (Whether I take medications and which ones) an 11 % average reduction over last year was noted. Question 8, (When I will be ready to leave the hospital) stayed the same. The following is the average combined improvement of both our civil and maximum security programs:

Question 1, 8% Improvement – (What I eat at mealtimes.)

Question 2, 2% decline – (When I go to sleep or wake up.)

Question 3, 8% Improvement- (Whether I share a room and with whom.)

Question 4, 5% Improvement – (What I wear each day.)

Question 5, 12% Improvement – (What is in my treatment plan.)

Question 6, 12% Improvement – (What classes I take at the treatment mall.)

Question 7, 11% Decline – (Whether I take medications and which ones.)

Question 8, stayed the same as last year – (When I will be ready to leave the hospital.)

Question 9, 9% improvement – (Where I will go when I leave the hospital.)

**Opinion of Care** In this section, 4 out of the 8 questions demonstrated improvement from last year. Questions 1A, 2, 3, 7 demonstrated average improvements ranging from 1% to 12%. Question number 7 (Do you feel safe at the hospital) having the 12 % improvement. Questions 1B, 4, 5, 6 showed a decrease averaging 1% to 10%. This decrease was reflected in both the Civil and the Maximum Security responses. Question number 6 (Do you feel the rules about your level, grounds privileges, etc. are fair and fairly administered) had a 10% average decrease. This decrease was reflected in both the Civil and the Maximum Security responses. The following is the average combined improvement of both our civil and the 2 maximum security programs:

Question 1 A, 1% Improvement - (Do you feel that you have had input into your treatment goals.)

Question 1 B, 4% Decline – (Has the Treatment Team involved you in making your plan.)

Question 2, 6% Improvement – (Have you and your Treatment Team had a discussion about what it will take for you to be able to leave the hospital.)

Question 3, 6% Improvement – (Do you believe that your mental health condition will improve and that you will get better.)

Question 4, 3% decline – (Do you think that staff here believe your mental health condition will improve.)

Question 5, 1% decline – (Is there someone at this hospital you can count on to help you.)

Question 6, 10% decline- (Do you feel the rules about your “level”, grounds privileges, etc. are fair and fairly administered.)

Question 7, 12% Improvement – (Do you feel safe at this hospital.)

**STAFF SURVEY** Central State Hospital Staff were given the opportunity to complete the Recovery Survey in June/July of 2014 and 323 returned them. In July 2014 due to the closure of Southside Virginia Training School, CSH became responsible for campus wide support services. It was decided that those staff would be given the opportunity to participate in the survey but that their responses would not be included in the 2014 results but be used as a baseline to evaluate their understanding of Recovery Concepts and be used to establish trainings. Of this staff we had 202 surveys returned. The CSH staff responses were as follows: in 4 out of the 12 questions (1, 3, 4, and 9) staff responses indicated that they were 98% to 100% in agreement with the recovery concept (combining both agreed or strongly agreed responses). 4 out of the 12 questions (5, 6, 8, and 12) demonstrated that 90% to 94% of staff agreed (combining both agreed and strongly agreed responses). 3 out of the 12 questions demonstrated an 89% agreement rating (combining both agreed and strongly agreed responses) and only one questions (10) staff agreed with an 82% rating (combining both agreed and strongly agreed responses).

Question 1, 100% agreement- (It is important to express hope to people with a mental illness even if their symptoms are severe.)

Question 2, 88% agreement- (Other people who have a serious mental illness can be very helpful to another individual with mental illness in taking steps towards their Recovery.)

Question 3, 98% agreement- (An important part of Recovery is recognizing that there is more to a person than just his/her mental illness.)

Question 4, 98% agreement- (People make gains during Recovery, but they can also have setbacks at times.)

Question 5, 91% agreement- (Even though there may be limits while an individual is hospitalized they should have as much choice as possible.)

Question 6, 92% agreement – (The opinions of the people we serve are important in determining what happens to them during their treatment here at the hospital.)

Question 7, 89% agreement – (The people that we serve are equal members of the treatment team.)

Question 8, 90% agreement – (It is better to refer to someone as a “person with schizophrenia” than a “schizophrenic”.)

Question 9, 98% agreement – (Discharge planning should be a team effort.)

Question 10, 82% agreement – (The mental health of most people served at this hospital will improve.)

Question 11, 89% agreement – (With the support of their Treatment Team, people receiving psychiatric/substance abuse treatment are able to make decisions regarding their own treatment and rehabilitation goals.)

Question 12, 93% agreement - (Everyone is capable of participating in some manner in their Recovery process.)

**Summary** As evident in the Patient and Staff surveys results, most areas demonstrated significant improvement. It appears that there is need however to continue to focus our Recovery efforts in two areas. These areas include (1) patient’s choice and their involvement as a partner in treatment and (2) the education of staff and patients in the role and function of peer specialists. In regards to patient’s choice and involvement, the emphasis should be on

facilitating a more consistent and uniform approach in conducting treatment team meetings. With this approach the hope is that this will ensure that the patient is given every opportunity to be an equal member of their team and share responsibility in the development and implementation of their treatment plan. It appears from the survey results that particular areas of focus should be on medication education for all patients, and how patients can better achieve movement through the levels of hospital privileges that leads to discharge. In regards to the second area in need of improvement, that is the role of peer specialists in the treatment of the patients, it appears that more in depth training for both staff and patients is needed.

For the coming year, we will focus our work on the following goals and monitor their progress through our continuing annual surveys.

Goal	Strategy	Target Date	Responsible Staff
	Treatment team training and observation	Sept. 2015	Medical Director, Patient Relations/Training Director
	Peer Specialist Role	Sept 2015	Patient Relations /Training Director, Medical Director, Clinical Leadership
	Members of the Clinical Leadership Team will be active participants and provide active support	May 2015	Medical Director

	of all recovery efforts.	reviews in the Clinical Leadership Team meetings.		
	All CSH staff will have an awareness of recovery principles and efforts	Each Support Service Department will be provide with Orientation to Recovery Concepts and Training as well as the Annual Training described below Based on the information from the recent Patient and Staff Annual Surveys, Recovery Training will focus on patient and staff partnerships in treatment and ways that staff can empower patients in making treatment decisions.	Dec. 2015	Patient Relations/ Training Director
	Hospital Staff and patients will be given the opportunities to give feedback regarding recovery efforts.	Employee Forum, Training programs and annual surveys will allow both staff and patients the opportunities to give structured feedback on CSH Recovery efforts.	Ongoing	Hospital CEO, Human Resource Director,