

# Memorandum of Understanding

## **I. Preamble**

Following a thorough investigation, on November 7, 2002, the Attorney General of the United States, by and through the Assistant Attorney General, Civil Rights Division, informed the Commonwealth of Kentucky that the Attorney General had reasonable cause to believe that persons residing in or confined to the Communities of Oakwood ("Oakwood"), were being subjected to conditions that deprived them of rights, privileges, and immunities secured by the Constitution or laws of the United States. The Commonwealth has voluntarily come forward with a Strategic Action Plan ("the SAP"), which details methods by which the Commonwealth will operate Oakwood and provide services to residents of the facility. The parties to this Memorandum of Understanding share a common interest in seeking to protect the rights of those citizens with mental retardation living at Oakwood. In furtherance of the mutual commitments toward this interest, the parties have worked together to identify issues and provide solutions for ensuring that Kentucky's citizens with mental retardation living at Oakwood enjoy a safe and growth oriented environment. This Memorandum of Understanding sets forth an agreed upon manner for measuring and realizing these common interests.

## **II. Scope**

- A. Parties.** This Memorandum of Understanding ("Memorandum") is by and between the United States of America ("United States") and the Commonwealth of Kentucky ("Commonwealth"). For purposes of the Memorandum, Commonwealth includes those government agencies, departments, entities and persons, in their individual and official capacities, involved at all relevant times in the management, oversight and regulation of the matters identified in Paragraph B of this Section "Subject Matter".
- B. Subject Matter.** This Memorandum arises from an investigation performed by the United States Department of Justice ("the DOJ"), concerning conditions of confinement at Oakwood. The investigation was performed pursuant to the Civil Rights of Institutionalized Persons Act ("CRIPA"), 42 U.S.C. § 1997. The DOJ issued its findings of fact on November 7, 2002.
- i. Oakwood. Oakwood is an intermediate care facility for persons with mental retardation located in Somerset, Kentucky. At all times relevant herein, Oakwood was and is a state-operated facility.
  - ii. DOJ Investigation. The DOJ performed an initial on-site review of the conditions at Oakwood on November 5-9, 2001, with attention to the care and treatment of persons admitted to the facilities. The investigation included reviews of facility records and interviews with administrators, staff and residents.

iii. DOJ Findings. As a result of its investigation, the DOJ made findings, including the following:

1. *Protection from Harm.*

- a. The investigation found that Oakwood failed to protect its residents from harm due to abuse and mistreatment.
- b. The investigation found that Oakwood failed to protect its residents from harm due to neglect or failing to maintain a safe environment.

2. *Behavioral Services.*

- a. The investigation found that persons with developmental disabilities receive inadequate care from Oakwood's treatment teams.
- b. The investigation found that Oakwood prepares inadequate individual support plans (ISP) for its residents.
- c. The investigation found that Oakwood prepares inadequate behavioral support plans (BSP) for its residents.
- d. The investigation found that Oakwood's psychology staff failed to provide adequate behavior and psychology services to its residents.

3. *Psychiatric Services.* The investigation found that Oakwood's psychiatric services fell substantially below generally accepted professional standards of care.

4. *General Medical Care.*

- a. The investigation found that Oakwood provided inadequate preventative medical care designed to keep serious medical problems and disease from developing.
- b. The investigation found that Oakwood had inadequate and incomplete communication and documentation systems.
- c. The investigation found that Oakwood's physician staff lacked sufficient training in the field of developmental disabilities.
- d. The investigation found that Oakwood fails to provide adequate evaluation, diagnosis and treatment for residents with seizure disorders.

5. *Nursing Care.*

- a. The investigation found that Oakwood's nursing assessments and documentation, particularly those of acute illnesses and injuries, were incomplete, fragmented, inconsistent and simply repeat prior assessments.
- b. The investigation found that Oakwood's nursing staff did not follow established standards and protocols regarding medication administration resulting in an unacceptably high number of medication errors and consequent harm to residents.

- c. The investigation found that the medical emergency response system at Oakwood fell below generally accepted professional standards of care and places the health and well being of residents at risk of injury or death.
  - d. The investigation found that Oakwood staff engaged in infection control practices that were outdated, unsafe, and ineffective for preventing the spread of infectious and contagious diseases, placing themselves and Oakwood residents at risk of harm.
  - e. The investigation found that Oakwood's nursing and direct care staff training programs were insufficient to protect its residents from harm and was a major contributing factor to the inadequate nursing care provided at Oakwood.
  - f. The investigation found that Oakwood's system for staffing nurses and direct care staff was inadequate and jeopardized resident safety and quality of care.
6. *Nutritional Management.* The investigation found that Oakwood's residents were not adequately managed during mealtimes; that residents lacked adequate individual meal management plans; and that there was no interdisciplinary management connecting the resident's nutritional management issues with his/her behavioral problems.
7. *Physical Therapy.* The investigation found that Oakwood did not provide sufficient physical therapy services to residents in need of such services.
8. *Quality Improvement.* The investigation found that the quality improvement program in existence at the time of the investigation was inadequate to address the crisis of care found to exist within the clinical services provided at Oakwood.
9. *Serving Institutionalized Persons In The Most Integrated Setting Appropriate To Their Needs.* The investigation found that Oakwood fails to accommodate persons who desire to live in the community in violation of Commonwealth's obligations under Title II of the Americans with Disabilities Act, 42 U.S.C. § 12132 et seq., and the regulations promulgated thereunder, 28 C.F.R. § 35.130(d).

**C. Understandings of Positions.**

- i. Commonwealth admits that, at the time of the DOJ investigation in 2001, the conditions at Oakwood may have violated the constitutional and/or statutory rights of its residents.
- ii. United States acknowledges Commonwealth's efforts and progress in improving the quality of conditions and services at Oakwood since the findings letter was issued.

iii. United States acknowledges that full implementation of the SAP will meet the requirements of this MOU.

iv. Nothing in this Memorandum shall be construed as an acknowledgment or admission by United States that Commonwealth has acted, or continues to act, in full compliance with the United States Constitution or federal law.

v. The provisions of this Memorandum are a lawful, fair, adequate and reasonable resolution of this investigation.

vi. United States and Commonwealth have engaged in good faith negotiations to reach an understanding in this Memorandum. This Memorandum memorializes Commonwealth's efforts to implement and maintain necessary improvements at Oakwood and to avoid protracted, contested litigation related to the DOJ investigation. The Memorandum of Understanding and the SAP, which is fully incorporated by reference in this Memorandum, are an integrated document and contain the entire agreement between the parties.

vii. This Memorandum is not intended to create any rights in any person or entity not a party to it.

### **III. Actions by the Parties**

**A. Strategic Plan for Enhancing Service Delivery.** Commonwealth has created and agrees to implement and maintain its Strategic Action Plan for Oakwood. A copy of said SAP is attached hereto and incorporated herein by reference as Exhibit "A". The Parties mutually agree that Commonwealth's SAP is a thorough and complete plan of response to those findings identified by United States in Section II, Paragraph B., Part iii of this Memorandum. The Commonwealth's obligations and a summary of the SAP follows:

i. Support for a Treatment Planning Process.

*1. Treatment Planning.* Commonwealth agrees to implement a treatment planning process that allows for effective interdisciplinary work and encourages active participation by the individual, as appropriate to his/her functional status, and chosen family and friends. As contained in the SAP, the treatment planning process shall consist of an integrated treatment plan that integrates all assessments, develops supports and services based upon assessed needs, monitors systems for providing services and supports, and formulates evidence-based, empirically-validated treatment and training methods that comport with generally accepted professional standards. Emphasis shall be placed upon the creation of a treatment team assigned to each individual responsible for creating, implementing, monitoring and updating an integrated treatment

plan for each individual, including integrating all assessments, services, treatments and supports. The treatment team membership shall include a treatment team leader responsible for the adequate functioning of each treatment team and implementation of the integrated treatment plan and shall reflect a consistent and enduring team of interdisciplinary caregivers as appropriate to the individual's needs.

2. *Holistic Assessment.* Commonwealth agrees to ensure that individuals are provided a holistic assessment of the individual's needs and preferences, including an assessment of the individual's psychosocial, behavioral, medical and habilitation needs. Such assessments shall be revisited regularly and revised as needed given the individual's circumstances.

3. *Comprehensive Case Formulation.* Commonwealth agrees to develop and maintain comprehensive case formulations for each individual for the purpose of generating targeted and complete hypotheses about each individual's status, course, treatment and habilitation needs.

4. *Need-Driven Planning.* Commonwealth agrees to focus treatment planning for each individual based upon the comprehensive assessment of the individual's particular needs in all life areas (e.g., home living, community life, social life, health, wellness, work/education, and behavioral/psychiatric factors). The individual's needs shall be updated in writing as warranted so that the individual's objectives are identified in a manner that is realistic and attainable.

5. *Monitoring of Plans.* Commonwealth agrees that the treatment plans for individuals shall be routinely and systematically monitored for implementation and effectiveness.

6. *Transition Support.* Commonwealth agrees to develop and maintain a community transition plan as part of each resident's individual treatment plan.

ii. Integrate Discipline Specific Services.

**Each of the professional disciplines listed below shall provide adequate assessments and services necessary to support an individualized interdisciplinary treatment planning process consistent with generally accepted professional standards.**

1. *Psychiatric Services.* Commonwealth shall provide adequate and appropriate routine and emergency psychiatric and mental health services for the purpose of meeting the individualized needs of each resident, consistent with generally accepted professional standards. To this end, Commonwealth agrees to ensure that psychiatric services are sufficient to meet the needs of each individual receiving psychotropic medications as well as those individuals who have or may have mental illness and for which medication is indicated. Such services shall include the following:

- a. **Psychiatric Assessment.** Commonwealth agrees to perform a comprehensive psychiatric assessment for each individual with a mental health problem.
  - b. **Psychotropic Medication Assessment.** Commonwealth agrees to make ongoing, timely and documented psychiatric assessments of each individual receiving psychotropic medications.
  - c. **Integrated To Plan.** Commonwealth agrees to ensure that interdisciplinary treatment team functions are integrated into the individual's treatment plan.
  - d. **Integration Among Services.** Commonwealth agrees to ensure that psychiatric assessments are integrated with behavioral, neurological and medical services for targeted treatment.
  - e. **Psychiatric Staff.** Commonwealth agrees to provide an orientation and competency plan that promotes a system of adherence to standards of care on an ongoing basis.
  - f. **Medication Management.** Commonwealth agrees to create and maintain an appropriate, safe and effective medication management system.
2. *Neurological Services.* Commonwealth agrees to ensure that individuals with seizure disorders are properly diagnosed, treated and regularly monitored.
3. *General Medical Care.* Commonwealth shall provide residents with adequate and appropriate preventive, routine, acute, and emergency health care, including neurological care, and dental care to meet the individualized needs of the residents, consistent with generally accepted professional standards. To this end, Commonwealth agrees to the following:
- a. **Preventative Health Care.** Commonwealth agrees to provide residents with appropriate and timely preventative health care.
  - b. **Routine and Emergency Health Care.** Commonwealth agrees to provide residents with appropriate and timely routine, emergency and specialized health care.
  - c. **Medication Use.** Commonwealth agrees to monitor medication use to ensure appropriateness, safety and efficacy.
  - d. **Physician Monitoring.** Commonwealth agrees to include physicians in the processes of monitoring medication use.
  - e. **Mortality Review.** Commonwealth agrees to implement a formal mortality review process to provide specific recommendations to improve quality of care.
  - f. **Dental Care.** Commonwealth agrees to provide timely and appropriate dental care.
  - g. **Quality Management.** Commonwealth agrees to develop and maintain a medical quality management system.
4. *Psychological and Behavioral Services.* Commonwealth shall provide adequate and appropriate psychological and behavioral

services to meet the individualized needs of each resident, especially those with challenging behaviors, consistent with generally accepted professional standards. To this end, Commonwealth agrees to the following:

- a. Sufficiency. Commonwealth agrees to implement psychological and behavioral services that are sufficient to meet the needs of each individual in terms of general clinical/mental health, functional status, skills and supports needed to exercise optimal autonomy or independence.
- b. Positive Behavior Support. Commonwealth agrees to develop and implement Positive Behavior Support (“PBS”) programs.
- c. System Monitoring. Commonwealth agrees to regularly monitor each individual’s skills training plan, supports provision, and PBS plan.
- d. Regression Prevention. Commonwealth agrees to ensure that psychological services are sufficient to prevent or decelerate physical, functional and psychological regression, and to ensure an individual’s reasonable safety, security and freedom from receiving restrictive procedures and undue bodily restraint.
- e. Behavior Intervention Committee. Commonwealth agrees to create and implement a Behavior Intervention Committee (“BIC”) to review and approve any restrictive interventions for individuals.

5. *Nursing Services.* Commonwealth shall ensure that Oakwood residents receive adequate and appropriate nursing care, including adequate and appropriate practices governing medication administration, emergency response, and infection control to meet the individualized needs of each resident, consistent with generally accepted professional standards. To this end, Commonwealth agrees to the following:

- a. Sufficiency. Commonwealth agrees to ensure that the nursing services are sufficient to meet the need of its residents.
- b. Performance Improvement. Commonwealth agrees to implement and maintain a nursing performance improvement process.

6. *Nutritional, Speech, Occupational and Physical Therapy.* Commonwealth shall provide each resident with adequate and appropriate physical and nutritional management to meet the individualized needs of each resident, consistent with generally accepted professional standards. Furthermore, Commonwealth shall provide each resident with adequate and appropriate occupational therapy, physical therapy, and speech therapy to meet the individualized needs of each resident, consistent with generally accepted professional standards. To this end, Commonwealth agrees to the following:

- a. Sufficiency. Commonwealth agrees to ensure that all individuals receive sufficient nutritional, speech, occupational

and physical therapy, as needed.

b. **Performance Improvement.** Commonwealth agrees to implement and maintain a performance improvement plan to outline and measure goals for the delivery of nutritional, speech, occupational and physical therapy services.

iii. Risk Management.

1. *Safe and Secure Environment.* Commonwealth agrees to provide a safe and secure environment to all individuals at Oakwood by protecting them from abuse, neglect and other high-risk behaviors.

2. *High-Risk Behavior.* Commonwealth agrees to identify thresholds for high-risk behavior and to ensure timely interventions to reduce on-going risk.

3. *Restraints.* Commonwealth agrees to promote a restraint-free environment by not using restraints as punishment or as part of a PBS plan, but allowing for the use of restraints only for medical emergencies or when there is immediate risk of harm to the individual or to others.

4. *Criteria for Using Restraints.* Commonwealth agrees to promulgate and follow established criteria consistent with generally accepted professional standards for the use of restraints.

5. *Restraint Procedures.* Commonwealth agrees to ensure that all staff members are competent in implementing restraint procedures.

6. *Quality Management.* Commonwealth agrees to institute a quality management program on the use of restraints.

7. *Risk Management System.* Commonwealth shall develop and implement an adequate risk management system, including an adequate management information system, to identify, track, monitor, and substantially reduce the incidents of harm due to abuse, neglect, and/or mistreatment, consistent with generally accepted professional standards.

iv. Quality Assurance.

1. *Quality Assurance Program.* Commonwealth shall develop and implement quality assurance mechanisms consistent with generally accepted professional standards that enable Oakwood to comply fully with this Memorandum and SAP, that timely and adequately detect problems with the provision of services and supports required under this Memorandum and SAP, and that ensure appropriate corrective responses are implemented.

v. Community Transition.

In accordance with Title II of the Americans with Disabilities Act, 42 U.S.C. § 12132, and implementing regulation 28 C.F.R. § 35.130(d), Commonwealth



shall ensure that each Oakwood resident is served in the most integrated setting appropriate to meet their needs. To this end, Commonwealth agrees to the following:

1. *Evaluation.* Commonwealth agrees to review and revise, as needed, its procedures, role and function of Oakwood in serving its residents' mental retardation needs.
2. *Transition Process.* Commonwealth agrees to implement and maintain a transition process that begins at admission and is an integral part of each individual's treatment plan.
3. *Community Providers.* Commonwealth agrees to foster collaborative relationships with community providers, and address the need for additional community placements.
4. *Available Services.* Commonwealth agrees to educate its residents, their families and guardians regarding available community-based services.

**B. Representations of Implementation.**

- i. Commonwealth represents that it has implemented, or will implement, the policies and procedures summarized in Section III, Paragraph A of this Memorandum and more fully set out in Exhibit "A."
- ii. Commonwealth represents that it has provided to the DOJ copies of Exhibit "A."
- iii. United States represents that it has reviewed Exhibit "A" and believes that its implementation will substantially and adequately address the issues raised by the DOJ investigation.
- iv. Commonwealth represents that it will continually and periodically refine and revise the policies and procedures outlined in Exhibit "A" to assure compliance with the letter and spirit of this Memorandum and its attachments. Upon request, United States shall be provided with copies and an opportunity to provide substantive comment upon any policies and procedures revised pursuant to the SAP.
- v. Commonwealth represents that it has educated, or will educate, all employees at Oakwood with respect to the policies and procedures outlined in Exhibit "A."
- vi. Commonwealth shall maintain sufficient records to document their compliance with all terms of this Memorandum and SAP. Commonwealth shall also maintain any and all records required by or developed under this Memorandum and SAP. The United States shall have unrestricted access to and, shall, upon request, receive copies of any document and/or any databases

relating to the implementation of this Memorandum and SAP. The United States shall have unrestricted access to all staff and facilities, including private interviews with residents and staff, as necessary to assess compliance with this Memorandum and SAP.

vii. Commonwealth agrees to provide the DOJ, its staff, consultants and agents, with reasonable access to:

1. All buildings and facilities at Oakwood;
2. All staff having duties relating to Oakwood;
3. All residents living at Oakwood, outside the presence of staff (unless the resident requests otherwise) consistent with this Memorandum and SAP; and
4. Any records regarding Oakwood, its staff or residents.

viii. Commonwealth designates Rebecca Cecil as its contact agent for ensuring that the Commonwealth adheres to the terms and conditions of this Memorandum and SAP.

ix. If Commonwealth further subdivides Oakwood into smaller facilities and/or out sources any of the services covered under this Memorandum and SAP, this Memorandum and SAP shall be fully applicable to and binding upon those subdivided facilities and/or outsourced services.

x. The parties agree to the appointment of Dr. Nirbhay N. Singh, Ph.D., as the jointly-selected expert to monitor the Commonwealth's implementation of this Memorandum and SAP (the "Monitor"). The Monitor shall have full authority to independently assess, review, and report semi-annually on the Commonwealth's implementation of and compliance with the provisions of this Memorandum and the SAP. The parties further agree that the Monitor may use consultants to aid in fulfilling the duties of the Monitor, under the same terms and conditions applicable to the Monitor. All reasonable costs and expenses of the Monitor, including the cost of any consultant to assist the Monitor, shall be borne by Commonwealth.

xi. The overall duties of the Monitor and/or his/her designees shall be to observe, review, report findings, and make recommendations to the parties with regard to the implementation of the Memorandum and SAP. The Monitor shall regularly review the protections, services, and supports provided to residents in their residential settings and programs to determine the Commonwealth's implementation of and compliance with this Memorandum and SAP. The Monitor and/or his/her designees, may make both announced and unannounced inspections of the facility.

xii. The Monitor shall submit to Commonwealth and to DOJ a written report every six months with regard to the Commonwealth's implementation efforts and compliance with the Memorandum and SAP. The Commonwealth will take timely action to remedy any deficiencies cited by the Monitor, without waiting for the Monitor's report to be finalized.

xiii. Commonwealth shall notify the Monitor immediately upon the death of any resident, and shall forward to the Monitor copies of any completed incident reports related to deaths, autopsies and/or death summaries of residents, as well as all final reports of investigations that involve residents.

#### **IV. Terms and Conditions**

- A.** This Memorandum, and exhibits specifically referenced herein, shall constitute the entire integrated agreement of the parties. No prior or contemporaneous communications, oral or written, shall be relevant or admissible for purposes of determining the meaning of any provisions herein. If United States believes that Commonwealth has failed to fulfill any obligation under this Memorandum and SAP, United States will, prior to initiating suit against Commonwealth, give written notice to Commonwealth of the claimed failure. Upon receipt of said written notice, Commonwealth shall then have sixty (60) days in which to cure the claimed failure, if necessary, and provide United States with sufficient proof of its cure. At the end of the sixty (60) day period, in the event United States determines that the failure has not been cured, United States may initiate suit against Commonwealth without further notice. United States commits to work in good faith with Commonwealth to avoid litigation. However, in the case of an emergency posing an immediate threat to the health or safety of Oakwood's residents, United States may omit the notice and cure requirements herein, before seeking judicial action.
- B.** If, at any time, any party to the Memorandum and SAP desires to modify it for any reason, that party will notify the other party in writing of the proposed modification and the reasons therefor. No modification will occur unless there is written agreement by the parties.
- C.** No waiver of any of the terms of this Memorandum and SAP shall be valid unless it is in writing and signed by all parties to the Memorandum and SAP.
- D.** This Agreement and SAP will terminate four years after the effective date of the Agreement and SAP. If the parties agree that Commonwealth and Oakwood officials are in compliance with each of the provisions of this Agreement and SAP earlier than four years from the effective date of the Agreement and SAP, and have maintained compliance for at least one year, then the Agreement and SAP may terminate at an earlier date. The burden will be on Commonwealth and Oakwood officials to demonstrate such compliance.

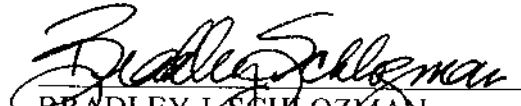
- E. To the extent that any of the legal authorities cited in the Memorandum (e.g., federal statute, regulations or case law) are amended or superceded, this Memorandum shall be amended accordingly.
- F. This Memorandum shall be effective on the date it is signed by all parties.

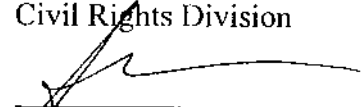
Dated this 21<sup>st</sup> day of September, 2004.

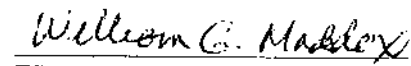
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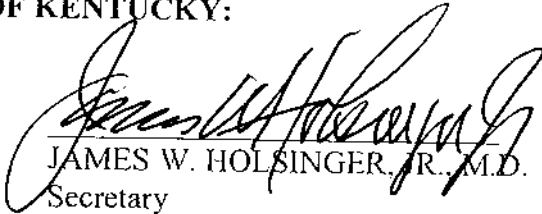
  
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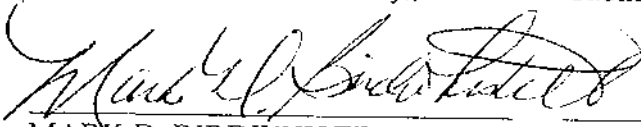
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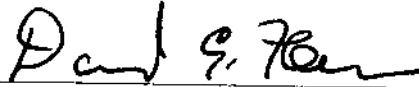
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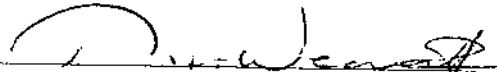
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Cabinet for Health & Family Services



PAT WEAR, II, Commissioner  
Department for Mental Health  
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**Exhibit A**  
**Strategic Action Plan**  
**The Communities at Oakwood**

**Goal I: SUPPORT A TREATMENT PLANNING PROCESS**

**Objective 1. Treatment planning process allows for effective interdisciplinary work with active participation by individuals.**

**Action Items**

- A. Invite the individual and chosen family/friends to participate.
- B. Ensure that the core treatment team is composed of, at a minimum, the team leader/QMRP, psychologist, home manager/program supervisor, direct care staff (DCS), transition facilitator, and a health care representative.
- C. Ensure that the individual participates sufficiently, i.e., provides meaningful input, in the planning process, depending on his/her functional status.
- D. Ensure that the team prepares the individuals to advocate for themselves, ensures that they have meaningful input in their treatment plan.
- E. Take appropriate steps to include the individual's family and friends as an integral part of the treatment planning process.
- F. Ensure that each team member knows and is responsible for the care of the individual.
- G. Ensure that treatment team membership is consistent and enduring.
- H. Ensure that treatment planning conference (TPC) occurs within 24 hours of a new admission (initial treatment plan), at 7 days (initial plan of Life), 14 days, 28 days, 42 days, 56/60 days, and monthly thereafter. Quarterly reviews will include quality of life assessments. The fourth quarterly review will serve as the annual review.
- I. Ensure that each team meets at a regularly scheduled time, and this meeting takes precedence over any competing assignment, except in case of emergency.
- J. Ensure that if a team member is unable to attend, s/he provides written information to the treatment team leader/QMRP prior to the meeting, and the information is presented to the members at the meeting.
- K. Ensure that each team has a structure to review all the individual's issues relevant to treatment planning in the meeting time.
- L. Ensure that team members are trained in the /principles and practice of treatment planning.
- M. Review, revise and implement current treatment planning form and procedures.

Implementation Plan	Target Date (projected)
1. Assess current treatment planning process and forms.	Aug 04 to Nov 04
2. Develop a procedure for treatment planning process and revise forms.	Dec 04 to May 05
3. Develop a plan to train staff.	June 05 to Jul 05
4. Train staff (pilot).	Aug 05 to Oct 05
5. Train staff (facility wide).	Nov 05 to Jun 06
6. Develop outcome measures.	Jul 06 to Dec 06
7. Assess outcomes.	Jan 07 ongoing
8. Outcome-related quality improvement	Jul 07 ongoing
<b>Objective 2. An interdisciplinary holistic assessment drives the treatment planning process</b>	
<b>Action Items</b>	
<ul style="list-style-type: none"> <li>A. Ensure that there is a holistic assessment protocol for all new admissions.</li> <li>B. Ensure that the holistic assessment includes all relevant psychosocial, behavioral, medical and habilitation issues, as dictated by individual needs and preferences.</li> <li>C. Ensure that the holistic assessment provides sufficient information to reach the most reliable diagnoses and differential diagnoses. The diagnostic formulation and differential diagnosis will be documented in the psychiatric evaluation.</li> <li>D. Ensure that the case formulation provides the basis for discipline-specific assessments. The case formulation is revised at regularly scheduled treatment planning conferences (TPCs) as additional information is gathered.</li> </ul>	

<b>Implementation Plan</b>	<b>Target Date (projected)</b>
1. Develop a treatment planning procedure for holistic assessments.	Dec 04 to May 05
2. Develop a plan to train staff.	Jun 05 to Jul 05
3. Train staff (pilot).	Aug 05 to Oct 05
4. Train staff (facility wide).	Nov 05 to Jun 06
5. Develop outcome measures.	Jul 06 to Dec 06
6. Assess outcomes.	Jan 07 ongoing
7. Outcome-related quality improvement.	Jul 07 ongoing
<b>Objective 3. Treatment planning is based on a comprehensive case formulation for each individual</b>	
<p><b>Action Items</b></p> <ul style="list-style-type: none"> <li>A. Derive case formulations from analyses of the information gathered from holistic and discipline-specific assessments, including diagnosis and differential diagnoses.</li> <li>B. Case formulations should include a review of pertinent history, predisposing, precipitating and perpetuating factors, present status and previous treatment history.</li> <li>C. Consider bio-medical, psychosocial, and psycho-educational factors, as appropriate, for each category in #2 above.</li> <li>D. Consider moderating factors (e.g., age, gender, culture) and mediating factors (e.g. treatment adherence and medication issues) for each category in item B above, that may impact the outcomes of interventions.</li> <li>E. The content of the case formulation should enable the generation of hypotheses about each individual's status, course, treatment and habilitation needs.</li> </ul>	



Implementation Plan	Target Date (projected)
1. Develop a treatment planning procedure for case formulation.	Dec 04 to May 05
2. Develop a plan to train staff.	Jun 05 to Jul 05
3. Train staff (pilot).	Aug 05 to Oct 05
4. Train staff (facility wide).	Nov 05 to Jun 06
5. Develop outcome measures.	Jul 06 to Dec 06
6. Assess outcomes.	Jan 07 ongoing
7. Outcome-related quality improvement.	Jul 07 ongoing
<b>Objective 4. Treatment planning is driven by individualized needs and leads to improvement in each individuals' quality of life</b>	
<b>Action Items</b>	
<p>A. Develop a list of the individual's needs that follow from the holistic and discipline-specific assessments, diagnoses and differential diagnoses, and case formulation.</p> <p>B. Ensure that the needs address all important life areas (e.g., home living, community life, social life, health and wellness, work/education, and behavioral/psychiatric factors), and incorporates the individual's life goals—wishes, visions, aspirations and dreams.</p> <p>C. Update the individual's needs at treatment team conferences to reflect their changing functional status (i.e., new identified needs are added or current needs modified if desired outcomes are not achieved).</p> <p>D. Develop intervention objectives for all identified needs. Needs can be prioritized depending on the discharge criteria and the individual's functional status.</p> <p>E. Ensure that the objectives address treatment (i.e., for a disease or disorder), habilitation (i.e., skills and supports) and</p>	

<p>enrichment (e.g., quality of life activities).</p> <p>F. Write the objectives in behavioral, observable, or measurable terms.</p> <p>G. Write objectives that are realistic and attainable (i.e., relevant to each individual's level of functioning).</p> <p>H. Establish a clear timeline for the achievement of each objective.</p> <p>I. Update the objectives to reflect the individual's changing needs</p> <p>J. Ensure that there are interventions that relate to each objective.</p> <p>K. Ensure that the interventions utilize strengths of the individual, family, friends, care providers and the system of care, as applicable.</p> <p>L. For each intervention, specify who is going to do what to facilitate the individual to meet his or her needs as specified in the objective.</p> <p>M. Ensure that the interventions are aligned with increasing personal independence, choice and enhanced quality of life.</p> <p>N. Develop new interventions to facilitate attainment of new objectives when the old objectives are achieved.</p> <p>O. Ensure that each plan addresses, tracks and provides supports against risks/dangers, as clinically appropriate.</p>	
<b>Implementation Plan</b>	<b>Target Date (projected)</b>
1. Develop a treatment planning procedure for needs, objectives and interventions.	Dec 04 to May 05
2. Develop a plan to train staff.	Jun 05 to Jul 05
3. Train staff (pilot).	Aug 05 to Oct 05
4. Train staff (facility wide).	Nov 05 to Jun 06
5. Develop outcome measures.	Jul 06 to Dec 06
6. Assess outcomes.	Jan 06 ongoing
7. Outcome-related quality improvement.	Jul 07 ongoing

**Objective 5. Treatment plans are routinely and systematically monitored for implementation and effectiveness**

**Action Items**

- A. Monitor treatment plan implementation routinely and systematically.
- B. Implement interventions appropriately throughout the individual's day.
- C. Ensure that implementation of interventions reflect the individualized nature of the treatment plan.
- D. Review, at least monthly at the TPC, the needs, objectives and interventions identified in the individual's treatment plan for effectiveness in producing the desired outcomes.
- E. Review more frequently if there are changes in the individual's status or significant newly identified needs.
- F. Encourage the individual (or guardian, if applicable) to participate in the review process commensurate with the individual's level of functioning.
- G. Ensure that the review process includes an assessment of progress related to community transition, as appropriate.
- H. Base progress reviews and revision recommendations on data collected as specified in the treatment plan.

**Implementation Plan**

	Target Date (projected)
1. Develop a monitoring instrument for treatment plans	Jan 06 to Mar 06
2. Monitor plans.	Apr 06 ongoing
3. Develop outcome measures.	Jul 06 to Dec 06
4. Assess outcomes	Jan 07 ongoing
5. Outcome-related quality improvement.	Jul 07 ongoing

**Objective 6. Develop a system to support successful community transition**

**Action Items**

- A. Develop community transition plan as part of the initial treatment plan.
- B. Ensure that the criteria for community transition are individualized in behavioral, observable or measurable terms.
- C. Provide educational opportunities for individuals and families/guardians to facilitate community transition.
- D. Increase the number of community-based experiences available to individuals and families/guardians.
- E. Increase interface with local and state agencies including department of mental health and mental retardation, community providers, vocational services to facilitate items C & D.

**Implementation Plan**

**Target Date (projected)**

1. Revise Oakwood Community Transition protocol.	Jan 05 to Jun 05
2. Implement revised Oakwood Community Transition Protocol.	Jul 05 ongoing
3. Develop outcome measures.	Jan 06 to Jun 06
4. Assess outcomes.	Jul 06 ongoing
5. Outcome-related quality improvement.	Jan 07 ongoing

**Goal II: INTEGRATE DISCIPLINE SPECIFIC SERVICES**

**PSYCHIATRIC SERVICES**

*Psychiatric services are sufficient to meet the needs of each individual receiving psychotropic medications as well as each individual who has or may have mental illness and for which medication is indicated.*

**Objective 1. Each individual with a mental health problem receives a comprehensive psychiatric assessment**

**Action Items**

- A. Ensure that assessment includes a thorough history of presenting problem from the individual, if possible, family, if appropriate, care givers and other team members.
- B. Ensure that assessment addresses the course and setting within which the symptoms occur.
- C. Ensure that assessment recognizes the functional significance of behavior.
- D. Ensure that assessment addresses relevant bio-medical, psychosocial and psycho-educational issues.
- E. Ensure that assessment reviews and critically examines diagnostic conclusions made in the past.
- F. Ensure that assessment reviews relevant medical and neurological pathways as they affect psychiatric condition of the individual.
- G. Ensure that the psychiatric formulation integrates past and present history and response to current and past pharmacological, psychosocial and behavioral interventions.
- H. Ensure that the diagnoses are stated in accord with DSM-IV-TR.
- I. Ensure that the documented justification of the diagnoses is in accord with DSM-IV TR.
- J. Ensure that there is documentation of differential diagnoses during initial diagnostic formulation and thereafter, as indicated.
- K. Ensure that diagnoses identified as rule out or deferred are finalized within 60 days of the initial diagnosis.

**Implementation Plan**

**Target Date (projected)**

1. Develop a procedure for psychiatric services.

Jan 05 to Jun 05

2. Implement procedure

Jul 05 ongoing

3. Develop a monitoring instrument.	Jul 05 to Aug 05
4. Monitor psychiatric documentation.	Sep 05 ongoing
5. Develop outcome measures.	Jul 06 to Dec 06
6. Assess outcomes.	Jan 07 ongoing
7. Outcome-related quality improvement.	Jan 07 ongoing
<b>Objective 2. Provide ongoing and timely psychiatric assessments of each individual receiving psychotropic medications and document in progress notes</b>	
<b>Action Items</b>	
<ul style="list-style-type: none"> <li>A. Ensure that progress notes provide a specific account of psychiatric symptoms under treatment and changes in the individual's status.</li> <li>B. Complete progress notes within time frames appropriate to the status of each individual but no less frequently than quarterly.</li> <li>C. Ensure that progress notes document a summary of the previous interval, including the contextual basis of the symptoms.</li> <li>D. Ensure that progress notes document changes in medications when warranted and the rationale for these changes.</li> <li>E. Ensure that progress notes document monitoring of risks associated with drug treatments.</li> <li>F. Ensure that progress notes indicate and update diagnoses with justification.</li> <li>G. Ensure that progress notes address results of scales used for monitoring side effects of medications (e.g., DISCUS/MOSES/an AED rating scales) and document changes in treatment, as appropriate.</li> <li>H. Explain rationale for any polypharmacy in a progress note.</li> <li>I. Ensure that progress notes recognize and recommend psycho-social treatment, as clinically indicated, and address the individual's response to this intervention.</li> </ul>	
<b>Implementation Plan</b>	
1. Develop a treatment planning procedure for holistic assessments.	Target Date (projected) Dec 04 to May 05

2. Develop a plan to train staff.	Jun 05 to Jul 05
3. Train staff (pilot).	Aug 05 to Oct 05
4. Train staff (facility wide).	Nov 05 to Jun 06
5. Develop outcome measures.	Jul 06 to Dec 06
6. Assess outcomes.	Jan 07 ongoing
7. Outcome-related quality improvement.	Jul 07 ongoing
<b>Objective 3. Psychiatric services are integrated in the interdisciplinary treatment team functions</b>	
<b>Action Items</b>	
A. Ensure that the psychotropic medication plan is developed by the psychiatrist in consultation with appropriate members of the team.	
B. Ensure that the psychiatrist attends treatment team meetings for individuals who require psychiatric services.	
C. Ensure that the interdisciplinary case formulations and treatment plans are aligned with psychiatric diagnostic formulation and treatment.	
<b>Implementation Plan</b>	
1. Develop a procedure for psychiatric services.	Jan 05 to Jun 05
2. Implement procedure.	Jul 05 ongoing
3. Develop a monitoring instrument.	Jul 05 to Aug 05
4. Monitor psychiatric documentation	Sep 05 ongoing

5. Develop outcome measures.	Jan 06 to Jun 06
6. Assess outcomes.	Jul 06 ongoing
7. Outcome-related quality improvement.	Jan 07 ongoing
<b>Objective 4. Psychiatric and behavioral services are integrated</b>	
<b>Action Items</b>	
<p>A. Ensure that the psychiatrist reviews proposed behavioral plans/interventions to ensure they are consistent with psychiatric assessments and permit evaluation of the impact of drug treatment.</p> <p>B. Document that psychiatric disorders targeted for treatment are distinguished from learned behavior and that integrated treatments are provided if there is overlap.</p> <p>C. Exchange data at least monthly between the psychiatrist and behavioral psychologist to update diagnoses and understand the nature of behaviors/ needs targeted for treatment.</p>	
<b>Implementation Plan</b>	
1. Develop a procedure for psychiatric services.	Jan 05 to Jun 05
2. Implement procedure.	Jul 05 ongoing
3. Develop a monitoring instrument.	Jun 05 to Aug 05
4. Monitor psychiatric documentation.	Sep 05 ongoing
5. Develop outcome measures.	Jul 06 to Dec 06
6. Assess outcomes.	Jan 07 ongoing



7. Outcome-related quality improvement.	Jul 07 ongoing
<b>Objective 5. Psychiatric and neurological services are integrated</b>	
<p><i>Action Items</i></p> <p>A. Document that psychiatric and neurological services recognize and address the benefits and risks of medications used by the other treatment modality.</p> <p>B. Document that differential diagnosis, diagnostic work up and treatments established by each service recognize the other modality's contribution to the individual's clinical status.</p> <p>C. Ensure that psychiatry has access to consultations by a movement disorders specialist in those cases that require clarification of diagnosis and refinement of treatment.</p>	
<b>Implementation Plan</b>	<b>Target Date (projected)</b>
1. Develop a procedure for psychiatric services.	Jan 05 to Jun 05
2. Implement procedure	Jul 05 ongoing
3. Develop a monitoring instrument.	Jun 05 to Aug 05
4. Monitor psychiatric documentation	Sep 05 ongoing
5. Develop a system to assess outcomes.	Jul 06 to Dec 06
6. Assess outcomes.	Jan 07 ongoing
7. Outcome-related quality improvement.	Jul 07 ongoing.

<b>Objective 6. Psychiatric and medical services are integrated</b>	
<b>Action Items</b>	
A. Ensure that the psychiatrist attends medical staff meetings and participates and/or receives feedback from the Pharmacy and Therapeutics (P&T) Committee regarding psychotropic medication use.	
B. Document that psychiatric and medical services recognize and address the benefits and risks of treatments used by the other modality.	
<b>Implementation Plan</b>	<b>Target Date (projected)</b>
1. Develop a procedure for psychiatric services.	Jan 05 to Jun 05
2. Implement procedure.	Jul 05 ongoing
3. Develop a monitoring instrument.	Jul 05 to Aug 05
4. Monitor psychiatric documentation.	Sep 05 ongoing
5. Develop outcome measures.	Jul 06 to Dec 06
6. Assess outcomes.	Jan 07 ongoing
7. Outcome-related quality improvement.	Jul 07 ongoing
<b>Objective 7. Facility ensures orientation and competency of psychiatric staff</b>	
<b>Action Items</b>	
A. Provide an orientation and competency plan for psychiatric staff that ensures adequate orientation to policies and procedures and outlines performance expectations.	
B. Establish a peer review/competency evaluation system to ensure adherence to standards of care on an ongoing basis.	

Implementation Plan	Target Date (projected)
1. Develop an orientation and competency plan for medical staff.	Jan 05 to Jun 05
2. Revise current medical peer review system.	Jul 05 to Dec 05
3. Develop outcome measures.	Jul 06 to Dec 06
4. Assess outcomes.	Jan 07 ongoing
5. Outcome-related quality improvement.	Jul 07 ongoing
<b>Objective 8. There is an appropriate, safe and effective medication management system</b>	
<b>Action Items</b>	
<p>A. Ensure that psychotropic medications are used as part of an interdisciplinary plan of care. The psychiatrist provides input to the treatment team and obtains data from the team from the team regarding the use of medications.</p> <p>B. Ensure that psychotropic medication use is based on a complete diagnostic assessment or a behavioral pharmacological hypothesis relevant to the assessment.</p> <p>C. Ensure proper match between diagnosis and medications.</p> <p>D. Follow appropriate informed consent procedures.</p> <p>E. Delineate and measure specific index/target behaviors.</p> <p>F. Systematically review on at least a monthly basis psychotropic medication use by treatment teams to ensure proper indications and optimal use.</p> <p>G. Monitor potential harmful effects of psychotropic medications on individual's functioning in a systematic manner.</p> <p>H. Utilize a recognized scale for monitoring tardive dyskinesia.</p> <p>I. Integrate quality of life measures in the treatment team's review of medication effects and side effects using a validated rating scale.</p>	

Implementation Plan	Target Date (projected)
1. Develop a treatment planning procedure for psychotropic medication review.	Dec 04 to May 05
2. Develop a plan to train staff.	Jun 05 to Jul 05
3. Train staff (pilot).	Aug 05 to Oct 05
4. Train Staff (facility wide).	Nov 05 to Jun 06
5. Develop outcome measures.	Jun 06 to Dec 06
6. Assess outcomes.	Jan 06 ongoing
7. Outcome-related quality improvement.	Jul 07 ongoing
<b>NEUROLOGICAL SERVICES</b>	
<b>Objective 1. All individuals with seizure disorders are properly diagnosed, treated and regularly monitored</b>	
<b>Action Items</b>	
<ul style="list-style-type: none"> <li>A. Ensure that all individuals diagnosed with seizure disorders receive at least an annual neurological assessment by a neurologist.</li> <li>B. Ensure that individuals with refractory seizures (10 or more seizures per year) are evaluated by an epileptologist.</li> <li>C. Follow all individuals with refractory seizures more closely than those with fewer seizures.</li> <li>D. Ensure accurate and timely recording of seizures with adequate information to provide seizure management.</li> <li>E. Base the use of anticonvulsant medications on reliable diagnostic work up to determine seizure type.</li> <li>F. Document the rationale for the use of all anticonvulsant medications.</li> <li>G. Document that, when clinically appropriate, individuals have been transitioned, or considered for transition from the older to the newer anticonvulsants.</li> <li>H. Evaluate all individuals who have been seizure free for two years to determine the need for continued anticonvulsant medications.</li> </ul>	

<p>I. Document risks and benefits of continued AED treatment.</p> <p>J. Consider individuals who have failed appropriate medication trials for vagal nerve stimulator implants or surgical treatment, if appropriate.</p> <p>K. Monitor the cognitive, motor and behavioral adverse effects of anticonvulsant medications.</p> <p>L. Identify all individuals receiving anticonvulsant medications and record seizure frequency and type, and medication types and doses.</p> <p>M. Ensure that seizure management protocol includes thresholds for referral to epileptology and standards/approach in the withdrawal of medications for seizure free individuals.</p> <p>N. Develop and implement a protocol for emergency management of status epilepticus.</p> <p>O. Train staff to ensure consistency in recording the required information related to seizure activity.</p> <p>P. Ensure ongoing and effective communications between neurologist and primary care physician and other treatment team members regarding neurological status of the individual and the risks and benefits of neurological treatment.</p>	<p><b>Implementation Plan</b></p> <p>1. Revise current epilepsy management procedure.</p> <p>2. Implement revised procedure.</p> <p>3. Develop a monitoring instrument.</p> <p>4. Monitor neurological documentation.</p> <p>5. Develop outcome measures.</p> <p>6. Assess outcomes.</p> <p>7. Outcome-related quality improvement.</p>	<p><b>Target Date (projected)</b></p> <p>Jan 05 to Jun 05</p> <p>Jul 05 ongoing</p> <p>Jul 05 to Aug 05</p> <p>Sept 05 ongoing</p> <p>Jul 06 to Dec 06</p> <p>Jan 07 ongoing</p> <p>Jul 07 ongoing</p>
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**GENERAL MEDICAL CARE**

**Objective 1. Individuals receive appropriate and timely preventative health care**

**Action Items**

- A. Screen for hearing and vision, as needed.
- B. Provide age and gender-specific cancer screening in accord with American Cancer Society recommendations.
- C. Provide annual EKGs for individuals age fifty or greater and earlier as indicated by a medical condition (e.g. cardiovascular disease or routine treatment with thioridazine or mesoridazine).
- D. Provide timely PPD testing to assess tuberculosis risk.
- E. Conduct laboratory testing of serum drug levels, complete blood counts, serum electrolytes, lipids and glucose and liver functions, as indicated prior to and during treatment with certain anticonvulsant, mood stabilizing and antipsychotic medications.
- F. Provide timely immunizations for all individuals.
- G. Provide sickle cell screening for all African American individuals.
- H. Implement protocol for individuals at risk for constipation/impaction.
- I. Provide screening of thyroid function and cervical spine radiographs for individuals with Down's syndrome.
- J. Implement protocol for management of individuals at risk for dysphagia.
- K. Implement protocol for preventative screening with bone mineral density for individuals at risk of osteoporosis, including postmenopausal women and individuals receiving long-term treatment with phenytoin.
- L. Implement protocol for management of individuals at risk of skin break down.

**Implementation Plan**

**Target Date (projected)**

1. Revise current preventative management procedures and implement revision.	Jan 05 to Jun 05
2. Implement revised procedures.	Jul 05 ongoing
3. Develop a monitoring instrument.	Jul 05 to Aug 05
4. Monitor medical documentation.	Sep 05 ongoing

5. Develop outcome measures.		Jul 06 to Dec 06
6. Assess outcomes.		Jan 07 ongoing
7. Outcome-related quality improvement.		Jul 07 ongoing
<b>Objective 2. Individuals receive appropriate and timely routine, emergency and specialized care</b>		
<b>Action Items</b>		
<p>A. Implement a procedure that ensures timely and adequate initial and ongoing assessments of physical status and treatment interventions and ensures timely and adequate emergency response.</p> <p>B. Organize medical records in a manner that allows relevant information to be easily identified and utilized in making timely treatment decisions.</p> <p>C. Ensure that current and updated medical problem list identifies all relevant acute and chronic problems to serve as a tracking log.</p> <p>D. Ensure that physician progress notes document history, subjective complaints, examination findings, diagnosis of the problem and a plan of care.</p> <p>E. Ensure that the annual medical summary includes a physical examination, summary of current status, significant medical events, treatments provided and response to treatment in the past year, and a future plan of care.</p> <p>F. Ensure that the annual summary addresses relevant problems identified on the problem list.</p> <p>G. Ensure that individuals receive consultations by specialists as appropriate.</p>		
<b>Implementation Plan</b>		
1. Revise current procedure on medical attention to individuals.		Jan 05 to Jun 05
2. Implement revised procedure.		Jul 05 ongoing
3. Develop monitoring instrument.		Jul 05 to Aug 05

4. Monitor Medical documentation.	Sep 05 ongoing
5. Develop outcome measures.	Jul 06 to Dec 06
6. Assess outcomes.	Jan 07 ongoing
7. Outcome-related quality improvement.	Jul 07 ongoing
<b>Objective 3. Medication use is monitored for appropriateness, safety and efficacy of medication use</b>	
<p><b>Action Items</b></p> <ul style="list-style-type: none"> <li>A. Implement procedure for reporting adverse drug reactions (ADRs); procedure includes likely cause, probability scale, severity scale and thresholds for intensive case analysis of serious reactions.</li> <li>B. Conduct intensive case analysis for serious ADRs.</li> <li>C. Report adequate numbers of ADRs.</li> <li>D. Implement current guidelines for the use of all medications.</li> <li>E. Implement system for drug utilization evaluation (DUE), with priorities for high risk, high frequency medications.</li> <li>F. Identify practitioner and group trends, based on ADRs and DUE as applicable.</li> <li>G. Provide educational activities based on identified trends, as applicable.</li> <li>H. Implement a system of medication variance reporting (MVR) that addresses all categories of potential and actual variances (e.g., prescription, transcription, ordering, dispensing, administration and documentation).</li> <li>I. Train clinicians in the proper use of MVR data collection tool.</li> <li>J. Analyze MVR data for trends and performance improvement activities.</li> <li>K. Monitor high risk uses of medications (e.g., polypharmacy, long-term benzodiazepine use, long-term use of anticholinergics, conventional antipsychotic use and long-term use of antipsychotics for unlabeled indications).</li> </ul>	
<b>Implementation Plan</b>	
1. Revise current structure and function of Pharmacy and Therapeutics Committee.	<p><b>Target Date (projected)</b></p> <p>August 04 to Dec 04</p>



2. Revise current adverse drug reaction (ADR) instrument and procedure.	Aug 04 to Dec 04
3. Revise system for tracking and trending ADR data.	Jan 05 to Jun 05
4. Implement revised ADR system.	Jul 05 ongoing
5. Develop individualized guidelines for psychotropic medications.	Aug 04 to Mar 05
6. Revise current drug utilization evaluation (DUE) system based on new guidelines.	Jan 05 to Mar 05
7. Implement revised DUE system.	Apr 05 ongoing
8. Revise current medication variance reporting (MVR) instrument and procedure.	Aug 04 to Dec 04
9. Revise system for tracking and trending MVR data.	Jan 05 to Jun 05
10. Implement revised MVR system.	Jul 05 ongoing
11. Develop thresholds for intensive case analysis (ICA) based on ADR and MVR data.	Aug 04 to Dec 04
12. Implement ICA system.	Jan 05 ongoing
13. Develop procedures and a monitoring system for high-risk medication uses.	Apr 05 to Jun 05
14. Monitor high risk medication uses.	Jul 05 ongoing
15. Develop a system to assess outcomes.	Jan 06 to Jun 06

16. Assess outcomes.	Jul 06 ongoing
17. Outcome-related quality improvement.	Jan 07 ongoing
<b>Objective 4. Physicians are included in the processes of monitoring medication use</b>	
<b>Action Items</b>	
<ul style="list-style-type: none"> <li>A. Ensure that physicians regularly attend, participate in and receive feedback from the Pharmacy and Therapeutics (P&amp;T) Committee reviews and data analyses.</li> <li>B. Include physicians in the development and updates of medication guidelines.</li> <li>C. Implement procedure requiring pharmacists to communicate medication alerts with the prescribing physician.</li> <li>D. Document in a centralized log all medication alerts.</li> </ul>	
<b>Implementation Plan</b>	
1. Revise current medical peer review system.	Target Date (projected) Jul 05 to Dec 05
2. Revise current physician orientation and competency evaluation plans.	Jul 05 to Dec 05
3. Revise current medication alert system and implement revision.	Jan 05 to Mar 05
<b>Objective 5. Formal Mortality Review Process Provides Specific Recommendations to Improve Quality of care</b>	
<b>Action Items</b>	
<ul style="list-style-type: none"> <li>A. Conduct a final mortality review within 45 days of each individual's death.</li> <li>B. Ensure that the comprehensive mortality review includes review and discussion of all supporting documentation.</li> <li>C. Ensure that the mortality review generates recommendations for remedial action when appropriate.</li> <li>D. Conduct external independent review of mortality findings; provide recommendations based on this external review, as appropriate.</li> <li>E. Implement recommendations as appropriate; track and analyze all recommendations to identify trends and provide remedial action as needed.</li> </ul>	

<b>Implementation Plan</b>	
1. Revise current system for Mortality Reviews.	
2. Develop outcome measures.	
3. Assess outcomes.	
4. Outcome-related quality improvement.	
<b>Objective 6. Timely and appropriate dental care is provided</b>	
<b>Action Items</b>	
A. Implement protocols for dental/oral hygiene care; routinely review protocols and revise as needed.	
B. Conduct annual dental assessments, or more frequently based on individual's needs.	
C. Ensure that dental performance improvement process monitors dental/oral hygiene assessments, treatments and documentation.	
D. Monitor preventative care programs to decrease use of pre-sedation restraints.	
<b>Implementation Plan</b>	
	<b>Target Date (projected)</b>
1. Develop a procedure for dental care.	Jun 05 to Dec 05
2. Develop outcome measures.	Jun 06 to Dec 06
3. Assess outcomes.	Jan 07 ongoing
4. Outcome-related quality improvement.	Jul 07 ongoing.

**Objective 7. There is a medical quality management system**

**Action Items**

- A. Develop a medical peer review process with clear performance criteria, feedback loop and corrective follow up action.
- B. Include in the system any patterns and trends identified by the P&F Committee regarding medication use.
- C. Utilize patterns and trends for educational and performance improvement purposes

**Implementation Plan**

**Target Date (projected)**

- |  |                  |
|--|------------------|
| 1. Revise current Medical Peer Review system (same as Goal II Psychiatric Services Objective 7). | Jul 05 to Dec 05 |
| 2. Develop outcome measures.   | Jun 06 to Dec 06 |
| 3. Assess outcomes.  | Jan 07 ongoing   |
| 4. Outcome-related quality improvement.  | Jul 07 ongoing   |

**PSYCHOLOGICAL AND BEHAVIORAL SERVICES**

**Objective 1. Psychological and behavioral services are sufficient to meet the needs of each individual in terms of general clinical/mental health, functional status, and skills and supports needed to exercise optimal autonomy or independence.**

**Action Items**

- A. Contribute to a holistic assessment of each individual admitted to Oakwood.
- B. Undertake discipline-specific assessments, as needed, with regard to general clinical/mental health, functional status, and skills and supports needed to exercise optimal autonomy or independence as specified in an individual's treatment plan.
- C. Ensure integration of psychological with other treatment modalities, including psychiatry, neurology, nursing, medical and health care, and other services as needed by an individual.
- D. Ensure that skills training and support programs are aligned with the needs of the individual as documented in the individual's treatment

<p>plan and that the training is provided in functional contexts.</p> <ul style="list-style-type: none"> <li>E. Use a Positive Behavior Supports approach to behavioral interventions.</li> <li>F. Write positive behavioral support plans or strategies at a level that can be easily understood and implemented by direct care staff.</li> <li>G. Adequately document their assessments, rationale for their interventions, implementation of interventions, and individual-specific outcomes.</li> <li>H. Train all staff in the principles of Positive Behavior Support and support the staff in implementing positive behavior support plans with a high degree (90+%) of fidelity.</li> <li>I. Develop, implement and supervise a facility-wide incentive system that is habilitation focused and involves each individual, to the extent possible, given their functional status, in determining how the incentive system will be individualized in terms of the individual's needs. Individualization of the individual's incentives will be reviewed during the regularly scheduled treatment planning conferences.</li> </ul>	
<p><b>Implementation Plan</b></p>	<p><b>Target Date (projected)</b></p>
<p>1. Revise current Behavioral Intervention protocol to incorporate positive behavioral supports.</p>	<p>Jul 04 to Oct 04</p>
<p>2. Train BA/Psych and IDT members on revised Behavior Supports protocol.</p>	<p>Nov 04 to Mar 05</p>
<p>3. Implement Behavior Supports protocol.</p>	<p>Jan 05 ongoing</p>
<p>4. Develop operational procedures for Positive Behavior Supports referral, assessment and intervention.</p>	<p>Feb 05 to Jul 05</p>
<p>5. Pilot new operational procedures.</p>	<p>Aug 05 to Dec 05</p>
<p>6. Develop outcome measures.</p>	<p>Nov 05 to Dec 05</p>
<p>7. Assess outcomes of pilot.</p>	<p>Jan 06 to Mar 06</p>
<p>8. Finalize Positive Behavioral Supports protocol incorporating new operational procedures.</p>	<p>Apr 06 to Jun 06</p>

9. Assess outcomes.		July 06 ongoing
10. Outcome-related quality improvement.		Jan 07 ongoing
11. Evaluate and refine positive behavior supports milieu. (Action Item I only).		Jan 07 ongoing
<b>Objective 2. Positive Behavior Support programs are developed and implemented</b>		
<b>Action Items</b>		
<p>A. Ensure that the goals of intervention/team process include:</p> <ul style="list-style-type: none"> <li>a. The individual's treatment team is involved in the assessment and intervention process</li> <li>b. Broad goals of intervention are determined (e.g., improved functioning, greater participation in activities, enhanced social skills, etc).</li> <li>c. A specific behavior of concern is defined in clear, observable and measurable terms (i.e., what the individual says or does that staff find problematic).</li> <li>d. Baseline estimate of the behavior is established in terms of objective measures (e.g., rate, frequency, duration, intensity, etc).</li> </ul> <p>B. Ensure that the functional assessment/gathering information includes:</p> <ul style="list-style-type: none"> <li>a. Pertinent records are reviewed (e.g., meeting notes, anecdotal records, evaluations, previous interventions, etc).</li> <li>b. Functional assessment interviews are conducted with people (e.g., individual, parents and family members, therapists and direct care staff, teachers, etc) who often interact with the individual within different settings and activities.</li> <li>c. Direct observations are conducted across relevant circumstances (e.g., multiple settings, over time) and by more than one observer.</li> <li>d. Other assessment tools (e.g., rating scales, checklists) are used to produce objective information regarding events preceding and following the behavior of concern, as well as ecological and motivational variables that may be affecting the individual's behavior.</li> <li>e. Additional assessments (e.g., ecological, sleep, medication effects, curricular, etc) are conducted, as needed, to determine broader variables affecting the individual's behavior.</li> </ul> <p>C. Ensure that the functional assessment/summary statements include:</p> <ul style="list-style-type: none"> <li>a. Patterns are identified from the data collected that include (i) circumstances in which the behavior was most and least likely to occur (e.g., when, where, and with whom) and (ii) specific functions the behavior appeared to serve for the individual (i.e., what the individual gets or avoids by engaging in the behaviors of concern).</li> <li>b. Broader variables (e.g., activity patterns, curriculum, etc) that may be affecting the individual's behavior are identified.</li> </ul>		

- c. Patterns are summarized into written summary statements or hypotheses. These statements are clear, concise, and based on data.
- D. Ensure that the Positive Behavior Support Plan (PBS plan) includes:
  - a. Intervention strategies are clearly linked to the functional assessment information (summary statements/hypotheses)
  - b. The individual's treatment team designs a positive behavior support plan (PBS plan) that includes:
    - c. Description of the behavior, patterns identified through the functional assessment, and goals of intervention
    - d. Modifications to the social or physical environment that may prevent the behavior and/or increase the likelihood of alternative appropriate behavior(s)
    - e. Specific behaviors (skills) to be taught and/or reinforced that will: (a) achieve the same function as the behavior of concern, and (b) allow the individual to cope more effectively with his/her circumstances, and
    - f. Strategies for managing consequences so that reinforcement is (i) maximized for positive behavior, and (ii) minimized for behavior of concern.
    - g. Goals of intervention and specific replacement behaviors/skills are incorporated into the individual's overall treatment plan.
    - h. If necessary to insure safety and rapid de-escalation of the individual's behavior of concern, crisis management procedures and criteria for their use are determined and documented.
    - i. Everyone working with the individual on a regular basis is familiar with the PBS plan and implements its strategies with high degree of fidelity.
- E. Ensure that implementation, monitoring and evaluation includes:
  - a. Implementation of the PBS plan is monitored to insure that strategies are used consistently across intervention settings
  - b. Objective information is collected to evaluate the effectiveness of the PBS plan. This information includes:
    - i. Decreases in problem behavior.
    - ii. Increases in replacement skills and/or alternative behaviors.
    - iii. Achievement of broader goals.
    - iv. Durability of behavior change.
  - c. The individual's treatment team reviews, at scheduled Treatment Plan Conferences (TPCs), the individual's progress and makes necessary adjustments to the PBS plan, as needed.

**Implementation Plan** **Target Date (projected)**

1. Revise current Behavioral Intervention protocol to incorporate positive behavioral supports. Jul 04 to Oct 04

2. Train BA/Psych and IDT members on revised Behavior Supports protocol.		Nov 04 to Mar 05
3. Implement Behavior Supports protocol.		Jan 05 ongoing
4. Develop operational procedures for Positive Behavior Supports referral, assessment and intervention.		Feb 05 to Jul 05
5. Pilot new operational procedures.		Aug 05 to Dec 05
6. Develop outcome measures.		Nov 05 to Dec 05
7. Assess outcomes of pilot.		Jan 06 to Mar 06
8. Finalize Positive Behavioral Supports protocol incorporating new operational procedures.		Apr 06 to Jun 06
9. Assess outcomes.		July 06 ongoing
10. Outcome-related quality improvement.		Jan 07 ongoing
<p><b>Objective 3. There is a psychological and behavioural service system that regularly monitors each individual's skills Training plans, supports provision and positive behavior support plan</b></p>		
<p><b>Action Items</b></p>		
<p>A. Ensure that the direct care staff is consistently and reliably implementing skills training programs, supports provision and behavior support plans.</p> <p>B. Ensure that the skills training programs, supports provision and behavior support plans are effective and producing training and treatment outcomes as specified in each individual's treatment plan.</p> <p>C. Provide timely reviews and modifications to skills training programs, support provision and positive behavior support plans where the individual is not making progress.</p> <p>D. Develop an adequate system to track the use of restrictive procedures, the use of emergency procedures, and the implementation and monitoring of positive behavior support plans.</p>		



<b>Implementation Plan</b>	<b>Target Date (projected)</b>
1. Assess staff knowledge of principles of Positive Behavior Support (post-test).	Jan 05 to Mar 05
2. Develop and provide appropriate follow-up training for staff on principles of Positive Behavior Supports.	Apr 05 to Sep 05 (ongoing thereafter)
3. Develop outcome measures.	Jan 06 to Mar 06
4. Assess outcomes.	Apr 06 ongoing
5. Outcome-related quality improvement.	Oct 06 ongoing
<p><b>Objective 4. Psychology services are sufficient to prevent or decelerate physical, functional and psychological regression, and to ensure an individual's reasonable safety, security and freedom from receiving restrictive procedures and undue bodily restraint</b></p>	
<p><b>Action Items</b></p>	
<p>A. Identify each individual who sustains or causes frequent injuries or is at risk of serious harm due to his or her behaviors (e.g., self-injury, aggression).</p> <p>B. Prioritize these individuals for intensive intervention, where appropriate, through skills training, provision of supports, positive behavioral support plans and other treatment modalities.</p> <p>C. Reduce and eliminate the use of restrictive procedures except in medical emergencies and when an individual poses an immediate danger to self or others.</p>	
<b>Implementation Plan</b>	<b>Target Date (projected)</b>
1. Revise current Risk Management procedures.	Aug 04 to Dec 04
2. Revise the Abuse Neglect procedures.	Aug 04 to Dec 04

3. Revise current Incident Management procedures.	Aug 04 to Dec 04
4. Implement revised procedures.	Jan 05 to Dec 05
5. Develop outcome measures.	Jan 06 to Mar 06
6. Assess outcomes.	Apr 06 ongoing
7. Outcome-related quality improvement.	Oct 06 ongoing
<b>Objective 5. A Behavior Intervention Committee (BIC) is used to review and approve any restrictive interventions</b>	
<b>Action Items</b>	
A. Ensure that the BIC consists of a standing committee consisting of the best clinician from: psychology (chair), psychiatry, pharmacy, nursing and a community representative.	
B. Ensure that the BIC meets in a timely manner to review all restrictive interventions submitted to it for review and approval.	
C. Ensure that the BIC has a standard protocol for reviewing the need for and approval of all restrictive interventions that include any restrictive Procedures.	
<b>Implementation Plan</b>	
1. Establish BIC membership.	Jun 04
2. Develop standard protocol for review of all Behavioral Support Plans, including those involving restrictive procedures.	Aug 04 to Jan 05
3. Develop monitoring instrument for BIC reviews.	Feb 05 to Mar 05
4. Monitor BIC reviews.	Apr 05 ongoing

5. Develop outcome measures	Jan 06 to Mar 06
6. Assess outcomes.	Apr 06 ongoing
7. Outcome-related quality improvement.	Oct 06 ongoing

**NURSING SERVICES**

**Objective 1. Nursing services are sufficient to meet the needs of all individuals**

**Action Items**

- A. Conduct initial nursing assessments within 24 hours of new admissions. The assessments include monitoring of health care indicators (e.g. vital signs, lung sounds, bowel sounds and oxygen saturation levels, and acute and chronic illnesses/injuries).
- B. Conduct ongoing nursing assessments on a quarterly basis, and more frequently based on individual's needs.
- C. Implement nursing interventions, whenever needed, especially for the following conditions:
  - a. when an individual sustains an injury,
  - b. when an individual is restrained,
  - c. for the ongoing care of an individual's tracheotomy tube,
  - d. when an individual has a skin care and/or positioning and/or nutritional, and/or physical augmentation plan,
  - e. when an individual has or is at risk of developing constipation and/or impaction, pressure ulcer, choking/dysphagia, osteoporosis, significant weight loss/gain, or other identified risks, or
  - f. when an individual is enterally fed.
- D. Implement a protocol to document changes in the health status of individuals and communicate these changes to the medical staff in a manner that reflects the urgency of the problem.
- E. Implement a system to document an individual's status when the individual is transferred to another health care setting (for treatment and/or testing and/or consultation) and upon the individual's return.
- F. Implement procedure for the safe administration of medications, investigation and documentation of variances, and corrective action, including supervision and training.

Implementation Plan	Target Date (projected)
1. Develop a timeline to review/revise nursing practice procedures.	Aug 04 to Dec 04
2. Develop/revise nursing practice procedures.	Jan 05 to Dec 05
3. Revise current Medication Variance Reporting instrument and procedure (same as Goal II General Medical Care Objective 3).	Aug 04 to Dec 04
4. Revise infection control procedures.	Sep 04 to Dec 04
<b>Objective 2. There is a nursing performance improvement process</b>	
<b>Action Items</b>	
A. Implement a system to regularly monitor the individual's healthcare outcomes and modify nursing interventions based on individual's needs.	
B. Provide competency based training to nursing staff in the performance of their functions, including role in the interdisciplinary process and active treatment, assessments and interventions, documentation and performance of DISCUS/MOSES/AED scales.	
Implementation Plan	Target Date (projected)
1. Revise current nursing competency plan.	Aug 04 to Dec 05
2. Develop outcome measures for nursing practices.	Jan 06 to Jun 06
3. Develop outcome measures for infection control practices.	Jan 06 to Jun 06
4. Assess outcomes of nursing practices.	Jul 06 ongoing

5. Assess outcomes of infection control practices.	Jul 06 ongoing
6. Outcome-related quality improvement.	Jan 07 ongoing

**NUTRITIONAL, SPEECH, OCCUPATIONAL AND PHYSICAL THERAPY**

**Objective 1. All individuals receive nutritional, speech, occupational and physical therapy, as needed**

**Action Items**

- A. Identify and provide interdisciplinary assessments for individuals in need of nutritional, speech, occupational and physical therapy in a timely manner.
- B. Ensure that the assessments include, but are not limited to, likely causes, diagnoses, relevant health care issues, risk indicators and baseline measurements, as appropriate.
- C. Implement an action plan derived from analysis of the information gathered in the assessments to meet the needs of individuals and improve their quality of life.
- D. Ensure that the analysis and action plans provide strategies to minimize or remediate concerns/risks.
- E. Implement a protocol to: a) provide preventive care for individuals to promote healthy body weight and b) provide therapeutic interventions to attain optimal weight. The interventions shall be tailored to the severity of the problem as measured by BMI and/or other tools.
- F. Train and provide oversight of staff to assist individuals to eat safely and appropriately. Monitor individual functional outcomes.
- G. Implement a therapeutic positioning program to ensure optimal positioning for individuals and promote individuals' highest functional level of mobility.
- H. Provide competency-based training and oversight of staff to utilize appropriate lifting and transfer techniques.
- I. For those individuals identified at risk of choking/aspiration, provide competency-based training and oversight of staff to assist them with proper head alignment and other techniques to minimize risk during such activities as eating, drinking, tooth-brushing, dental examination, medication administration, and bathing.
- J. Implement a protocol to document and monitor caloric, protein, water and/or fluid intake requirements on individuals who are receiving a prescribed therapeutic regimen.
- K. Ensure that individuals receive enteral nutrition only when medically necessary and, where appropriate, return the individual

to oral intake.	
L. Provide competency-based training and oversight of staff to assist individuals receiving enteral feeding with proper postural alignment.	
<b>Implementation Plan</b>	<b>Target Date (projected)</b>
1. Revise current therapeutic services protocol.	Aug 04 to Dec 04
2. Implement new therapeutic services protocol including positioning, wellness and enteral nutrition.	Jan 05 to Dec 05
3. Revise current competency based training systems.	Jan 05 to Dec 05
4. Implement revised competency based training systems.	Jan 06 to Jun 06
<b>Objective 2. There is a performance improvement process for above services</b>	
<b>Action Items</b>	
A. Implement functional outcome goals and expectations that are measurable to document results of therapy interventions.	
B. Modify therapy interventions that fail to achieve desired goals.	
C. Implement a performance improvement process that identifies patterns and trends, provides feedback to staff and utilizes patterns and trends for education and performance improvement.	
<b>Implementation Plan</b>	<b>Target Date (projected)</b>
1. Develop outcome measures.	Jan 06 to Jun 06
2. Assess outcomes.	Jul 06 ongoing
3. Outcome-related quality improvement.	Jan 07 ongoing

### **GOAL III: RISK MANAGEMENT**

**Objective 1. Oakwood provides safe and secure environment to all individuals. Protect individuals from abuse, neglect and other high risk behaviors (e.g. aggression, self-harm, falls, etc)**

#### **Action Items**

- A. Delineate guidelines and responsibilities for reporting, responding and resolving allegations of abuse and neglect.
- B. Ensure that all staff understands what constitutes abuse and neglect, are required to immediately report witnessed or suspected abuse and neglect and the consequences of failure to report.
- C. Initiate abuse and neglect investigations no later than 24 hours from the date of reporting, and concluded as soon as practicable.
- D. Take immediate measures to protect the safety and welfare of the individual, including removal of the staff involved from direct care (pending outcome of investigation) and procuring timely health care for any injuries resulting from the incident.
- E. Collect and/or preserve all physical evidence as early in the investigation as possible.
- F. Ensure that the investigators are qualified and trained to communicate effectively with individuals who are not easy to understand (or utilize additional resources, if needed), interview witnesses and obtain needed information, and submit a report of the findings with documentary evidence.
- G. Report all allegations of abuse and neglect are to appropriate outside agencies.
- H. Ensure that if abuse and/or neglect is substantiated, staff involved shall receive appropriate disciplinary action according to State guidelines.
- I. Enter abuse and neglect data into a central database within the facility.
- J. Implement a consistent set of procedures for what constitutes minor and major incidents/injuries and how they should be reported.
- K. Employ consistent approach for the logging and tracking of minor and major incidents/injuries.
- L. Document client-to-client altercations that create risk of harm or harm to identify the cause of the incident, the location, who was affected or involved, and nature and severity of the injury. Ensure that data is entered into a central database within the facility.
- M. Document staff injuries resulting from client assaults or physical interventions and enter data into a central data base within the facility.
- N. Document other high risk behaviors such as falls, elopements, any aggressive behavior regardless of injury and enter data into

<p>a central database within the facility.</p> <p>O. Develop and implement a data system to identify individuals at increased risk of abuse, neglect and other high risk behaviors, specify contributing factors for each individual and implement individualized interventions.</p>	
<b>Implementation Plan</b>	<b>Target Date (projected)</b>
1. Revise current Risk Management procedures.	Aug 04 to Dec 04
2. Revise current Abuse Neglect procedures.	Aug 04 to Mar 05
3. Revise current Incident Management procedures.	Aug 04 to Jun 05
4. Implement revised procedures.	Jan 05 to Dec 05
5. Develop outcome measures.	Jan 06 to Jun 06
6. Assess outcomes.	Jul 06 ongoing
7. Outcome-related quality improvement.	Jan 07 ongoing
<b>Objective 2. Oakwood has identified thresholds for high risk behavior and ensures timely interventions to reduce ongoing Risk</b>	
<b>Action Items</b>	
<p>A. Implement a procedure that outlines risk management thresholds (i.e. different levels of high risk behavior) and provides a framework for timely specified interventions, including reviews/revisions of the treatment plan to reduce the level of risk. The interventions are tailored to the level of risk.</p> <p>B. Monitor staff adherence to the time frames and levels of interventions specified in the procedure.</p>	



Implementation Plan	Target Date (projected)
1. Revise current Risk Management procedures.	Aug 04 to Dec 04
2. Revise current Abuse Neglect procedures.	Aug 04 to Mar 05
3. Revise current Incident Management procedures.	Aug 04 to Jun 05
4. Implement revised procedures.	Jan 05 to Dec 05
5. Develop outcome measures.	Jan 06 to Jun 06
6. Assess outcomes.	Jul 06 ongoing
7. Outcome-related quality improvement.	Jan 07 ongoing
<b>Objective 3. Oakwood has a restraint free environment</b>	
<b>Action Items</b>	
<ul style="list-style-type: none"> <li>A. Ensure that restraints are not used as punishment, in lieu of skills training, supports provision, and positive behavior support plans, or for the convenience of staff.</li> <li>B. Ensure that restraints are used only for medical emergencies or when there is immediate risk of harm to self or others.</li> <li>C. Ensure that restraints are not used as part of any positive behavior support plans or a learning-based contingency to reduce the frequency of a behavior.</li> <li>D. Prohibit the use of standing PRN orders for chemical restraints.</li> <li>E. Develop a staff culture that promotes a restraint free environment.</li> </ul>	

Implementation Plan	Target Date (projected)
1. Revise current Behavioral Intervention Policy and Procedure to fully incorporate positive behavioral supports.	Jun 04 to Dec 04
2. Train BA/Psych on revised Behavioral Intervention Policy and Procedure.	Jun 04 to Dec 04
3. Assess staff knowledge of positive behavior supports and provide additional training as needed.	Jan 05 to Jun 05 (ongoing thereafter)
4. Develop outcome measures.	Jan 06 to Jun 06
5. Assess outcomes.	Jul 06 ongoing
6. Outcome-related quality improvement.	Jan 07 ongoing
<b>Objective 4. When restraints are used, their use meets established criteria</b>	
<b>Action Items</b>	
A. Ensure that there is immediate notification of an on-site supervisor upon the use of any restraints.	
B. Ensure that there is notification of and approval by a psychologist and/or nurse if any restraint is applied for longer than one hour and upon each hour thereafter.	
C. Ensure timely assessment by a nurse to ensure the restraint is being safely applied and is reasonably tailored to the individual's behavior.	
D. Provide continuous monitoring of the individual while restrained to ensure safety; monitoring and documentation by a nurse or supervisor of vital signs, and mental status of the individual every hour the individual is restrained; every restrained limb shall be released from restraint, examining it for bruising and skin tears, and exercising at least 10 minutes every hour; the restrained individual shall be provided an opportunity to eat, drink fluids and toilet as needed; provide every individual in restraint with continuous one-to-one supervision.	
E. Release an individual from restraint as soon as the individual is determined not to pose an immediate danger to the physical safety of self or others.	
F. Ensure a review (and documentation) by psychology of the use of a restraint within 24 hours of the application of the restraint.	

<p>G. Undertake a comprehensive review by the individual's treatment team if an individual receives three or more restraints within a 30-day period. This meeting shall take place on the first working day following the third restraint. The team shall make specific, written recommendations and shall document these recommendations in the individual's record, and shall make changes in the individual's skills training and support plan, as indicated.</p> <p>H. Document each use of mechanical, physical, and/or chemical restraint, including the exact type of restraint or procedure used, as well as the length of time it was used. Documentation of each use of restraint shall be kept in the individual's file and in a central location in the facility.</p>	
<b>Implementation Plan</b>	<b>Target Date (projected)</b>
1. Review/revise emergency intervention procedures.	Aug 04 to Dec 04
2. Implement revised emergency intervention procedures.	Jun 05 to Dec 05
3. Review/revise system to assess outcomes.	Jan 06 to Jun 06
4. Assess outcomes.	Jul 06 to Dec 06
5. Outcome-related quality improvement.	Jan 07 ongoing
<b>Objective 5. All staff are competent in implementing restraint procedures</b>	
<b>Action Items</b>	
<p>A. Provide competency-based training to all staff who may be responsible for implementing unplanned mechanical, physical, or chemical restraints.</p> <p>B. Ensure that staff use mechanical, physical, or chemical restraints with fidelity.</p>	

<b>Implementation Plan</b>	<b>Target Date (projected)</b>
1. Review/revise emergency intervention procedures.	Aug 04 to Dec 04
2. Implement revised emergency intervention procedures.	Jun 05 to Dec 05
3. Review/revise system to assess outcomes.	Jan 06 to Jun 06
4. Assess outcomes.	Jul 06 ongoing
5. Outcome-related quality improvement.	Jan 07 ongoing
<b>Objective 6. There is a quality management program</b>	
<b>Action Items</b>	
A. Produce a risk management written report on a quarterly basis which tracks and analyzes patterns and trends of incidents and injuries, including, but not limited to, abuse and/or neglect, client-client altercations, staff injuries, falls, elopements, restraints and client aggression.	
B. The risk management report/review provides recommendations to reduce the risks.	
C. Patterns and trends are identified and utilized for education/training and other performance improvement activities.	
<b>Implementation Plan</b>	<b>Target Date (projected)</b>
1. Revise current Risk Management procedures.	Aug 04 to Dec 04
2. Revise current Abuse Neglect procedures.	Aug 04 to Mar 05
3. Revise current Incident Management procedures.	Aug 04 to Jun 05

4. Implement revised procedures.	Jan 05 to Dec 05
5. Develop outcome measures.	Jan 06 to Jun 06
6. Assess outcomes.	Jul 06 ongoing
7. Outcome-related quality improvement.	Jan 07 ongoing

**GOAL IV: COMMUNITY TRANSITION**

**Objective 1.** The Commonwealth of Kentucky DMHMRS will review and revise its procedures, as needed, regarding the role and functions of its facilities that serve individuals with mental retardation and developmental disabilities (“developmental centers”)

**Action Items**

- A. Department for Mental Health and Mental Retardation Services (DMHMRS) will review and revise current procedures regarding the role and functions of its developmental centers, including the following considerations:
  - a. Will the developmental centers continue to function as ICF/MR facilities?
  - b. Will the developmental centers need to be downsized to an optimal population level? What will be the optimal size?
  - c. What kinds of individuals will be served at the developmental centers?
  - d. Will the developmental centers be used as community resource centers? What will be the nature of the resource centers?
- B. Will the developmental centers be developed as centers of excellence, linked to universities and other educational institutions, that fosters quality research, training of professionals, and provision of specialized services to the community?
- C. DMHMRS will implement its revised procedures in its developmental centers.
- D. DMHMRS will monitor and enforce adherence to its procedures by the developmental centers.
- E. DMHMRS will review and realign its current Medicaid Waiver Program to address the increasing need for community placements.

**Implementation Plan**

	Target Date (projected)
1. Revise Kentucky Community Transition Process.	Jan 05 to Dec 05
2. Implement revised KY Community Transition Process.	Jan 06 to Jun 06
3. Develop outcome measures.	Jul 06 to Dec 06

4. Assess outcomes.	Jan 07 to Jun 07
5. Outcome-related quality improvement.	Jul 07 ongoing
<b>Objective 2. Oakwood has a transition process that begins at admission and is an integral part of each individual's treatment plan</b>	
<p><b>Action Items</b></p> <ul style="list-style-type: none"> <li>A. Enhance Oakwood's professional culture and align its procedures that focuses on community integration.</li> <li>B. Develop community transition plans for each individual at admission and update these plans at treatment plan conferences as needed.</li> <li>C. Develop discharge criteria in terms of skills and supports the individual will need to display that will enable the individual to successfully transition to an identified community placement commensurate with their needs.</li> <li>D. Link the discharge criteria to skills training and supports provision.</li> <li>E. Actively collaborate with community providers to facilitate community transition within reasonable timeframes.</li> <li>F. Ensure that the Community Transition Coordinator informs an individual's treatment team of any identified barriers to community placement.</li> <li>G. Document efforts by the individual's treatment team and/or the Community Transition Coordinator to overcome or resolve these barriers.</li> <li>H. Develop and implement follow-up supports and services for 12 months to ensure successful community placement.</li> <li>I. Develop and implement a quality assurance system that identifies vulnerabilities to community placement failures and uses the data to develop ways by which Oakwood and treatment teams can anticipate and overcome these vulnerabilities with regard to specific individuals.</li> </ul>	
<b>Implementation Plan</b>	
1. Revise Oakwood Community Transition protocol.	Target Date (projected) Jan 05 to Jun 05
2. Implement revised Oakwood Community Transition Protocol.	Jul 05 to Dec 05

3. Develop a system to assess outcomes.	Jun 06 to Dec 06
4. Assess outcomes.	Jan 06 ongoing
5. Outcome-related quality improvement.	Jul 07 ongoing
<b>Objective 3. Oakwood has collaborative relationships with community providers</b>	
<b>Action Items</b>	
A. Increase strategic alliances with community provider organizations.	
B. Increase interface with local health, education, and social and vocational services.	
C. Assist community organizations to develop or increase community-based services, including housing, employment, and social support services.	
<b>Implementation Plan</b>	
1. Revise Oakwood Community Transition protocol.	Jan 05 to Jun 05
2. Implement revised Oakwood Community Transition Protocol.	Jul 05 to Dec 05
3. Develop outcome measures.	Jun 06 to Dec 06
4. Assess outcomes.	Jan 07 ongoing
5. Outcome-related quality improvement.	Jul 07 ongoing
<b>Objective 4. Individuals, families, guardians and staff are educated about community based services</b>	
<b>Action Items</b>	
A. Provide educational events for individuals and their families regarding the new treatment planning system and the community	



<p>transition planning system.</p> <ul style="list-style-type: none"> <li>B. Increase educational events for the individuals, families/guardians and staff regarding community-based services.</li> <li>C. Provide placement fairs, tours, and make other information available to individuals, their families/guardians and staff to familiarize themselves with community placement alternatives.</li> <li>D. Educate individuals and their families/guardians about community placement options available to them through the waiver program.</li> <li>E. Identify and address the concerns and fears of individuals, families/guardians regarding community placement of specific Individuals.</li> </ul>	
<b>Implementation Plan</b>	<b>Target Date (projected)</b>
1. Revise Oakwood Community Transition protocol.	Jan 05 to Jun 05
2. Implement revised Oakwood Community Transition Protocol.	Jul 05 to Dec 05
3. Develop outcome measures.	Jun 06 to Dec 06
4. Assess outcomes.	Jan 07 ongoing
5. Outcome-related quality improvement.	Jul 07 ongoing

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