
August 28, 2023

Mr. Adam Proffitt, Director
Division of the Budget
Landon State Office Building
900 SW Jackson – Room 504 North
Topeka, KS 66612

Dear Mr. Proffitt,

Fiscal Year 2023 has been marked by continuous improvement and changes.

Throughout this review period, our hospital has experienced significant activity and undergone notable transformations.

Osawatomie State Hospital has systematically evaluated various patient groups and treatment methods to identify the most effective strategies for patient well-being and engagement. This perspective shift emphasizes prioritizing approaches that yield optimal results, rather than adhering strictly to traditional practices. Our teams have scrutinized patient environments and staff interactions to ensure implementation of the best Trauma Informed Practices.

A central objective for our hospital has been increased community involvement. As evident from the budget details, we have worked diligently to become a true community partner.

Over the past year, we have bolstered both our Horticultural and Agricultural Programs. Moving beyond group activities, we are focused on offering additional community services and fostering community connections. For instance, our Horticulture program has partnered with the City of Osawatomie to provide them with flowers. Initiatives such as the First Friday's vendor fair, open to the public, have been established. We've actively engaged in the community, participating in float presentations in two parades that were staff-built. Collaborating with the Rotary and participating in numerous career fairs, we are striving to recruit new employees.

Concurrently, we've been enhancing our Supportive Employment Program to equip patients with practical skills applicable to vocational rehabilitation and community reintegration.

Notably, participants in our Supportive Employment Program have shown significant progress. Patients are now more engaged in their treatment, showing improved personal hygiene and increased social interaction. Our Recreational Therapy and Leisure Departments are actively exploring ways to boost patient involvement in their treatment. With the reopening of our activity center, we have implemented ideas such as patient carnivals and other social activities.

Looking forward to the next year, our hospital department leaders are establishing partnerships with universities. The goal is to engage interns and develop practicum opportunities in diverse disciplines such as recreational therapy, social work, clinical therapy, nursing, and psychology services. We already host five psychology students and collaborate with three nursing schools, reinforcing our belief that the hospital provides an exceptional learning environment.

In addition to improving equipment and infrastructure, OSH successfully renovated our B2 unit. This 26-bed unit caters to individuals in their mid-to-late years who require support with daily living activities and concurrent medical needs.

A significant project is underway with the Biddle remodel, projected to be completed ahead of schedule. Despite unforeseen challenges, we anticipate moving in by April 2023. Following this, our Adair Acute Care Hospital will transition to the Biddle facility, a step toward revitalizing other units.

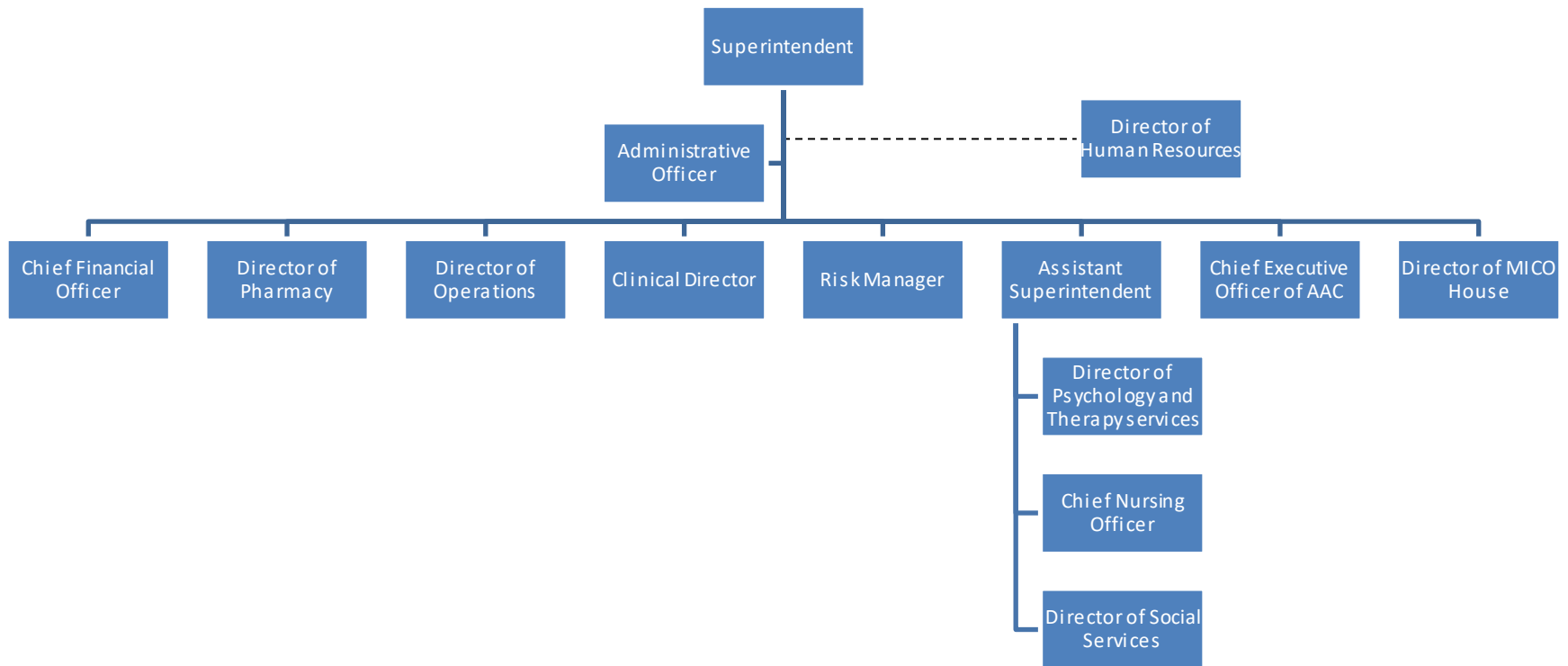
Recognizing the importance of maintaining our aging buildings, our Facilities Services Department has taken on regular maintenance and necessary repairs. A refined operational framework and advanced electronic tracking system have enhanced these efforts, optimizing resource allocation and operational efficiency.

We've also commenced the demolition of two historic structures on our grounds: DeJong (established in 1902) and West Pavilion (established in 1912). The process of removing remnants from these structures is currently underway.

Considering my ongoing duty, I offer you the budget.



Ashley L Byram LMSW,
Superintendent
Osawatomie State Hospital



AGENCY OVERVIEW:

OSH is a psychiatric facility which provides inpatient treatment for mentally ill adults from 45 counties in Kansas in collaboration with 12 Community Mental Health Centers (CMHCs). The hospital is an integral part of the continuum of mental health services, providing stabilization and rehabilitation to people with severe mental illness that cannot, or will not, access these services elsewhere. The hospital is one of four institutions supervised by KDADS and is one of two state institutions that provide mental health services.

OSH specializes in stabilizing psychiatric conditions so patients can return to their communities and receive less intense treatment. OSH's pillars of strength are People, Quality, Finance, Service, Community and Growth. We have tasked ourselves with using these tools to become leaders in providing patient-centered services in a safe environment that leads to the most positive outcomes for every patient. This is accomplished by using evidence-based treatment approaches in a planned, consistent manner that recognizes the individual strengths of each patient and the capabilities of the staff to facilitate positive changes to build on those strengths. Staff work together with the patients to assist in their recovery and to promote self-sufficiency.

ACCREDITATION:

OSH is licensed by the Kansas Department of Health and Environment (KDHE). This agency conducts periodic surveys, both announced and unannounced, to determine compliance with applicable laws, regulations and standard.

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

OSH is organized for budgetary purposes into the following four programs.

- **General Administration Program** provides the overall administration and management of OSH. Included in General Administration is the superintendent's office, accounting, accounts payable, billing and collections, budget, cashier and post office, contract management, credentialing, employee benefits, health information management, human resource management, patient accounts, patient canteen, purchasing, program assistants, information technology services, legal services, performance improvement, recruitment, and risk management.
- **Staff Development and Training Program** provides staff education and development for the entire OSH Hospital System, as well as AAC through the MOU.

- **Clinical Program** provides inpatient services for people 18 years of age and older with severe mental illness. This program is licensed for 116 beds divided into four main treatment tracks. Treatment is offered both within each unit and through a range of activity therapy groups. This program encompasses various services, including activity therapy, admission, agricultural therapy, clinical therapy, scheduling for direct care, infection control, nursing administration, nutrition services, peer support, psychology, unlicensed nursing, social work, and triage.
- **Medical Services** consists of psychiatric services, physical therapy, pharmacy, medical laboratory, x-ray, EKG-EEG, and dental services, as well as outside medical services. Psychiatric coverage is provided twenty-four hours a day, throughout every day of the year with routine psychiatric and medical services being provided throughout the week.
- **Physical Plant and Central Services** operates the central heating plant, maintains buildings including electrical, cooling, carpentry, grounds maintenance, environment of care, laundry services and supplies for all programs, as well as property management that maintains oversight over the hospital assets, including capitalized assets. Physical plant and central services also include safety and security for the entire campus.

STATUTORY HISTORY:

In 1863, the Kansas Legislature granted permission for the establishment of the "Osawatomi Insane Asylum" on a 160-acre site in Osawatomi, Kansas. The initial structure, known as "The Lodge," was completed by early 1866, a two-story house with room for 12 beds, costing \$500. Construction on the Main Building, designed according to the "Kirkbride Plan," began in 1866 and spanned 15 years, expanding its capacity to 1,400 beds with a total cost of \$500,000. Renamed the Osawatomi State Hospital (OSH) in 1901, it fell under the Department of Social and Rehabilitation Services (SRS) in 1973, which later became the Department of Children and Families (DCF) in 2012. This led to the formation of the Kansas Department for Aging and Disability Services (KDADS), currently responsible for overseeing the hospital.

In 1963, OSH became known as a rehabilitation center due to several newly added amenities to assist the patients with recovery which included a swimming pool, a modern gymnasium, and a well-equipped auditorium.

During 2015, OSH was the first hospital in the nation to be surveyed under the new CMS (Centers for Medicare and Medicaid Services) standards related to ligature free environments. OSH underwent numerous surveys during this time by CMS which resulted in terminating certification of the hospital on December 21, 2015, due to the inability to bring the entire campus up to the new standard of conditions. At this time a moratorium was established in 2015 (K.S.A. 59-2968), limiting OSH to a maximum census of 145 patients which decreased the bed capacity by 61. This moratorium also limited OSH from admitting voluntary patients unless there was no one on the waiting list and the census was below 145.

As a response to the decertification, the hospital made improvements to the physical plant at Adair A-building. The environment was brought up to meet the new ligature free environment standards along with bringing, staffing levels up to standard and improving operational practices to correct the deficiencies cited by CMS. In August 2016, these two living units were functionally separated from the hospital to form Adair Acute Care (AAC). This is functionally considered a free-standing hospital with a maximum census of 60 patients. On December 15, 2017, AAC passed a CMS survey and became recertified.

A Memorandum of Understanding (MOU) was established between OSH and AAC, allowing AAC to outsource certain administrative, medical, clinical, physical plant and central service support services to OSH. These services are reported on a monthly, quarterly, and annual schedule. The quality of service is directly tied to the strategic plan developed by the agency. The performance based budgeting metrics were in the new fiscal year to measure how well OSH is achieving its defined goals.

The moratorium was lifted on January 3rd, 2022. OSH and AAC are now able to receive voluntary patients.

OSH and AAC together are licensed for 206 beds.

Current statutory authority for OSH can be found in K.S.A. 76-1201 et seq. as amended. The "Act for Obtaining Care and Treatment for the Mentally Ill Person" (K.S.A. 59-2901 through 59-2941), revised in 1976 and 1986, is of special significance because it controls hospital activities related to the protection of patients' constitutional and human rights, particularly those that ensure due process for the involuntary patient.

The 2019 Kansas Legislature approved transferring authority for the Sexual Predator Treatment Program (SPTP) – MiCo House Reintegration Facility from Larned State Hospital to OSH. The MiCo House is located on the grounds at OSH and all operating costs are now reflected in the OSH budget.

The 2019 Kansas Legislature also approved a measure that would renovate two additional units at OSH. The purpose of the renovation was to provide additional capacity to lift the moratorium on admissions to allow for voluntary admissions. The FY 2021 Budget for KDADS included \$5.0 million from State General Fund (SGF) to renovate the Biddle building. The FY 2021 Budget for OSH included \$500,000 from building funds to renovate the B2 building. The B2 remodel was completed in May 2022. The Biddle Building remodel is currently underway with an expected completion date of January 2024 and an occupation date of April 2024.

VISION: The Right care, at the Right time, in the Right place.

AGENCY MISSION: Working together to provide excellent care that promotes recovery and self-sufficiency.

VALUES: Compassion, Teamwork, Professionalism, Communication, Respect and Efficiency.

PILLARS:

People
Quality
Finance
Service
Community
Growth

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

Administration
Medical Services
Clinical Services
Physical Plant and Central Services

FINANCIAL REQUEST:

For FY 2024, OSH requests revised expenditures totaling \$43,706,392, of which \$41,764,918 is from the State General Fund. For FY 2025, OSH requests revised expenditures totaling \$41,001,174, of which \$39,254,700 is from the State General Fund.

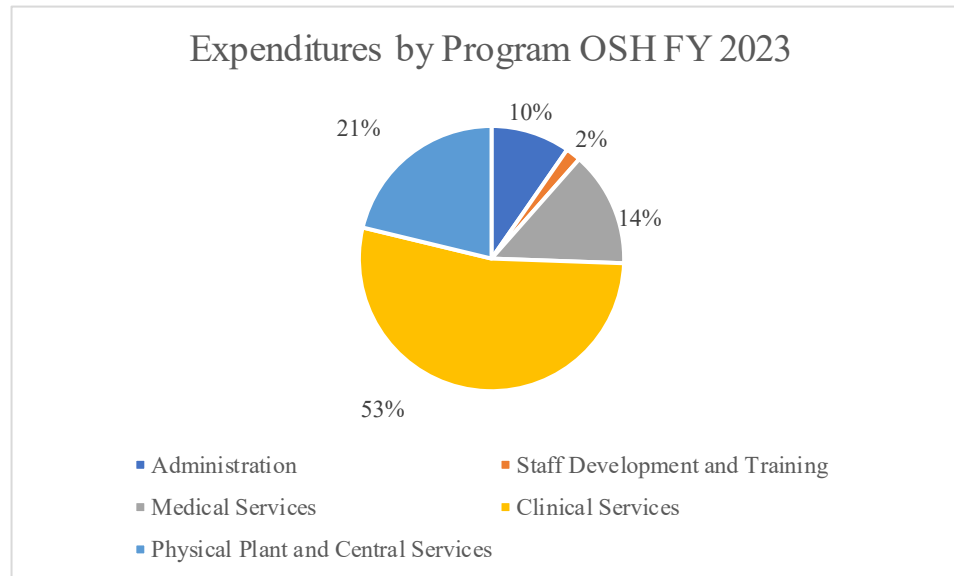
OUTCOMES OVERVIEW:

Agency Outcomes presents information related to patient admissions like referral sources and county locations of admissions. Furthermore, it provides insights into various facets of inpatient care, including the number of patients served and the duration of their stays. Lastly, the outcomes include financial data for OSH, covering expenditures and related financial information. The information in this section discusses OSH's outcomes. Subsequent narratives, those specifically discussing OSH's various departments and their roles, offer comprehensive details about the objectives and performance metrics established for a specific department, encompassing both the State of Kansas and the national level.

FY 2020 through FY 2024 OSH Approved FTE Positions	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Programs	Approved FTE	Approved FTE	Approved FTE	Approved FTE	Approved FTE
Administration	32.5	31.5	31.5	30.0	30.0
Staff Development and Training	2.9	5.35	5.4	2.5	2.5
Medical Services	16.0	16.5	16.5	16.0	16.0
Clinical Services	185.5	241	241	224.1	224.1
Physical Plant/Central Services	61.00	62.6	62.6	55.1	55.1
TOTAL APPROVED POSITIONS	297.9	357	357	328	328

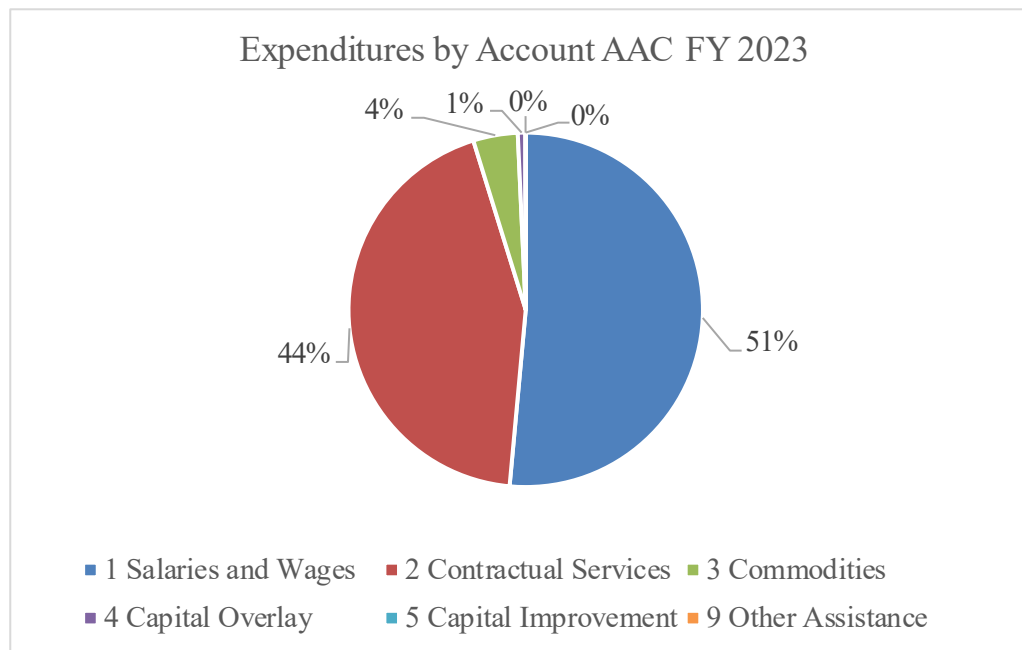
Projected Overall Shrinkage FY 2024: 43%
 Projected Overall Shrinkage FY 2025: 47%

Expenditures by Program OSH FY 2023	
Program	Amount
Administration	\$ 2,679,093
Staff Development and Training	\$ 445,066
Medical Services	\$ 4,155,464
Clinical Services	\$ 22,661,484
Physical Plant and Central Services	\$ 7,662,923
Total	\$ 37,604,030



FY 2024 – FY 2025

Expenditures by Account OSH FY 2022	
Account	Amount
1 Salaries and Wages	\$ 20,525,331
2 Contractual Services	\$ 17,457,640
3 Commodities	\$ 1,619,920
4 Capital Outlay	\$ 280,710
5 Capital Improvements	\$ -
9 Other Assistance	\$ 5,940.00
Total	\$ 39,889,541

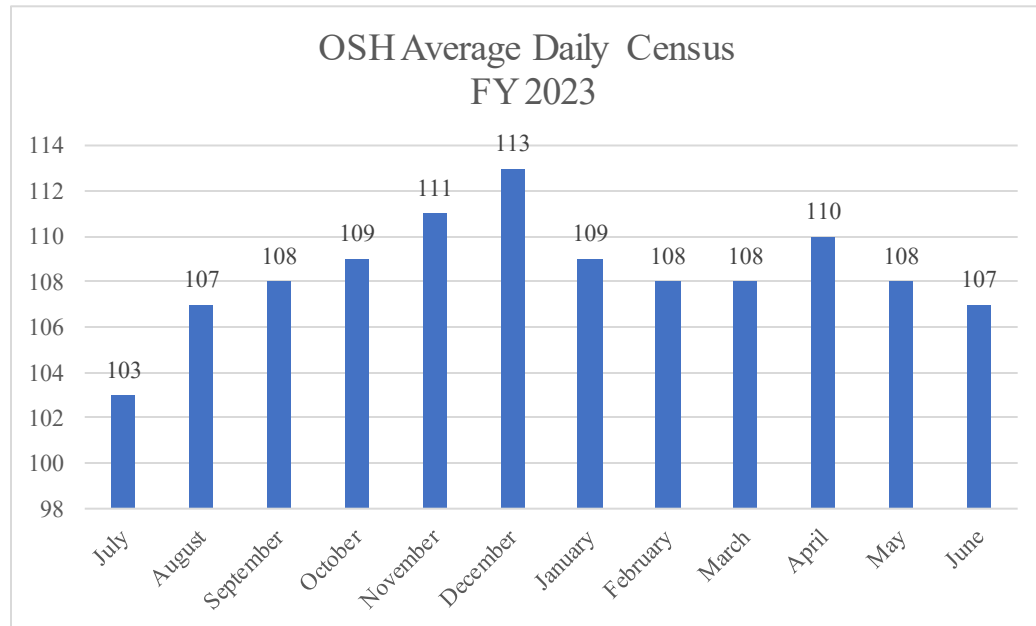


Description	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Total Patients Served	183	170	183	196	209

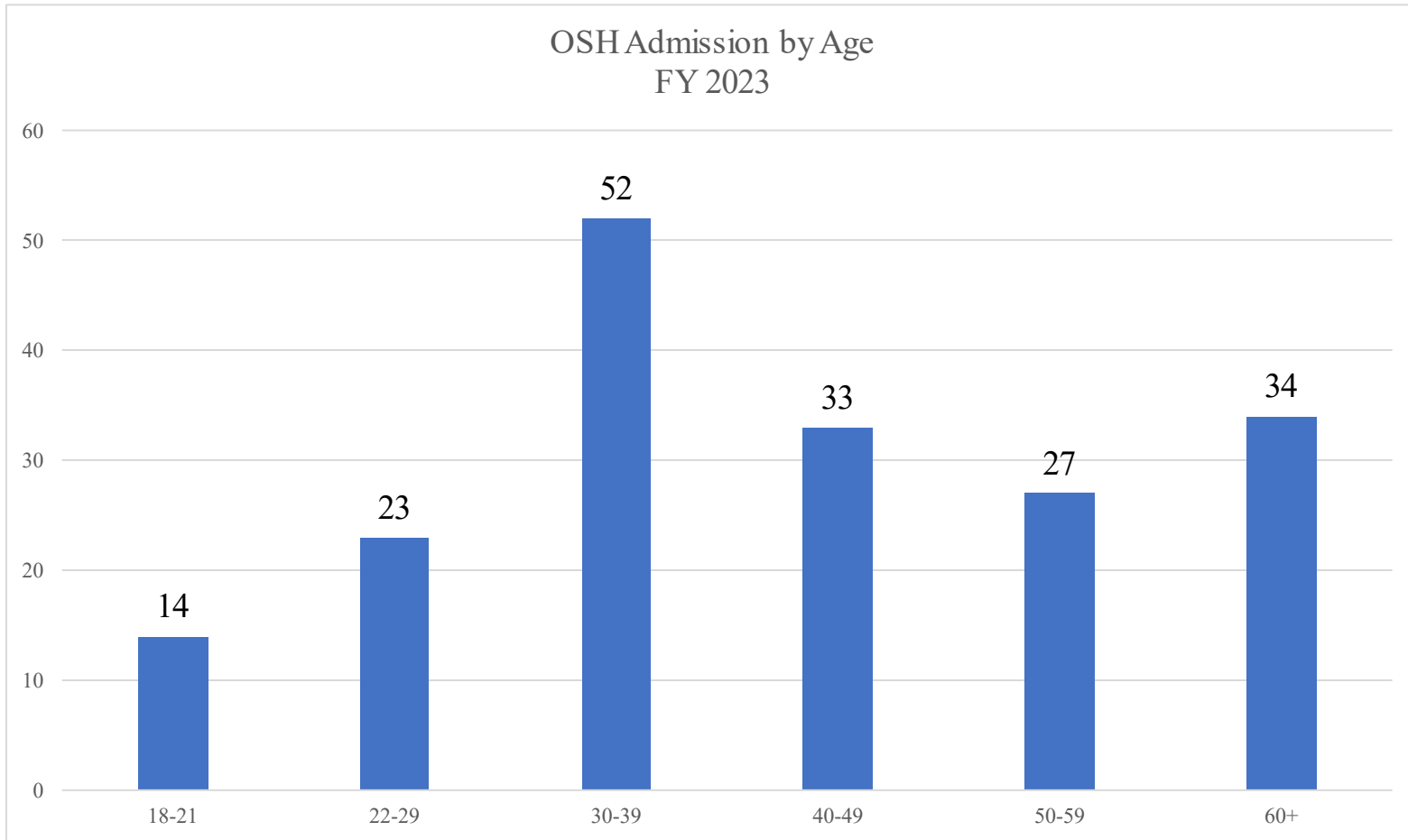
Osawatomie State Hospital				
FY 2023 Average and Median Length of Stay for Discharges				
OSH Unit	Total Discharges	Total Days	Average LOS	Median LOS
CCP	51	8031	157	65
HPE	49	7056	144	49
PLS	58	14476	250	89
WB	3	24	8	3
SSP	16	5034	315	312
Total Hospital	177	34621	177	70

- ***CCP (Continuing Care Program) - criminal competency assessment/treatment and stabilization treatment for those who are at risk for self/others**
- ***HOPE (Health Options, Plans, and Experiences) – For those who are at risk due to being in crisis from a mental illness**
- ***PLS (Positive Living Skills) – Designed for individuals whose mental illness may lead them to struggle for a defense in the legal system**
- ***WB (West Biddle) currently being remodeled (will be a part of Adair Acute Care)**
- ***SSP (Stepping Stones Program) – For those with longstanding mental illness, typically mid to late adulthood, assisted with activities of daily living**

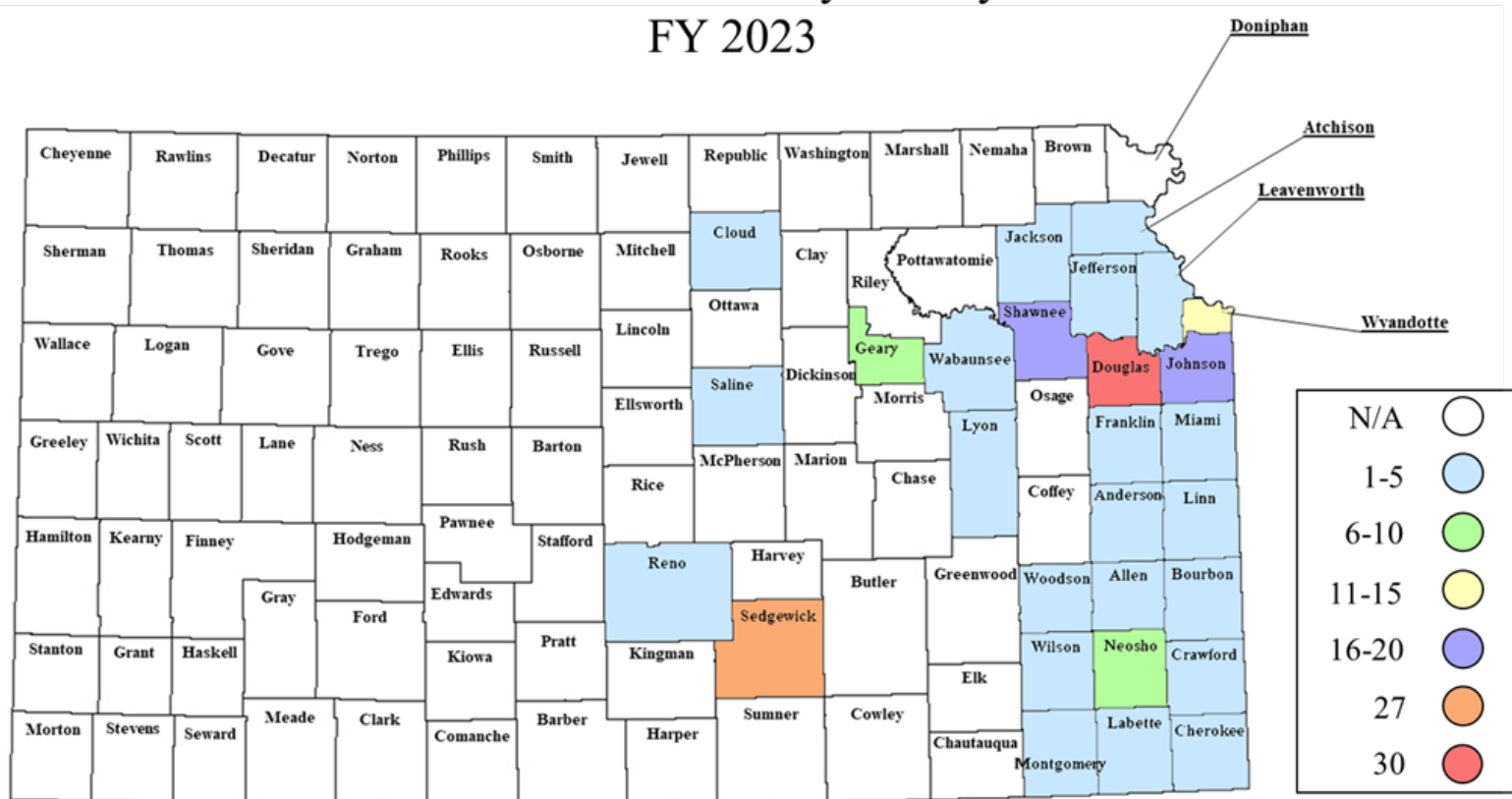
OSH ADC FY 2023	
July	103
August	107
September	108
October	109
November	111
December	113
January	109
February	108
March	108
April	110
May	108
June	107



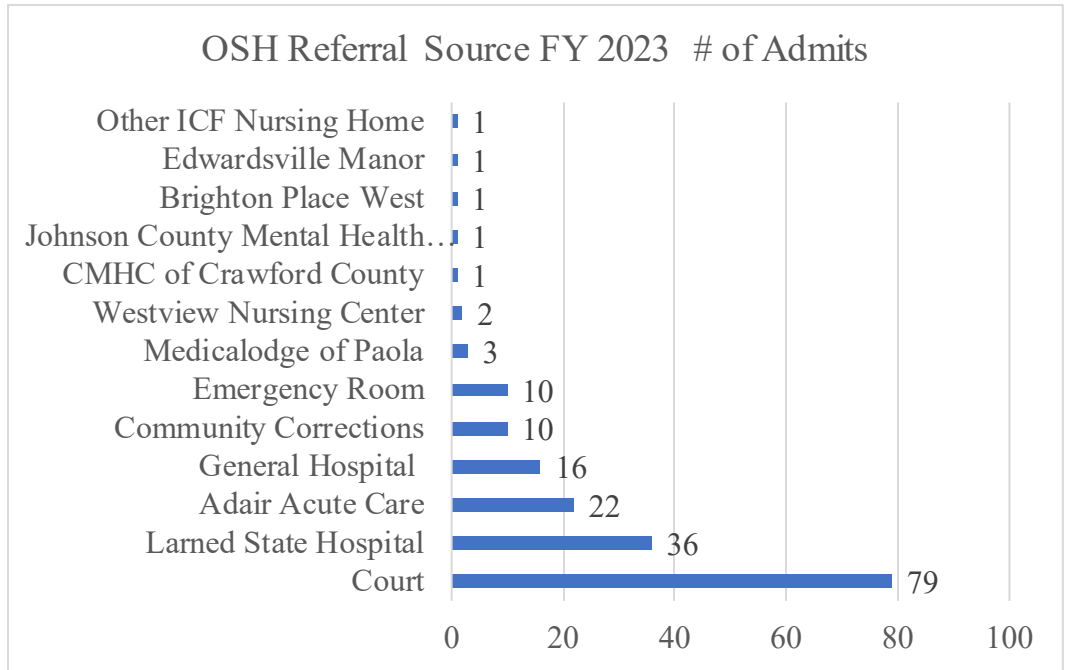
OSAWATOMIE STATE HOSPITAL - ADMISSIONS BY MENTAL HEALTH CENTER								
MONTH: 06/23					YEAR TO DATE - FY 2023			
Mental Health Center	SSP/HPE PLS/WB	Criminal (CCP)	Social Detox	Total Adm	SSP/HPE/PLS/WB	Criminal (CCP)	Social Detox	Total Adm
BERT NASH MHC	0	1	0	1	8	22	0	30
CMHC OF CRAWFORD CO	0	0	0	0	0	1	0	1
COMCARE OF SG CO	2	0	0	2	14	15	0	29
CROSSWINDS MHC (MHC OF EC KS)	0	0	0	0	4	2	0	6
ELIZABETH LAYTON CNTR	0	0	0	0	5	6	0	11
FOUR COUNTY MH	0	0	0	0	1	1	0	2
GUIDANCE CENTER NEKS	0	1	0	1	2	9	0	11
JOHNSON COUNTY MHC	1	1	0	2	10	9	0	19
KANZA MENTAL HEALTH	0	0	0	0	1	1	0	2
LABETTE COUNTY MHC	0	0	0	0	2	2	0	4
PAWNEE MENTAL HEALTH	1	0	0	1	6	7	0	13
SOUTHEAST KANSAS MHC	0	2	0	2	2	18	0	20
SPRING RIVER MH	0	2	0	2	0	2	0	2
VALEO BEHAVIORAL HEALTH	0	1	0	1	3	13	0	16
WYANDOT CTR BEHAVIORAL	0	0	0	0	13	1	0	14
OUT OF STATE	0	0	0	0	1	0	0	1
OUT OF CATCHMENT	0	0	0	0	1	1	0	2
TOTALS	4	8	0	12	73	110	0	183



OSH Admission by County FY 2023



OSH Referral Source FY 2023	
Referral Source	# of Admits
Court	79
Larned State Hospital	36
Adair Acute Care	22
General Hospital	16
Community Corrections	10
Emergency Room	10
Medicalodge of Paola	3
Westview Nursing Center	2
CMHC of Crawford County	1
Johnson County Mental Health Center	1
Brighton Place West	1
Edwardsville Manor	1
Other ICF Nursing Home	1



OSH ONLY Average times							
Month	# of Cases (Admitted)	MHC Screen to List	MHC Screen to Receipt	Receipt to List	Received to Medical Clearance	Bed List to Admission	MHC Screen to Admission EXCLUDING Comp and Trtmt orders
July	7	12.20	2.00	10.20	9.09	75.28	87.49
August	12	0.72	0.52	0.21	5.76	345.20	345.92
September	5	12.11	4.65	7.46	18.63	81.55	93.66
October	4	12.30	11.46	0.84	5.87	211.31	223.60
November	6	73.38	67.05	6.33	0.01	205.98	279.36
December	3	9.24	7.67	1.57	4.11	102.29	111.54
January	4	7.59	0.83	6.75	28.22	66.20	73.79
February	4	24.89	2.90	21.99	14.33	56.93	81.82
March	0	0.00	0.00	0.00	0.00	0.00	0.00
April	4	2.89	0.41	2.48	7.44	161.39	164.27
May	6	2.89	0.41	2.48	7.44	161.39	164.27
June	1	24.35	0.40	23.95	29.85	7.98	32.33
YTD Average	5	15.21	8.19	7.02	10.90	122.96	138.17
Total Cases:	34						

Supplemental/Enhancement Request #1/3: Funding for Shortfall from Salary Increases per Governor’s Executive Directive

Justification: OSH requests \$436,682 from the State General Fund (SGF) in FY 2024 to provide funding for the shortfall implementing the FY 2024 pay plan. Executive Directive No. 23-571 adopted the Kansas Civil Service Pay Plan recommended by the Governor and adopted by the 2023 Legislature. The pay plan was effective on June 11, 2022, for the first pay period of FY 2024. The Division of Budget adjusted each agency’s FY2024 budget allocation based on the funding appropriated for the plan by the Legislature. The amount of funding originally requested for the raises was not sufficient to fund the increase after applying the percentage increases to all positions across state government. Instructions from the Division of Budget requested agencies show the shortfall in IBARS as a shrinkage amount applied to salaries and wages in the FY 2024 revised budget. The expectation is that the 2024 Legislature will adopt a supplemental appropriations bill to provide additional funding to cover the salary and wage increases and adjustments will be applied to agency budgets. This supplemental and enhancement request shows the expected shortfall for OSH.

Description	FY 2024
	SGF
Shrinkage Reduction for Salaries and Wages due to shortfall created by implementation of Executive Directive 23-571	\$ 436,682

Supplemental/Enhancement Request #2/3: Funding for Contracted (Traveling) Direct Care Staff

Justification: OSH is requesting a supplement of \$10,500,000 in FY 2024 SGF and an enhancement of \$10,500,000 in FY 2025 to fund contracted (traveling) direct care staff needed to meet the established direct care staff to patient cores. The use of contracted (traveling) staffing was a necessity for OSH to meet established direct care staff to patient ratios even before the COVID pandemic. However, since the onslaught of COVID, OSH has seen a steady decline in retention of registered nurses (RNs), licensed practical nurses (LPNs), and mental health technicians (MHTs) as these health professionals seek the highest paying positions available to them, deserting the lower paying jobs, such as those offered at OSH.

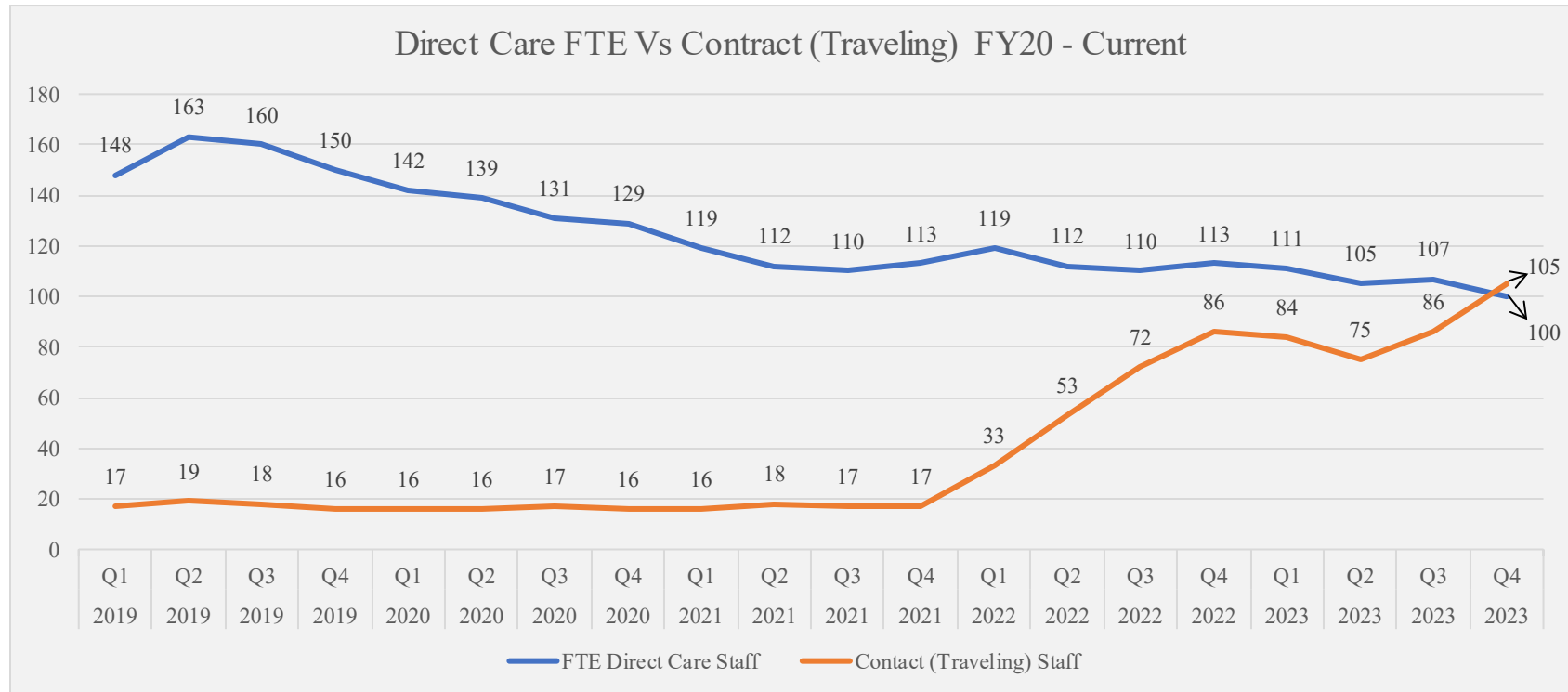
This issue is not specific to OSH. In 2023, AMN Healthcare’s surveyed 18,000 registered nurses. The findings from that survey identified a growing number of nurses are leaving the profession because of burnout, staffing shortages, and concerns for safety. The survey also pointed out only 15% of nurses surveyed intended to continue in their current roles, with 85% looking to move into different roles, including administration or positions outside of direct patient care, contracted travel nursing, going back to school, or leaving the profession.

In the past four years, OSH has instituted measures to try and retain direct care full time employees. These measures include increased training in de-escalation techniques, increases in wages, additional shift differentials, and the increased utilization of contracted (traveling) staffing to prevent staff burnout from excessive overtime, as well as keeping staff to patient levels from falling below core. While these efforts have slowed the number of staff leaving, it has not made up for the past exodus of staff or the inability to find enough replacement full time employees. While OSH is optimistic the recent Pay Plan initiatives will help in recruiting and retaining direct care staff, OSH will need to continue to utilize contract (traveling) direct care staff until enough full-time employees are hired to meet the staff to patient cores needed. On average, contracted (traveling) direct care staff costs between 50% to 150% more than a full-time employee, including the cost of benefits.

In FY 2023, OSH spent \$16.5 million on contracted (traveling) direct care staff. To sustain current operations until the full effect of the Pay Plan wage increases is felt, OSH will require additional SGF funding to pay for utilization of contracted (traveling) nurses. Without the additional SGF funding, OSH would need to cut resources to building maintenance, other ancillary programs, or shut down units that can’t be staffed. All these options would severely limit OSH’s ability to continue to serve the counties that depend on the agency to treat patients unable to access resources closer to their community.

Survey of Registered Nurses by Anon,

[URL:https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-healthcare-rnsurey-2023.pdf](https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-healthcare-rnsurey-2023.pdf).



*Agency staff began increasing at beginning of Q4 2021 and has peaked at present day.

OSH Direct Care Staffing Breakdown as of June 2023					
Title	# of positions	Filled with Full Time Employee	Filled with Contracted Staff	Vacant	% that are Contracted Staff
Registered Nurse	36	11	24	2	66.67%
Licensed Nurse/Licensed Mental Health Technician	16	5	11	0	68.75%
Mental Health Technician	64	24	31	0	48.44%

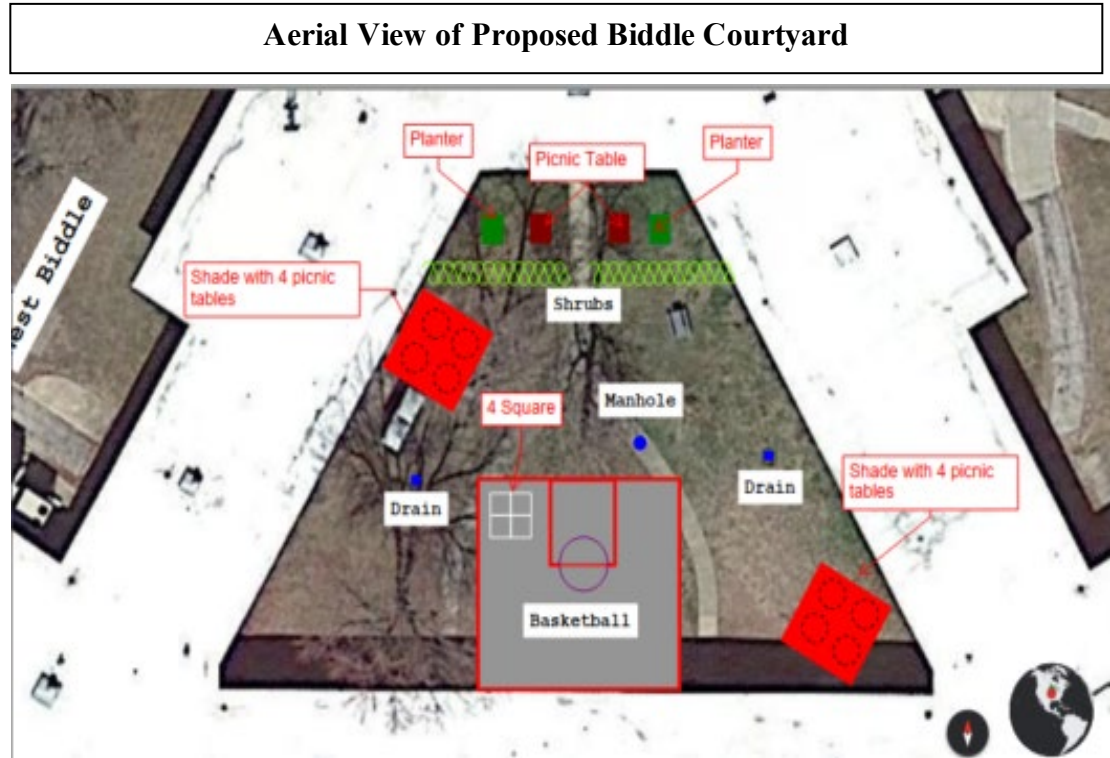
Description	FY 2024	FY 2025
	SGF	SGF
Funding for Contracted (Traveling) Direct Care Staff	\$ 10,500,000	\$ 10,500,000

Supplemental/Enhancement Request #3/3: Funding for Biddle Courtyard

Justification: OSH is requesting an enhancement of \$492,886 in FY 2025 SGF to fund improvements to the Biddle Courtyard. AAC provides treatment to patients in a closed environment setting, with patients not leaving the unit until their discharge. Currently, the Biddle Courtyard has limited equipment and opportunities for patient activities in addition to having multiple safety concerns, including but not limited to uneven concrete, exposed pipes, inadequate drainage, all of which would not allow staff or patients to utilize the space without adequate funding to resolve these issues. Without renovating the courtyard, patients would be restricted to being indoors for the entirety of their hospitalization. Funds are being requested to better utilize the outdoor space, increase safety, provide additional therapy and leisure opportunities, and provide well-rounded care and treatment for all patients. The design with multiple areas allows for parallel programming within a safe environment. This space can provide a new means of de-escalation on the unit by providing positive redirection opportunities, as well as allowing patients to experience outdoor therapy and leisure opportunities within the safety of their treatment program. Ultimately, the design and programming utilized in this space will improve patient engagement and increase the likelihood for success once the patient returns to their community.

Description	FY 2025
	SGF
Funding for Biddle Courtyard	\$ 492,886

Biddle Courtyard Enhancement Costs	
Item	Price
Construction Budget	\$ 362,841
Testing & Inspection	\$ 3,750
Architect and Engineering Fees (12%)	\$ 43,541
Equipment (WW Grainger)	\$ 22,727
Above Ground Gardens (2 @ \$200 each)	\$ 400
Shade Structures (2 count)	\$ 18,450
Installation	\$ 18,450
Patio Equipment	\$ 22,727
TOTAL	\$ 492,886



Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: Osawatomi State Hospital
Program Title: Revenue

EXPLANATION OF RECEIPT ESTIMATES - DA 405													
FY 2024 State General Fund Limitations													
Agency	Name	Fund Name	Fund	BU	FY 2024 Approved Expenditures	KPERS & Health Rates	FY 2024 Re-appropriation	Transfers	Supplemental/Reduction Package	Allotment - COVID - 19	SGF Transfers	FY 22 Cash Forward	FY 2024 Adjusted Expenditure Request
410	Lamed State Hospital	SGF Operating	1000	0103	\$42,830,245	-	\$637,669	\$5,120,526	\$16,262,120	-	-	-	\$64,850,560
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$5,000	-	\$4,540	-	-	-	-	-	\$9,540
		SGF - SPTP	1000	0200	\$24,311,908	-	\$90,724	-	\$146,275	-	-	-	\$24,548,907
		SGF- SPTP Reintegration	1000	0400	\$0	-	-	-	-	-	-	-	\$0
494	Osawatomi State Hospital	SGF Operating	1000	0100	\$34,835,129	-	-	\$2,733,030	\$6,826,816	-	-	-	\$44,394,975
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$1,230,860	-	\$732	\$348,770	\$11,297	-	-	-	\$1,591,659
	Adair Acute Care	SGF Certified Care	1000	0101	\$7,379,192	-	\$505	\$1,659,428	\$4,098,569	-	-	-	\$13,137,694
507	Parsons State Hospital	SGF Operating	1000	0100	\$18,055,556	-	-	\$2,776,667	\$937,379	-	-	-	\$21,769,602
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,240,552	-	\$361,822	(\$565,085)	\$49,342	-	-	-	\$2,086,631
363	Kansas Neurological Institute	SGF Operating	1000	0303	\$15,605,624	-	-	\$1,807,830	\$141,236	-	-	-	\$17,554,690
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	-	-	\$150
	Total SGF				\$146,494,666	\$0	\$1,095,992	\$13,881,166	\$28,473,034	\$0	\$0	\$0	\$189,944,858
FY 2025 State General Fund Limitations													
Agency	Name	Fund Name	Fund	BU	FY 2025 Estimated Expenditures	KPERS & Health Rates	FY2025 Re-appropriation	Transfer	Enhancement/Reduction Package	Allotment - COVID - 19	SGF Transfers	KDADS Transfer IN	FY 2025 Adjusted Expenditure Request
410	Lamed State Hospital	SGF Operating	1000	0103	\$43,696,474	-	-	-	\$31,172,113	-	-	-	\$74,868,587
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$5,000	-	-	-	-	-	-	-	\$5,000
		SGF - SPTP	1000	0200	\$24,311,908	-	-	-	\$837,110	-	-	-	\$25,149,018
		SGF- SPTP Reintegration	1000	0400	\$0	-	-	-	-	-	-	-	\$0
494	Osawatomi State Hospital	SGF Operating	1000	0100	\$35,407,925	-	-	\$847,054	\$6,490,854	-	-	-	\$42,745,833
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$1,251,848	-	\$315,000	-	\$0	-	-	-	\$1,566,848
	Adair Acute Care	SGF Certified Care	1000	0101	\$7,501,073	-	-	(\$1,162,054)	\$4,502,032	-	-	-	\$10,841,051
507	Parsons State Hospital	SGF Operating	1000	0100	\$18,662,324	-	-	-	\$996,495	-	-	-	\$19,658,819
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,037,289	-	-	-	-	-	-	-	\$2,037,289
363	Kansas Neurological Institute	SGF Operating	1000	0303	\$15,805,403	-	-	-	-	-	-	-	\$15,805,403
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	-	-	\$150
	Total SGF				\$148,679,844	\$0	\$315,000	(\$315,000)	\$43,998,604	\$0	\$0	\$0	\$192,678,448

FY 2024 – FY 2025

**Narrative Information – DA 400
Division of the Budget
State of Kansas**

**Agency Name: Osawatomi State Hospital
Program Title: Revenue**

EXPLANATION OF RECEIPT ESTIMATES - DA 405													
FY 2024 Fee Funds													
Agency	Name	Fund Name	Fund	BU	FY 2024 Approved C&H Receipts	FY 23 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transer	Allotment - COVID - 19	Supplemental Request	FY 24 Cash Forward	FY 2024 Adjusted Expenditure Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,392,811	-	\$721,675	\$232,035	-	-	-	-	\$4,346,521
		Title XIX No limit	2074	2200	\$1,030,978	-	\$13,268,252	-	\$6,146,921	-	-	\$0	\$20,446,151
494	Osawatomi State Hospital	OSH Fee Fund	2079	4200	\$665,803	-	\$5,489,349	\$49,535	(\$3,575,770)	-	-	(\$911,619)	\$1,717,298
		OSH TXIX No limit	2080	4300	\$0	-	\$2,052,270	-	(\$2,052,270)	-	-	-	\$0
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,538,080	-	(\$2,228,024)	\$1,238	\$3,575,770	-	-	(\$549,000)	\$4,338,064
		OSH TXIX Cert Care No Limit	2080	4301	\$5,200,000	-	(\$2,080,851)	-	\$2,052,271	-	-	\$0	\$5,171,420
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$954,291	-	\$59,709	\$36,000	-	-	-	-	\$1,050,000
		Title XIX No limit	2083	2300	\$15,030,602	-	\$2,514,238	-	-	-	-	(\$2,390,611)	\$15,154,229
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,400,000	-	\$0	\$21,090	-	-	-	\$0	\$1,421,090
		Title XIX No limit	2060	2200	\$15,500,000	-	\$612,642	-	-	-	-	(\$1,479,866)	\$14,632,776
	Total Fee Fund				\$46,712,565	\$0	\$20,409,260	\$339,898	\$6,146,922	\$0	\$0	(\$5,331,096)	\$68,277,549
FY 2025 Fee Funds													
Agency	Name	Fund Name	Fund	BU	FY 2025 Estimated C&H Receipts	FY 24 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transer	Allotment - COVID - 19	Supplemental Request	FY 25 Cash Forward	FY 2025 Adjusted Expenditure Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,460,667	-	-	\$215,330	-	-	-	-	\$3,675,997
		Title XIX No limit	2074	2200	\$1,030,978	-	-	-	\$4,917,537	-	-	-	\$5,948,515
494	Osawatomi State Hospital	OSH Fee Fund	2079	4200	\$756,144	-	\$911,619	\$49,535	-	-	-	\$0	\$1,717,298
		OSH TXIX No limit	2080	4300	\$0	-	-	-	-	-	-	-	\$0
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,787,826	-	\$549,000	\$1,238	-	-	-	\$0	\$4,338,064
		OSH TXIX Cert Care No Limit	2080	4301	\$5,200,000	-	\$0	-	-	-	-	\$0	\$5,200,000
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,014,000	-	-	\$36,000	-	-	-	-	\$1,050,000
		Title XIX No limit	2083	2300	\$15,000,000	-	\$2,390,611	-	-	-	-	(\$2,225,775)	\$15,164,836
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,400,000	-	\$0	\$21,500	-	-	-	\$0	\$1,421,500
		Title XIX No limit	2060	2200	\$14,000,000	-	\$1,479,866	-	-	-	-	(\$567,719)	\$14,912,147
	Total Fee Fund				\$45,649,615	\$0	\$5,331,096	\$323,603	\$4,917,537	\$0	\$0	(\$2,793,494)	\$53,428,357

Explanation of Receipts - DA 405						
Revenue Source	Revenue Account Code	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Medicare A	420610					
Medicare B	420610					
Insurance	420610	\$4,091	\$154,720	\$270,359	\$5,000	\$5,000
Private Pay-Care & Hosp.	420610	\$435,604	\$423,227	\$444,386	\$400,000	\$400,000
Kansas Debt Set Off	420610	\$36,661	\$38,404	\$25,727	\$45,000	\$45,000
	420610					
Total Hospitalization		\$476,356	\$616,351	\$740,472	\$450,000	\$450,000
Clerical Charges	420400					
Educational Charges	420500					
Other Service Charges	420990	\$283	\$65	\$50	\$50	\$50
Sale of Salvage	422500	\$280			\$0	\$0
Sale of Unusable Condemed	422600	\$13,978	\$11,748	\$10,000	\$10,000	\$10,000
Sale of Meals & Proces. Food	422700	\$16	\$16	\$15	\$10	\$10
Other Interest	430900	-\$133	\$23	\$20	\$20	\$20
Rent of Unimproved Land	431100	\$7,000	\$0			
Rent of Real Estate & Bldg.	431200	\$26,517	\$22,501	\$23,000	\$25,000	\$25,000
Other Misc Revenue	459090					
Insurance Reimbursement	461200					
Estate Recovery	462100					
Recovery of Current FY Expen.	462110	\$2,668	\$537	\$525	\$525	\$525
Reimbursement and Refunds, Other	462900		\$79	\$75	\$75	\$75
Recovery of Prior FY Expen.	469010	\$30,488	\$3,334	\$3,000	\$3,000	\$3,000
Other NonRevenue Receipts	469090	\$468	\$138	\$95	\$100	\$100
Total		\$557,921	\$654,792	\$777,252	\$488,780	\$488,780

Explanation of Receipts

OSH experienced an unusual increase in patient revenue do to a mix of admissions with increased access to payer sources. OSH does not believe this can be considered a trend at this point but will use FY 2023 to see to what extent lifting the moratorium impacts revenue. There was an overall increase in the number of receipts from private pay. Only about 50% of the patient population at OSH has access to any payer sources and OSH is not able to receive Medicare or Medicaid reimbursement.

OSH did continue to have nonrevenue receipts in FY 2022. OSH received rent from patients at the MiCo House, as part of their program goals.

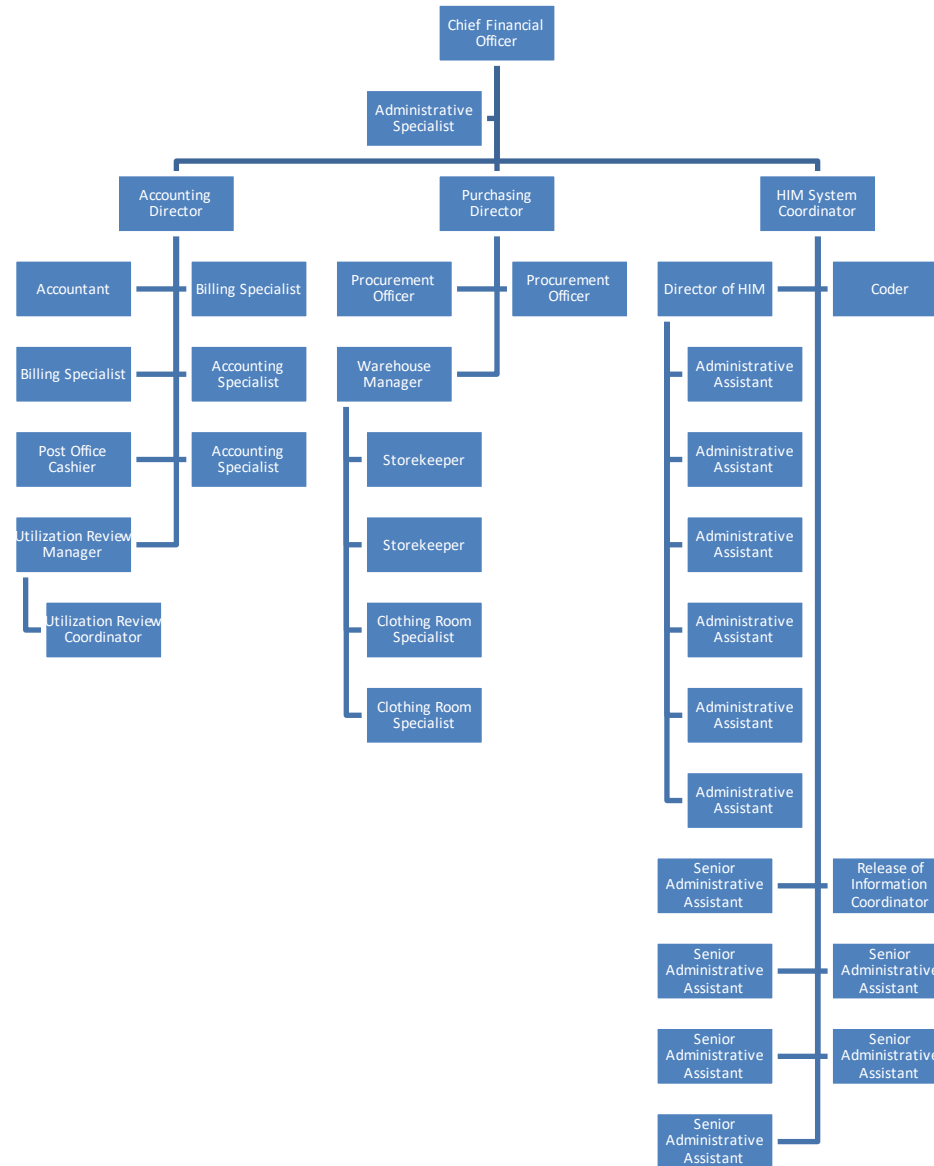
Moving into FY 2023 and FY 2024, OSH anticipates continuing to see the same payer mix, with the potential for an increase in insurance and private payers with the lifting of the moratorium and voluntary patients being admitted.

EXPENDITURE JUSTIFICATION

PROGRAM: Administration – 01030

Program Overview:

This program forms the basis of the hospital's operations, ensuring essential tasks for facility management are carried out. Its main goals include overseeing treatment quality for proper patient care, maintaining licensing status, and managing vital activities. The General Administration Program is responsible for the overall administration and management of OSH. This includes various components like the Superintendent's office, Chief Financial Officer, performance improvement, risk management, accounts payable, billing and collections, budgeting, cashier and post office operations, contract management, credentialing, employee benefits, health information management, human resources, patient accounts, patient canteen services, procurement, program assistants, information technology services, legal support, and recruitment.



DEPARTMENT DATA:

BUSINESS SERVICES:

The Business Services Department is made of Accounts Receivable, Accounts Payable, Utilization Review and the Post Office. The Accounts Receivable Department does all the billing for patient services for Osawatomi State Hospital (OSH). The patient billing is a process that is done daily as well as monthly. The Accounts Payable Department pays the hospital bills according to supplier contracts and the state statues. The Utilization Department reviews patient charts for medical necessity of continued stay and determines that charges are correct. Reviews are done with insurance companies providing medical information to determine insurance billing. The hospital Post Office/Cashier Office is also included in this department. The Post Office receives incoming mail and prepares the outgoing mail, and oversees the Patient Trust Fund, and printing documents that are needed hospital wide.

STAFFING:

- **Chief Financial Officer** – Leads the supervisors and staff of the different business operations teams. Provides oversight for the utilization of all funds. Works closely with the procurement officer to guarantee the best utilization of state resources, as well as, that all requests for goods and services follow the appropriate guidelines set forth by the State of Kansas. Additionally, works with billing to make sure the appropriate data is collected for the creation of the Disproportionate Share Survey, the Cost Report, and the establishment of the yearly room rate. This position is responsible for the creation of the yearly budget, monthly financial reports, and annual audit reporting. Additionally, this position serves on the Administrative Executive Committee.
- **Accounting Director** – Directly supervises the accounting team, as well as the Cashier’s Office and Accounts Payable. Additionally, this position reviews reconciling accounts, reviews, and creates journal entries, creates reports detailing utilization of resources and expenses broken down by vendor type, reviews requisitions for correct accounting codes, reviews vouchers for correct accounting codes, audits cash areas, as well as other asset areas.

- **Utilization Supervisor** - This position does chart reviews for medical necessity and prepares the reviews for third party payers as needed. This position also does random chart reviews to determine medical necessity and appropriateness of admissions. This position must maintain knowledge of the Federal and State regulations regarding Medicare, Medicaid, and third-party payers. This position also will compile reports for Utilization Reviews and Fiscal Compliance committees. This position provides supervision to the Utilization Review Coordinator.
- **Public Service Administrator** - This position prepares the credentialing necessary to continue to receive reimbursement from the different payer sources, including Centers for Medicaid and Medicare Services (CMS). This position is also responsible for reviewing and reporting of outside medical billing. This position manages the patient billing claims that are submitted to the state's debt set off program. This position manages the billing related to Centers for Medicaid and Medicare (CMS). This position also works with the CFO to collect data to submit the Medicare Cost Report and DSH Survey
- **Accounting Specialist** - This position performs many billing, accounting, customer service & organizational tasks to promote the financial health of Osawatomi State Hospital. Responsibilities include submitting claims, researching denials, filing appeals, billing payments & reconciling deposits, credentialing Physicians & APRNs, corresponding with insurance companies, reconciling aging report and backing-up Utilization Management Dept.
- **Senior Administrative Specialist** - This position determines a patient's ability to pay for their inpatient stay and identifies any third-party payers if any. This position helps the patients to understand their financial responsibility to the hospital. This position inputs doctors' charges into the hospitals billing system while verifying the charges are valid. This position works closely with the Public Service Administrator and is the back up to this position.
- **Accountant II** - This position collects and compiles information for reports used by the hospital to make financial decisions. This position reviews requisitions, vouchers, and the general ledger for accounting entry accuracy. This position reconciles all bank accounts and prepares reports as determined by the annual ACFR report. If there are any discrepancies an investigation is done to see where the discrepancy is and what needs to be done to correct the discrepancy. This position is a backup for the Accounts Payable Department.

- **Accounting Specialist** - This position performs the accounts payable function for the hospital. The job requires paying all amounts owed in a timely and accurate fashion, this would include interfunds between other state facilities. This position provides guidance to staff concerning the procedure for travel, booking hotel rooms, flights, and conferences as needed. This position prepares the daily deposit, utilizing State of Kansas standards, in the SMART program. This position is also a backup for the Post Office/Cashier.
- **Program Consultant I** - This position does chart reviews for medical necessity and prepares the reviews for third party payers as needed. This position also does random chart reviews to determine medical necessity and appropriateness of admissions. This position must maintain knowledge of the Federal and State regulations regarding Medicare, Medicaid, and third-party payers. This position also will compile reports for Utilization Reviews and Fiscal Compliance committees to make sure all charges are correct.
- **Senior Administrative Assistant** - This position serves as the cashier for the full-service post office, as well as provides cashier services for patients with resources in the Patient Trust Fund. This position records all receipts of monies received for Osawatome State Hospital and Adair Cute Care. This duty includes completing payment journals for the fee fund and other local bank accounts. This position is responsible for the day-to-day reporting in the Patient's Trust Fund Accounts for Osawatome State Hospital and Adair Acute Care. This function ensures patients can keep their own money in a safe place while they are hospitalized. This includes daily deposits, cash withdrawals and daily balancing of cash and all transactions. Additionally, this position orders all state printer forms for Osawatome State Hospital and Adair Acute Care and processes all large copy jobs for Osawatome State Hospital and Adair Acute Care at the Document Processing Center located at the post office.

DEPARTMENT UPDATES:

The Business Office has several goals:

1. All Medicare/Medicaid/Insurance claims will be billed within thirty days of discharge. This was started several years ago and continues to be a goal one of the department's goals. The trend has been 100% completion.
2. Audits were started in FY22 in the Post Office for all accounts handled in the Post Office. The completion rate has been 100% and the audit results are in the 99% range. The expectation is to continue the audits and have the results be the same.
3. The State is looking into implementation of an Electronic Health Record (EHR) program. This program has been delayed due to issues with implementation. Training for use of EHR systems will begin upon its availability.
4. The Department has begun looking at the time frame of general ledger entries being made. The goal is to have all entries made in the month of the expenditure, therefore showing a true picture of the month.

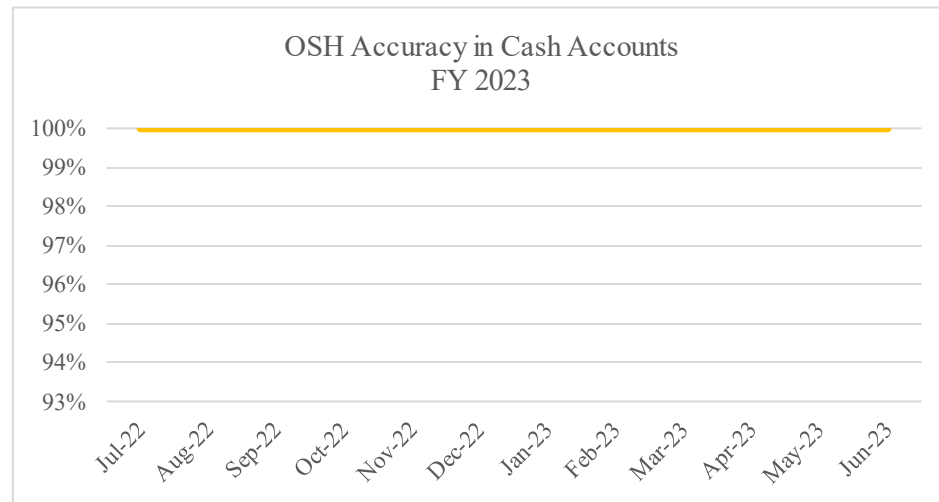
PERFORMANCE BASED BUDGETING GOALS:

Goal: 98% of all cash transactions by the Cashiers in the Post Office will be accurate. All offages will be recorded and tracked throughout the year. Quarterly random audits will also be used to determine percentage of accuracy.

Measurement: Cash transaction accuracy recorded monthly

Department Responsible: Business Services

Month	Accuracy
Jul-22	100%
Aug-22	100%
Sep-22	100%
Oct-22	100%
Nov-22	100%
Dec-22	100%
Jan-23	100%
Feb-23	100%
Mar-23	100%
Apr-23	100%
May-23	100%
Jun-23	100%

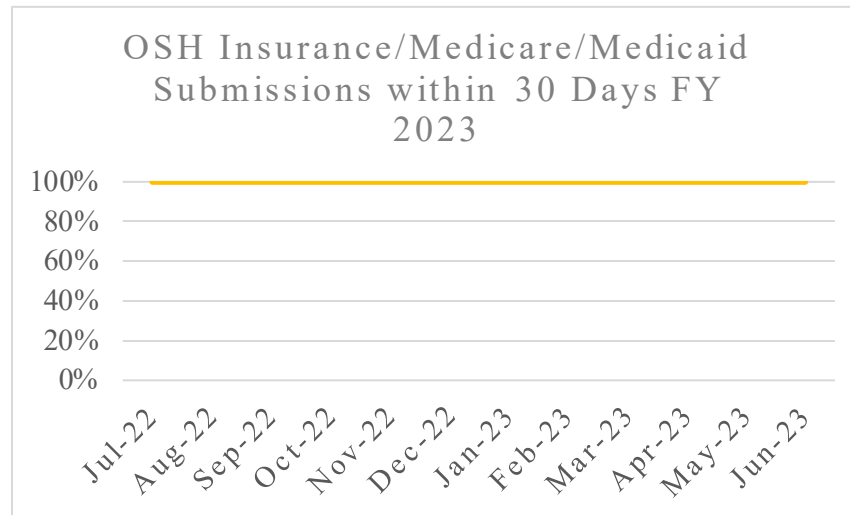


Goal: All Insurance/Medicare/Medicaid claims will be submitted to insurance/Medicare/Medicaid within 30 days of discharge

Measurement: Percentage of transmissions submitted recorded monthly

Department Responsible: Business Services

Month	Accuracy
Jul-22	100%
Aug-22	100%
Sep-22	100%
Oct-22	100%
Nov-22	100%
Dec-22	100%
Jan-23	100%
Feb-23	100%
Mar-23	100%
Apr-23	100%
May-23	100%
Jun-23	100%



Performance Measures	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Percent of all cash transactions by the Cashiers in the Post Office and Canteen determined to be accurate	100%	99.8%	100%	100%	100%
Percent of transmission submitted to Insurance/Medicare/Medicaid within 30 days of patient	100%	100%	100%	100%	100%

DEPARTMENT DESCRIPTION:

Information Technology (IT) has automated and innovated several processes at Osawatomi State Hospital. All charts for patients are housed within a “home-grown” Electronic Health Record (EHR). IT also provides constant support for the EHR. Additionally, IT provides general office equipment and computer management training, maintenance, installations, and repairs. IT regularly maintains and provides upkeep for the following critical systems for the functioning of the hospital: Patient Account Management (PAM), Medical Records Management System (MRM), Patient Care System (PCS), Patient Care System 2.0 (PCS2.0), as well as data bridge management between these systems when issues arise. Maintenance of off the shelf systems for patient health and safety such as medication management (WinPharm), laboratory services (LabDaq) and their integrations with the EHR occurs. Additionally, the building access, video surveillance, overhead paging, and building heat, ventilation, and air conditioning systems are maintained.

STAFFING:

- **Information Technology Manager** - This role involves collaborating with hospital leadership and the HS-EBIT Information System manager to establish a clear vision of departmental requirements and management objectives. The IT Manager will then take charge of implementing this vision, providing effective leadership to the department staff to achieve these goals. Additionally, they will work on enhancing the security of existing systems while ensuring responsible financial management.

- **Technology Support Consultant (3 FTE)** - ensures safe and effective patient care by providing technical support to hospital staff. Responsibilities encompass a wide range of IT tasks aimed at optimizing system functionality and maintaining Information Technology assets. The Consultant provides timely and efficient technical support to hospital staff, ensuring proper operation and troubleshooting of applications and desktop systems. Additionally, the Consultant installs and maintains required systems on desktops, manages user logins, permissions, and access to various applications and resources. Keeping track of all Information Technology assets within the hospital, including hardware and software inventory, is a crucial part of the role. The Consultant also administers the hospital's video surveillance system and building access systems to ensure a secure environment for patients, staff, and visitors. Managing and maintaining the hospital's in-house intranet web site to provide necessary information and resources for staff is another responsibility. Moreover, regular checks and verification of the functionality and logging of backup systems guarantee data integrity and disaster recovery preparedness. Handling the configuration and setup of analog fax lines, phones, cell phones, and iPad tablets to facilitate seamless communication across the hospital is another aspect of the job. Additionally, the Consultant assists in the purchasing and acquisition of Information Technology equipment, ensuring it meets the hospital's technical requirements and budget constraints. The expertise and dedication of the Technology Support Consultant contribute significantly to the smooth operation and advancement of healthcare technology within the hospital setting.
- **Applications Developer II** - support, enhance, and create specialized reports for the in-house EHR system and other associated systems. This role involves ensuring smooth operations, troubleshooting, optimizing performance, and facilitating seamless integration with other healthcare applications. Additionally, the Applications Developer II will analyze data and collaborate other departments to enhance user-friendliness and efficiency.

DEPARTMENT UPDATES:

The department is finalizing security updates for all desktop workstations and has successfully upgraded the LabDaq laboratory system. It is currently working on upgrading the glucometer system for diabetes management. Anticipating the implementation of a new Electronic Health Record (EHR) system, the department looks forward to improved patient outcomes. Additionally, they are actively enhancing existing systems, including the video surveillance system, overhead paging, and exploring emergency text alerts to staff cell phones. These efforts aim to boost the hospital's overall technological efficiency and effectiveness.

DEPARTMENT DESCRIPTION:

The Human Resources (HR) Department at Osawatomi State Hospital is responsible for managing the employee life cycle: recruiting, hiring, onboarding, training, discipline, termination and administering employee benefits.

STAFFING:

- **Human Resource Director-** Responsible for accurate data collection including employee injuries, turnover and vacancy rate. Provides employee data and analysis to the Superintendent and KDADS Central office. Conducts meetings with and about employees as necessary. Presents HR policies/procedures, the MOA and training to maintain HR efficiency. Consults with KDADS central office about HR personnel management. Addresses concerns within the agency that may require KDADS central office direct involvement. Investigates and responds to external EEO complaints regarding allegations of unfair treatment of an applicant, candidate or employee based upon the persons age, race, religion, natural origin, place of birth, color gender, political affiliation, veteran status, sexual harassment, or hostile work environment. Oversee and or conduct interviews of all parties involved, witnesses or others and obtain written statements as appropriate in investigation of allegations.
 - **Recruitment and Retention** – arrange interviews, updates multiple advertising websites, selects candidates, analyzes market values, updates many reports. Serves as the backup HR contact for internal and external customers for customer service queries.
 - **Payroll** – Analyze each employee (377 employees) timesheet against Shiftboard (time sheet software). Runs reports, resolves outstanding problems to assure compliance with Federal/State regulations, all employees receive their appropriate compensation, payroll deadlines are met, and no payroll fraud takes place. Solves problems involving holiday pay, overtime, and other leave usage. Manages all Workers Compensation claims. Makes files for new employees and scans files for past employees.

- **Administrative Specialist** - Inputs applicants' data into KDADS Web Apps for security clearance. Generates notification letters to inform the applicant of their security status. If there is evidence of criminal history, notifies HR Manager and Superintendent. Fills out paperwork and does fingerprints for onboarding. Primary Human Resource point of contact for staff and visitors. Maintains tracking and notification of PRF's due for Annual, Probationary and Special PRF's. Reviews for completeness and accuracy Maintains HR Helper. Maintains all licensure for staff. Helps recruiter. Maintains Organizational Chart, maintains moves within the organization. Add all new employees and terminate all leaving employees.
- **Human Resource Coordinator** - Lead on all subject matter and primary contact for the KLPM System. Assist new managers on KLPM. Compose progressive discipline letters for employees, including formal discipline. Compile and draft information from investigative reports into letter format. Presents letters to employees. Assist recruiter with job fairs and various other tasks.
- **Benefits Manager** – Provides New Hire Orientation, Provides employees information regarding benefits, KPERS and Optional Life Insurance. Tracks Family Medical Leave Act and Shared Leave. Back up for payroll. Files appropriate paperwork in personnel files. Conducts all exit interviews and termination paperwork.

DEPARTMENT UPDATES:

Since January 2023, many practices, forms, and processes have been developed and improved in the recruitment section of HR. The employee transfer request process has been implemented, which takes seniority, references, and work performance into consideration for each applicant. The process for posting our positions on our Kansas website and with the other subsequent websites we use to present our vacancies. This new process allows for jobs to be posted and withdrawn in a repetitive fashion, while also helping to reduce the chances of a missed applicant. Even though the statistics have not shown a great deal of improvement yet, the department is proactive in dedicating the time, attention, and resources needed into these new and/or updated processes.

Due to the change in HR staff, data on recruitment before January of this year is not available, therefore there is not a way to compare from last year to this year. This information now being recorded to express the differences in turnover rate and vacancy rate from this year to next.

PERFORMANCE BASED BUDGETING GOALS:

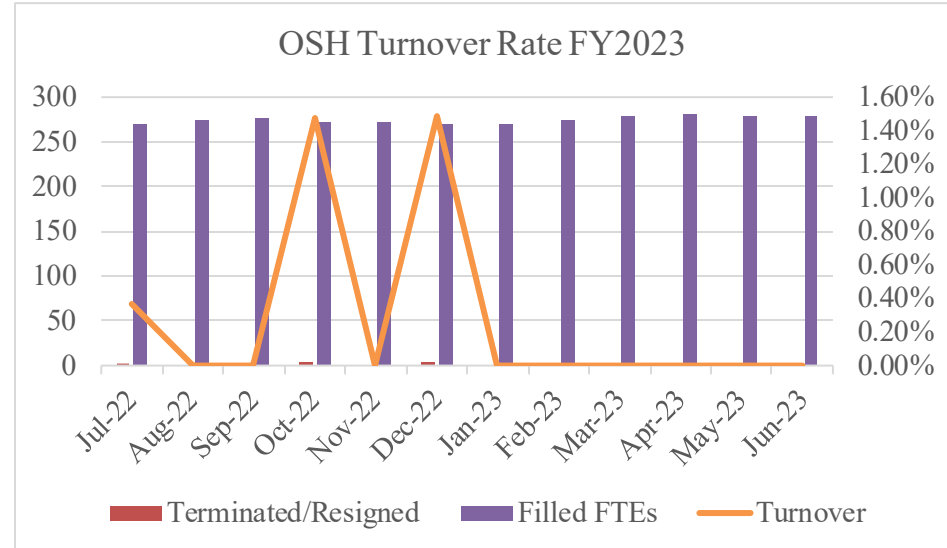
Goal: Track percentage of employees that turnover in a month

Measurement: Number of employees that turnover recorded every month

Department Responsible: Human Resources

Performance Measures	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Employee Turnover Rate	2.9%	3.2%	2.8%	2.3%	1.8%

Month	Terminated /Resigned	Filled FTEs	Turnover Rate
Jul-22	1	270	0.4%
Aug-22	0	275	0.0%
Sep-22	0	276	0.0%
Oct-22	4	272	1.5%
Nov-22	0	273	0.0%
Dec-22	4	269	1.5%
Jan-23	0	271	0.0%
Feb-23	0	275	0.0%
Mar-23	0	279	0.0%
Apr-23	0	281	0.0%
May-23	0	280	0.0%
Jun-23	0	280	0.0%



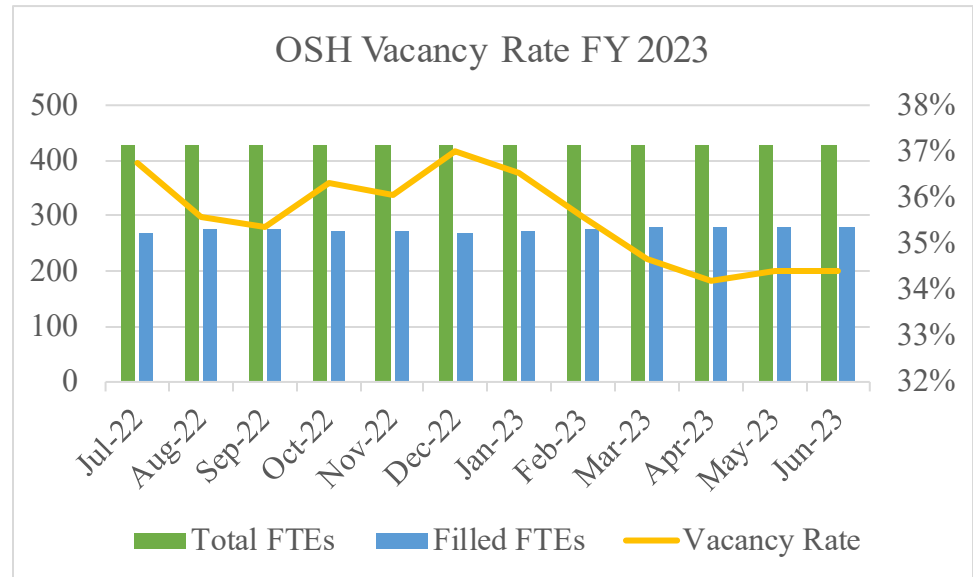
Goal: Track percentage of employee vacancies in a month

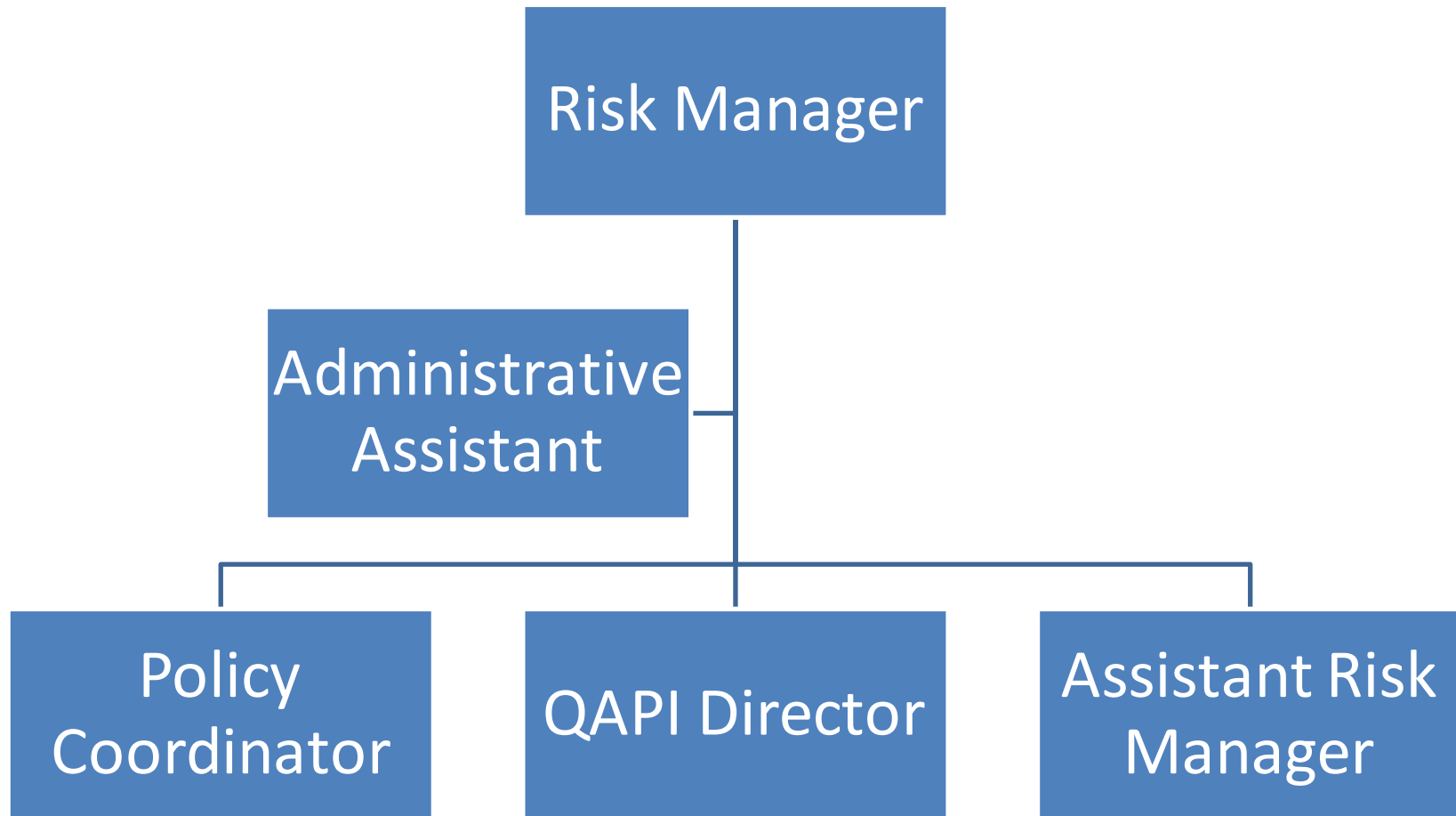
Measurement: Number of employees' vacancies recorded monthly

Department Responsible: Human Resources

Performance Measures	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Employee Vacancy Rate	20.2%	28.6%	32.6%	30.5%	28.5%

Month	Total FTEs	Filled FTEs	Vacancy Rate
Jul-22	427	270	36.8%
Aug-22	427	275	35.6%
Sep-22	427	276	35.4%
Oct-22	427	272	36.3%
Nov-22	427	273	36.1%
Dec-22	427	269	37.0%
Jan-23	427	271	36.5%
Feb-23	427	275	35.6%
Mar-23	427	279	34.7%
Apr-23	427	281	34.2%
May-23	427	280	34.4%
Jun-23	427	280	34.4%





DEPARTMENT DESCRIPTION:

Risk Management at Osawatomi State Hospital focuses on safeguarding both patients and staff. The department’s proactive approach involves identifying and mitigating potential risks and hazards, fostering a culture of safety throughout the hospital. Patient well-being is the top priority, and adverse events are analyzed to implement preventive strategies, ensuring adherence to the highest standards of care. Simultaneously, staff safety is prioritized by conducting comprehensive training, managing liabilities, and coordinating disaster preparedness efforts. The Risk Management department serves as a protective shield, creating a safe and trustworthy environment for everyone involved in the facility.

STAFFING:

The OSH Risk Management and Compliance team consists of five full-time equivalent (FTE) professional and supportive staff who provide support to all hospital staff in the areas of risk management, compliance, and quality assurance.

- **Director of Risk Management (vacant)** - functions with considerable latitude in formulating, organizing, and directing the hospital’s Risk Management Program. Provides knowledge and oversight of hospital policies and procedures, federal and state laws, and regulations, as well as a good working knowledge of other professional, hospital standards and requirements.
 - **Assistant Risk Manager & Registered Nurse Educator (Licensed as RN)** - organizes, evaluates, and ensures staff is providing adequate care to patients. Identifies and implements unit training to improve performance. This position assists with the creation and delivery of the education program within Federal and State Regulations, Nursing practice and hospital policy. This includes the development and presentation of in-service training and continuing education program within the facility.
 - **Quality Assurance & Performance Improvement Coordinator** - responsible for developing, implementing, and monitoring the ongoing performance improvement process for all of areas of the hospital. Provides oversight for the data, statistical analyses and outcome reporting of critical performance improvement activities related to patient care, accreditation, and safety. Trains other staff in the performance improvement process and ensure a firm understanding of the process & outcomes.

- **Policy and Procedure Coordinator** - works with hospital leadership to ensure timely reviews and updates of all hospital policies, procedures, and forms.
- **Administrative Specialist** - provides administrative support to the Director of Risk Management at Osawatomi State Hospital. The position assists with coordination of activities within the departments including meetings, projects, and scheduling interviews. This position is privy to confidential Risk Management processes and meetings and must understand and apply high standards regarding maintaining privacy and confidentiality of patients and staff.

DEPARTMENT UPDATES:

The most immediate goal for Risk Management is to fill the vacancy of the Director of Risk Management. If promptly filled, this department will continue to run smoothly. However, the positions which support compliance will be moved to Operations upon hiring of this position. By shifting the compliance positions to Operations, the department aims to enhance its ability to respond to ongoing changes in the hospital and enable more effective policies to be put into place. The department will also be renamed to Risk Management.

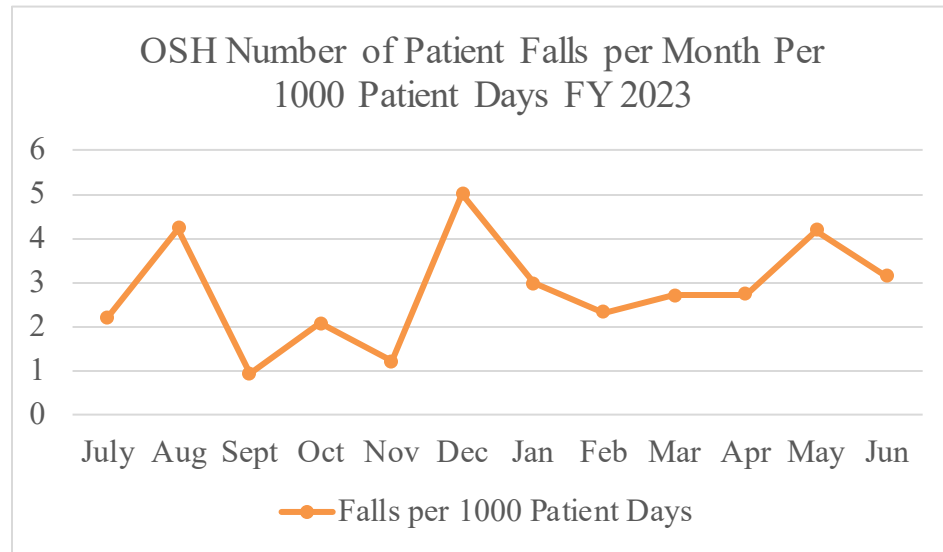
PERFORMANCE BASED BUDGETING GOALS:

Goal: Number of patient falls per month per 1,000 patient days will be tracked and trended

Measurement: Number of patient falls recorded monthly

Department Responsible: Risk Management

Month	Falls	Patient Days	Falls per 1,000 Patient Days
Jul-22	7	3184	2.20
Aug-22	14	3322	4.21
Sep-22	3	3238	0.93
Oct-22	7	3376	2.07
Nov-22	4	3327	1.20
Dec-22	17	3401	5.00
Jan-23	10	3369	2.97
Feb-23	7	3013	2.32
Mar-23	9	3341	2.69
Apr-23	9	3313	2.72
May-23	14	3347	4.18
Jun-23	10	3207	3.12

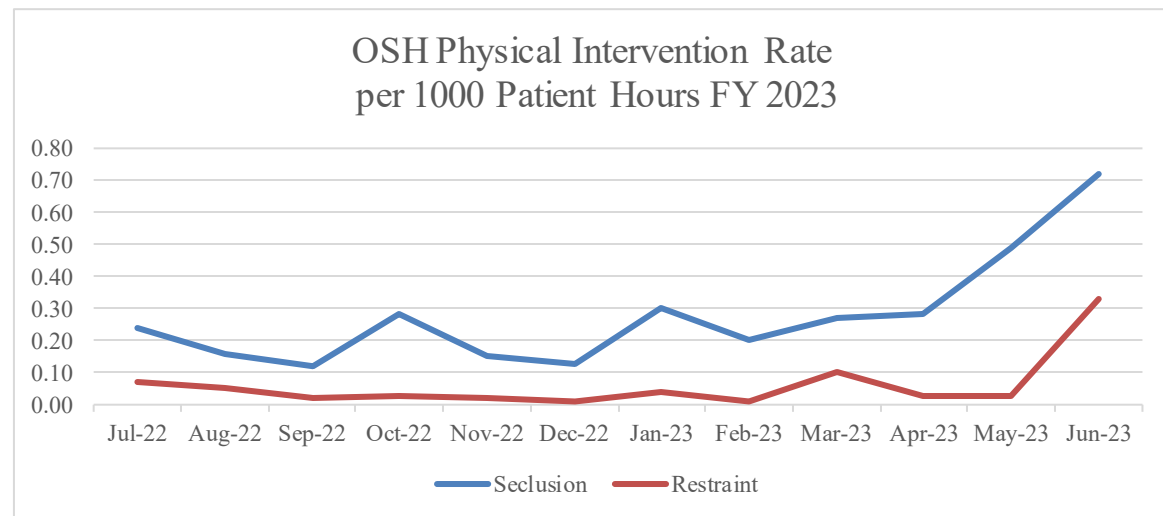


Goal: Monthly Physical Interventions rate will be below .30 per 1000 patient hours for all physical interventions

Measurement: Use of Seclusion/Restraints per 1000 patient hours

Department Responsible: Risk Management

Month	Seclusion	Restraint
Jul-22	0.24	0.07
Aug-22	0.16	0.05
Sep-22	0.12	0.02
Oct-22	0.28	0.03
Nov-22	0.15	0.02
Dec-22	0.13	0.01
Jan-23	0.3	0.04
Feb-23	0.2	0.01
Mar-23	0.27	0.1
Apr-23	0.28	0.03
May-23	0.49	0.03
Jun-23	0.72	0.33



DEPARTMENT DESCRIPTION:

The Health Information Management Department provides the operation to service medical records for Osawatomi State Hospital (OSH). Following American Health Information Management Association (AHIMA), state and federal guidelines enable the department to provide high quality and complete medical records through quality control and validation processes. Even though closed, Rainbow Mental Health Facility records are kept within OSH electronic health record known as Patient Care System (PCS) and after the closure of Topeka State Hospital its statistical cards were relocated to Osawatomi State Hospital for holding.

In addition to processing records, release of information requests, and genealogy requests the OSH HIM Department is responsible for medical coding, data requests, monthly reporting, admissions, unit support via Program Assistants, fulfilling survey requests, and auditing.

STAFFING:

HIM is staffed with sixteen individuals to provide high quality medical records, data, and admissions to OSH.

- **HIM Systems Coordinator** - maintains compliance with local, state, and federal laws, and AHIMA policies that govern Health Information Management across the United States. This position is the Custodian of the Medical Record, HIPAA Privacy Officer, and department head. This position schedules and supervises staff to provide HIM services. The HIM Systems Coordinator is responsible for managing the HIM policies with the hospital to ensure continued compliance. This position is on several committees throughout the hospital and engages with the local colleges to bring HIM interns into the hospital. This position looks for professional development opportunities to bring to the HIM staff to improve knowledge and comprehension. The HIM Systems Coordinator is responsible for ensuring PCS is clinically operational and assists with updating the system to meet current treatment standards. This position is also the communication point for the hospital's new Electronic Health Record (EHR) project and ensures that information is received when available. The coordinator ensures the highest quality data is received by all parties when requested.

- **Director of Health Information Management** - supervises the Program Assistants to ensure the patient care units received the support HIM services provide for both OSH and AAC through the MOU. This position assists with the HIM department to ensure that services are rendered. This position also provides support to the HIPAA Privacy Officer by assisting with investigations and orientation classes. The Director of HIM completes census, data, and coding as needed by the hospital. This position serves on several hospital committees and assists with running the internships from colleges.
- **Release of Information (Senior Administrative Assistant)** - supports AAC by processing all release of information requests received for the hospital. This position tracks the correspondence of all release of information requests and uploads documents into the appropriate patient records. Requests range from subpoenas, general release of information requests, and genealogy requests. OSH Statistical Cards needing cross reference letters are completed by this individual. This position also tracks all Emergency Medical Treatment and Active Labor Act records and updates data monthly to ensure compliance. Works with KDADs legal to ensure legal documentation received by this hospital is validated.
- **Health Information Staff (Senior Administrative Assistants, 6 FTE)** - provides clerical support by registering or “admitting” patients into Patient Care System. This position preps incoming admissions and preloads information into the Patient Care System. They ensure the correct admission information is received by the unit staff and patient. HIM Staff are also responsible for processing overflow records, discharge charts, statistical cards, and answering the phones to internal and external customers. They assist with getting information to the unit when requested and updating information within the Patient Care System when needed.
- **Program Assistant (Administrative Assistants, 6 FTE)** - provides support on patient care units by organizing paper charts during inpatient stays. The system is sorted as a hybrid between an electronic and paper system. They are responsible for ensuring all documentation is authenticated and in order according to the filing sequence utilized by the hospital. This position works closely with nursing staff to order supplies for the unit in which they reside. This position also ensures that items are prepared for the day-to-day activities of the treatment teams by prepping paperwork needed for the day or the next day. Additionally, Program assistants are responsible for keeping an updated book of polices on unit in cases in which there may be a need for paper copies.

DEPARTMENT UPDATES:

The HIM department's focus has been on processing all paper charts in preparation for the new EHR. This will save the department time when the hospital is ready to go fully electronic with its record system. The HIM's department keeps what is called "overflow" charts in the main office and scans them in sets as it is received from the patient units. The overflow charts have been thinned as much as possible and HIM's has been able to keep up with the workflow. The department has been working to improve its statistical cards. Statistical cards are a document which keeps all the patient's demographic and diagnostic information. They have been kept in filing cabinets while waiting to be scanned. There are thousands of cards waiting to be scanned and validated. The process to create an electronic storage system for them is almost complete. Cards will be processed until they have all been scanned in. The HIM's department continues to make improvements to processes such as medical coding, auditing, and improving process to be all electronic.

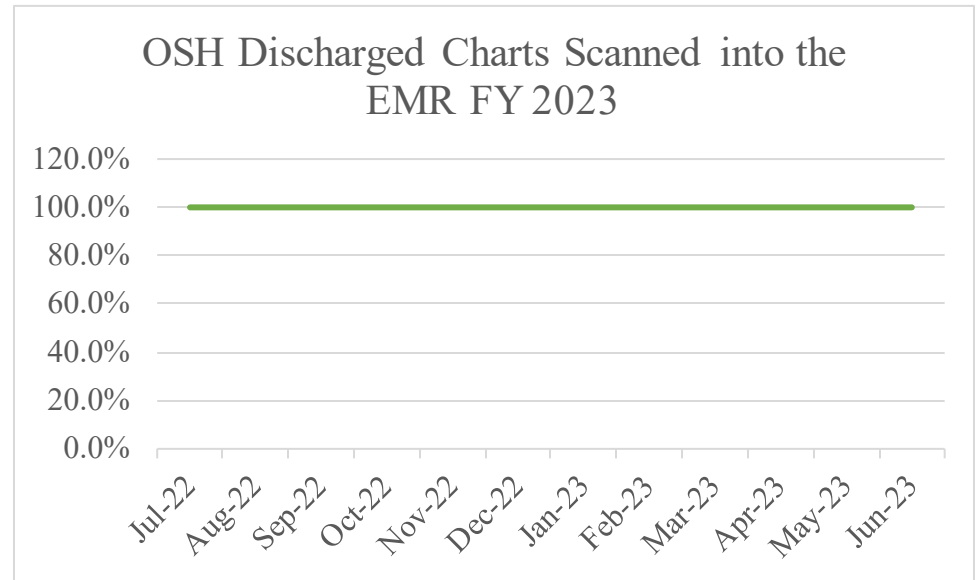
PERFORMANCE BASED BUDGETING GOALS

Goal: 100% of discharged charts will be scanned into the electronic medical record within 30 days of patient discharging

Measurement: Percentage of discharge charts scanned reported monthly

Department Responsible: Health Information Management

Month	Discharges	Charts Scanned Timely	Rate
Jul-22	9	9	100%
Aug-22	14	14	100%
Sep-22	18	18	100%
Oct-22	13	13	100%
Nov-22	13	13	100%
Dec-22	14	14	100%
Jan-23	13	13	100%
Feb-23	12	12	100%
Mar-23	15	15	100%
Apr-23	17	17	100%
May-23	19	19	100%
Jun-23	18	18	100%



Expenditures for Administration:

Administration	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Salaries and Wages	\$1,798,986	\$1,911,773	\$1,665,344	\$2,612,113	\$2,595,385
Shrinkage	\$0	\$0	\$0	\$ (865,560.00)	\$ (725,000.00)
Contractual Services	\$1,023,588	\$962,512	\$898,640	\$915,288	\$915,288
Commodities	\$46,249	\$31,710	\$15,800	\$14,024	\$14,024
Capital Outlay	\$125,609	\$131,443	\$99,309	\$300,125	\$104,375
Other Assistance	\$223,460	\$0	\$0	\$0	\$0
Total	\$3,217,892	\$3,037,438	\$2,679,093	\$2,975,990	\$2,904,072

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for positions and represents funding for 30 FTEs in FY 2024 FY 2025 for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2024: \$1,746,553 is requested. The shrinkage rate is 33.1%.

FY 2025: \$1,870,385 is requested. The shrinkage rate is 27.9%.

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses projected for this program including those allocated to the agency from the Department of Administration such as data, telecom, postage, OITS and Statewide Management Accounting and Reporting Tool (SMART). These expenses include communications (local phone & cell phones), equipment rental (copiers), travel, medical and service contracts, employment lab testing, KBI record checks and data management fees needed for accreditation (NRI). Staff recruitment resources are included here. Monies are also projected for shredding services, fees for an outside contractor to assist with the preparation of the annual Medicare & Medicaid cost reports, travel for all staff assigned to the program

FY 2024: \$915,218 is requested.

FY 2025: \$915,218 is requested.

Account Codes 53000 – 53900: Commodities

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program. Included are office supplies for medical records, miscellaneous supplies used by all hospital programs.

FY 2024: \$14,024 is requested.

FY 2025: \$14,024 is requested.

Account Codes 54000 – 54900: Capital Outlay

The funds requested for this object code will be used to purchase equipment, micro-computers, and other info processing equipment necessary to maintain operation of both administration and all of OSH.

FY 2024: \$300,125 is requested.

FY 2025: \$104,375 is requested.

Account Codes 55000: Other Assistance

These funds will be used potential property damage or loss claims.

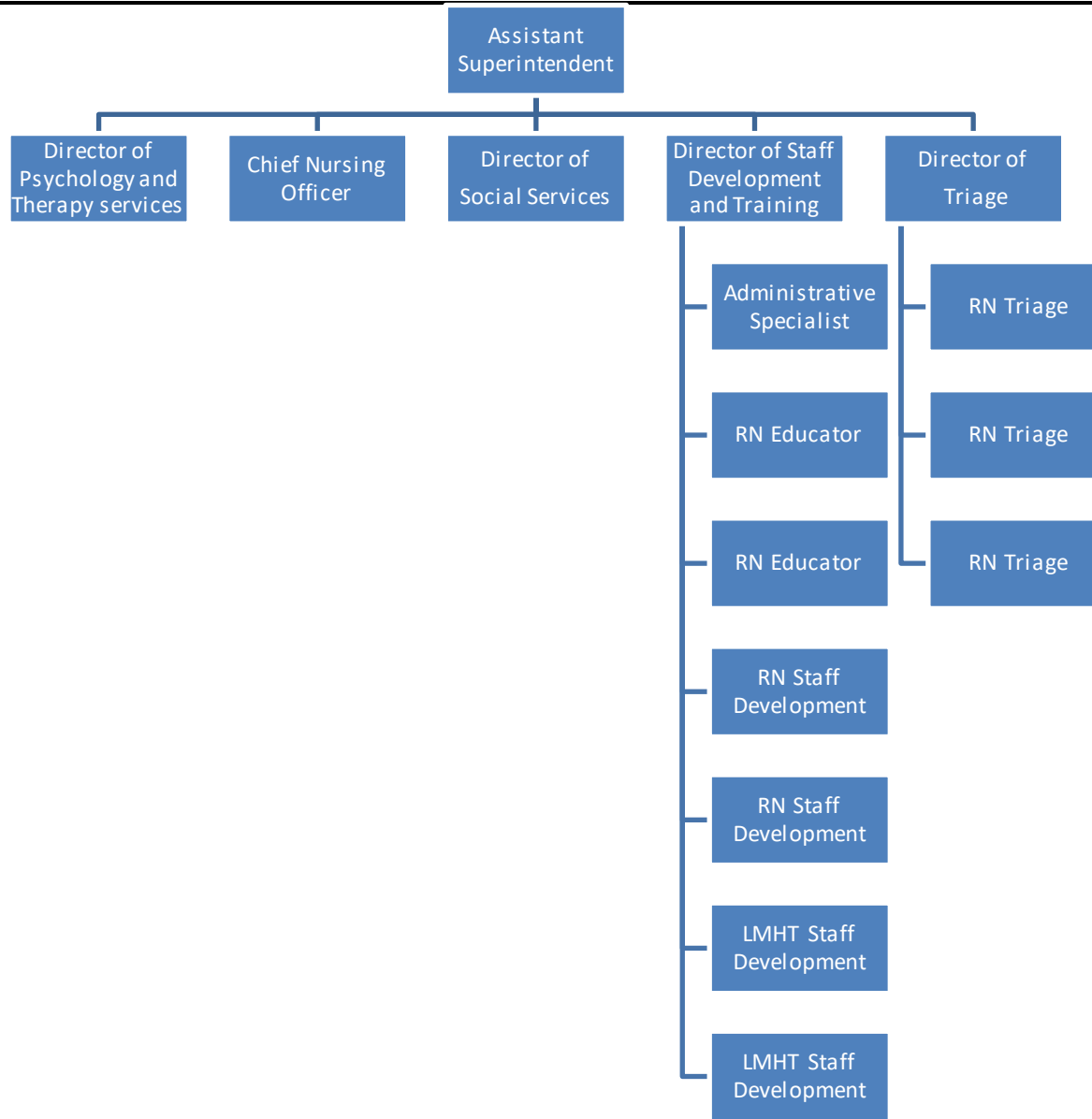
FY 2024: \$0 is requested.

FY 2025: \$0 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Staff Development and Training – 01070

The Staff Development and Training Program at Osawatomie State Hospital (OSH) is dedicated to delivering educational opportunities that enhance individual performance, foster personal growth, and lead to positive patient outcomes. Serving as the pilot site for the Mid-America Addition Technology Transfer Center (ATTC) and Truman Medical Center’s Trauma Informed Care (TIC) program in 2020, OSH embodies the goal of compassionate service delivery from patient intake to discharge. Rooted in the Missouri Model Principles for TIC, the hospital has almost completed a three-year project to become trauma-informed. Comprehensive training has been extended to supervisory and departmental staff, ensuring an environment of safety and collaboration. This initiative directly impacts patient experiences by fostering healing, communication, and patient-centered treatment, with an evolving focus on tailored services aligned with patient needs.



DEPARTMENT DESCRIPTION:

Staff Development and Training (SD&T) is responsible for orientation of all hospital staff at Osawatomi State Hospital (OSH). SD&T uses oral presentations, computer-based training (CBTs), and hands-on training to orientate employees. SD&T also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Mental Health Technicians, Registered Nurses, Licensed Practical Nurses, and for all additional continuing education for behavioral health clinicians and medical services.

STAFFING:

- **Director of SD&T/Nursing Education** - Supervises the SD&T, Nursing Education, and Licensed Mental Health Technician training departments. This position also has oversight of education outcomes, credit hours, and licensing requirements for staff when needed. This position also has oversight of all CBTs and serves as the liaison between OSH and the long-term Continuing Education provider program.
 - **Registered Nurse (RN)** - Provides Basic Life Support (BLS) training to all staff, as well as Crisis Prevention Institute (CPI) training to all staff. These trainings are part of orientation, and then provided as a required annual training class.
 - **Registered Nurse (RN)** - Functions as the support staff for the SD&T, Nursing Education, and Licensed Mental Health Technician program. This position also manages the creation of the CBTs utilized by staff.
 - **Administrative Specialist** - Functions as the support staff for the SD&T, Nursing Education, and Licensed Mental Health Technician program. This position also manages the creation of the CBTS utilized by staff upon hire and for their annual training.

DEPARTMENT UPDATES:

The annual 2023 EXPO event holds great importance for SD&T, serving as a fundamental pillar in the organization's journey toward improvement. This event provides a crucial platform where staff members come together to engage in comprehensive training. It's a chance to refine existing skills and acquire new ones.

In a rapidly changing healthcare environment, staying up to date with best practices and emerging trends is essential. The EXPO event addresses this need by offering a structured learning environment. Through a mix of hands-on sessions and CBTs tailored to the specific needs of different roles, the event ensures that each staff member receives targeted instruction aligned with their responsibilities. This tailored approach emphasizes SD&T's commitment to recognizing and addressing the unique requirements of various departments. For example, nurses, responsible for patient care, receive intensive training that includes both computer-based learning and practical exercises. On the other hand, the custodial staff's training focuses more on practical aspects, reflecting the organization's pragmatic approach to skill enhancement.

The significance of the EXPO event goes beyond skill development. It serves as a platform for addressing staff concerns, insights, and questions. The choice of topics for each year's EXPO reflects SD&T's responsiveness to the changing dynamics of mental health care. By focusing on areas like Medical Emergency codes ("Dr. Heart") and injection practices, the organization acknowledges the evolving challenges on campus and staff concerns.

PERFORMANCE BASED BUDGETING GOALS:

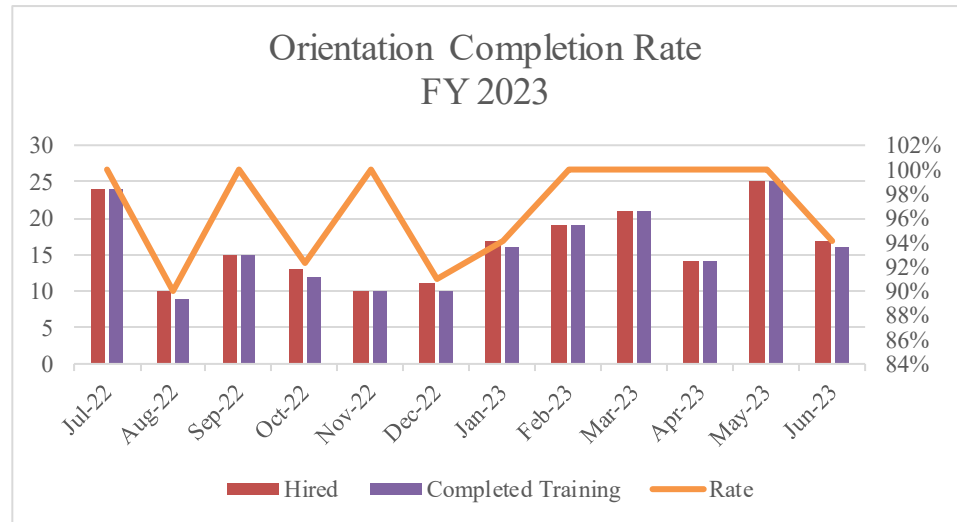
Goal: 100% of new hires will complete orientation.

Measurement: % of new hires completing orientation recorded monthly.

Department Responsible: Staff Development and Training

Performance Measures	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Percent of Staff to complete orientation	94%	98%	97%	98%	99%

Month	Hired	Completed Training	Rate
July-22	24	24	100.00%
Aug-22	10	9	90.00%
Sept-22	15	15	100.00%
Oct-22	13	12	92.31%
Nov-22	10	10	100.00%
Dec-22	11	10	90.91%
Jan-23	17	16	94.12%
Feb-23	19	19	100.00%
Mar-23	21	21	100.00%
Apr-23	14	14	100.00%
May-23	25	25	100.00%
June-23	17	16	94.12%

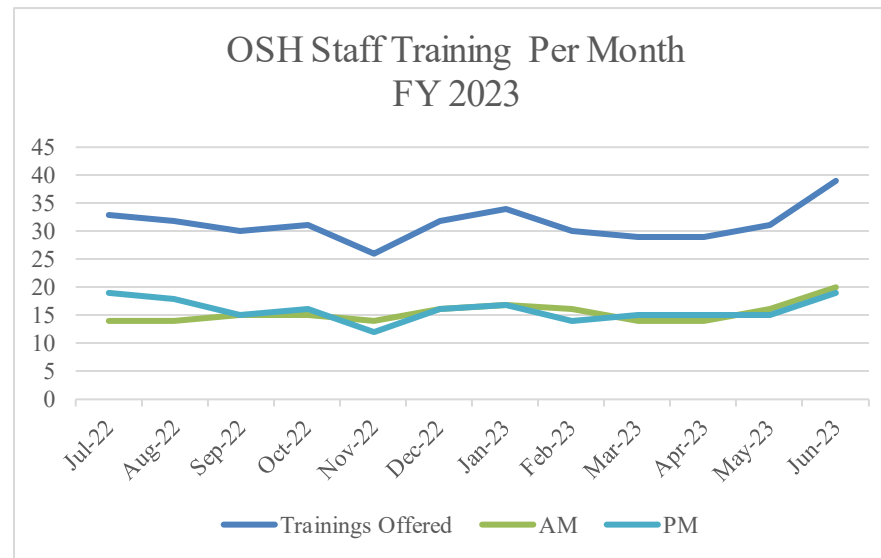


Goal: Education will be offered each month for both AM and PM shifts.

Measurement: Number of education opportunities offered monthly reported.

Department Responsible: Staff Development and Training

Month	Trainings Offered	AM	PM
Jul-22	33	14	19
Aug-22	32	14	18
Sep-22	30	15	15
Oct-22	31	15	16
Nov-22	26	14	12
Dec-22	32	16	16
Jan-23	34	17	17
Feb-23	30	16	14
Mar-23	29	14	15
Apr-23	29	14	15
May-23	31	16	15
Jun-23	39	20	19



Expenditures for Staff Development and Training:

Staff Development and Training	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Salaries and Wages	\$ 419,186.00	\$ 519,093.00	\$ 396,954.00	\$ 275,981.00	\$ 273,449.00
Shrinkage	\$ -	\$ -		\$ -	\$ -
Contractual Services	\$ 4,620.00	\$ 39,956.00	\$ 36,082.00	\$ 41,025.00	\$ 41,025.00
Commodities	\$ 19,574.00	\$ 22,661.00	\$ 12,030.00	\$ 12,250.00	\$ 12,250.00
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$443,380.00	\$581,710.00	\$445,066.00	\$329,256.00	\$ 326,724.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for 2.5 FTEs and represents funding for positions for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2024: \$275,981 is requested. The shrinkage rate is 0%.

FY 2025: \$273,449 is requested. The shrinkage rate is 0%.

Account Codes 52000 – 52900: Contractual Services

This category includes training for Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention. In FY 2022, an expanded CPI class was introduced to provide additional training to staff to create a safer working environment for both patients and staff.

FY 2024: \$41,025 is requested.

FY 2025: \$41,025 is requested.

Account Codes 53000 – 53900: Commodities

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program.

FY 2024: \$12,250 is requested.

FY 2025: \$12,250 is requested.

Account Codes 54000 – 54900: Capital Outlay

No funds requested.

FY 2024: \$0 is requested.

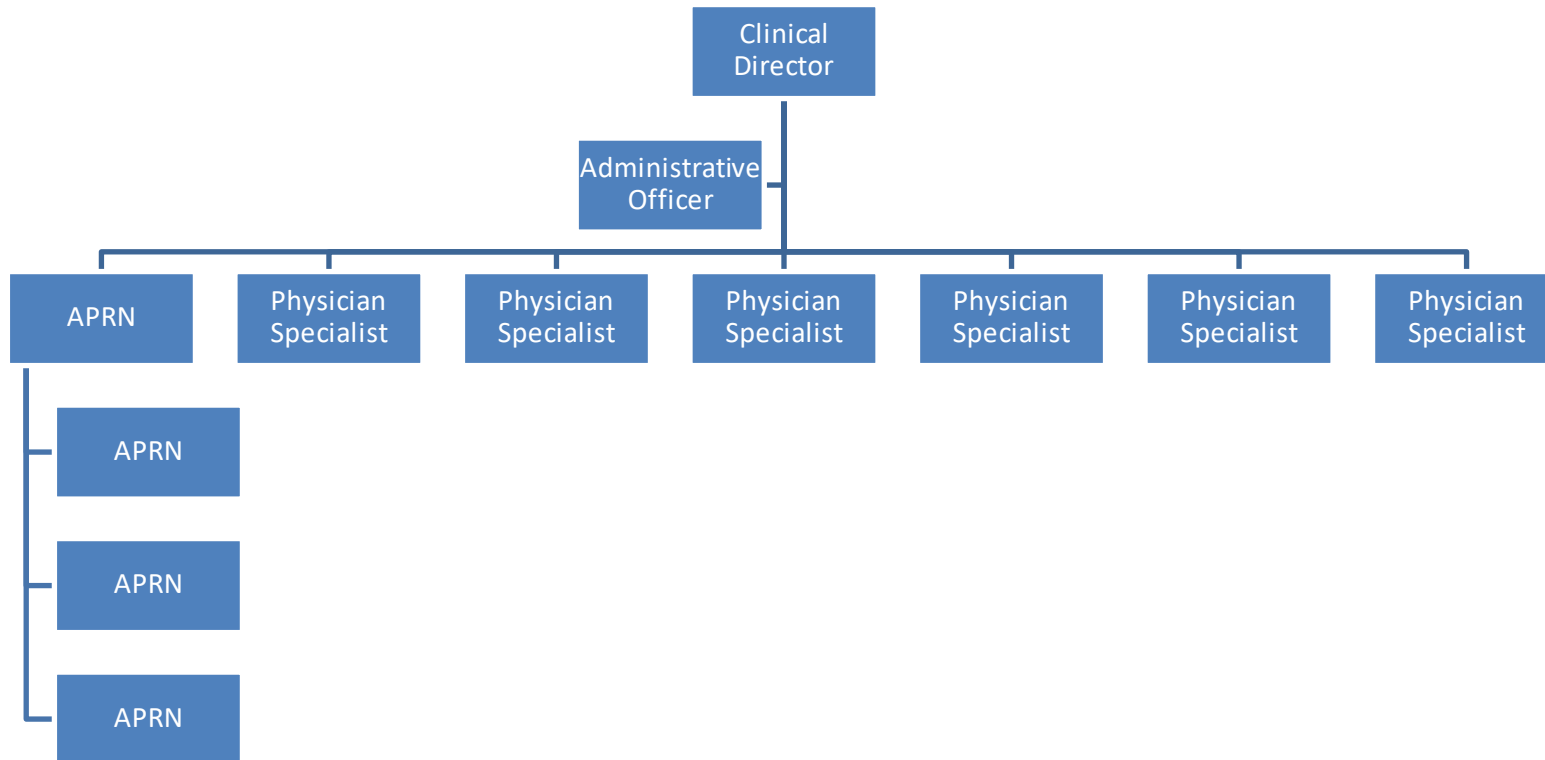
FY 2025: \$0 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Medical Services – 83000

Program Overview:

All psychiatric and medical services provided to the patients at the Osawatomi State Hospital are done under the auspices of the Medical and Surgical Services Program. From the initial evaluation, through day-to-day care, and up to the point of discharge, the medical staff forms the backbone of the medical and medication management for the patients being treated at the hospital. Coverage is provided on a “24/7” basis so a physician is always available to address the treatment needs of the patients. In addition, ancillary treatment is provided through the medical service including the Medical Laboratory, Pharmacy, Dentistry, Podiatry, Physical Therapy and other contracted services as appropriate to meet the needs of the patient. OSH provides some Medical Services to AAC through a MOU.



DEPARTMENT DATA:

MEDICAL SERVICES:

The Medical Staff serves Osawatomie State Hospital (OSH) by providing psychiatric and medical treatment, with the goal of enhancing patient care. They are highly qualified and privilege-granted hospital professionals with diverse expertise, including admission privileges, psychotropic pharmacology, seclusion and restraint use, assessments and evaluations, psychotherapy (group and individual), treatment of medical, neurologic, and addiction disorders. Their responsibilities include overseeing the credentialing process for all Medical Staff providers, verifying qualifications, licensures, and certifications to ensure compliance with required standards. Regular checks and updates on credentials ensure that providers maintain competency and stay up to date with medical advancements and best practices.

Collaborating closely with other hospital departments and leadership, the Medical Staff ensures seamless coordination and integration of services, resulting in a holistic and patient-centric approach to healthcare. As patient advocates, they actively participate in clinical governance and quality improvement initiatives. Through reviews, outcome analysis, and identification of areas for improvement, they continuously enhance patient care by implementing evidence-based practices.

STAFFING:

- **Clinical Director** - Provides oversight and direction for the Medical Staff and Clinical Oversight for the Pharmacy. Performs admissions, discharges, treatments, and psychological evaluations for patients. Reviews charts, evaluates staff, and educates them about medical advancements. Assists in scheduling and provides critical coverage when needed. The Clinical Director is responsible to provide regular checks and performance reviews to ensure compliance with the Medical Staff by-laws, hospital procedures and policies, and standards and regulations by accrediting agencies such as Centers for Medical/Medicaid Services (CMS) and Kansas Department of Health and Environment (KDHE).
 - **Associate Clinical Director** - Offers backup coverage to the Clinical Director. Conducts admissions, discharges, and treatments for patients. Consults with other physicians, reviews charts, and educates staff about medical advancements. Assists in scheduling and provides critical coverage during urgent times. Handles daytime admissions for AAC.
 - **Chief Medical Officer (Vacant)** - Has clinical and administrative oversight of the Medical Specialty Division of the Medical Staff and provides coverage of as a Medical Practitioner. Clinical Director fills this role's duties.

- **Staff Physician Specialist (9 FTE, 1 Vacant)** - Performs admissions, discharges, and treatments for patients. Provides psychological evaluations and support during adverse events. Charts patient progress.
- **Medical Advanced Practice Nurse Practitioner Clinical Programs Director** - Provides APRN oversight and scheduling for all staff. Treats common medical conditions and consults with physicians. Charts patient progress.
- **Medical Advanced Practice Nurse Practitioner (3 FTE)** - Treats common medical conditions and consults with physicians. Charts patient progress.
- **PRN Medical Advanced Practice Nurse Practitioner (1 PRN, 1 Vacancy)** - Offers patient medical treatment coverage on a rotating schedule.
- **Weekend & Holiday on Call (4, Privately Contracted)** - Provides coverage during non-regular workweek and holiday hours. Conducts admissions, discharges, and treatments for patients. Performs psychological evaluations and supports staff during adverse events. Charts patient progress.
- **Contracted Part-Time Dentist (Privately Contracted)** - Responsible for diagnosing and treating dental conditions, creating treatment plans, performing procedures, promoting preventive care, and maintaining records. Works with OSH patients only.
- **Administrative Officer** - provides credential verification through the American Medical Association (AMA) and the National Practitioners Data Bank (NPDB). The databases provided by the AMA and NPDB provide information about physician licensure, any past or pending legal action involving physicians, language verification for foreign trained physicians, educational references, past employment verification, and references. Assists in staff scheduling and verifies invoices for contracted roles. Facilitates education and orientation for all positions. Takes meeting minutes for the medical staff.

DEPARTMENT UPDATES:

Aside from providing patient care, the goal of the Medical Staff for the coming year is to fill vacancies; The department needs two more Psychiatric Advanced Practice Nurse Practitioners, one more Staff Physician Specialist, and a Chief Medical Officer. If these positions are filled, the department will have continuous flexibility amongst scheduling of staff. There will be some retirements in the department year. If these positions are filled promptly, scheduling will remain fluid.

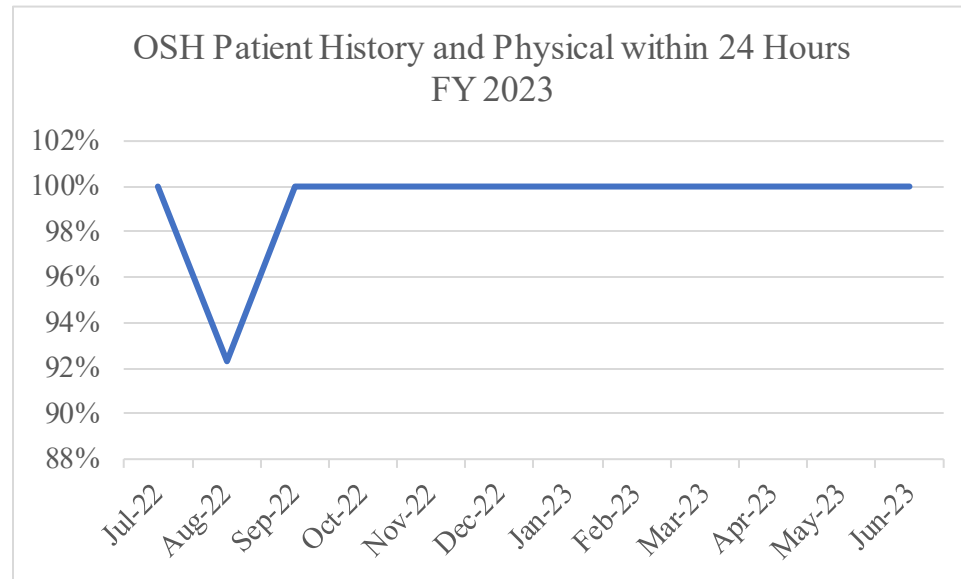
PERFORMANCE BASED BUDGETING GOALS:

Goal: 100% of patients will have a complete history and physical within 24 hours of admission.

Measurement: Percentage of patients having a complete history and physical within 24 hours of admission

Department Responsible: Medical Services

Month	Total	Timely Completed Evals	Rate
Jul-22	15	15	100%
Aug-22	13	12	92%
Sep-22	24	24	100%
Oct-22	13	13	100%
Nov-22	15	15	100%
Dec-22	13	13	100%
Jan-23	13	13	100%
Feb-23	9	9	100%
Mar-23	17	17	100%
Apr-23	16	16	100%
May-23	21	21	100%
Jun-23	13	13	100%

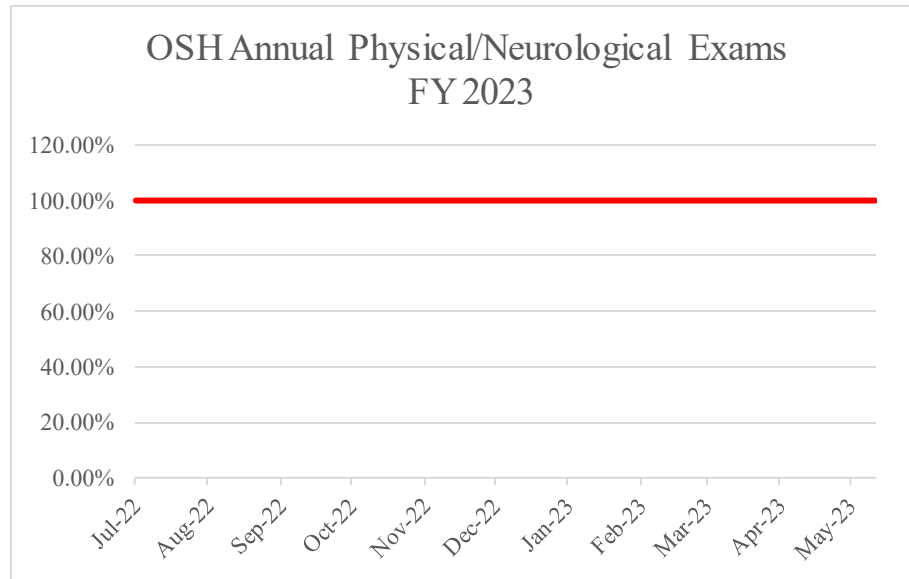


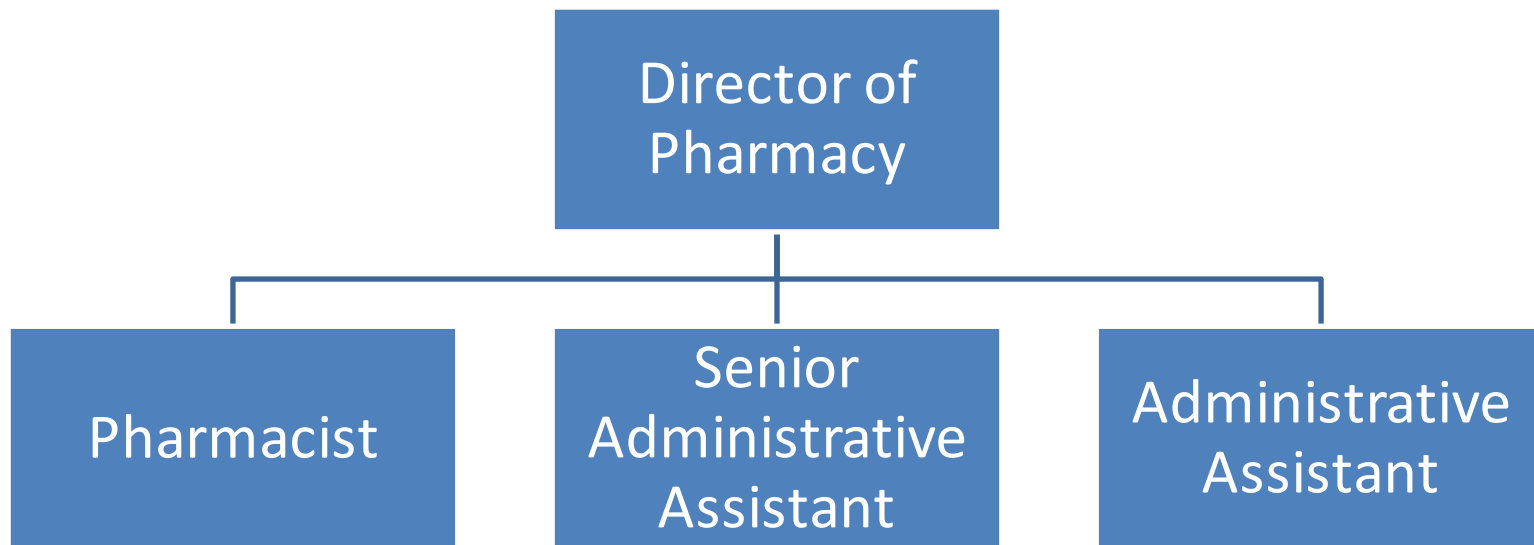
Goal: 100% of patients will receive an annual physical and neurological examination to promote health of patients remaining at the hospital for periods longer than one year

Measurement: Percentage of patients having an annual physical exam recorded monthly

Department Responsible: Medical Services

Month	Total	Timely Completed Evals	Rate
Jul-22	6	6	100%
Aug-22	5	5	100%
Sep-22	13	13	100%
Oct-22	2	2	100%
Nov-22	13	13	100%
Dec-22	9	9	100%
Jan-23	10	10	100%
Feb-23	5	5	100%
Mar-23	15	15	100%
Apr-23	11	11	100%
May-23	6	6	100%
Jun-23	6	6	100%





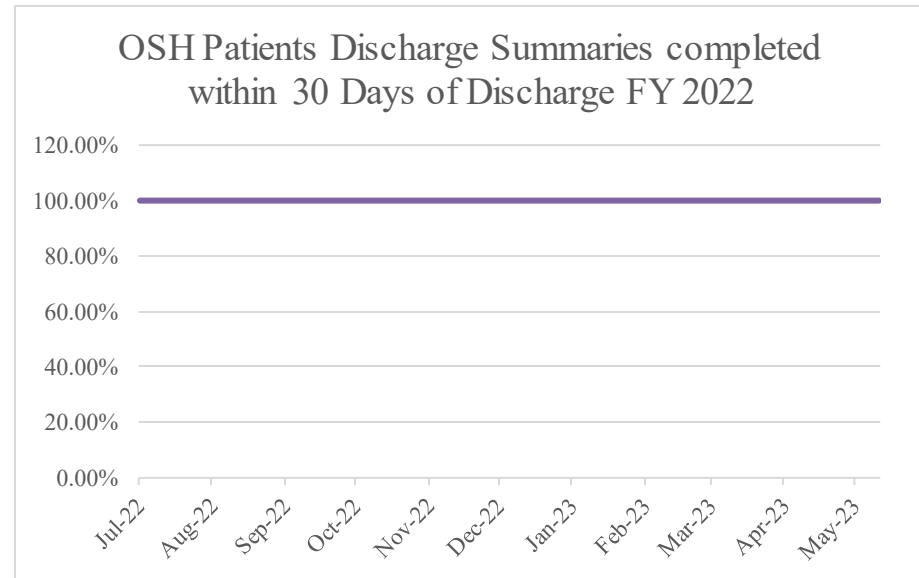
PERFORMANCE BASED BUDGETING GOALS:

Goal: At least 95% of patients discharged will have a Discharge Summary completed within 30 days of discharge

Measurement: Percentage of patients discharged having a discharge summary completed recorded monthly

Department Responsible: Psychology and Therapy Services

Month	Discharges	Summaries Completed Timely	Rate
Jul-22	9	9	100%
Aug-22	14	14	100%
Sep-22	18	18	100%
Oct-22	13	13	100%
Nov-22	13	13	100%
Dec-22	14	14	100%
Jan-23	13	13	100%
Feb-23	12	12	100%
Mar-23	15	15	100%
Apr-23	17	17	100%
May-23	19	19	100%
Jun-23	18	18	100%
Totals	175	175	100%

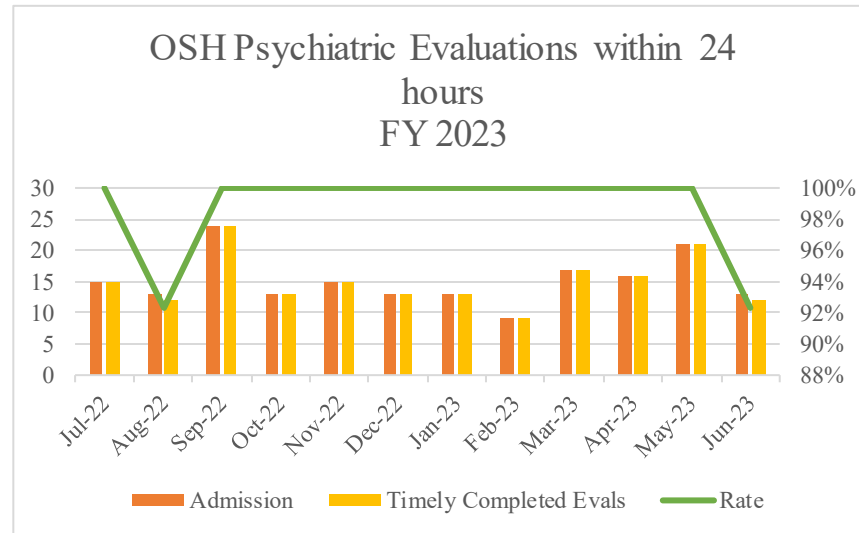


Goal: 100% of patients will be evaluated and the Psychiatric Evaluation documented within 24 hours of admission

Measurement: Percentage of patients having a psychiatric evaluation within 24 hours of admission recorded monthly

Department Responsible: Psychology and Therapy Services

Month	Admission	Timely Completed Evals	Rate
Jul-22	15	15	100%
Aug-22	13	12	92%
Sep-22	24	24	100%
Oct-22	13	13	100%
Nov-22	15	15	100%
Dec-22	13	13	100%
Jan-23	13	13	100%
Feb-23	9	9	100%
Mar-23	17	17	100%
Apr-23	16	16	100%
May-23	21	21	100%
Jun-23	13	12	92%



Performance Measures	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Percent of patients discharged having a Discharge Summary completed within 30 days of discharge.	97%	100%	100%	100%	100%
Percent of patients evaluated and Psychiatric Evaluation documented within 24 hours of admission.	97%	95%	99%	100%	100%

DEPARTMENT DESCRIPTION:

The Pharmacy Department ensures safe, effective, and cost-conscious medication use at Osawatomi State Hospital (OSH). Pharmacists under the department are accountable for both clinical and distributive functions. Distributive functions include tasks such as checking and stocking the Pyxis machines to maintain an accessible and adequate medication supply when the pharmacy is closed, as well as filling discharge medications to ensure seamless continuity of care. On the other hand, clinical functions involve reviewing medication orders to apply evidence-based therapeutic treatments, updating the hospital formulary to provide access to medications in accordance with current disease-state medication guidelines, and conducting patient chart reviews to assess current medication management.

Pharmacists are available on-call 24/7 to address both clinical and operational inquiries. Additionally, the pharmacy actively participates in the hospital's emergency response planning, infection prevention and control measures, management of hazardous medications, and incident reporting. Furthermore, they collaborate with the Medical Staff to develop a comprehensive formulary of medications available for prescription at the hospital and establish guidelines to ensure the safe prescribing of medications.

STAFFING:

- **Director of Pharmacy** - responsible for implementing pharmacy program solutions that enhance patient care and reduce costs. They oversee all pharmacy operations, manage personnel, ensure compliance with regulations, and collaborate with medical and nursing staff to develop medication-related policies. The Director monitors adverse drug reactions and medication errors, educates pharmacy students, and works with the Medical Staff to create a formulary of up-to-date medications based on evidence-based treatment. Efficient formulary and inventory management guarantee medication availability, while reviewing GPO agreements optimizes medication pricing.
- **Staff Pharmacist (1 FTE, 1 Vacancy)** - provides pharmaceutical care by managing drug distribution and clinical services. They identify and resolve medication-related issues, promote safe drug therapy, and accurately dispense medications. Additionally, they review patient charts, monitor medications, recommend formulary alternatives, and assess medication orders for optimal dosing and potential interactions. The Staff Pharmacist offers on-call coverage during off-hours, acts as a preceptor to pharmacy students, and plays a crucial role in ensuring safe medication management and patient well-being.

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- **PRN Pharmacist (2 PRN)** - provides comprehensive pharmaceutical care, ensuring safe and effective drug therapy. They accurately dispense medications, review patient charts, and monitor medications for optimal outcomes. The PRN Pharmacist fill in for staff pharmacists, act as a preceptor to pharmacy students and play a vital role in promoting patient well-being.
 - **Pharmacy Technician (1 FTE, 1 Vacancy)** - dispense medication, manage inventory, and deliver discharge and unit dose medications. Additionally, they maintain automated dispensing cabinets, direct phone calls, unit dose medications, and conduct inspections. The Pharmacy Technician manages formularies, reviews recall, orders supplies, and monitors inventory. They also handle medication rotation, packaging machine maintenance, and troubleshoot automated dispensing machines. Coordinating with contractors and billing staff, the Pharmacy Technician ensures smooth pharmacy operations and patient safety.
 - **PRN Pharmacy Technician** - Temporary Technician Position is vacant.

DEPARTMENT UPDATES:

September 2023 was the first anniversary of implementing Pyxis machines on every patient unit on OSH, automating medication dispensing and saving 20 hours per week of pharmacist time. Prior to installation, all the medications rooms at OSH were remodeled to accommodate the machines. The machines have increased medication availability by stocking standard formulary items in each unit and offering larger capacity machines with less frequently used formulary medications for immediate nursing access. Customizable inventories cater to specific patient populations and transferring patients' unique medications can be accommodated. The department is collaborating with the medical team to enable the pharmacy to actively manage patients with chronic conditions by closing in on the goal of two units per pharmacist with a 60:1 patient ratio, allowing closer therapy review, greater input on medication decisions, and reduced errors. By filling the vacancies in the Staff Pharmacist and Pharmacy technicians, the department can close in on this goal, ensuring a higher standard of patient care. The Pharmacy is constantly reviewing its the hospital formulary. This would mean expanding availability to long-acting injectable medication, participating in free trial medication programs for long-acting medication, adding newer medication to the formulary, aligning prescribing practices with the newest disease treatment guidelines. Pharmacy will continue to work with the University of Kansas as an internship/externship site for pharmacy students and hopes to have student assignments in June 2024.

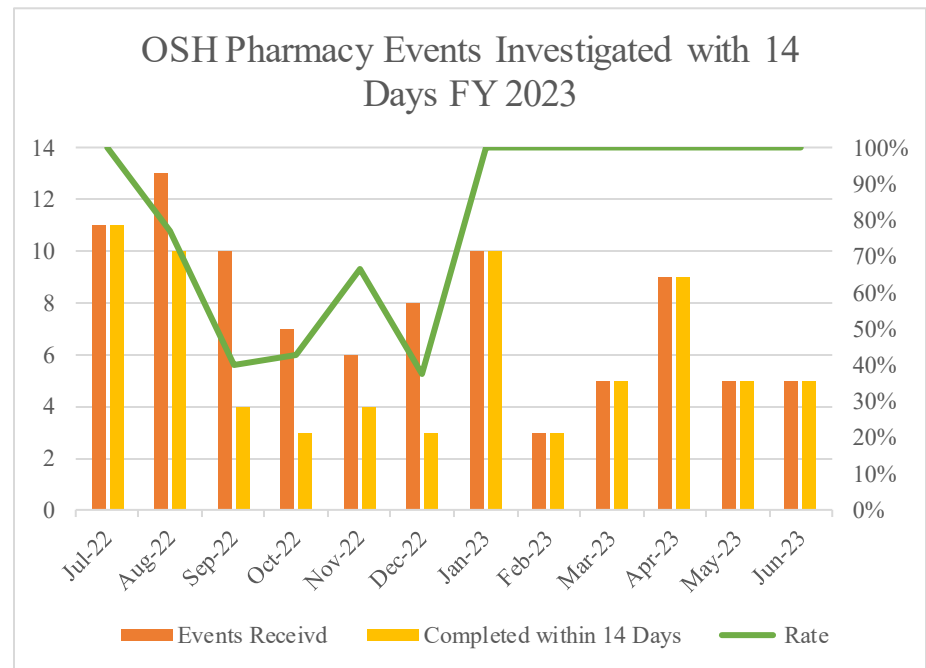
PERFORMANCE BASED BUDGETING GOALS:

Goal: 100% of reported Medication Alerts, Medication Variances and ADRs will be fully investigated with 14 days of receiving a report

Measurement: Percentage of events investigated with 14 days of receiving a report

Department Responsible: Pharmacy

Month	Events Received	Completed within 14 Days	Rate
Jul-22	11	11	100%
Aug-22	13	10	77%
Sep-22	10	4	40%
Oct-22	7	3	43%
Nov-22	6	4	67%
Dec-22	8	3	38%
Jan-23	10	10	100%
Feb-23	3	3	100%
Mar-23	5	5	100%
Apr-23	9	9	100%
May-23	5	5	100%
Jun-23	5	5	100%



DEPARTMENT DESCRIPTION:

The primary purpose of the Laboratory Department is to provide phlebotomy services to Osawatomie State Hospital. This department provides coverage for Medical Support Services (Ancillary Services) to meet requirements set forth in the performance of moderated and waived test complexities of a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory.

STAFFING:

- **Infection Control Officer (RN)** - In addition to administering a hospital wide infection prevention and control program, this position oversees and supervises the Laboratory Department. The Infection Control Officer manages Quality Assurance and Performance Improvement measures for the department as well as managing timesheets and schedules.
 - **Healthcare Technician II (3 FTE, 1 Vacancy)** - provides phlebotomy services, collecting and preparing various human samples for analysis while ensuring proper handling and storage. The position includes operating and maintaining testing equipment, conducting quality control checks, and communicating issues to medical personnel. Utilizing the Laboratory Information System for test orders, reports, and worksheets is crucial. The role extends to Medical Support Services for physicians and nurse practitioners, as well as providing clerical and supportive assistance to other medical practitioners and external services like Radiology and ECG testing. This entails tasks ranging from scheduling and equipment maintenance to patient escorting and supply management. The Healthcare Technician II also contributes to Employee Health/Infection Control by assisting with specimen collection for vaccination titers and tuberculosis screening and manages Dental supply orders.

DEPARTMENT UPDATES:

The Laboratory department's primary objective is to enhance quality and productivity by devising a streamlined and economically viable approach to delivering laboratory, radiology, and ECG services. This strategy is rooted in adhering to regulations, standards, internal assessments, and guidelines, all of which collectively aid physicians and nurse practitioners in effectively diagnosing, treating, and managing patients. The department's specific goals encompass modernizing outdated equipment, incorporating novel resources from laboratory information systems, and leveraging technology to heighten efficiency. This, in turn, aids clinical decision-making, accurate diagnoses, prompt treatment selection, minimal treatment delays, enhanced recovery, and disease prevention.

Expenditures Medical Services:

Medical	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Salaries and Wages	\$3,607,926	\$3,407,407	\$2,511,177	\$5,847,797	\$5,778,604
Shrinkage	\$0	\$0	\$0	(\$2,500,000)	(\$2,500,000)
Contractual Services	\$662,311	\$752,864	\$1,021,630	\$1,212,950	\$1,312,950
Commodities	\$742,394	\$255,575	\$613,433	\$651,450	\$650,700
Capital Outlay	\$249	\$4,384	\$9,224	\$5,000	\$5,000
Capital Improvements	\$0	\$0	\$0	\$0	\$0
Total	\$5,012,880	\$4,420,230	\$4,155,464	\$5,217,197	\$5,247,254

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for 16.5 FTEs and represents funding for all current positions for 26 pay periods, fringe benefits, health insurance, and longevity. This program consists of staff in the following departments:

FY 2024: \$3,347,797 is requested. The shrinkage rate is 42.8%.

FY 2025: \$3,278,604 is requested. The shrinkage rate is 43.3%.

Account Codes 52000 – 52900: Contractual Services

The larger amounts requested in this category represent professional fees. Professional fees are needed for the continuation of maintenance and service agreements. Maintenance agreements are for laboratory, EEG-EKG, x-ray, pharmacy and other equipment as needed. Service agreements on most of these items are required. Service agreements provide for the purchase of professional consultant services in specialized fields such as dental, psychiatry, radiology, pathology, podiatry, EKG-EEG, gynecology, optometry, obstetrics, neurology, physical therapy and audiology. Also included are the costs incurred to treat patients at outside medical facilities such as KU Medical Center and other providers when needed. Amounts for patient medical care sometimes fluctuate greatly between fiscal years depending on need.

FY 2024: \$1,212,950 is requested.

FY 2025: \$1,312,950 is requested.

Account Codes 53000 – 53900: Commodities

This category includes all supply type expenses projected for this program. Drug costs account for much of the amount in this category. With the increased number of psychotropic drugs becoming generic, changes in prescribing practices and the formulary costs have been reasonably consistent over the last two years. If new drugs are introduced which could benefit our patients, cost will increase. In addition to drug costs, the category also includes supplies used in the following areas: medical laboratory, X-Ray, EKG-EEG, physical therapy, pharmacy, psychological testing and dental services.

FY 2024: \$651,450 is requested.

FY 2025: \$650,700 is requested.

Account Codes 54000 – 54900: Capital Outlay

The funds would allow replacement of medical equipment as needed.

FY 2024: \$5,000 is requested.

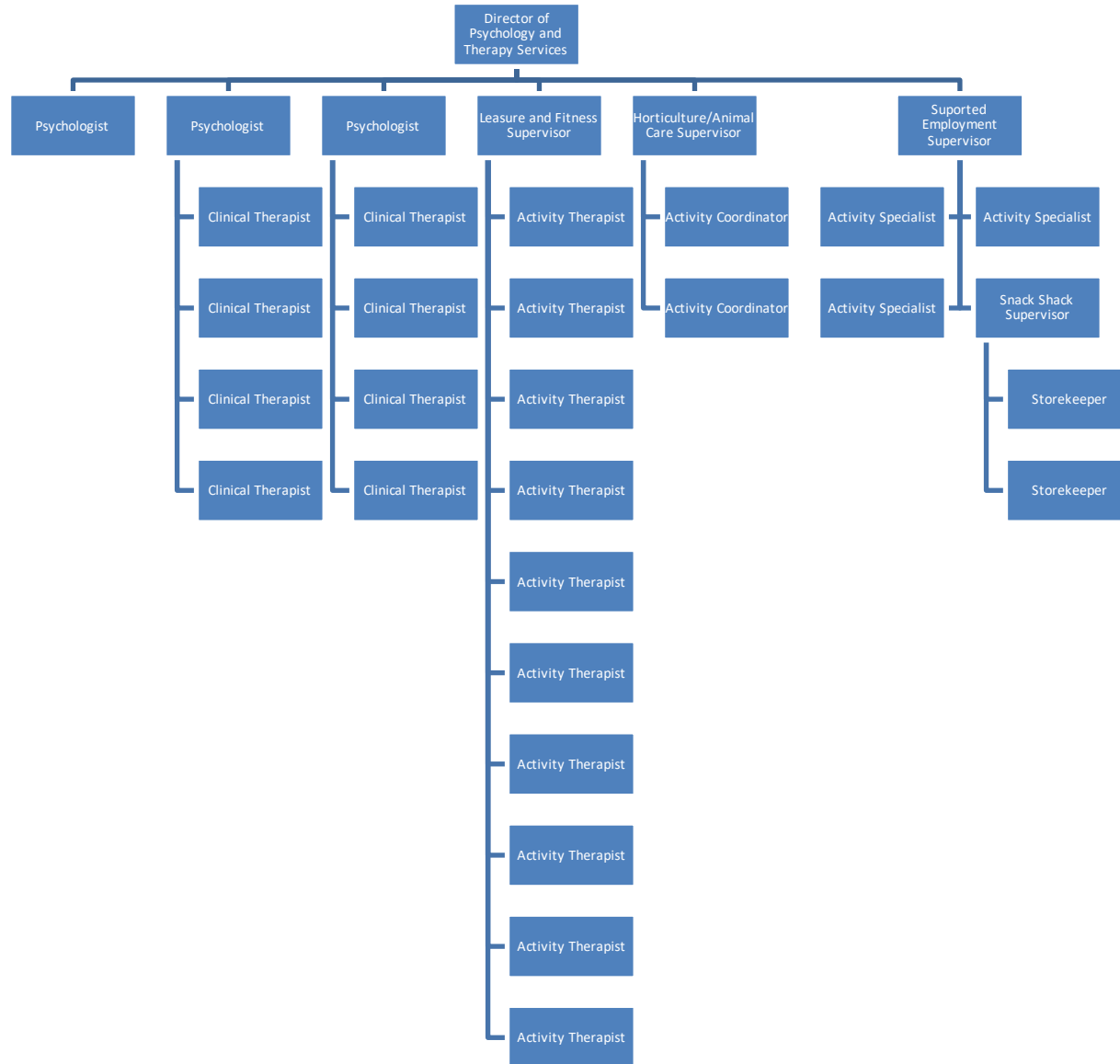
FY 2025: \$5,000 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Clinical Services – 84000

Program Overview:

The Clinical Services Program provides most group and individual psychotherapy for the patients admitted for inpatient care at the Osawatomie State Hospital. Services are provided to patients in licensed beds across five distinct treatment programs. Therapeutic activities occur seven days a week, 365 days a year. Within each treatment program, care for the patient is individualized according to his/her unique presenting concerns with coordination and oversight being provided by an interdisciplinary team (IDT) of mental health professionals. The approach used in each program is drawn from evidence-based practices and this approach is regularly reviewed to ensure it remains an accepted and effective standard of care. Clinical Services includes the activity therapies subprogram which provides patients with specialized clinical services in music, vocational, and recreation therapy, as well as more general leisure skills training consistent with their presenting psychiatric concerns. Prior to admission, all patients are assessed by a Community Mental Health Center (CMHC) screener, and they may subsequently be admitted on a voluntary or involuntary basis, depending on the results of the CMHC screen and the patient's level of understanding/cooperation. OSH provides some Clinical Services to AAC through a MOU.



FY 2024 – FY 2025

DEPARTMENT DATA:

PSYCHOLOGY AND THERAPY SERVICES:

Psychology and Therapy Services is comprised of psychologists, masters level therapists, leisure and fitness, and other support staff. The primary function of this department is to provide direct individual and group treatment services to patients at the hospital. Modalities vary by sub-department and are based on the unique needs of the patients on each treatment program. Services include individual therapy/contacts, group therapy, other group or individual activities, psychological assessment, and treatment planning. Additionally, for the psychologists and therapists, ongoing education is a component of the services provided – this may include provision of continuing education to the department or hospital, involvement with new hire orientation/training or other educational activities. Psychologists and sub-department supervisors also provide supervision to assigned staff.

STAFFING:

- **Director of Psychology and Therapy Services** - Provides oversight, direction, and guidance to sub-department directors as well as hospital Psychologists (who supervise the master's level clinicians). Works with department supervisors to ensure that services provided are appropriate to the needs of the hospital and patients. Guides and assists with day-to-day operations across sub-departments and aids in the development of new programs or adjustments to existing services. Also participates in direct patient services, such as psychological evaluations as needed.
 - **Psychologist - FTE:** Primary role is to provide psychological assessment services across campus, predominantly focusing on competency to stand trial evaluations. This staff member also provides coverage for treatment team or individual/group contacts if needed. This individual has applied for and been accepted into an Applied Behavioral Analysis program.
 - **Psychologist - FTE:** Primary role is the development and oversight of psychology student/intern training programs. This staff member provides direct psychological assessment services and supervises the work of all psychology students on campus (including direct observation, task assignment, and co-signing of notes). Additionally, this psychologist supervises half of the clinical therapists on campus and completes psychological evaluations.

- **Psychologist – 50%:** Provides direct supervision to half of the hospital’s clinical therapists. Offers group and individual treatment on patient units in need of additional assistance and provides education to hospital staff on relevant treatment topics.
- **Clinical Therapist (7 FTE, 1 Vacancy) -** This role involves facilitating psychotherapeutic and psychoeducational groups, along with individual therapy sessions. Each unit is staffed with two therapists. The focus is providing psychoeducation on trial competency. Additionally, educational group sessions and personalized therapy meetings are held. The clinician collaborates with the treatment team to organize and monitor patient progress. One team position is vacant, filled by a doctoral psychologist. Therapists also participate in campus education, including case presentations, instruction, mentoring, and staff support. The role also supports mentally ill patients under civil commitment, providing group and individual therapy. Two professionals supervise patient progress in the multidisciplinary team. Therapists, like peers, contribute to campus education through case presentations, student training, onboarding, and staff development.
- **Leisure and Fitness Department (described more fully in its own narrative) -** The Leisure and Fitness Department includes 1 supervisor, 8 activity specialists, 1 music therapist, and one art staff member. These individuals primarily provide direct patient treatment through the provision of groups, although some individual contacts are provided for patients who are unable to participate in a group setting.
- **Supported Employment Department (described more fully in its own narrative) -** The Supported Employment Department is composed of 1 supervisor and 3 activity staff. This department primarily provides direct experiential opportunities for patients to develop and practice job skills in a supervised environment. The department also offers on-unit educational groups for patients to learn life skills and vocational skills, even if they are unable to work on campus.
- **Horticulture/Animal Therapy (described more fully in its own narrative) -** The Horticulture/Animal Therapy Department is composed of 1 supervisor and 2 activity staff. This department provides on and off-unit groups, including opportunities for patients to engage with program animals (rabbit, goats, and dogs) and participate in horticultural activities, such as growing houseplants, flowers, and a full garden. These activities offer opportunities to become involved with real-world activities that can translate to managing free time or developing hobbies helpful after discharge.

DEPARTMENT UPDATES:

- **Psychology Department:**
 - There have been significant changes in the duties of doctoral-level psychology staff this year. Historically, each treatment team was headed by a doctoral psychologist, but over the years, the number of staff declined due to retirements or staff choosing to leave state employment. Additionally, the hospital's specialty needs have evolved, leading to a greater demand for competency to stand trial treatment beds. As a result, the psychologists have shifted their focus away from working extensively with treatment teams. This rebalancing allows them to devote more time to evaluations, a skill unique to doctoral staff. In the upcoming year, additional changes are expected, as one psychologist is pursuing certification in Applied Behavioral Analysis, which will enable an increase in specialized services available to patients at the hospital.
 - Ongoing development of training programs is a priority. One of the psychologists is dedicated to establishing a pre-doctoral APA-accredited internship program and other training opportunities. Currently, a yearlong practicum rotation is provided for students in their doctoral programs at nearby universities. The student class has grown from 3-4 in the past two years to 5 students this year (3 therapy and 2 assessment students). Additionally, a post-doctoral fellowship position is available. Developing these programs provides essential educational opportunities for clinicians in training and allows the hospital to meet the requirements for formal accredited internships. This area remains a focus for the continuous growth and development of the psychology department.
 - Additional focus has been placed on updating resources at the psychology testing lab, ensuring that the tests and tools available are up to date and meet the hospital's needs. Recently, the Q-Interactive testing platform was added, allowing for efficient administration of testing materials to patients.
 - Competency Treatment/Assessment: The number of admissions for competency to stand trial evaluations and treatment has increased over the years, leading the hospital to establish two units dedicated to competency. This area requires increased staff support for education, either through formal competency education groups or individual education, and assessment. Exploration of other approaches and resources that may benefit patients continues.

- **Clinical Therapy:**
 - Clinical therapists continue to provide most psychoeducational groups across the campus. This year, their involvement in education within the department and other areas of the hospital for staff development has increased. As part of their annual evaluation expectations, department staff have been tasked with providing case presentations and education to new hire orientees, students, existing staff, or the community. Due to the rise in competency to stand trial patients this year, all current clinical therapists received education about these processes and basic restoration activities. Cross-training will remain a focus due to the growing population in need of these services.
 - Resources for groups and general provision of services are an area of focus for the coming year. Available resources are being evaluated to determine what additional materials are needed to provide high-quality groups and other treatment opportunities for patients.
 - With the reopening of the activity center, there are new opportunities for clinical staff to provide groups in a setting where patients from multiple units can attend. While clinical groups have traditionally been offered on each treatment unit directly over the past decade, it is believed that providing groups at a common setting will offer considerable benefits. This approach allows for a greater variety of groups to be presented to patients, and several clinicians have already expressed interest in providing hospital-wide patient groups.

DEPARTMENT DESCRIPTION:

The Supported Employment department at OSH provides patients with opportunities to develop vocational job skills and work experiences helpful for community life. The goal of the program is too better preparing patients for life after their discharge from OSH. Patients must be on “yellow band” status (able to leave their treatment units with supervision) and the team must agree that the patient is a good candidate for supported employment. Department staff assist with getting patients replacement birth certificates, Social Security cards as well as Identification Cards (ID) if they do not possess these documents. The departments provide on-unit groups on two units for those patients interested in working or wanting to learn how to build resumes, cover letters, budgeting etc. Patients involved in working through the department are provided with a minimum wage position with oversight and supervision by staff.

STAFFING:

- **Director of Supported Employment** - provides supervision of Supported Employment Staff, Snack Shack staff, and resident workers. Manages overall direction for the department and works collaboratively with director of Psychology and Therapy Services (PTS) for departmental growth and development including policy development. Provides direct coverage when Snack Shack staff or Supported Employment staff are out. Communicates and coordinates with unit treatment teams for patient needs and changes. Orders Birth Certificates, Social Security Cards, assists with transportation to ID appointments, if necessary, goes shopping for Snack Shack for food products.
 - **Activity Specialist I** - provide supervision of resident workers. Communicates with outside partners, hospital administration and KDADS regarding development of existing and new programs to offer additional employment opportunities to patients. Assists with transportation to ID appointments. Completes documentation in patient charts regarding behavior and any relevant observations from work sessions.
 - **Activity Specialist I** - provide supervision of resident workers, provides groups on unit, and assists with transportation to ID appointments. Completes documentation in patient charts regarding behavior and any relevant observations from work sessions.

- **Activity Specialist I** - provide supervision of resident workers and assists with transportation to ID appointments. Completes documentation in patient charts regarding behavior and any relevant observations from work sessions. Provides on-unit employment education groups for two treatment units.

DEPARTMENT UPDATES:

The Supported Employment program has grown this past year, with the addition of another Activity Specialist. This allows for increased monitoring and opportunities to offer employment to a greater number of patients. Additionally, the Resident Worker program has identified cost savings related to hospital blankets allowing for reclaiming (additional cleaning) of damaged blankets or donations to local shelters and other community agencies. Work continues development of the Resident Worker workshop. The department requires ongoing monitoring and adjustments as patients discharge and others become eligible for employment.

DEPARTMENT DESCRIPTION:

The Leisure and Fitness Department emphasizes a healthy lifestyle, improved coping skills, and effective symptom management through diverse group and individual activities. These include physical exercises for movement and relaxation, creative endeavors for self-expression and crafting, and social activities to foster meaningful interactions. Monthly group activity calendars consider individual preferences and activity levels, while music therapy and creative arts sessions further promote overall wellness, enhancing patient care.

STAFFING:

- **Leisure & Fitness Supervisor** - oversees staff to provide treatment services, leisure activities, and special events to patients. Additionally, this position collaborates closely with other departments and treatment units to coordinate patient care and communicate relevant information. This role also provides professional development for staff and ensures adequate supplies and equipment are available for patient activities.
 - **Activity Therapist I (Creative Arts, unlicensed)** - responsible for selecting, designing, and conducting art activities for patients on all treatment units. Within the structure of the art activity, each patient's treatment aligns with goals and interventions developed by the interdisciplinary team. The therapist primarily provides patients with an opportunity to express themselves through non-verbal means, such as painting, sculpture, drawing, or other expressive techniques. Documentation of treatment and patient response is provided in the medical record.
 - **Activity Therapist I (Music Therapist, licensed)**- provides Music Therapy treatment groups and individual sessions to address patient treatment goals. These groups offer patients opportunities for relaxation, self-expression, skill-building, and teamwork. The therapist assesses patient needs and strengths through direct observations and provides recommendations for how music therapy may help meet patient treatment goals and interventions. Documentation of services provided to patients aligns with their individual Treatment Plan.

- **Activity Specialist I (8 FTE)** - facilitate activity groups seven days a week for patients, both on and off the treatment units, utilizing hospital facilities like the gym, activity center, auditorium, and grounds for those able to leave the unit. During activities, they guide and educate patients while closely observing and documenting their participation, reactions, and progress. Customizing activity plans based on patient needs and interests, this role actively encourage patients to explore leisure activities such as sports, games, arts and crafts, and other physical endeavors to promote wellness. Collaborating with the treatment team, they plan and evaluate activity programs, fostering patients' mental and physical well-being. Additionally, Activity Specialists instruct patients in various activities and techniques, such as sports, dance, music, art, or relaxation, tailored to meet individual needs and contribute to a supportive therapeutic environment.

DEPARTMENT UPDATES:

In the past year, the Leisure and Fitness Department has experienced multiple significant changes. All positions are currently filled, enabling the development of a regular schedule of daily groups for each unit. Full staffing also allows for collaborative efforts in organizing hospital-wide events for patients and staff. Notable highlights for this year include a hospital parade last fall, a holiday program in winter, and a recent summer dance and carnival. Additionally, the activity center has recently re-opened, providing space for events and regular hospital-wide groups.

Goals for the upcoming year consist of:

- Continuing hospital-wide events such as parades, carnivals, field days, movies, dances, holiday programs, talent shows, and tributes.
- Department expansion, with the addition of 1-1 more Activity Specialists, to offer better support for staff and enhance the ability to monitor off-unit activities. Currently, 4 staff members work Tuesday-Saturday, and 4 work Sunday-Thursday, providing coverage seven days a week. However, this arrangement limits group sizes and the ability to leave the unit due to staff-to-patient ratios, as one LF staff member works alone on their unit for four days each week.
- Improving groups offered at the activity center by collaborating with psychologists and therapists to create a set schedule of activities that complement each other. The goal is for the activity center to serve as a hub for treatment, encompassing music, art, physical activities, and clinical groups.
- Returning the responsibility of escorting patients (in limited numbers) to the hospital coffee shop to the nursing staff, as the Leisure/Fitness department now has stabilized staffing and COVID restrictions have lifted. This will enable more flexibility.

DEPARTMENT DESCRIPTION:

Agriculture Therapy serves patients at OSH. Horticulture and animal activity groups are offered to referred patients, aiming to enhance their abilities for life outside the hospital. Staff is available seven days a week, providing daily care to plants and program animals. Through engaging activities and personalized attention, rapport is built with patients, teaching them valuable horticultural skills and animal care techniques. The horticulture group covers gardening, plant propagation, landscaping, indoor plant care, and therapeutic gardening. Meanwhile, the animal activity group involves animal care, training, animal-assisted therapy, education, and community outreach. By fostering connections with nature and animals, the goal is to improve the patients' quality of life and equip them with marketable job skills or lifelong recreational interests for community integration.

STAFFING:

- **Department Head Position:** The Department Head provides crucial support to the agriculture staff and oversees all agricultural projects at OSH. This includes managing greenhouse operations and ensuring the welfare of animals on campus. Additionally, the Department Head designs and facilitates patient groups and activities related to animals and horticulture. Managing the department budget, maintaining policies, and supervising activity specialists within the agriculture department are also key responsibilities.
 - **Activity Coordinator (Sunday - Thursday):** As part of the team responsible for caring for livestock, greenhouse, and gardens, the Activity Coordinator delivers direct services and support to patients primarily through group activities. These groups offer patients opportunities to engage with the hospital greenhouses and animals, learn new skills, and practice activities for use both during their stay and after discharge.
 - **Activity Coordinator (Tuesday - Saturday):** Like the Sunday-Thursday Coordinator, this position is part of the team responsible for caring for livestock, greenhouse, and gardens. The Activity Coordinator delivers direct services and support to patients primarily through group activities. Patients are given the chance to interact with the hospital greenhouses and animals, learn new skills, and engage in activities that can be beneficial during their stay and after discharge.

DEPARTMENT UPDATES:

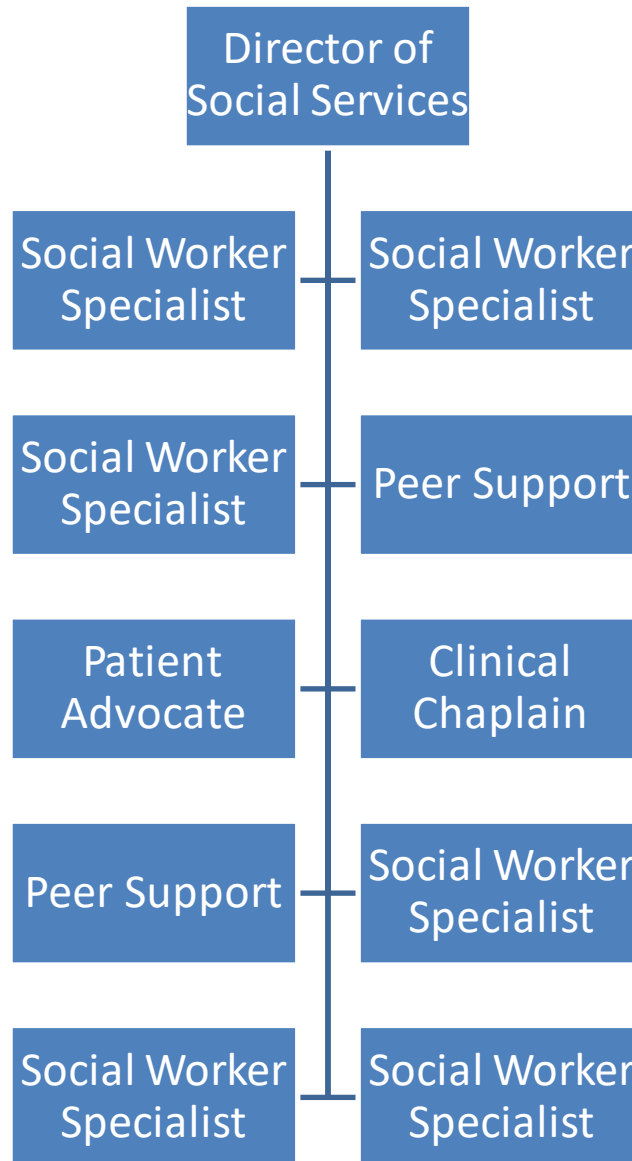
- **General:**
 - The department grew by one FTE this year and services were expanded to covering seven days per week. Previously, assistance from other departments was obtained through the weekend as all staff in the department were scheduled Monday through Friday. With the departure of one staff member, the schedule was adjusted, and a position added so departmental coverage was available throughout the week. An increased number of staff allowed for the ongoing growth and development of the department, including expanded revitalization of the greenhouse and gardens, increased patient groups, and increased focus on community involvement/vitality.
- **Greenhouse:**
 - There has been a lot of work with revitalization of the hospital greenhouses and horticulture building. The swamp coolers have received maintenance in the smaller greenhouse and the horticulture building has received new windows and has been repainted. The horticulture building now serves as office space for the 3 FTE department employees.
 - Greenhouse group is now available daily at 9:00 AM, allowing patients multiple opportunities each week for involvement.
 - 2 gardens have been tilled and patients were involved with planting summer and fall harvest vegetables.
 - Patients have been involved with planting houseplants and flowers which are available for sale to the staff and community – funds return into the department account for purchase of new seeds, soil, and other resources for patient groups.
- **Animal Program:**
 - Additional goat kids have been born this year and patients have been excited to spend time with them.
 - The dogs have been doing well and have been incorporated into some animal assisted interventions with other departments (physical therapy).

- **Community Vitality:**

- “Little Farm on the Hill” at Osawatomi State Hospital has worked hard to increase community involvement this year.
- Continued participation in Miami County Farm Tour
- Plants were sourced and sold to the City of Osawatomi for use in their planters and garden areas.
- A “First Friday Farmer’s Market” was established in June and will run through October – this is a market available on the first Friday of the month that staff and the community can attend to buy or sell crafted or farmed items. This has been very successful and serves as a way for the community to view the hospital in a different way, as a resource and strong community partner.
- A partnership has been established with the K-State Research and Extension office and monthly presentations will be provided at the First Friday Markets.
- Quarterly educational/experiential events (such as floral arranging) will also begin at the end of July for both staff and community members to sign up for.

This coming year....

- Ongoing development and enhancement of animal/horticulture groups. Existing groups will be reviewed based on patient and unit needs (considering elements such as patient attendance and satisfaction) and adjustments made to the schedule of offerings as needed.
- Expand and improve our animal facilities by adding additional pens for better animal management and rotational grazing. These changes will allow utilization of the pasture to the best of our ability.
- Some improvements are needed to the greenhouses such as automatic watering systems and a new control system for the new greenhouse.
- Continue partnership with K-State Research & Extension and add more events with them.
- Opportunities are available again (after many years) for staff to purchase fall mums and holiday poinsettias.



FY 2024 – FY 2025

DEPARTMENT DESCRIPTION:

The Social Services Department at Osawatomi State Hospital (OSH) enhances patient care by facilitating effective communication between various parties involved in the treatment and discharge process. The department comprises several essential components, namely patient advocacy, peer support, clinical chaplain services, and social workers responsible for discharge planning.

Social workers are equipped with specialized training in the SOAR program, which focuses on Social Security Disability Applications, allowing them to manage the necessary paperwork for eligible patients. Their role includes conducting Level 1 Preadmission and Screening Review assessments, ensuring patients receive medical if needed. Beyond this, social workers collaborate with family and community partners to craft comprehensive discharge plans, thereby ensuring a secure transition and arranging specialized aftercare when needed. In addition to their role in coordinating the flow of treatment information, social workers serve as the primary point of contact for patients' overall well-being, especially for those not in the patient's treatment team.

Patient Advocacy is a crucial function at OSH's Social Services Department, dedicated to safeguarding patients' rights and well-being. Advocates closely monitor hospital policies, support patients in decision-making, mediate conflicts, and ensure comprehensive care coordination for access to essential resources during and after treatment. Their goal is to empower patients, provide education, and serve as a vital link between patients and the healthcare system to enhance their overall care experience.

Peer Support is an integral component of the hospital's approach to patient care, where individuals with shared experiences provide emotional and practical support to patients. By fostering understanding and empathy, peers offer encouragement, act as role models for recovery, reduce stigma surrounding mental health and medical conditions, and create supportive group environments for open discussions and skill-sharing. This peer-driven support system empowers patients in their journey to overcome challenges, promoting self-advocacy and a sense of belonging throughout their treatment and recovery process.

The Clinical Chaplain plays a vital role in the Social Services Department at Osawatomi State Hospital, offering crucial spiritual support to patients throughout their treatment. They provide individual and group spiritual guidance, addressing the diverse beliefs of patients and ensuring their spiritual needs are met. Additionally, the Clinical Chaplain offers emotional and psychological assistance, serving as a compassionate listener and helping patients develop coping strategies. They collaborate with the interdisciplinary team, contribute to end-of-life care, and provide education to staff on respecting patients' spiritual beliefs. With a focus on holistic well-being, the Clinical Chaplain enhances patients' resilience and fosters a supportive and inclusive healthcare environment.

STAFFING:

- **Director of Social Services** - oversees and evaluates social work and therapeutic services to ensure patient care and efficient use of resources. They conduct regular reviews of psychosocial assessments and discharge plans to meet or exceed standards. Integration of assessment recommendations into treatment plans and post-discharge follow-up are part of their responsibilities. They collaborate with the treatment team to assess therapeutic services and plan for future improvements. Additionally, the Director provides clinical coverage, participates in reviews, and oversees Patient Advocacy, Peer Support, and Chaplain Services.
 - **Social Work Specialist (2 FTE, 3 Vacancies)** - plays an important role in the treatment and discharge plan for patients at Osawatomie State Hospital. They collaborate with community providers and patients' significant others to locate discharge resources and act as primary liaisons to families and community resources. Coordinating patient placement to the least restrictive environment, they provide valuable input during treatment team meetings and discharge planning to address changing patient needs.
 - **Social Work Specialist (Floater)** - As a vital part of the treatment and discharge plan, the Social Work Specialist (Floater) supports the unit Social Work Specialist by assisting with assessments, referrals, and coverage in their absence. They ensure continuity in discharge planning, especially for challenging cases and difficult-to-place patients.
 - **Social Work Specialist (Benefits, Vacant)** - focuses on developing robust benefits processes for patients, ensuring the best possible outcomes at discharge. They also provide coverage in the absence of the Social Work Specialist to maintain continuity in discharge planning.
 - **Clinical Chaplain** - attends to the spiritual needs of patients, conducting educational groups and worship services. They cater to diverse faiths and coordinate pastoral care integration with other clinical services and hospital treatment. They oversee the work of intern chaplains and other clergy assigned to OSH.

- **Peer Support Specialist (Administrative Specialist, 2 FTE)** - provides peer support, educational groups, and meetings with patients. They offer information about available services, encourage patients to participate in treatment, and accurately share patient concerns with the treatment team. This specialist also provides coverage for Patient Advocacy, documenting in the electronic health record, and maintaining patient grievance and rights documentation.
- **Patient Advocate (Program Consultant)** - serves as a resource for patients, discussing and clarifying their rights and responsibilities. They offer regular support and advocacy, ensuring compliance with human rights through monitoring treatment modalities and programs. The Patient Advocate also clarifies hospital policies and procedures for both staff and patients, and they promote hospital services to the community through outreach efforts.

DEPARTMENT UPDATES:

The Social Services Department is dedicated to meeting patients' needs through the coordination of discharge, aftercare, appointments, treatment programs, and more. However, three vacant positions for social workers remain unfilled due to salary constraints. To address patient benefits and streamline processes, a new benefits-specific social worker position has been created.

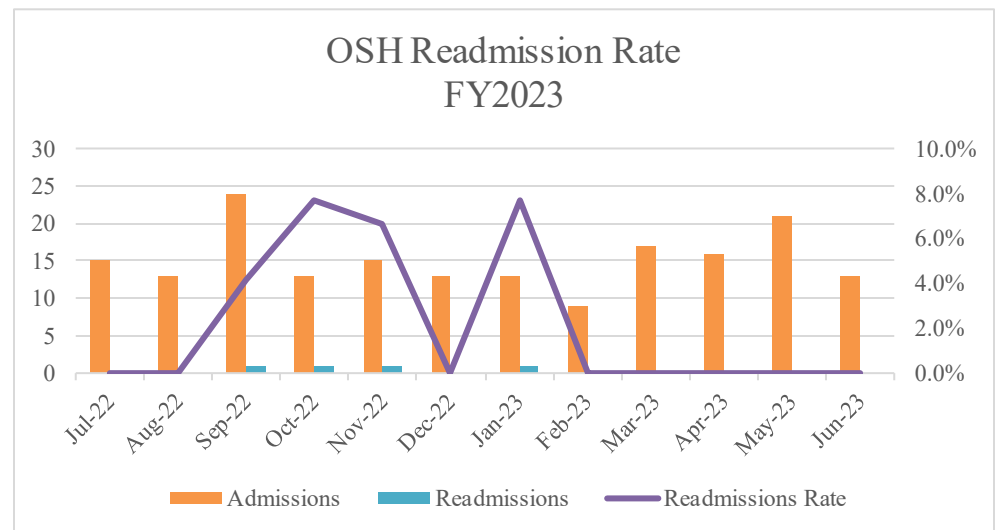
Education for staff will be provided: focusing on maintaining licensures (credit hours), improving patient interactions, work-life balance. The Peer Support program, particularly the Motivational Enhancement Program, empowers patients during treatment. Funding is sought for the ME Store, goods for holiday parties for patient units, and for Peer Support to attend the Kansas Recovery Peer Support Conference annually to stay up to date with best practices and discharge planning. The overarching goal remains to deliver exceptional care, adapt, and continuously improve services for patients.

Goal: Track and trend percentage of discharged patients readmitted within 30 days

Measurement: Percentage of patients readmitted within 30 days

Department Responsible: Social Services

Month	Admissions	Readmissions	Readmission Rate
Jul-22	15	0	0%
Aug-22	13	0	0%
Sep-22	24	1	4%
Oct-22	13	1	8%
Nov-22	15	1	7%
Dec-22	13	0	0%
Jan-23	13	1	8%
Feb-23	9	0	0%
Mar-23	17	0	0%
Apr-23	16	0	0%
May-23	21	0	0%
Jun-23	13	0	0%



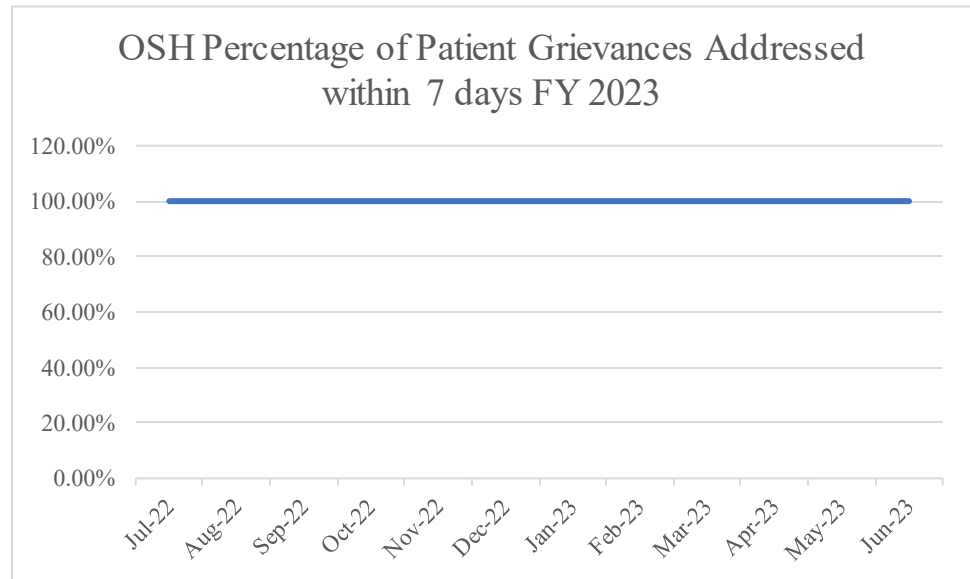
Performance Measures	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Percent of patients who are readmitted within 30 days of discharge.	1%	4%	2%	2%	1%

Goal: 100% of reported grievances will be address by the Patient Advocate within 7 days

Measurement: Percentage of grievances addressed reported monthly

Department Responsible: Patient Advocates

Month	Received	Addressed within 7 days	Rate
Jul-22	4	4	100%
Aug-22	5	5	100%
Sep-22	5	5	100%
Oct-22	5	5	100%
Nov-22	4	4	100%
Dec-22	6	6	100%
Jan-23	11	11	100%
Feb-23	5	5	100%
Mar-23	10	10	100%
Apr-23	4	4	100%
May-23	3	3	100%
Jun-23	6	6	100%



PERFORMANCE BASED BUDGETING GOALS:

Goal: Higher amount of responses and higher scores for the Patient Satisfaction Survey

Measurement: Track Patient Satisfaction through a survey

Department Responsible: Social Services

***NOTE: The Patient Satisfaction Survey changed and began to be recorded during Q3 of FY2023. The following data shows the last two quarters of FY 2023 of the new survey.**

1. I was given choices about my treatment, medications, and groups.
2. My team answered my questions about my treatment and medications.
3. The team explained what my medications were for and the side effects.
4. My medical problems were treated while I was here.
5. My team responded to my request and addressed them with me.
6. I felt free to let my team know about things that bothered me.
7. I am involved in my discharge planning.
8. The groups I attended were helpful to me.
9. The daily schedule helped me stay focused and on track with my treatment.
10. My therapist was helpful to me.
11. The social worker was helpful to me.
12. The nursing staff was helpful to me.
13. The patient advocate and peer support were helpful to me.
14. The hospital was clean and comfortable.
15. During my stay I was treated with dignity and respect.
16. What Number out of ten would you use to rate your stay?

<i>Survey Totals</i>	UNIT	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8
Q3 FY 2023	SSP	30%	70%	50%	60%	60%	50%	40%	60%
	PLS	68%	84%	70%	82%	77%	77%	80%	75%
	HPE	63%	63%	67%	67%	54%	63%	58%	75%
	CCP	78%	83%	78%	89%	89%	89%	83%	83%
	Totals	65%	77%	69%	77%	72%	73%	71%	75%
Q4 FY 2023	SSP	50%	63%	38%	88%	75%	75%	88%	88%
	PLS	86%	86%	86%	82%	86%	79%	86%	75%
	HPE	70%	75%	75%	65%	70%	80%	80%	80%
	CCP	81%	94%	88%	88%	81%	81%	69%	81%
	Totals	76%	82%	78%	79%	79%	79%	81%	79%

<i>Survey Totals</i>	UNIT	Question 9	Question 10	Question 11	Question 12	Question 13	Question 13	Question 14	Question 15	Question 16
Q3 FY 2023	SSP	60%	60%	50%	50%	50%	80%	80%	60%	7
	PLS	75%	84%	75%	66%	84%	89%	91%	86%	8.2
	HPE	75%	63%	71%	38%	71%	79%	54%	77%	6.8
	CCP	83%	89%	83%	89%	94%	94%	100%	94%	8.4
	Totals	75%	77%	73%	61%	79%	86%	82%	83%	7.7
Q4 FY 2023	SSP	88%	88%	88%	75%	88%	88%	88%	88%	7.5
	PLS	75%	79%	79%	79%	89%	89%	89%	82%	8
	HPE	80%	85%	80%	80%	65%	85%	75%	75%	7.7
	CCP	81%	81%	94%	88%	88%	94%	88%	88%	8.4
	Totals	79%	82%	83%	81%	82%	89%	85%	82%	7.9

- ***CCP (Continuing Care Program) - criminal competency assessment/treatment and stabilization treatment for those who are at risk for self/others**
- ***HOPE (Health Options, Plans, and Experiences) – For those who are at risk due to being in crisis from a mental illness**
- ***PLS (Positive Living Skills) – Designed for individuals whose mental illness may lead them to struggle for a defense in the legal system**
- ***WB (West Biddle) currently being remodeled (will be a part of Adair Acute Care)**
- ***SSP (Stepping Stones Program) – For those with longstanding mental illness, typically mid to late adulthood, assisted with activities of daily living**

DEPARTMENT DESCRIPTION:

The Dietary Services Department at Osawatome State Hospital (OSH) serves the dietary needs of patients. Department dietitians regularly meet with patients to provide education and consultation to patients. The dietitians also continuously develop and evaluate the nutrition program and nutrition education program to ensure better patient care. The department also works with a food service company to ensure food quality standards are met.

STAFFING:

- **Director of Nutrition Services (Vacant)** - supervise comprehensive nutritional care services, including assessments, diagnosis, and nutrition prescription recommendations. The director educates and counsels patients individually and in groups, ensuring they receive accurate and personalized nutrition care plans. They serve as a liaison between food services, nutrition service, and program teams, guaranteeing efficient collaboration and adherence to industry regulations. The director maintains professional competency, staying current with nutritional care practices and completing mandatory training. Additionally, they handle special projects and assist during emergencies or staffing shortages.
- **Director of Clinical Services** - provides oversight and leadership to the team of dietitians. The main responsibility of the Director of Clinical Services is to provide evaluations to enhance effectiveness in delivering nutritional care services to patients. Additionally, the director collaborates with the dietitians to implement departmental strategies, ensuring adherence to established policy and procedure. They also facilitate staff development through training and continuing education.

- **Registered Dietitian (2 FTE)** - adhere to clinical and therapeutic responsibilities through providing nutritional care services to patients. This registered dieticians conduct assessments based on medical conditions or physician orders. The position formulates nutrition prescriptions, provides education and counseling to patients and families, and participates in performance improvement projects. Additionally, this position completes special assignments and ongoing training, which covers topics like crisis prevention, security awareness, and technology systems. The position actively implements new programs and systems to improve efficiency and participates in meetings related to clinical review, ethics, and dietary matters. Moreover, the position is actively involved in patient care and dietary services, kitchen inspections, and diet audits. They handle test trays, teach nutrition groups, and engage in initiatives like the Stoplight program. Data collection for Monthly Foodservice Meetings and diabetic chart audits are also part of their responsibilities. The position serves as a liaison between unit operations and dietary staff, overseeing menu planning, addressing patient complaints and supply shortages. They also manage food-drug interactions, provide support during emergencies, and coordinate unit events.

DEPARTMENT UPDATES:

The most immediate goal of the Dietary Services Department is to fill the Director of Nutrition Position. If filled, the department will operate at a smoother rate. In the coming fiscal year, the department plans to add a new event in March of 2024 during National Nutrition Month. Additional education, games, and prizes will be provided to patients who participate. The goal is to create and promote an awareness week for staff and patients in March 2024. Other costs for the department in FY 2024 include the purchase of updated reference manuals to be utilized by the registered dieticians.

DEPARTMENT DESCRIPTION:

The scheduling department staffs and schedules the patient units with proper ratios to ensure patient care and safety for patients and staff for Osawatomie State Hospital (OSH). The department staffs each unit accordingly: 2 Registered Nurses (RN), 1 Licensed Practical Nurse (LPN)/Licensed Mental Health Technician (LMHT), 4 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to increasingly ensure safety for all.

Staff is recruited to cover Requested Time Off (RTO), Crisis Prevention Institute (CPI)/Cardiopulmonary Resuscitation (CPR) trainings, patient appointments, sick leave, admin leave, work comp, and the Family Medical Leave Act leave.

The nursing service staff schedule is developed in accordance with current policy and procedure. The daily shift schedule is evaluated. This is on-going and requires hourly changes. Develops plans for establishing schedules in the required time frames. Provides information that requires immediate attention executives and delegates other matters to various management nursing staff in unit programs. Performs office management duties; oversees the maintenance of required staffing data. Responsible for the procurement of supplies; maintenance of inventory records. Advises other department head and executives' administrative policies at the direction of a supervisor.

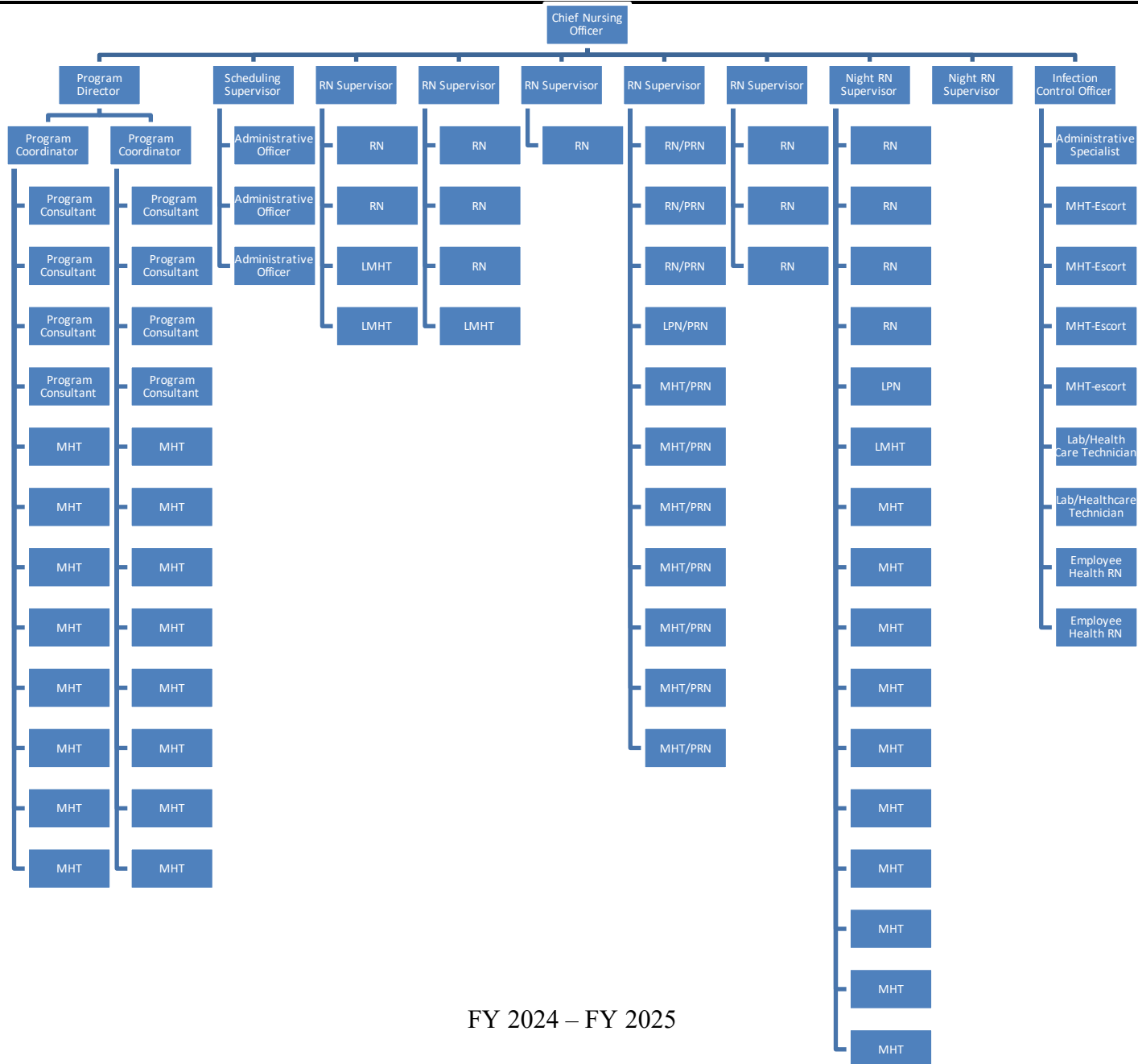
STAFFING:

- **Scheduling Supervisor** - provides supervision and guidance to schedulers. Leader rounding, timecard approval, performance reviews. Recruits Agency staff where deficient. Inputs contract dates, approved time off per contract, updates Master staffing for new hires and renewals. Keeps Information Technology, Education, Human Resources, infection control, accounting apprised of new hire/extensions/termination and contract completions. Fiscally responsible and aware, closely monitoring agency contract billing rates and overtime. Emails assistant superintendent with biweekly reports on good standing members in Shiftboard. Phone and email communication with Agencies, CNOs and RNSPs, Program director, and Program coordinators regularly, as well as all nursing staff. Participates in the Quality Assurance and Performance Improvements for the scheduling department.

- **Scheduling Admin Specialist** - provides the AM (day) shift line up for each unit. Prior to sending out the staffing sheet, the census, 1:1s, and Shiftboard (time sheet software) are verified. Every morning, staff are monitored for timeliness and are tracked. Hospital to hospital movement is tracked. New scheduling staffing sheets are created as needed. Shifts are created and open to fill needs on Shiftboard. Timecards are created and corrected for staff. Cancel pick up shifts as requested/needed. Communication via phone and email with each department supervisor, Chief Nursing Officers (CNO) and Registered Nurse Supervisor (RNSP) regularly, as well as all nursing staff. Input new hires orientation schedules and unit trainings in Shiftboard. Input patient appointments on staffing sheets. Update staffing sheets and Shiftboard with CPI/CPR attendees and open coverage shifts.
- **Scheduling Admin Specialist** - aids AM & NOC shift (night) schedulers in the completion of line up. Creates AAC staffing sheets as needed. Inputs all pick up shift on staffing sheets. Matches Shiftboard with staffing sheets daily. Checks open shifts weekly in Shiftboard. Add all new hires in the staffing sheets with the correct team rotation and unit assignment. Adjusts staff in Shiftboard and staffing sheets as requested when movement is required. Timecards are created and corrected for staff. Cancelling pick up shifts. Phone and email communication with department supervisor, CNOs and RNSPs regularly, as well as all nursing staff. Removal of staff in staffing sheets and Shiftboard and placed on hold when terminated or resigned. Input new hire phone numbers into department cell phones and in Microsoft Teams directories.
- **Scheduling Admin Specialist** - provides the NOC line up for each unit. Prior to sending out the staffing sheet census, 1:1s and Shiftboard are verified. Every evening, staff are monitored for timeliness, and are tracked. Hospital to Hospital movement is tracked. Scheduling staffing sheets are created as needed. Shifts are created and open to fill needs on Shiftboard. Timecards are created and corrected for staff. Cancelling pick up shifts. Phone and email communication with department supervisor, CNOs and RNSPs regularly, as well as all nursing staff. Input new hires orientation schedules and unit trainings in Shiftboard. Gathers low sick leave balances from supervisors per call in guidelines. Communicates all RTO to supervisors for approval/denial and relays information to staff member. Open shifts to cover RTO or find coverage to approve RTO. Maintains the RTO calendar for accuracy. Backs up department head as needed when out of office.

DEPARTMENT UPDATES:

Three members of the team are less than 120 days in the department. There has been marked improvement in the department as changes have been implemented. A top priority and focus for the upcoming year will be to improve the accuracy of staffing sheets and working hard on filling any gaps in coverage to provide a full team on every unit. With improvement, the department will have the assurance state staff are used prior to utilizing and allowing overtime for AAC.



FY 2024 – FY 2025

DEPARTMENT DESCRIPTION:

The Nursing Department at Osawatomi State Hospital plays a critical role in assessing and treating individuals who present with complex mental health and medical conditions. Our department consists of a dedicated team of nursing professionals who provide comprehensive care and support to ensure the well-being and recovery of our patients.

Key Components and Responsibilities:

Comprehensive Patient Assessment:

The Nursing Department conducts thorough assessments of patients upon admission, considering both their mental health and medical conditions. Our nurses gather essential information, perform physical and mental health evaluations, and collaborate with other healthcare professionals to develop individualized treatment plans.

Integrated Care and Treatment:

Our nursing professionals deliver integrated care, addressing both mental health and medical needs of our patients. They administer medications, closely monitor their effects, and ensure compliance with prescribed treatment regimens. Additionally, they provide ongoing support, education, and counseling to patients, promoting holistic well-being and recovery.

Physical Health Monitoring:

Recognizing the interconnectedness of mental and physical health, our nursing staff monitors vital signs, conducts regular physical health assessments, and collaborates with medical professionals to address any medical concerns that may arise during a patient's stay. This integrated approach ensures comprehensive care and timely interventions.

Crisis Intervention and Stabilization:

Our nurses are trained in crisis intervention techniques and play a pivotal role in managing acute psychiatric crises. They provide immediate support, implement de-escalation strategies, and ensure a safe environment for patients and staff. Their expertise helps stabilize individuals in distress and facilitates the development of personalized treatment plans.

Collaborative Multidisciplinary Approach:

The Nursing Department works collaboratively with a multidisciplinary team, including psychiatrists, psychologists, social workers, and other healthcare professionals. Through regular team meetings, our nurses contribute their valuable insights, actively participate in treatment planning, and coordinate care to optimize patient outcomes.

Patient and Family Education:

Nurses in our department take the initiative to educate patients and their families about mental health conditions, medical treatments, medications, and coping strategies. They provide guidance on managing symptoms, fostering healthy lifestyles, and promoting long-term recovery, empowering individuals to actively participate in their own care.

STAFFING:

Due to staffing shortages, AAC employs traveling nurses (Agency). The split of FTE and Agency Staff filling vacancies is noted.

- **Chief Nursing Officer (CNO)** - supervises and guides clinical staff, which includes nurses, licensed practical nurses (LPNs), mental health technicians (MHTs), licensed mental health technicians (LMHT) and other healthcare professionals. They ensure that staff members are well-trained and provide care in line with organizational standards. An important aspect of the CNO's role is overseeing the program behavior model which promotes a patient-centered approach. It includes the implementation and maintenance of therapeutic interventions and approaches into patient care. The CNO develops and enforces evidence-based policy and procedure whilst in accordance with regulatory requirements, accreditation standards, and best practices. The CNO regularly assesses staff adherence to these standards, provides education and corrective action as needed to promote patient safety. Policy and procedure stay current with research and industry trends, seeking opportunities to improve patient care and outcomes through the application of evidence-based guidelines. The CNO works closely with interdisciplinary teams to develop and revise policy and procedure, aligning them the organization's mission. Interdisciplinary teams work closely with departments such as quality improvement, risk management, administration, and medical staff to ensure that the organization meets standard and state regulations. The CNO meets regularly with staff. Lastly, the CNO places a strong emphasis on creating and maintaining a safe environment for both patients and staff. They oversee the implementation of safety protocols, identify areas for improvement, and implement them into patient care.

- **Registered Nurse Supervisor's (RN) (6 FTE, 2 Vacancy)** - primary responsibility is to ensure the efficient and effective operation of patient units within the facility. They oversee the activities of licensed staff, such as RNs, LPNs, and LMHT, providing guidance, support, and supervision to ensure the delivery of high-quality patient care. In addition to unit management, RN supervisors take an active role in training and education. They develop and deliver training programs to enhance the knowledge and skills of nursing staff, ensuring compliance with regulatory requirements, best practices related to patient care, and facility policies. RN supervisors work closely with interdisciplinary staff healthcare professionals to develop and implement comprehensive treatment plans. They promote effective communication among staff in patient units, ensuring the coordination of care and fostering a collaborative environment. They actively engage in quality assessment and performance improvement (QAPI) initiatives to enhance patient safety, optimize clinical outcomes, and improve overall care delivery.
- **Program Director** - primary responsibility is to supervise the Program Coordinator, providing guidance, support, and mentorship. They ensure that the program operates smoothly, adheres to established protocols, and delivers high-quality care to patients. They facilitate effective communication and collaboration among interdisciplinary professionals, including psychiatrists, therapists, nurses, and other healthcare providers. By ensuring the seamless integration of treatment plans, the Program Director promotes comprehensive and holistic care for patients. Identifying and implementing safety and procedure changes is another crucial responsibility of the Program Director. They actively assess the facility's safety protocols, identify areas for improvement, and recommend and implement necessary changes to enhance patient and staff safety. The Program Director stays updated on best practices and regulatory requirements, ensuring compliance and continuous quality improvement. They collaborate with the education and training department to develop and implement comprehensive training programs. The Program Director may conduct training sessions, provide guidance on policies and procedures, and ensure that floor staff is equipped with the knowledge and skills required to deliver quality care.

- **Program Coordinator (3 FTE, 2 Vacancies)** - responsibilities include supervising MHTs, ensuring smooth functioning of patient units, leading QAPI projects, providing on-unit training and education for MHTs, overseeing environmental concerns on the unit, and collaborating with the team. They provide guidance, direction, and ongoing training to enhance the skills and knowledge of the MHTs. The Program Coordinator serves as a resource for the technicians, addressing any concerns or issues that arise during their shifts. They collaborate with the interdisciplinary team, including registered nurses, physicians, therapists, and support staff, to ensure efficient patient flow, appropriate staffing levels, and adherence to protocols and policies. They address any operational challenges that may arise and implement measures to maintain a safe and therapeutic environment for patients. The Program Coordinator also takes responsibility for on-unit training and education for MHTs. They conduct regular educational sessions, focusing on topics such as crisis intervention, de-escalation techniques, therapeutic communication, and safety protocols to ensure patient care. They ensure a clean, safe, and therapeutic environment for patients, addressing any maintenance or environmental issues promptly. They collaborate with facility management and support staff to ensure a conducive setting for patient care.
- **Registered Nurse (RN) (11 FTE, 26 Vacancies with Agency filling 24 of 26 positions)** - provides a vital role in the assessment, treatment, and overall care of patients with mental health and medical conditions, RNs provide comprehensive and individualized care to promote the well-being and recovery of patients. Their responsibilities encompass a wide range of duties, including medication administration, patient monitoring, crisis intervention, interdisciplinary collaboration, patient and family education, and documentation.
- **Licensed Practical Nurse/ Licensed Mental Health Technician (LPN/LMHT) (5 FTE, 11 Vacancies with Agency filling 11 of 11 positions)** - provides essential support to registered nurses (RNs) in medication administration and overall patient care. LPNs/LMHTs play a crucial role in ensuring the safe and effective delivery of medications as prescribed by healthcare providers. Under the supervision of RNs, they assist in monitoring patient responses to medications, document observations, and communicate any concerns to the nursing team. Additionally, LPNs/LMHTs with RNs in providing comprehensive patient care, assisting with assessments, vital sign monitoring, and assisting patients with activities of daily living.

- **Program Consultant (8 FTE)** - provides oversight and support on the unit. They are responsible for managing the unit milieu, assisting on the floor during staffing shortages, ensuring timely and effective patient care, group activities, and patient engagement. They ensure that MHTs are fulfilling their assigned responsibilities and tasks, such as conducting patient rounds, assisting with ADLs, and monitoring patient behavior. The Program Consultant provides guidance and support to MHTs, ensuring adherence to protocols and standards of care. They monitor patient interactions, implement strategies for de-escalation and crisis intervention, and address any behavioral concerns that may arise. The Program Consultant works closely with the interdisciplinary team to ensure coordinated care and a safe atmosphere. In the event of staffing shortages, the Program Consultant steps in to assist on the floor. Furthermore, the Program Consultant is responsible for ensuring that groups and activities start on time and are conducted effectively. They collaborate with the treatment team to develop engaging and therapeutic activities for patients. They facilitate group sessions, monitor patient participation, and provide support to both patients and staff during group interactions. The Program Consultant fosters patient engagement and creates a supportive environment for therapeutic interventions.
- **Mental Health Technician (24 FTE, 31 Vacancies with Agency filling 31 of 31 positions)** - responsible for managing the unit milieu, ensuring a safe and therapeutic environment for patients. They maintain a calm and supportive atmosphere, promote positive interactions among patients, and implement strategies to minimize disruptive behaviors. They ensure patients are safely guided to therapy sessions, medical appointments, and recreational or therapeutic groups. MHTs also support patients with activities of daily living. They assist patients with personal hygiene tasks, such as bathing, dressing, grooming, and toileting. MHTs provide encouragement and guidance, promoting patient independence and self-care skills. During crisis situations, MHTs utilize de-escalation techniques to help defuse tense or agitated situations. They receive training in crisis intervention and are equipped with strategies to calmly address and redirect patients during moments of heightened distress or aggression. MHTs prioritize the safety of both the patient and those around them, working collaboratively with the interdisciplinary team to ensure a peaceful resolution. In addition to their other responsibilities, MHTs are tasked with completing timely safety checks to ensure the well-being and security of patients. These safety checks are an essential part of maintaining a safe environment and preventing potential harm. MHTs diligently perform routine safety checks throughout the unit, ensuring that patients are in a secure and controlled environment. They assess the physical surroundings, identifying and promptly addressing any potential hazards or safety risks. This includes checking for items that may pose harm to patients or others, ensuring emergency exits are clear and accessible, and verifying that safety protocols and procedures are being followed.

DEPARTMENT UPDATES:

The department has been focused on several important updates and initiatives to enhance the overall functioning and quality of patient care. These include working on competency evaluation and trainings for staff, improving patient care quality and safety, collaborating with community healthcare organizations, and nursing schools, implementing a “Dr. Heart” training program for medical emergencies, and developing strategies for identifying and managing psychiatric crises. Additionally, there is a goal to transform the department into a teaching hospital, emphasizing the importance of continuous learning of mental health conditions and professional development for nursing staff.

The department has prioritized competency evaluation and trainings for staff to ensure that they possess the necessary skills and knowledge to provide high-quality care. By regularly assessing clinical competencies, the department aims to identify areas for improvement and provide targeted training to enhance staff capabilities.

Efforts are being made to improve the quality of patient care and safety. The department is implementing protocols and best practices to enhance the overall patient experience and minimize potential risks. This includes continuously reviewing and updating policies and procedures to align with industry standards and evidence-based practices.

Collaboration with community healthcare organizations and nursing schools is a key focus for the department. By establishing partnerships, the department aims to improve healthcare services for community members and create opportunities for staff to engage in educational exchanges and professional development.

A Dr. Heart training program is being implemented to enhance staff preparedness and response during medical emergency events. This training equips staff with the necessary skills to effectively manage emergencies and provide timely and appropriate medical interventions.

The department is actively working with staff to improve their ability to identify and manage psychiatric crises and improve trauma informed care. By implementing evidence-based interventions and crisis management techniques, staff will be better equipped to handle challenging situations and provide optimal care to patients in need.

A long-term goal of the department is to transform into a teaching hospital. This entails fostering a culture of continuous learning and professional development among nursing staff. By providing opportunities for staff to engage in teaching and mentoring roles, the department aims to create a dynamic learning environment that benefits both staff and patients.

Overall, the department's updates and initiatives are centered on improving staff competencies, patient care quality and safety, collaborations with community healthcare organizations and nursing schools, emergency preparedness, psychiatric crisis management, and fostering a teaching hospital environment. These efforts reflect the department's commitment to delivering exceptional care and continuously advancing the field of nursing.

PERFORMANCE BASED BUDGETING GOALS:

Goal: Med Consult Book will be audited twice a week looking for the following measures: A temporary issue will be created 100% of the time, Clinical Guidelines/Nurse’s noted will be followed 100% of the time, and medications will be ordered/entered into WinPharm if needed

Measurement: % of Med Consults with relevant temporary issue created, % of Med Consults with guidelines/notes completed, and % of Med Consults with medications ordered/entered in WinPharm

Department Responsible: Nursing

Measure	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
% of Med Consults with a relevant temp issue created	100%	76%	76%	73%	83%	98%	88%
% of Med Consults with CGs or Nurses' Notes completed	100%	70%	78%	77%	92%	95%	94%
% of Med Consults with medications ordered/entered into WinPharm (if needed, as indicated by guidelines)	100%	88%	88%	91%	100%	100%	100%

***Nursing at OSH began collecting this data at the beginning of 2023**

Goal: 100% of Initial Nursing Assessments will be completed within 12 hours of admission. Vital signs (including height and weight) will be recorded in the Initial Nursing Assessment of 95% of admissions. 100% of Nursing Care Plans will be considered complete. To be considered complete the plans must include: the presenting psychiatric issue, identified risk (suicidal ideation or aggression), major medical issues.

Measurements: % of Initial Nursing Assessments completed within 12 hours of admission, % of Nursing Assessments with Vital Signs, % of Nursing Care Plans complete.

Measure	Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
% of Initial Nursing Assessments completed within 12 hours of admission	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	94%	100%	100%
% of Nursing Assessments with vital signs	95%	100%	92%	93%	100%	100%	100%	100%	90%	94%	94%	100%	100%
% of Nursing Care Plans complete	100%	93%	85%	100%	100%	83%	92%	80%	70%	85%	84%	81%	88%

DEPARTMENT DESCRIPTION:

Infection Control at OSH has one purpose: identifying and preventing infections while reducing disease transmission risk. The primary goal is delivering safe, cost-effective care to patients and preventing infection spread among patients, staff, visitors, and others in the healthcare environment. This program is designed to prevent and minimize healthcare-associated infections by integrating infection prevention and control principles into all aspects of practice. Additionally, comprehensive education and resources are provided to equip all staff with necessary knowledge for creating a safe environment for everyone within the facility. The Infection Control program's implementation extends across all departments, fostering a unified effort to promote a safe healthcare setting for all who enter the organization.

STAFFING:

- **Infection Control Officer (RN)** - responsible for administering a hospital-wide infection prevention program. This role involves planning, developing, directing, and coordinating the application of activities to identify and prevent infections in patients and employees. The main aim is to minimize the morbidity, mortality, and economic burdens associated with infections. The Officer provides education on infection control topics and principles to all departments and individuals within the organization, supporting the development of a safe environment for everyone at the facility. Additionally, the Officer establishes, measures, monitors, evaluates, and reports on the effectiveness of infection prevention and control activities throughout the hospital. Supervising staff with infection prevention duties, they ensure compliance with standards and regulations set by licensing and accrediting agencies through hospital-wide surveillance activities. The Officer also takes charge of developing, reviewing, and evaluating the effectiveness of procedures to ensure positive program outcomes. They chair the Infection Prevention Committee and guide the development of a safe environment for all facility occupants. They are responsible for developing policies and guidelines and managing the implementation of the Employee Health Program concerning the transmission of infections in the hospital. Ensuring compliance with infection prevention practices related to employee health and safety laws, including OSHA Bloodborne Pathogen standards, is also part of their responsibilities. Additionally, the Officer oversees the Medical Laboratory department and supervises and guides escort staff activities and duties.

- **RN Nursing Service/Coordinated Care Clinic/Employee Health (RN) (2 FTE)** - provides nursing care and treatment of patients in special procedures areas which require the application of advanced technical and evaluating skills. The position also assists in various aspects of infection surveillance, prevention, control, and employee health. This position also provides support to various disciplines including the Nursing Department, Medical, and Dental providers. The primary area of focus for this position is Employee Health. Work is performed under the supervision of the Infection Control Officer who reviews and assesses work performance for adherence to policy and procedures (standard of care), standards of regulatory agencies, and for desired outcomes.
- **Administrative Specialist** - provides primary administrative support services to Osawatomie State Hospital in the areas of Infection Prevention, Employee Health, Clinical Support, Medical Referral, and Nursing Department. This position is responsible for maintaining a system of highly confidential databases and employee and patient records. This position coordinates with clinical support staff for the scheduling of clinics and appointments for patients to be seen for various conditions including dental, optometry, podiatry, gynecology, neurology, etc., both on site and with outside healthcare facilities and coordinates escort staff coverage and assignments.

DEPARTMENT UPDATES:

The focus of the Infection Prevention and Control department is developing a more efficient and cost-effective manner for continual assessment and modification of infection prevention and control services based on regulations, standards, scientific studies, and internal evaluations and guidelines. Departmental goals include incorporating resources and technology into examining clinical practices related to infection prevention and control, strengthening infection surveillance processes, improving and streamlining practices for healthcare personnel health processes and records, improving hand hygiene education and monitoring, providing infection control-related educational opportunities, and collaborating with the nursing department and facility and environmental services departments to build and maintain specific environmental monitoring and continuous quality improvement activities based on principles of infection prevention and control and regulatory compliance requirements.

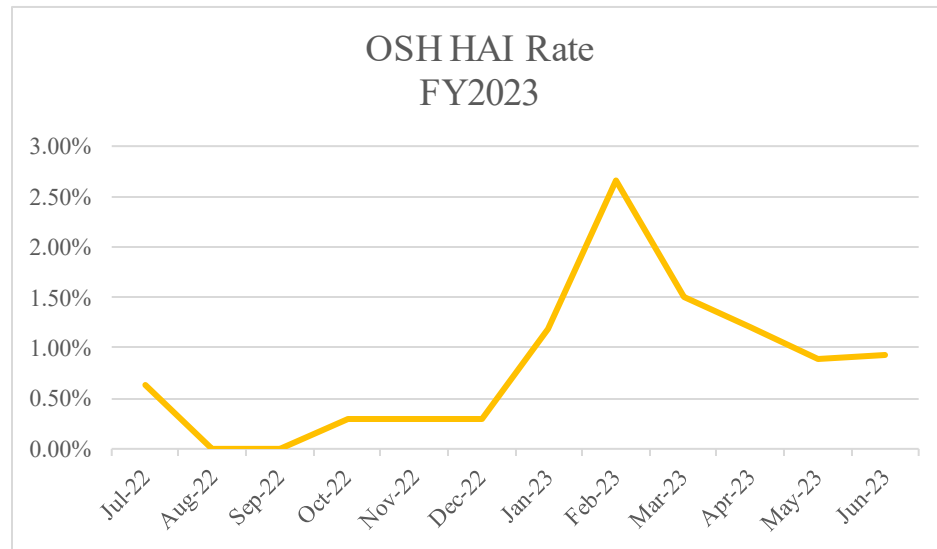
PERFORMANCE BASED BUDGETING GOALS:

Goal: The healthcare associated infection rate at OSH will remain below the national average of 4%

Measurement: Infection rate recorded monthly

Department Responsible: Infection Control

Month	HAI Rate
Jul-22	0.63%
Aug-22	0.00%
Sep-22	0.00%
Oct-22	0.30%
Nov-22	0.30%
Dec-22	0.29%
Jan-23	1.18%
Feb-23	2.66%
Mar-23	1.50%
Apr-23	1.21%
May-23	0.90%
Jun-23	0.94%

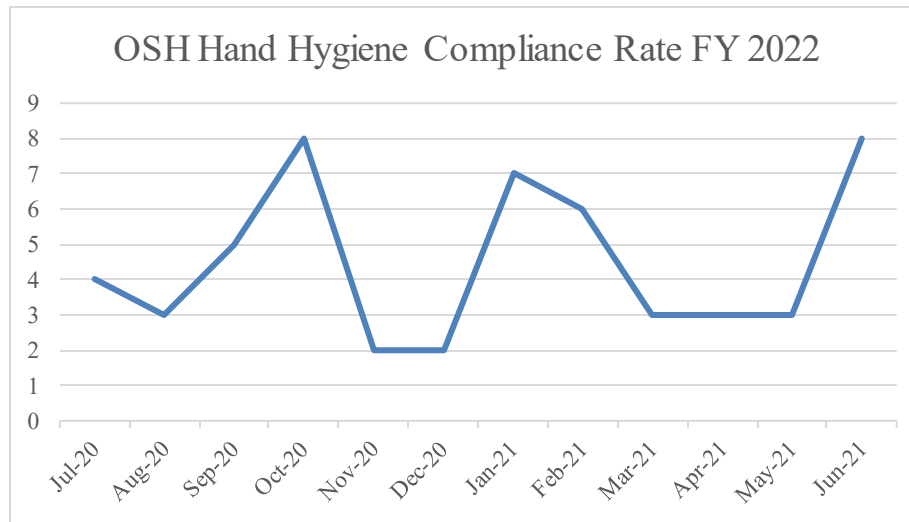


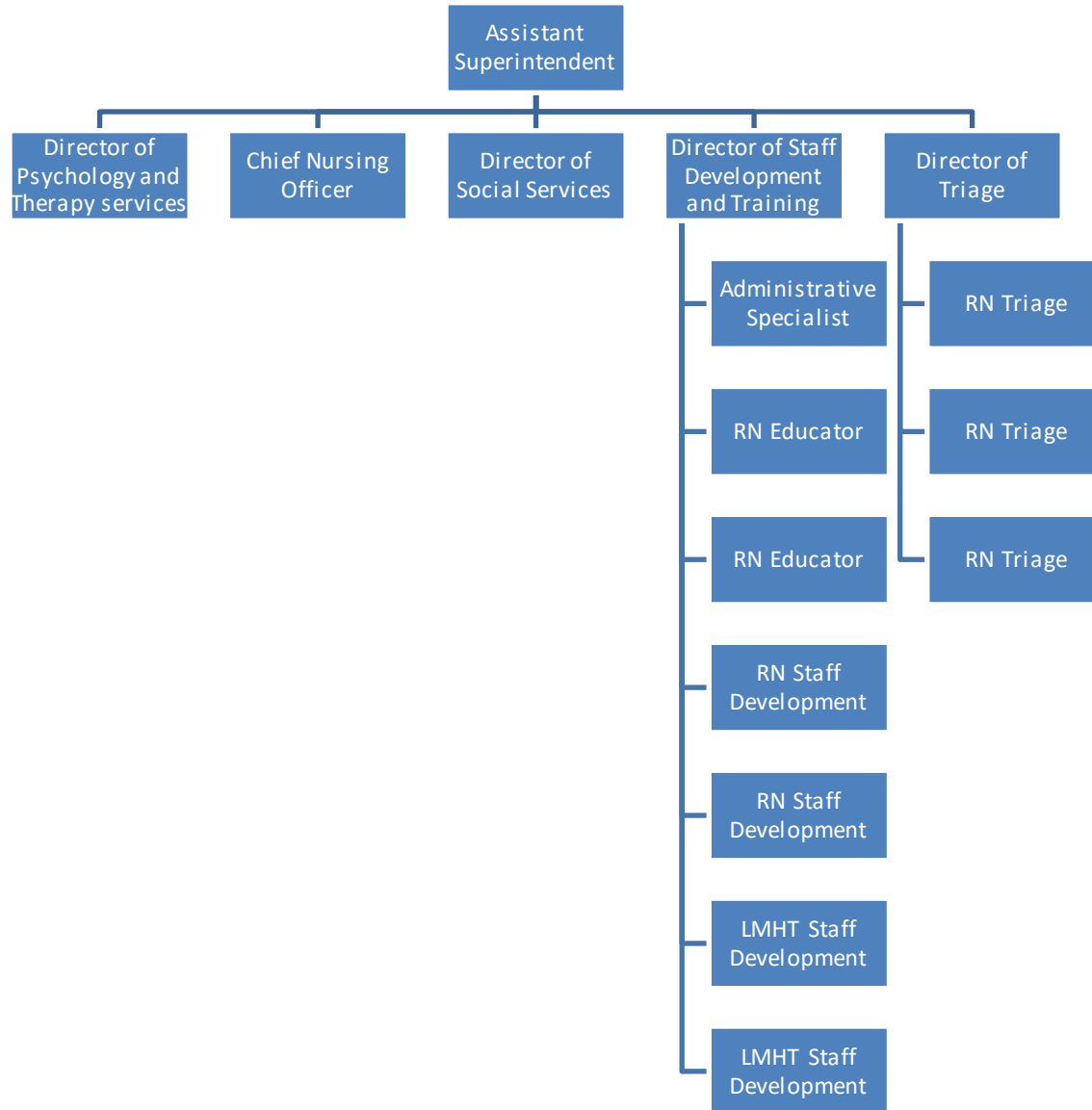
Goal: 95% of staff are following the 5 moments of handwashing

Measurement: Percentage of staff in compliance with 5 moments of handwashing reported monthly

Department Responsible: Infection Control

Month	Compliance Rate
Jul-22	94%
Aug-22	98%
Sep-22	97%
Oct-22	97%
Nov-22	95%
Dec-22	97%
Jan-23	95%
Feb-23	95%
Mar-23	91%
Apr-23	97%
May-23	95%
Jun-23	93%





DEPARTMENT DESCRIPTION:

The Triage Department at Osawatomie State Hospital (OSH) plays a crucial role in assessing and processing state screens for potential patients referred by community mental health centers. Their main responsibility is to facilitate efficient communication among various stakeholders, including community partners, state agencies, community hospitals or sending agents, and the hospital psychiatrist. This communication is essential to determine whether psychiatric hospitalization is appropriate for the proposed patients, following established guidelines. The department collaborates closely with hospital administrators, the nursing department, and physicians to ensure that all relevant information about the proposed patients is communicated effectively. This comprehensive communication ensures that proper care and treatment can be provided if the patient is accepted for hospitalization.

STAFFING:

- **Director of Triage Position** - oversees operations, ensuring policy adherence and optimal coverage. They cultivate relationships with community partners and state agencies to facilitate approval for patient admission. Assessing all state screens promptly, they request and review pertinent medical records from community partners to determine hospitalization appropriateness. The supervisor maintains professional communication, accommodating the demands of referring community partners. They manage records, waitlists, and handoff communication within the department and hospital. Collaborating with nursing departments and physicians, they initiate the triage process and establish initial patient contact upon arrival at the facilities.
- **Registered Nurse (3 FTE)** - involves assessing and processing all state screens upon receipt. Promptly requesting relevant medical records from community partners is essential for determining hospitalization appropriateness. Effective and professional communication with all parties involved, along with flexibility in meeting the constant demands of community partners referring patients for hospitalization, is a crucial aspect of the job. The maintenance of accurate records, waitlists, and seamless handoff communication within both the department and the hospital is a priority. Additionally, the position involves collaborating with nursing departments and physicians to initiate the triage process and establish first contact with patients upon their arrival at the facilities.

DEPARTMENT UPDATES:

The Triage Department added another registered nurse to their team this year to help provide more coverage to help assess and process state screens received for possible admission. Triage is continuously working to effectively master their process from time of receiving a screen to the time of admitting the patient by always evaluating how to improve the communication with community providers to get all the requested information timely to be able to process proposed patients once they are accepted.

DEPARTMENT DESCRIPTION:

Nursing Education is the department responsible for training Nursing and Mental Health Technician Staff (MHT) at Osawatomi State Hospital (OSH). Nursing Education uses oral presentations, computer based training (CBT), and hands-on training to orientate employees. Nursing Education also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Mental Health Technicians (LMHT), Registered Nurses (RN), and Licensed Practical Nurses (LPN).

In response to staff concerns and incidents on campus, nurses receive extensive training focused on patient interaction, patient boundaries, and handling patient contraband. Additionally, training is provided on the use of charting systems to ensure accurate documentation. WinPharm is utilized as a system to display medication orders, and LMHTs, RNs, and LPNs are trained to effectively manage and verify these orders. Pyxis, a medication storage machine located on patient units, is also a part of the training. Nurses learn how to access medication through the machine, document instances of wasted medication, record insulin usage, and document controlled substance use such as anti-anxiety medication and specific painkillers. They are also instructed on conducting medication counts at the end of their shifts. Furthermore, the Patient Care System (PCS) is used for documenting patient charts, and nursing staff are trained on what can and cannot be charted, the importance of accurately detailing events, and the legal significance of maintaining precise and comprehensive patient charts.

STAFFING:

- **Director of SD&T/Nursing Education** - supervises the SD&T, Nursing Education, and Licensed Mental Health Technician training departments. This position also has oversight of education outcomes, credit hours, and licensing requirements for staff when needed. This position also has oversight of all CBTs and serves as the liaison between OSH and the long-term Continuing Education provider program.
 - **Registered Nurse Educator (RN)** - provides Basic Life Support (BLS) training to all staff, as well as Crisis Prevention Institute (CPI) training to all staff. These trainings are part of orientation, and then provided as a required yearly training class. Functions as an educator for continuation courses. This enables Licensed Mental Health Technicians, Registered Nurses, and Licensed Practical Nurses to obtain the necessary credit hour requirements for state relicensing. This position also manages the creation of the CBTs utilized by staff for their annual training.
 - **Licensed Mental Health Technician (LMHT)** - trains nursing staff in the use of PCS and Pyxis. Assists in BLS training as needed.
 - **Staff Development Specialist (Licensed as LMHT)** - provides Basic Life Support (BLS) training to all staff, as well as Crisis Prevention Institute (CPI) training to all staff. Provides training on PCS and Pyxis as needed.
 - **Administrative Specialist** - functions as the support staff for the SD&T, Nursing Education, and Licensed Mental Health Technician program. This position also manages the creation of the CBTs utilized by staff for their annual training.

DEPARTMENT UPDATES:

The 2023 EXPO event serves as Nursing Education’s annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training (CBTs) tailored to meet the specific needs of each position. For instance, nurses receive a more extensive focus on CBTs and hands-on training compared to custodial staff. In addition to skills development, the EXPO event also addresses staff concerns. During the 2022 EXPO, the spotlight was on two key areas: Absent Without Leave codes (AWOL) and patient boundaries. These topics were selected based on past incidents at the hospital and the expressed interest of the staff in addressing them. Looking ahead to the 2023 EXPO, the emphasis will be on Medical Emergency codes ("Dr. Heart") and injection practices. This decision was made in response to staff concerns regarding potential shortcomings in these critical areas. By prioritizing these skills, staff apprehensions will be addressed by increasing proficiency in these areas.

The development of a comprehensive Mental Health Technician (MHT) program is currently underway. This program consists of two parts, spanning a duration of six months. It encompasses a combination of classroom instruction, hands-on scenarios, and CBTs to cover various subjects, such as patient care, mental health awareness (including signs, symptoms, and appropriate responses), vital sign monitoring, administering injections, medication knowledge, and understanding potential side effects. Additionally, the program includes education on providing care across different stages of life, including childhood, adulthood, and geriatric care. To apply practical skills, students will be required to complete clinical rotations in facilities specializing in each of these care types. The primary goal of the MHT program is to prepare students for state-level licensure as competent and qualified Licensed Mental Health Technicians.

In the future, the Electronic Health Record (EHR) system will be introduced. This advanced system will seamlessly integrate features from WinPharm and PCS, enhancing usability and efficiency. By merging these systems, operational workflows will be streamlined, resulting in improved processes. Additionally, the EHR system will seamlessly interact with Pyxis, the medication storage and management system, benefiting both staff and patients.

Current and Budget Year Operations:

The treatment program used by OSH is positive, supportive, motivational, and encourages the patient towards active participation, problem-solving, recovery and healing. Treatment is individualized, solution focused and refined with detailed objectives and expected outcomes directed at the patient's presenting problems.

Over the last few fiscal years, OSH has been impacted by a high rate of overtime costs. This has been attributable to difficulty in recruiting and retaining Mental Health Technicians (MH/DDT), Licensed Mental Health Technicians (LMHT), Licensed Practical Nurses (LPNs) and Registered Nurses (RN). This difficulty leads to the necessity of utilizing outside contract labor to supply the services (at a much greater expense), which has greatly increased amounts paid for contractual services during the past year. The hospital has greatly increased recruiting efforts to maintain a well-trained, experienced patient care staff, while reducing costs for outside labor.

Expenditures for Clinical Services:

Clinical	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Salaries and Wages	\$10,379,866	\$9,594,930	\$10,636,713	\$25,148,124	\$22,652,108
Shrinkage	\$0	\$0	\$0	(\$13,561,170)	(\$13,706,993)
Contractual Services	\$2,779,559	\$7,101,537	\$11,982,655	\$13,481,706	\$13,481,706
Commodities	\$72,758	\$27,506	\$42,116	\$44,075	\$44,075
Capital Outlay	\$17,720	\$0	\$0	\$0	\$0
Capital Improvements	\$3,895	\$7,260	\$0	\$0	\$0
Other Assistance	\$0	\$0	\$0	\$0	\$0
Total	\$13,253,798	\$16,731,233	\$22,661,484	\$25,112,735	\$22,470,896

Account Code 51000: Salaries and Wages

This program provides direct treatment to patients admitted to OSH. The program is organized into five treatment units supervised by one Clinical Program Director who oversees the treatment process. The program consists of Direct Care staff including MH/DD Technicians and Registered and Licensed Practical Nurses. Direct care staff are assigned 24-hours a day 7-days a week. This program also includes clinical treatment staff consisting of Psychologists, Social Workers, Chemical Dependency Counselors, Clinical Therapists, Clinical Dietitians, and staff that operate the Patient's/staff Coffee Shop. The LMHT Program is also budgeted in this program. Funds requested will provide salary and wage funds for 224.1 for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2024: \$11,586,954 is requested. The shrinkage rate is 53.9%.

FY 2025: \$8,945,115 is requested. The shrinkage rate is 60.5%.

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses including travel projected for this program.

FY 2024: \$13,481,706 is requested.

FY 2025: \$13,481,706 is requested.

Account Codes 53000 – 53900: Commodities

This category includes professional and scientific supplies for medical equipment and testing.

FY 2024: \$44,075 is requested.

FY 2025: \$44,075 is requested.

Account Codes 54000 – 54900: Capital Outlay

No funds requested.

FY 2024: \$0 is requested.

FY 2025: \$0 is requested.

Account Codes 55000 – 55900: Capital Improvements

This category includes the continued improvements to the Ag-Therapy/Work-Therapy area called “Little Farm on the Hill”

FY 2024: \$0 is requested.

FY 2025: \$0 is requested.

EXPENDITURE JUSTIFICATION

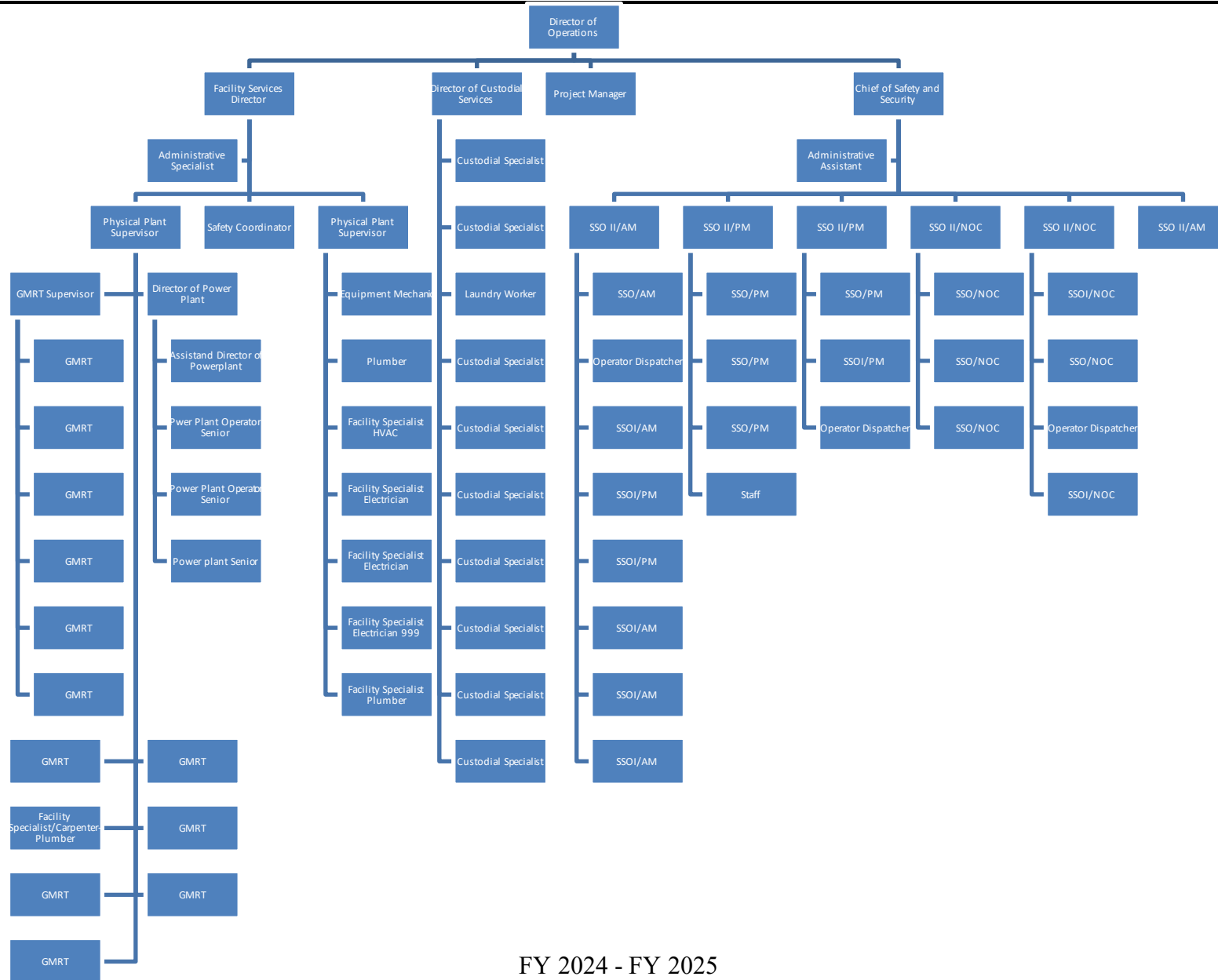
PROGRAM: Physical Plant and Central Services – 96000

Program Overview:

This program encompasses a central heating plant operation, building and equipment maintenance, custodial and laundry services, and supply provision. This program and its subprograms fall under the purview of Osawatomi State Hospital. The broader scope involves Facility Services responsible for property management and grounds care, Housekeeping ensuring building cleanliness, Safety and Security overseeing ground security and emergency situations, and Supply managing hospital inventory. The Laundry department ensures proper cleaning and sterilization of reusable items, all contributing to the efficient functioning and patient well-being within the hospital grounds. Finally, Procurement ensures a steady and proper flow of goods, services, and supplies to the campus.

**Narrative Information – DA 400
Division of the Budget
State of Kansas**

**Agency Name: Osawatomie State Hospital
Program Title: Physical Plant and Central Services**



FY 2024 - FY 2025

DEPARTMENT DATA:

OPERATIONS:

The smooth functioning of Osawatomi State Hospital (OSH) relies on Operations, which encompass Facility Services, Power Plant, Grounds, Custodial Services, Laundry Services, and Safety & Security divisions. Facility Services employs a skilled team of carpenters, auto technicians, HVAC specialists, electricians, and plumbers who maintain and repair the facility's infrastructure. The Power Plant division ensures a reliable and consistent power supply throughout the institution. The Grounds division, consisting of arborists and mowers, tends to the campus grounds and buildings, including winter road clearance. Custodial Services uphold a high standard of cleanliness by cleaning all buildings on a timely schedule. Laundry Services handle the cleaning, folding, and sorting of patient laundry on a large scale. Simultaneously, Safety and Security provide security, emergency procedures, and fire safety with its own fire department.

STAFFING:

- **Director of Operations** - Oversees Facility Services, Custodial Services, and Safety and Security, and their staff activities, keeping the Superintendent informed. Streamlines processes to enhance productivity and service provision, updating administrative policies and procedures. Provides leadership, supervision, and evaluates systems for improvements.
 - **Director of Facility Services (described more fully in its own narrative)** - Assigns and directs skilled craft workers in Grounds and Power Plant maintenance. Manages electricians, carpenters, plumbers, etc., for various system installations and repairs. Designs on-the-job training and cross-training experiences for a versatile workforce and ensures worker safety practices.
 - **Director of Custodial and Laundry Services (described more fully in their own narratives)** - Supervises workers for the cleaning and housekeeping of hospital grounds as well as maintaining linens and fabrics for patients.
 - **Chief of Safety and Security (described more fully in its own narrative)** - Provides administrative oversight for safety and security activities, implementing agency objectives and programs. Directs staff support, fiscal operations, and program administration to maintain safety and security standards.

DEPARTMENT UPDATES:

In the coming fiscal year, the department will focus on three main goals beyond regular upkeep. Firstly, the aim is to train supervisors and directors to lead more effectively and foster better relationships with their employees. This should lead to improved outcomes, including staff retention and better patient experiences. Secondly, the department plans to hire additional staff to maintain scheduling flexibility. The third and final goal involves moving Compliance from the Risk Management/Compliance Department to Operations. This transition will take place after hiring a new Director of Risk Management. By shifting the compliance positions to Operations, the department aims to enhance its ability to respond to ongoing changes in the hospital. The move will also facilitate the development of more effective policies and ensure comprehensive enforcement of current and future policies.

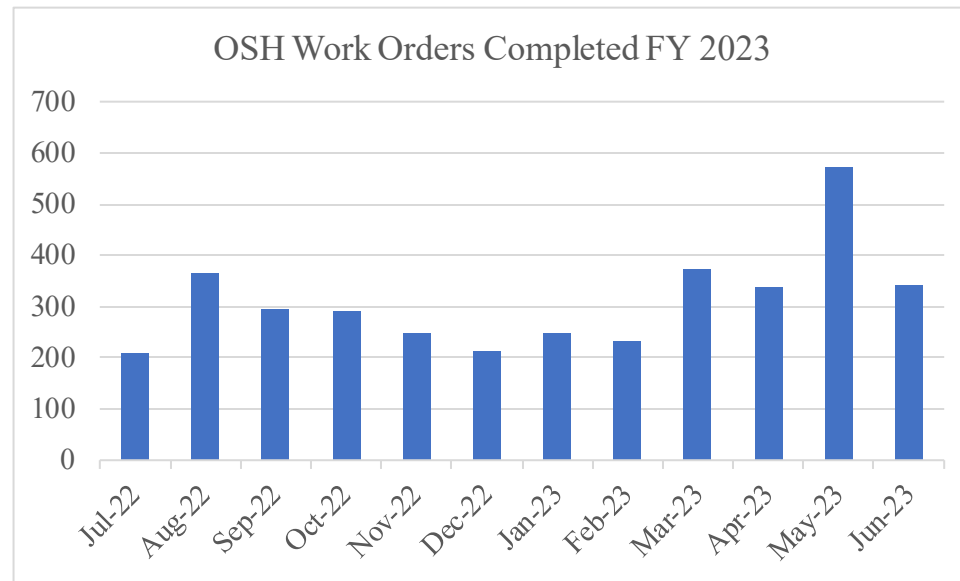
PERFORMANCE BASED BUDGETING GOALS:

Goal: Ensure the campus property surrounding OSH will be maintained and kept free of hazardous conditions and completed all work orders associated with ground maintenance

Measurement: Number of work orders completed recorded monthly

Department Responsible: Facility Services

Month	Workorders Completed
Jul-22	209
Aug-22	365
Sep-22	294
Oct-22	293
Nov-22	249
Dec-22	213
Jan-23	247
Feb-23	234
Mar-23	375
Apr-23	337
May-23	574
Jun-23	344



DEPARTMENT DESCRIPTION:

This department ensures the continuous and reliable operation of a facility, power plant, buildings, structures, grounds, utility systems, as well as automotive and real property for the Osawatomi State Hospital (OSH). The responsibilities encompass both routine maintenance and emergency response to maintain these assets in optimal condition for continuous use. This skilled team of professionals is responsible for executing planned maintenance tasks, inspections, and repairs to prevent potential issues and ensure the longevity of the assets. Additionally, they promptly address emergency situations to minimize downtime and restore functionality. From conducting routine checks on equipment and systems to managing repairs and upgrades, the Facilities Department ensures the safety, efficiency, and seamless operation of the entire facility, contributing to the smooth functioning of day-to-day operation.

STAFFING:

- **Director of Facility Services** - The Director oversees installation, maintenance, and repair of the agency's physical plant and grounds. They supervise skilled workers, assign tasks, and ensure safety compliance.
 - **Administrative Specialist** - Responsible for phone calls, mail handling, and data entry. They manage supplies, compose routine correspondence, and review documents for eligibility.
 - **Project Manager** - oversees administrative work for large and complex physical facilities, including budget preparation, coordination with other departments, and evaluation of physical plant operations. They inspect power plant operations, building maintenance, and grounds upkeep, recommending and implementing improved procedures. Additionally, the Project Manager prepares reports and contributes to long-term planning for physical plant activities, capital improvements, and major repairs.
 - **Safety Coordinator** - The Safety Coordinator provides administrative direction for the hospital's environment of care activities. They manage resources, implement procedures, and oversee fiscal operations. They also work with KDADS, KDHE, KDOL to remain compliant with state regulations.

- **Physical Plant Supervisor I** - This role supervises grounds, power plant, conducts inspections, and determines maintenance needs for buildings and grounds. Also, supervises its own group of tradesmen working to keep the campus maintained.
 - **Grounds Supervisor (described more fully in its own narrative)** - Managing GMRTs, projects, and equipment maintenance, the Grounds Supervisor handles arboriculture, gardening, mowing, tree planting, and chemical applications. *Supervised by Physical Plant Supervisor I.*
 - **Director of Power Plant (described more fully in its own narrative)** - This position involves skilled work operating and maintaining power plant equipment. They oversee lower-level operators and provide instructions on equipment care and maintenance. *Supervised by Physical Plant Supervisor I.*
 - **GMRT (7 FTE and 1 Vacant)** - performs skilled work in the maintenance of buildings on campus. *Supervised by Physical Plant Supervisor I.*
 - **Facility Specialist (1 FTE)** - provides work in multiple crafts/trades. Work requires highly specialized knowledge, experience, and ability to independently perform and complete projects requiring a variety of crafts and trades including electrical, carpentry, plumbing, HVAC, sheet metal and painting. Plans, develops, and coordinates large-scale projects and programs. May serve as team leader or project lead worker. *Supervised by Physical Plant Supervisor I.*
- **Physical Plant Supervisor II (1 FTE)** This is administrative and technical work in supervising and directing the total operations and maintenance of physical plant operations at the large state institutions. Work involves supervision of subordinate supervisors, trades supervisors and/or skilled workers in their maintenance and repair responsibilities, the preparation of plans and specifications for work projects, and preparation of administrative and budget reports relating to physical plant and grounds operations. An incumbent also recommends new programs or operational procedures, determines material and supply needs, and selects personnel for the physical plant.
- **Equipment Mechanic (1 FTE):** Responsible for repairing gasoline and diesel-powered equipment used in construction and maintenance.

- **Plumber (1 FTE):** The Plumber performs routine maintenance on plumbing and steam systems, fittings, and accessories. They also assist with construction projects.
- **Facility Specialist (4 FTE & 1 999):** Highly skilled in multiple trades, the Facility Specialist independently manages large projects and programs. They may serve as team leaders.

DEPARTMENT UPDATES:

The Facilities Services Department is pleased to announce significant developments in the training programs. Grounds Maintenance and Repair Technicians (GMRTs) will undergo comprehensive cross-functional training in carpentry, HVAC, auto tech, electrical, plumbing, painting, and grounds work, promoting versatility within the workforce. Furthermore, the team is expanding the electricians' presence and placing increased focus on safety education, particularly in addressing electrical hazards. These initiatives aim to enhance maintenance capabilities and ensure a safer work environment.

DEPARTMENT DESCRIPTION:

The Power Plant is responsible for the efficient operation, maintenance, and management of the power plant facility at Osawatomi State Hospital. The department's personnel oversee, operate, and maintain complex equipment including turbines, generators, and control systems, ensuring the continuous and reliable production of electricity. They conduct routine inspections, perform repairs, and implement preventive measures to optimize plant performance and enhance safety standards. Additionally, the Power Plant Department adheres to environmental regulations, striving to minimize the facility's ecological footprint and contributing to the sustainable growth of power generation.

STAFFING:

- **Director of Power Plant** - The Director is responsible for operating and performing major maintenance and repair work on all power plant equipment. They may also oversee and train one or more lower-level operators during their shift. Additionally, the Director instructs subordinates on proper equipment care, use, and mechanical maintenance and repair procedures.
 - **Assistant Director of Power Plant** - The Assistant Director performs skilled work independently on power plant equipment maintenance and repairs. They may also oversee and train lower-level operators during their shift.
 - **Power Plant Operator Senior (3 FTE)** - The Senior Power Plant Operators are responsible for independently operating and performing major maintenance and repair work on all power plant equipment.

DEPARTMENT UPDATES:

In the coming year, the Power Plant Department's primary focus will be on two key areas: purchasing new equipment to enhance operational efficiency and reliability and implementing stringent safety measures to mitigate electrical hazards. The department will conduct thorough research to identify and acquire cost-efficient technologies enabling continuous use of the power plant for the hospital. Simultaneously, comprehensive safety training programs, regular equipment inspections, and updated protocols in relation to electrical hazard will be prioritized to ensure a secure work environment and safeguard the well-being of the workforce. Through these initiatives, the Power Plant Department aims for optimal performance for the coming year.

DEPARTMENT DESCRIPTION:

The 300-acre landscape of the Osawatomie State Hospital are maintained by the Grounds Department. Mowing, trimming, felling, planting trees and flowers, pruning and watering shrubs, and edging sidewalks and curbs are the department’s focus in the spring, summer, and fall months. Chemicals are used for broad leaf weeds in the spring and fall. The Department is also responsible for maintaining all street signs and painting curbs and various other reserved parking areas on the campus. In the winter months, all snow removal on the streets and sidewalks throughout the campus is the department’s responsibility.

STAFFING:

- **Grounds Supervisor** - supervises and manages GMRTs, manages projects, maintains equipment. Also works with arboriculture, mowing, gardening, planting trees, applying chemicals to broad leaf weeds, and snow/ice removal when needed.
 - **GMRTs (Grounds Technician, 7 FTE/1 Vacant, 2 999s)** work to accomplish several projects upon the hospital’s landscape. This includes arboriculture, mowing, gardening, planting trees, applying chemicals to broad leaf weeds, and snow/ice removal.

DEPARTMENT UPDATES:

Efforts have gone into repainting curbs and installing road signs where required. There is ongoing work to open more ground and ensure its proper maintenance. For the coming year, landscaping activities and tree planting are planned to replace some of the felled trees. Winter tasks will remain unchanged, involving snow removal, pruning, and tree felling.

DEPARTMENT DESCRIPTION:

Safety and Security provides Osawatomi State Hospital security for patients, staff, and visitors, ensuring a safe environment on campus. In emergency situations, the department's handle incidents effectively, and the on-site fire department enhances the campus's emergency response capabilities. Safety and Security collaborates closely with the Kansas State Fire Marshall's Office to maintain safety standards. The department also manages visitor check-in through on-site dispatch and handles telecommunication operations for the campus. Their responsibilities also include conducting monthly fire extinguisher checks, fire drills, weekly and monthly building inspections, as well as daily door checks and animal control.

STAFFING:

- **Chief of Safety and Security** – manages the daily safety and security needs for all patients, staff, and visitors at OSH and AAC. Additionally, the Chief is responsible for campus-wide safety and emergency response, including overseeing the campus Fire Department. They provide supervision to SSO IIs, SSO Is, Dispatchers, Fire Trainer, and Administrative Assistant, ensuring that all department needs are met. This involves coordinating daily job duties, conducting weekly training, and ensuring compliance with core departmental requirements. The Chief also takes charge of overseeing emergency situations, maintaining close collaboration with the Kansas State Fire Marshalls Office, and adhering to Matrix and Core guidelines.
- **SSO II (6 FTE)** – As lieutenants, this position oversees execution of daily orders from the Chief of Safety and Security. Providing coverage for all safety and emergency needs for OSH and AAC hospitals and campus. SSO II is responsible for maintaining training and building checks for campus security. Each LT leads several officers on their shift.
- **SSO I (30 FTE)** – SSO I officers follow the daily orders of the Chief of Safety and Security, taking charge of safety and security requirements at OSH and AAC hospitals, including campus-wide emergency response. Their duties encompass a variety of tasks that they fulfill on a daily, weekly, and monthly basis. Some of these responsibilities include conducting daily door checks, performing building inspections, responding to fire calls, and managing emergency codes. These are just a few examples of the officers' day-to-day responsibilities.

- **Dispatch (4 FTE)** – follow the daily orders from Chief of safety and security. Dispatchers' daily duties are to record all emergency calls, telecommunication operator for campus, as well as checking visitors in.
- **Administrative Assistant** – Administrative Assistant is to follow the daily orders from Chief of Safety and Security. This position documents and records all daily activity for department MOU, Weekly, Monthly, Building Inspections, Training documentation, policies, NFIRS, AWOL report, Investigation reports and Accident reports. Administrative Assistant works closely with the Kansas State Fire Marshalls office, NFIRS, and maintains all safety and security documents.
- **Fire Trainer Instructor (999)** – Follow daily orders from Chief of safety and security. Fire trainer is responsible for training all SSO I and SSO II officers for campus Fire safety and emergency response for on campus Fire Department.

DEPARTMENT UPDATES:

In the last several months, Safety and Security welcomed several new team members, with more still expected to join. A Fire Trainer has been added to the team to enhance the response time to fire and emergency situations, providing fast and effective assistance from the officers. Recently, the P91 fire truck underwent necessary repairs.

The upcoming growth and changes in the department bring needed change. Each shift will see the addition of another safety and security officer position. New and updated equipment will further enhance campus safety and security. Additionally, the department is scheduled for updates this year, including new roofing, windows, and interior paint.

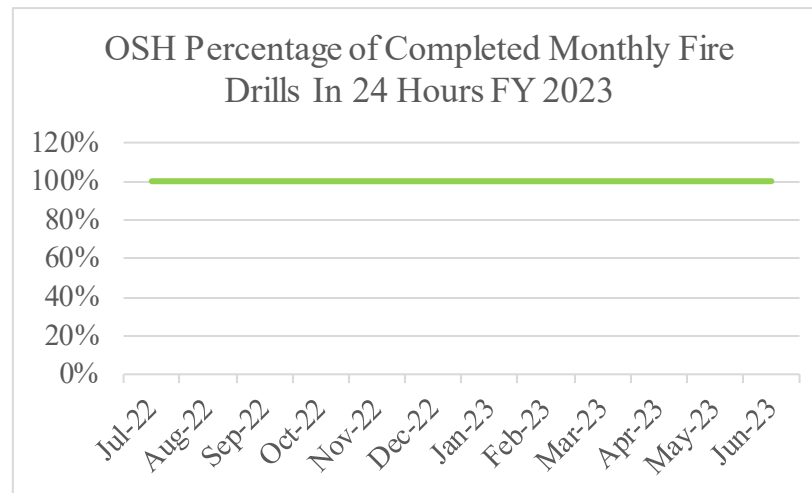
PERFORMANCE BASED BUDGETING GOALS:

Goal: Aid with the inspection and testing of fire alarm and fire detection systems and automatic fire extinguishing systems

Measurement: Percentage of inspections and testing assistance provided recorded monthly

Department Responsible: Safety and Security

Month	Completed fire drills
Jul-22	100%
Aug-22	100%
Sep-22	100%
Oct-22	100%
Nov-22	100%
Dec-22	100%
Jan-23	100%
Feb-23	100%
Mar-23	100%
Apr-23	100%
May-23	100%
Jun-23	100%



DEPARTMENT DESCRIPTION:

The Custodial Department at Osawatomie State Hospital (OSH) maintains cleanliness and hygiene for patients and staff. OSH also employs AgTac Services (ATS) staff due to staffing shortages. Custodial responsibilities include ensuring restrooms, staff rooms, patient units, showers, and all other buildings receive deep cleaning and sanitization daily and weekly. Several areas are cleaned in the patient units: patient rooms are deep cleaned regularly along with stripping beds, day hall for patients, all staff areas such as technician’s and nurse’s stations. The methods used for cleaning are sweeping, mopping, dusting, buffering, stripping, and waxing of floors.

STAFFING:

- **Director of Custodial/Laundry Services** – Supervises the Custodial/Laundry Services staff of OSH, AAC, and ATS. This position also has oversight of inventory of cleaning materials and teaches safety with said materials. Fills in as necessary.
 - **Custodial Specialist (5 FTE)** - works primarily in custodial work. Maintains campus areas by sweeping, mopping, dusting, buffering, stripping, and waxing floors.
 - **Custodial/Laundry Specialist (7 FTE)** – In addition to providing laundry services, many of the Custodial/Laundry specialist staff are trained to assist in custodial work as well.
 - **ATS Supervisor** – Supervises ATS staff in the cleaning of facilities as well as laundry work and is supervised by the Director. Fills in areas when needed.
 - **ATS Custodial/Laundry Specialist (2 Privately Contracted)** – In addition to providing laundry services, many of the Custodial/Laundry specialist staff are trained to assist in custodial work as well.

DEPARTMENT UPDATES:

The department is always looking to hire more quality staff to enable better cleaning routines around campus. Goals for the coming year is to order new supplies for the coming fiscal year and teach more safety to staff regarding use of cleaning materials.

DEPARTMENT DESCRIPTION:

The Laundry Department at Osawatomie State Hospital (OSH) maintains cleanliness and hygiene for patients and staff. Through a Memorandum of Understanding, OSH serves facilities at Adair Acute Care (AAC). The department cleans, folds, and sorts of patients' laundry. Moreover, a deeper clean is given to soiled clothing as well as being separated in the cleaning process. In the past fiscal year, the department cleans over 14,000 pounds of patient laundry monthly on average for OSH.

STAFFING:

- **Director of Custodial & Laundry Services** – Supervises the Custodial and Laundry Services staff of OSH, AAC, and ATS. This position also has oversight of inventory of cleaning materials and teaches safety with said materials. Fills in with other staff as necessary.
 - **Custodial Specialist/Laundry Specialist (7 FTE)** – In addition to providing custodial services, many of the custodial specialist staff are trained to assist in laundry.
 - **Laundry Worker** - operates laundry equipment to clean and maintain linens and fabrics, including washing, drying, folding, and sorting laundered items for patients.
 - **ATS Supervisor** – Supervises ATS staff in the cleaning of facilities as well as laundry work. Supervised by the Director. Fills in areas when needed.
 - **ATS Custodial/Laundry Specialist (2 Privately Contracted)** – In addition to providing custodial services, many of the custodial specialist staff are trained to assist in laundry.

DEPARTMENT UPDATES:

Investing in new laundry equipment would significantly decrease the need for maintenance, increase overall uptime, and increase efficiency, as modern machines are designed with advanced technology and improved durability. A part time position is open. If filled, it would enable flexibility in scheduling of staff.

FY 2024 - FY 2025

DEPARTMENT DESCRIPTION:

The purpose of this department is to ensure that Osawatomi State Hospital (OSH) runs smoothly as possible as when it comes to procuring goods and services for the campus. The department oversees the purchasing and contract work for the agency using the purchasing authority, identifies business requirements for goods, materials, services and find reliable suppliers to meet these requirements. Contracted vendors or non-contracted vendors approved by the State of Kansas must be used.

OSH Purchasing & Contracts Department reviews each request for appropriate vendor if items can be purchased on contract or off contract. The process begins with the entry in the Statewide Management, Accounting, and Reporting Tool (SMART). This step ensures that the correct accounting codes are utilized, aligning with the directives from the OSH Director of Accounting, to guarantee the appropriate funds are being allocated. The subsequent phase involves the issuance of a purchase order, which is then dispatched. Finally, this initiates the process of placing orders for the required items. Items purchased are inspected to ensure correct shipment was received and communication with vendors is maintained if there are discrepancies in the order.

OSH Purchasing & Contracts Department create specifications or scope of work for bid events needed by the agency for goods, materials, or services. It reviews the bid documents and make recommendations of contract awards to the Department of Administration Office of Procurement & Contract through the Procurement Negotiations Committee and the bid evaluation process. Quotes are processed and requests are submitted for quotes to qualified vendors for requested items. Returned Quotes are inspected for processing and purchasing.

STAFFING:

- **Procurement Director** oversees the purchasing, contracts, bid events for this agency and the warehouse.
 - **Procurement Officer II** reviews request for goods and services, purchases goods and services for the agency, assist the Procurement Director with bid evaluations. This position completes special projects as needed by the agency.
 - **Procurement Officer I** review request for goods and services, purchases goods and services for this agency’s facility Services Department, while assisting at the Supply Warehouse with review/receiving of items from order placed. This position completes special projects as needed by the agency.
 - **Warehouse Manager** has oversite of the Supply warehouse for stocked inventory, receiving and delivering of items requested from departments around campus. This position is also responsible for asset management and hazardous waste disposal. This position completes special projects as needed by the agency.
 - **Storekeeper** – Actively keeps warehouse stocked of all supplies, materials, and equipment. Maintains inventory when its used. Logs inventory and fills orders. Supervised by Warehouse Manager

DEPARTMENT UPDATES:

The department plans to partner with the Staff Development and Training department to overcome the challenges that supervisors encounter in efficiently utilizing the purchasing process, as well as in gaining a better understanding of property control and asset management. The Procurement team's objective is to improve the orientation process by introducing new training sessions designed to educate supervisors about the procurement procedures involved in obtaining goods and services required on campus.

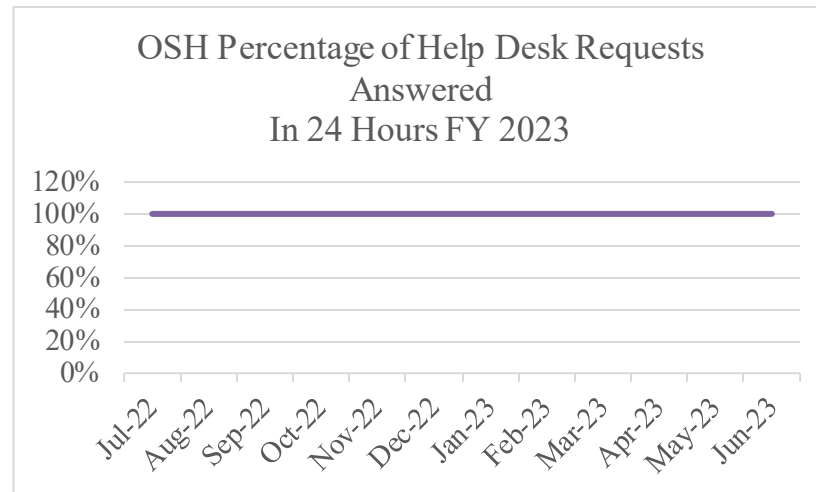
PERFORMANCE BASED BUDGETING GOALS:

Goal: 100% of the requests for Goods and Services on the OSH Help Desk will be answered within 24 hours of submission. This will be tracked monthly.

Measurement: Percentage of requests recorded monthly

Department Responsible: Business Services

Month	Rate
Jul-22	100%
Aug-22	100%
Sep-22	100%
Oct-22	100%
Nov-22	100%
Dec-22	100%
Jan-23	100%
Feb-23	100%
Mar-23	100%
Apr-23	100%
May-23	100%
Jun-23	100%



Expenditures Physical Plant and Central Services:

Central Services	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Salaries and Wages	\$3,263,022	\$2,976,241	\$3,521,901	\$3,741,574	\$3,737,365
Shrinkage	\$0	\$0	\$0	\$0	\$0
Contractual Services	\$2,072,677	\$2,475,098	\$3,096,945	\$3,338,986	\$3,338,986
Commodities	\$698,975	\$765,033	\$879,506	\$923,343	\$923,343
Capital Outlay	\$864,293	\$460,942	\$164,571	\$105,194	\$105,194
Capital Improvements	\$825,746	\$0	\$0	\$0	\$0
Other Assistance	\$0	\$0	\$0	\$0	\$0
Total	\$7,724,713	\$6,677,314	\$7,662,923	\$8,109,097	\$8,104,888

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wages 55.1 FTEs for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2024: \$3,741,574 is requested. The shrinkage rate is 0%.

FY 2025: \$3,737,365 is requested. The shrinkage rate is 0%.

Account Codes 52000 – 52900: Contractual Services

The major expense in this category is for utilities including natural gas, electricity, water and sewer service. In addition to the cost and delivery charges for natural gas are gas for several houses the hospital owns but do not rent to staff. Trash service is provided by contract.

Also, included in this category is repair and servicing completed by non-OSH maintenance personnel. The repairs and servicing work that cannot be completed by OSH's maintenance staff includes specialized work on the stand-by electrical generating system, compressor and electrical motor rebuilding, repair work on state-owned motor vehicles, fire alarm system maintenance, boiler maintenance, termite treatment services, hazardous chemical removal (i.e., paint, solvents), hydrostatic testing of fire extinguishers to comply with NFPA Life Safety Code Standards and other service contracts.

FY 2024: \$3,338,986 is requested.

FY 2025: \$3,338,986 is requested.

Account Codes 53000 – 53900: Commodities

Funds are requested for office and other operating supplies, tools used by the Facility Services staff, supplies used by the power plant in maintaining equipment, general supplies for the entire campus, nursing supplies, housekeeping and laundry supplies. The Food Service Operation has been contracted out, but funds will still be needed to cover the cost of the contract.

FY 2024: \$923,343 is requested.

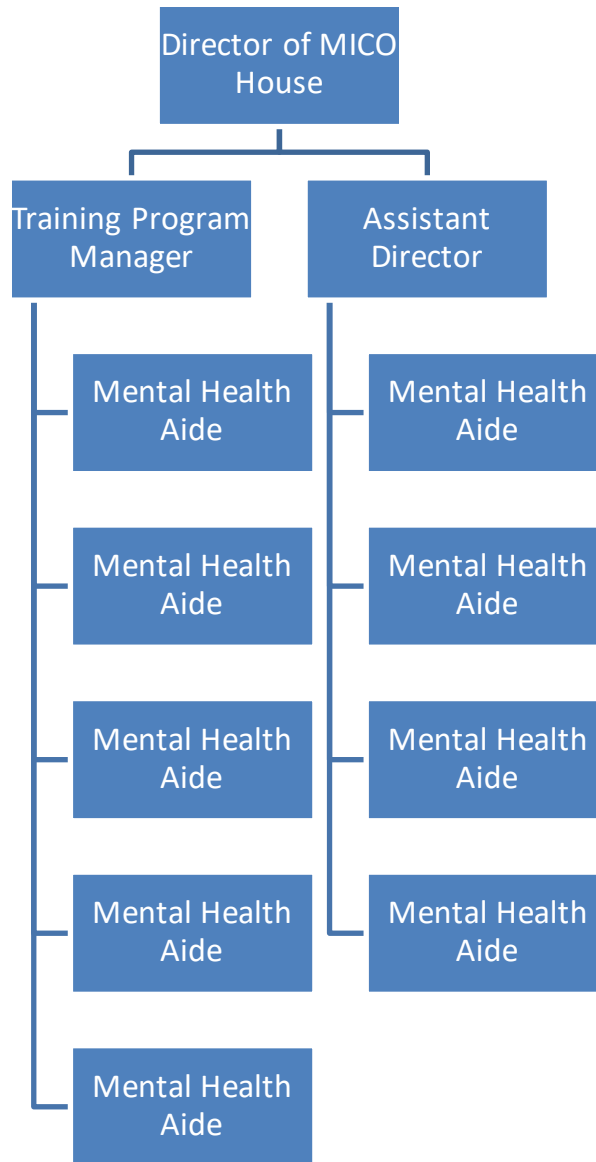
FY 2025: \$923,343 is requested.

Account Code 54000 – 54900: Capital Outlay & Improvements

Funds are requested to address equipment needs, as well as capital outlay related to the upkeep of OSH. Requested funds for FY 2022 include the refurbishment of the overhead radio system that provides campus alerts. The current system began failing at the beginning of FY 2022.

FY 2024: \$105,194 is requested.

FY 2025: \$105,194 is requested.



FY 2024 – FY 2025

EXPENDITURE JUSTIFICATION

PROGRAM: Sexual Predator Treatment Program - MiCo House Reintegration Facility – 86000

Program Overview:

It is the mission of the Sexual Predator Treatment Program (SPTP) to promote safety for the community as well as to promote the welfare of the program’s residents in a manner which fosters reintegration into a safe and stable environment for all Kansans. It is the vision of the SPTP to provide residents with the knowledge and tools needed for their reintegration back into society and production of non-violent citizens without compromising community safety.

The reintegration facilities are state-funded programs housed on the grounds of Larned State Hospital (LSH), Osawatomi State Hospital (MiCo House), and Parsons State Hospital & Training Center (Maple House). Each facility is limited to sixteen beds per any one county in the State of Kansas. The reintegration facilities serve residents that are on Tier Three of the Sexual Predator Treatment Program and on Court-Ordered Transitional Release. To be evaluated as ready for Tier Three of the program, a resident must have successfully progressed through the residential portion of SPTP at LSH and have a motivation to re-enter open society and conduct their lives in a responsible manner. These residents are reviewed and interviewed by the Progress Review Panel and are determined to be appropriate candidates for a reintegration program based on clinical recommendation from the Progress Review Panel. Duration of the program depends primarily on the resident’s compliance with treatment, therapy, and program rules. Residents move to one of the Reintegration Facilities at Larned, Osawatomi, or Parsons to offer residents a safe, step-by-step way of moving into an outpatient mode of functioning. The reintegration facilities provide shelter, monetary assistance, and transportation to aid the residents while they are establishing themselves financially.

SPTP has seen significant changes in participation since implementing enhancements to the program in the past several years. This increase in participation has resulted in more residents being reviewed by the Progress Review Panel for advancement to the reintegration facilities.

Reintegration Facility staff are required to be aware of the residents' whereabouts through visual contact, phone checks, and electronic monitoring software while on the grounds of the facility(s) and throughout the early steps of transition. Reintegration Facility staff assist with transports, surveillance, conducting searches (room, computer, logbook, vehicle, and person), maintaining accountability of residents, enforcing program policies and rules, and ensuring the safety of the community and facility. OSH provides Human Resources services, Financial Services, Transportation Services, Information Technology, Grounds Maintenance and Environmental Services to SPTP MiCo House via a Memorandum of Understanding.

Current and Budget Year Operations:

The treatment program used by MiCo House is positive, supportive, motivational, and encourages the Resident to work towards active treatment participation, problem-solving, employment and community housing. Treatment is individualized, solution focused and refined with detailed objectives and expected outcomes directed at the Resident's presenting problems. Overall, MiCo House has adopted a therapeutic community model to help facilitate resident's healthy, safe, and pro-social transition into the community.

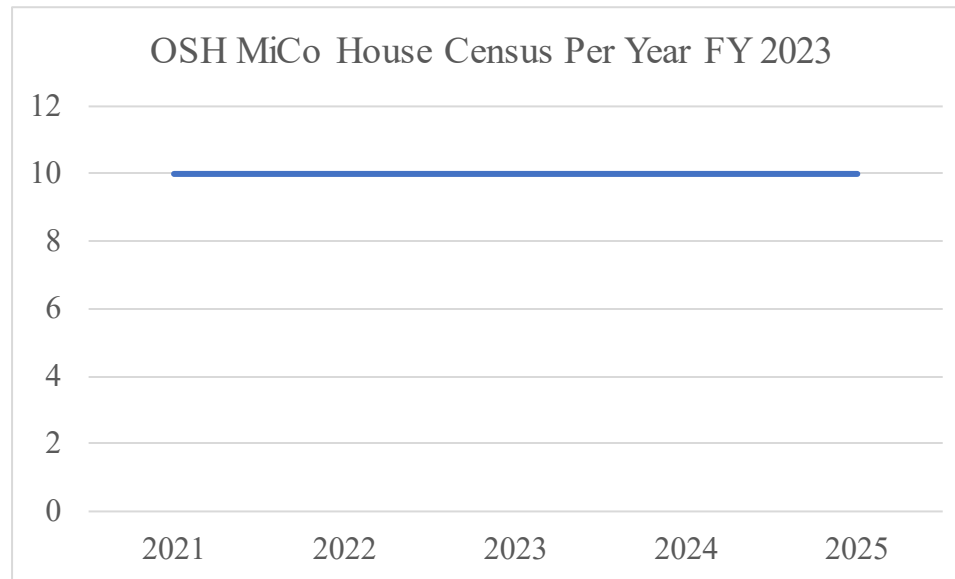
Long-Term Trends:

The first long-term trend is the substantial growth of the Sexual Predator Treatment Program, resulting in increasing numbers of Tier Three Residents (Reintegration). With the increased numbers comes additional expenditures for staffing, transportation, and supervision.

The second long-term trend which continues are Residents who are elderly and may never reach a level of independent living in the community. MiCo House is currently experiencing the impact of the second trend with Residents who will need geriatric care, prior to being approved by the Court to earn Conditional Release, with no long-term care facilities willing to care for a Sex Offender.

The third long-term trend is a large percent of MiCo House residents have both a severe and persistent mental disorder, longstanding personality disorder and chemical dependency disorders and this number is expected to increase. Thus, it is necessary to treat all problems at the same time. MiCo House residents currently receives therapy and medication services from Clinical Associates, PA, in Lenexa, KS. Clinical Associates can also provide treatment for alcohol and chemical dependency. MiCo House also uses community-based support programs which include Alcoholics Anonymous, Narcotics Anonymous and Sex Abusers Anonymous.

OSH MiCo House Census Per Year FY 2023				
2021 Actuals	2022 Actuals	2023 Actuals	2024 Estimates	2025 Estimates
10	10	10	10	10



Expenditures MICO House:

MICO House	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Salaries and Wages	\$920,486	\$659,877	\$1,546,175	\$1,556,339	\$1,549,785
Shrinkage	\$0	\$0	\$0	(\$422,300)	(\$422,300)
Contractual Services	\$154,946	\$177,478	\$416,897	\$383,065	\$376,105
Commodities	\$21,172	\$15,941	\$49,354	\$50,258	\$50,258
Capital Outlay	\$29,189	\$23,128	\$7,606	\$7,000	\$7,000
Capital Improvements	\$4,250	\$0	\$5,940		
Other Assistance	\$7,260	\$6,820	\$7,229	\$6,000	\$6,000
Total	\$1,137,303	\$883,244	\$2,033,201	\$1,580,362	\$ 1,566,848

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wages 23.4 FTEs for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2024: \$1,134,039 is requested. The shrinkage rate is 27.1%

FY 2025: \$1,5127,485 is requested. The shrinkage rate is 27.2%

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses including travel projected for this program.

FY 2024: \$383,065 is requested.

FY 2025: \$376,105 is requested.

Account Codes 53000 – 53900: Commodities

This category includes professional and scientific supplies for medical equipment and testing.

FY 2024: \$50,258 is requested.

FY 2025: \$50,258 is requested.

Account Codes 54000 – 54900: Capital Outlay

These funds will be used to replace the mannequins used by the LMHT training program that are beyond repair.

FY 2024: \$7,000 is requested.

FY 2025: \$7,000 is requested.

Account Codes 55000: Other Assistance

These funds will be used to provide stipends to residents who are deemed unable to gain employment.

FY 2024: \$6,000 is requested.

FY 2025: \$6,000 is requested.

August 24, 2022

Mr. Adam Proffitt, Director
Division of the Budget
Landon State Office Building
900 SW Jackson – Room 504 North
Topeka, KS 66612

Dear Mr. Proffitt:

Despite today’s competitive labor market for healthcare, Adair Acute Care (AAC) continues to provide quality patient care. AAC has been able to meet the needs of the community by providing social detoxification and care for voluntary patients as well as providing care to involuntary patients. In the past fiscal year, AAC has seen an increase in the number of acute psychiatric patients. Due to this, safety has become the top priority for patients as well as staff.

Recent Medicare Surveys of AAC have educated us about the need to adapt to the more acute population. We have introduced zone strategies to ensure staff are positioned appropriately during crises to reduce risk. Additionally, we have implemented new auditing procedures, including clinical reviews, enabling us to concentrate on patients whose potential for violence poses risks to the milieu.

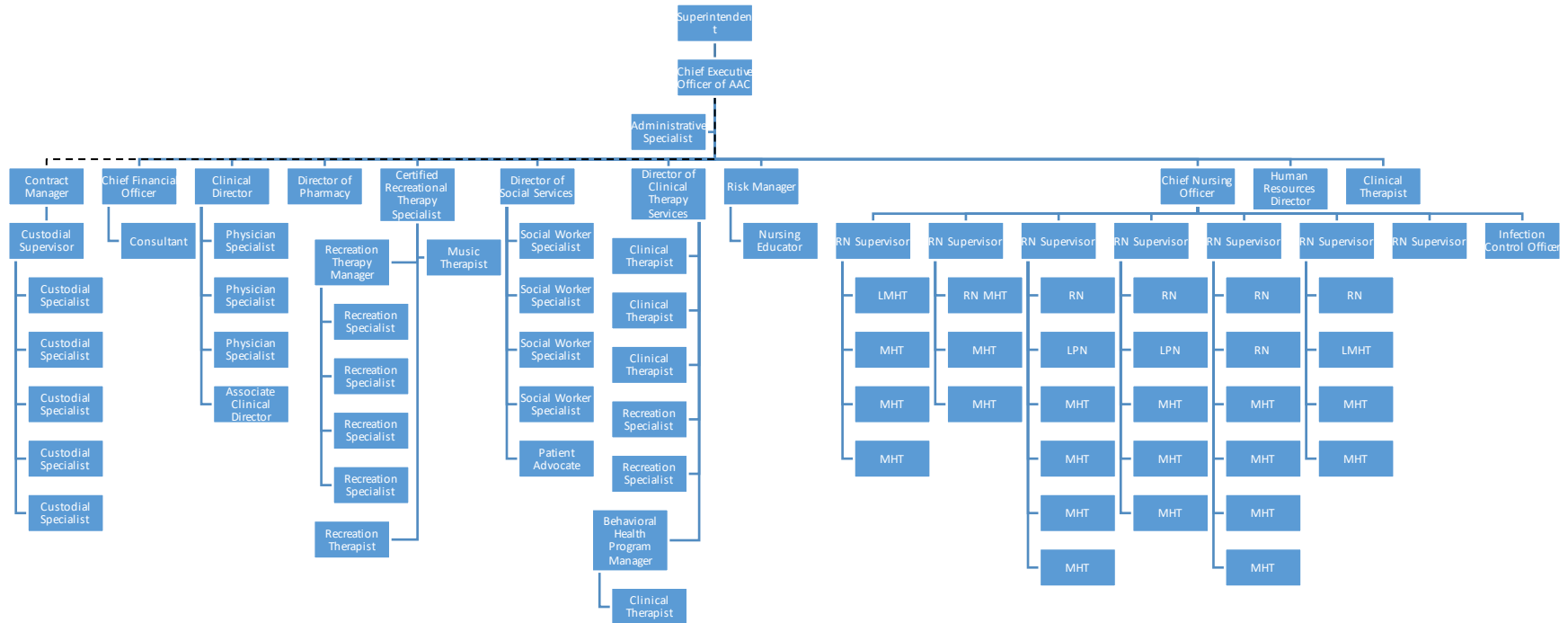
Ongoing construction projects will modernize the infrastructure needed for several departments. Mainly, the renovation of the Biddle Courtyard will boost the Recreation and Expressive Therapy Department’s ability to provide an even higher standard of care by having more ways for patients to engage in enhancing their physical and mental well-being throughout their treatment.

Efforts to retain staff as well as creating an enriching and supportive work environment continue with a partnership with the Kansas University Education Center to bring peer support to AAC. Bringing a peer support perspective to our staff will enhance patient care and staff outcomes. In the coming year, AAC hopes to provide more educational opportunities through providing Continuing Education credits to all licensed staff and install other initiatives for staff.

With all of this in mind, I am proud to submit the following for your review. I thank you on behalf of our patients and staff as we continue to serve those who cannot turn to anywhere else for urgent psychiatric care.

A handwritten signature in black ink, appearing to read 'Clint', with a long horizontal stroke extending to the right.

Clint Glidewell, LSCSW, LMAC, MBA
CEO
Adair Acute Care at
Osawatomie State Hospital



AGENCY OVERVIEW:

Abolitionist and Reverend Samuel Lyle Adair donated the land that would become Osawatomi State Hospital. Today, Adair Acute Care (AAC) is named after him. AAC functions as a psychiatric facility with its primary role being providing inpatient treatment for mentally ill adults from 45 counties in Eastern and central Kansas. Operating within the continuum of mental health services, AAC plays a crucial role in stabilizing and rehabilitating individuals with severe mental illness who either can't or won't access these services elsewhere. AAC is licensed alongside Osawatomi State Hospital under the supervision of KDADS, one of four institutions. Furthermore, it's one of two state institutions offering mental health services.

ACCREDITATION AND CERTIFICATION:

AAC operates as a free-standing unit, situated on the Osawatomi State Hospital premises. Its licensing is overseen by the Kansas Department of Health and Environment (KDHE). KDHE conducts regular and unannounced surveys to assess adherence to relevant laws, regulations, and standards. Additionally, AAC holds certification from the Centers for Medicare and Medicaid Services (CMS). CMS conducts periodic surveys to ensure compliance with applicable laws, regulations, and standards.

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

AAC is organized for budgetary purposes into the following five programs. Some services are provided to AAC through a Memorandum of Understanding (MOU) with OSH:

- **General Administration Program** provides the overall administration and management of AAC. Included in General Administration is the CEO's office, the Chief Financial Officer, performance improvement and risk management. All other administration programs are provided through the MOU. These include accounting, accounts payable, billing and collections, budget, cashier and post office, contract management, credentialing, employee benefits, health information management, human resource management, patient accounts, purchasing, program assistants, information technology services, legal services, and recruitment.
- **Staff Development Program** provides staff education and development for AAC through the MOU.

- **Clinical Programs** provides inpatient services for people 18 years of age and older with severe mental illness. This program has 60 beds divided across two units. Treatment is provided on each unit, as well as, through a variety of activity therapy groups. Services within this program include activities therapy, admission, clinical therapy, direct care scheduling, infection control, nursing administration, nutrition services, peer support, psychology, unlicensed nursing, social work, and triage. Clinical Programs are provided to AAC through the MOU.
- **Medical Services** consists of psychiatric services, pharmacy, medical laboratory, x-ray, EKG-EEG and dental services, as well as outside medical services. Psychiatric coverage is provided twenty-four hours a day, throughout every day of the year with routine psychiatric and medical services being provided throughout the week.
- **Physical Plant and Central Services** operates the central heating plant, maintains buildings including electrical, cooling, carpentry, grounds maintenance, environment of care, laundry services and supplies for all programs, as well as property management that maintains oversight over the hospital assets, including capitalized assets. Physical plant and central services also include safety and security for AAC through the MOU.

STATUTORY HISTORY:

In 1863, the Kansas Legislature granted permission for the establishment of the "Osawatomie Insane Asylum" on a 160-acre site in Osawatomie, Kansas. The initial structure, known as "The Lodge," was completed by early 1866, a two-story house with room for 12 beds, costing \$500. Construction on the Main Building, designed according to the "Kirkbride Plan," began in 1866 and spanned 15 years, expanding its capacity to 1,400 beds with a total cost of \$500,000. Renamed the Osawatomie State Hospital (OSH) in 1901, it fell under the Department of Social and Rehabilitation Services (SRS) in 1973, which later became the Department of Children and Families (DCF) in 2012. This led to the formation of the Kansas Department for Aging and Disability Services (KDADS), currently responsible for overseeing the hospital.

In 1963, OSH became known as a rehabilitation center due to several newly added amenities to assist the patients with recovery which included a swimming pool, a modern gymnasium, and a well-equipped auditorium.

During 2015, OSH was the first hospital in the nation to be surveyed under the new CMS (Centers for Medicare and Medicaid Services) standards related to ligature free environments. OSH underwent numerous surveys by CMS during this time which resulted in terminating certification of the hospital on December 21, 2015, due to the inability to bring the entire campus up to the new conditions of participation. At that time, a moratorium was established in 2015 (K.S.A. 59-2968), limiting OSH to a maximum census of 145 patients which decreased the bed capacity by 61. This moratorium also limited OSH from admitting voluntary patients unless there was no one on the waiting list and the census was below 145.

As a response to the decertification, the hospital made improvements to the physical plant at Adair A-building. The environment was brought up to meet the new ligature free environment standards along with bringing, staffing levels up to standard and improving operational practices to correct the deficiencies cited by CMS. In August 2016, these two living units were functionally separated from the hospital to form Adair Acute Care (AAC). This is functionally considered a free-standing hospital with a maximum census of 60 patients. On December 15, 2017, AAC passed a CMS survey and became recertified.

A Memorandum of Understanding (MOU) was established between OSH and AAC, allowing AAC to outsource certain administrative, medical, clinical, physical plant and central service support services to OSH. These services are reported on a monthly, quarterly, and annual schedule. The quality of service is directly tied to the strategic plan developed by the agency. The performance based budgeting metrics were in the new fiscal year to measure how well OSH is achieving its defined goals.

VISION: The Right care, at the Right time, in the Right place

AGENCY MISSION: Working together to provide excellent care that promotes recovery and self-sufficiency.

VALUES: Compassion, Teamwork, Professionalism, Communication, Respect and Efficiency.

PILLARS:

People

Quality

Finance

Service

Community

Growth

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

Administration

Medical Services

Clinical Services

Physical Plant and Central Services

FINANCIAL REQUEST:

For FY 2024, AAC requests revised expenditures totaling \$15,932,362 of which \$6,422,878 is from the State General Fund. For FY 2025, AAC requests revised expenditures totaling \$14,444,360 of which \$4,906,296 is from the State General Fund.

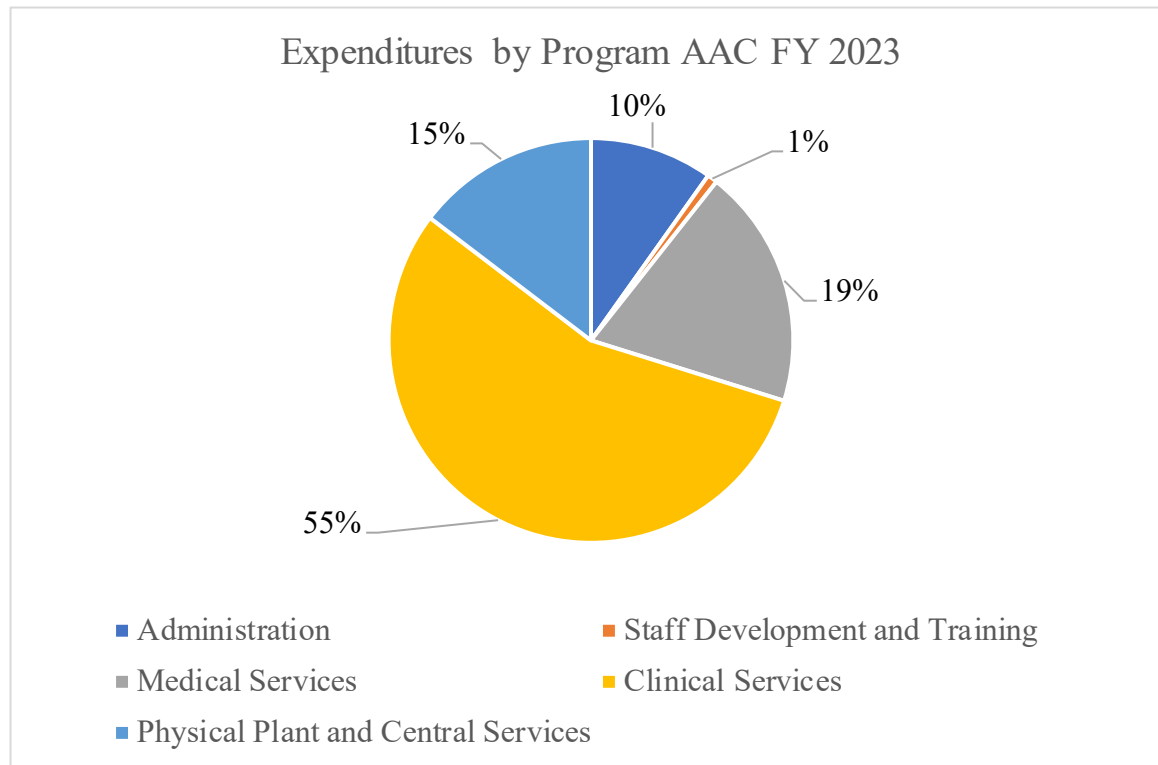
OUTCOMES OVERVIEW:

Agency Outcomes presents information related to patient admissions like referral sources and county locations of admissions. Furthermore, it provides insights into various facets of inpatient care, including the number of patients served and the duration of their stays. Lastly, the outcomes include financial data for Adair Acute Care (AAC) provided through a MOU from OSH, covering expenditures and related financial information. The information in this section discusses AAC's outcomes. Subsequent narratives, those specifically discussing AAC's various departments and their roles, offer comprehensive details about the objectives and performance metrics established for a specific department, encompassing both the State of Kansas and the national level.

FY 2021 through FY 2025 AAC Approved FTE Positions	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Programs	Approved FTE	Approved FTE	Approved FTE	Approved FTE	Approved FTE
Administration	19.5	21.50	21.5	23	23
Staff Development and Training	2.9	1.50	1.5	2.2	2.2
Medical Services	12.5	12.5	12.5	13.0	13.0
Clinical Services	120.5	92.5	92.5	95.5	95.5
Physical Plant/Central Services	23.10	27	27	40	40
TOTAL APPROVED POSITIONS	178.5	155	155	173.3	173.3

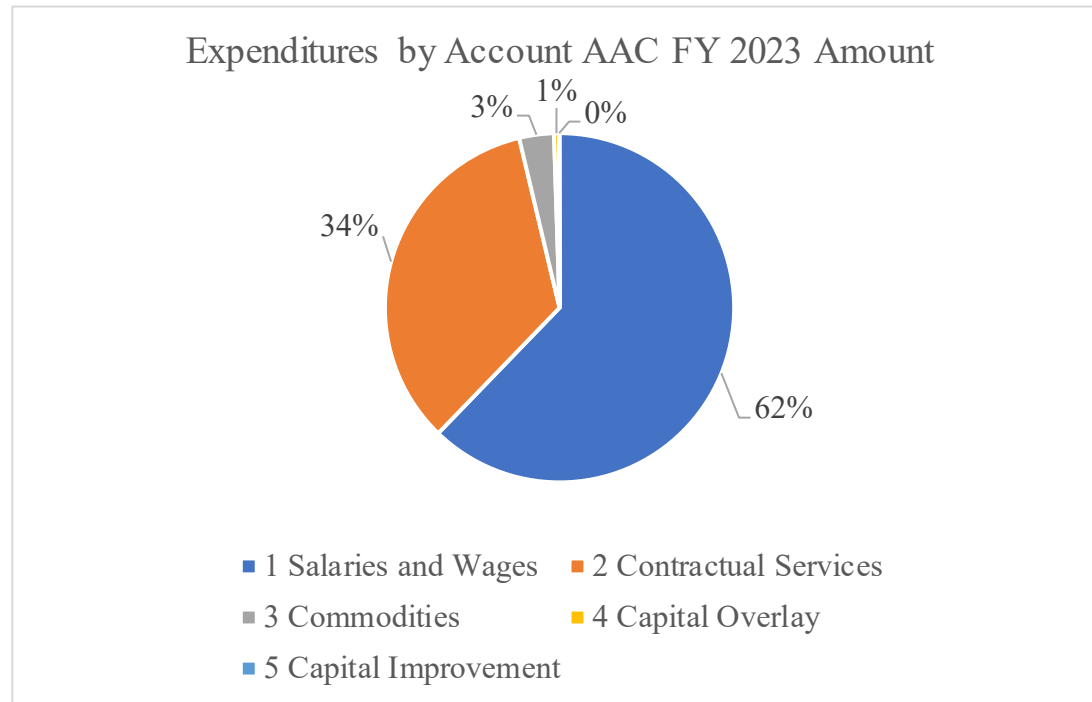
Projected Overall Shrinkage FY 2024– 34.2%
Projected Overall Shrinkage FY 2025 – 43.2%

Expenditures by Program AAC FY 2023	
Program	Amount
Administration	\$ 2,039,162
Staff Development and Training	\$ 168,485
Medical Services	\$ 3,974,010
Clinical Services	\$ 11,510,247
Physical Plant and Central Services	\$ 3,035,271
TOTAL	\$ 20,727,175



FY 2024 – FY 2025

Expenditures by Account AAC FY 2023	
Account	Amount
1 Salaries and Wages	\$ 12,898,447
2 Contractual Services	\$ 7,057,856
3 Commodities	\$ 665,944
4 Capital Overlay	\$ 94,498
5 Capital Improvement	\$ 10,430
TOTAL	\$ 20,727,175



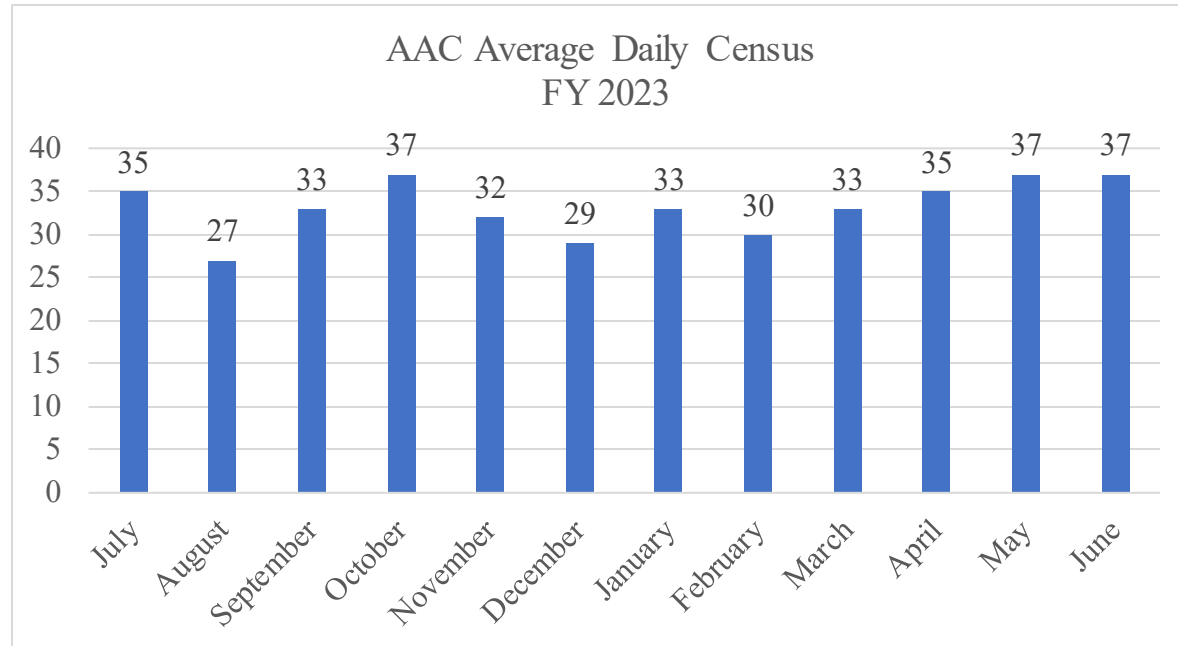
FY 2024 – FY 2025

Total Patients Served

Description	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Total Patients Served	939	995	1,032	1,069	1,106

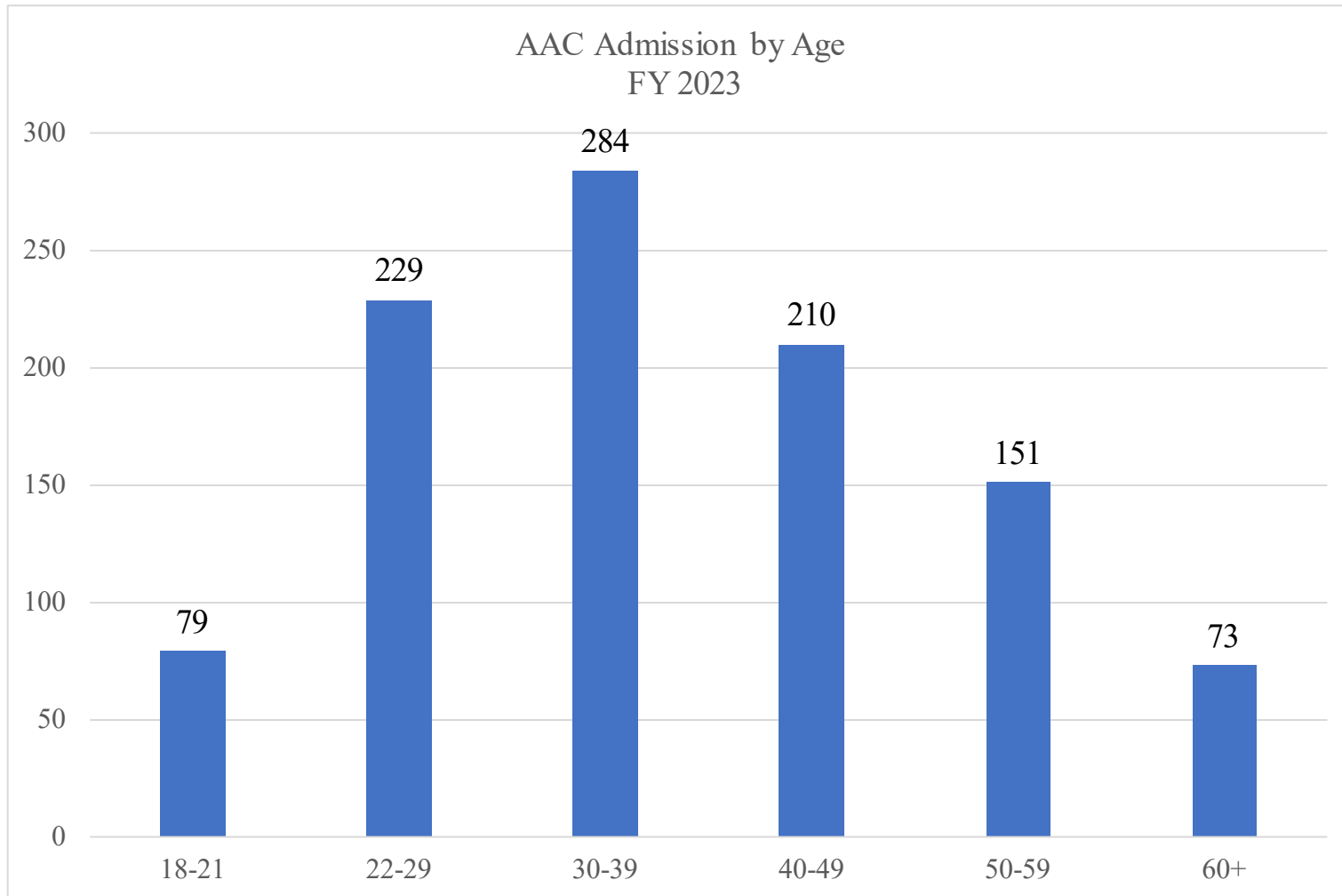
Adair Acute Care @ Osawatomie State Hospital				
FY 2023 Average and Median Length of Stay for Discharges				
Unit	Total Discharges	Total Days	Average LOS	Median LOS
A1	527	5711	11	8
A2	500	6057	12	9
DCT 1	2	3	2	2
DCT 2	0	0	0	0
Total Hospital	1029	11771	11	8

AAC ADC FY 2023	
July	35
August	27
September	33
October	37
November	32
December	29
January	33
February	30
March	33
April	35
May	37
June	37

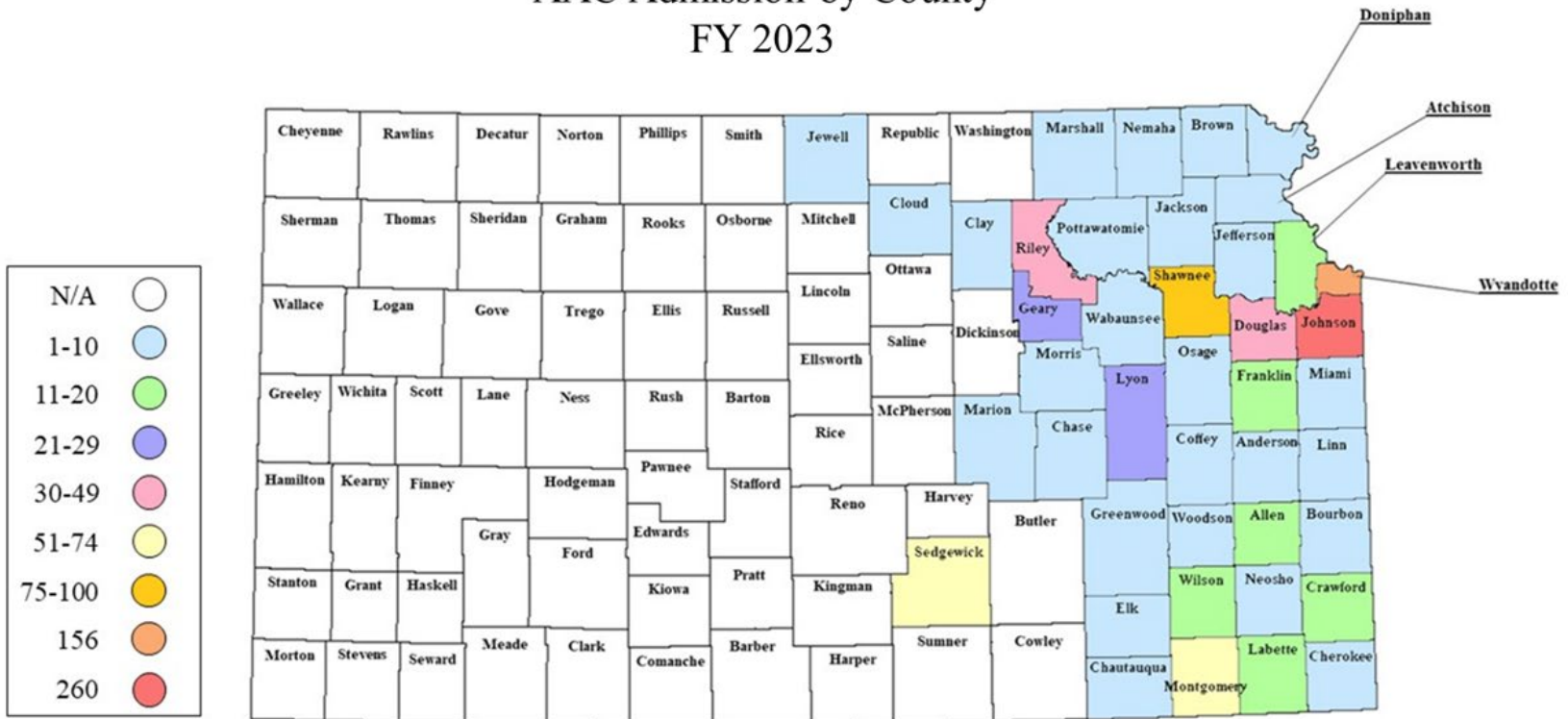


Outcome Measures

ADAIR ACUTE CARE @ OSAWATOMIE STATE HOSPITAL - ADMISSIONS BY MENTAL HEALTH CENTER										
Year to Date: FY 2023										
Mental Health Center	A1	A2	DT1	DT2	Total Adm	FY 2023 A1	FY 2023 A2	FY2023 DT1	FY2023 DT2	FY 2023 Total Adm
BERT NASH MHC	0	1	0	0	1	26	24	0	0	50
COM CARE OF SG CO	3	1	0	0	4	26	29	0	0	55
CMHC OF CRAWFORD CO	1	1	0	0	2	6	4	0	0	10
SPRING RIVER MH	0	1	0	0	1	2	3	0	0	5
FOUR COUNTY MH	6	4	0	0	10	53	40	0	1	94
ELIZABETH LAYTON CNTR	1	2	0	0	3	7	13	0	1	21
GUIDANCE CENTER NEKS	0	1	0	0	1	12	16	0	0	28
JOHNSON COUNTY MHC	8	13	0	0	21	130	131	0	0	261
KANZA MENTAL HEALTH	1	1	0	0	2	12	6	0	0	18
LABETTE COUNTY MHC	3	1	0	0	4	6	7	0	0	13
CROSSWINDS MHC(MHC OF EC KS)	3	2	0	0	5	25	24	0	0	49
PRAIRIE VIEW, INC	0	0	0	0	0	0	1	0	0	1
PAWNEE MENTAL HEALTH	4	3	0	0	7	41	50	0	0	91
SOUTHEAST KANSAS MHC	3	2	0	0	5	20	18	0	0	38
VALEO BEHAVIORAL HEALTH	1	3	0	0	4	46	42	0	0	88
WYANDOT CTR BEHAVIORAL	9	7	0	0	16	85	76	0	0	161
OUT OF STATE	1	0	0	0	1	29	25	0	0	54
OUT OF CATCHMENT	0	0	0	0	0	0	0	0	0	0
TOTALS	44	43	0	0	87	526	509	0	2	1035



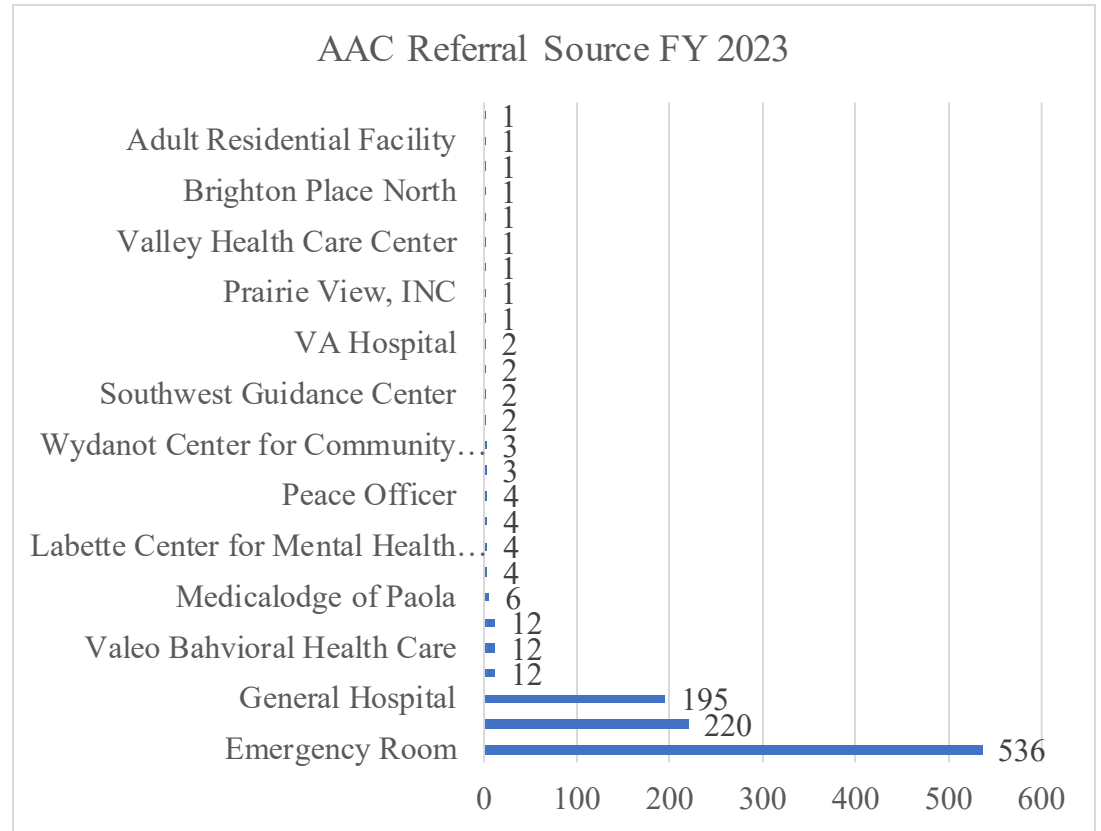
AAC Admission by County
 FY 2023



**Narrative Information – DA 400
Division of the Budget
State of Kansas**

**Agency Name: Adair Acute Care at OSH
Program Title: Agency Outcomes**

AAC Referral Source FY 2023	
Referral Source	# of Admits
Emergency Room	536
Community Corrections	220
General Hospital	195
Four County Mental Health Care	12
Valeo Bahvioral Health Care	12
Other ICF Nursing Home	12
Medicalodge of Paola	6
ComCare of Sedgwick County	4
Labette Center for Mental Health Counseling Center, INC	4
Westview Nursing Center	4
Peace Officer	4
Pawnee Mental Heath Services	3
Wydanot Center for Community Behavioral Healthcare	3
The Guidance Center	2
Southwest Guidance Center	2
Department of Corrections	2
VA Hospital	2
Johnson County Mental Health Center	1
Prairie View, INC	1
Elizabeth Layton Center	1
Valley Health Care Center	1
Edwardsville Manor	1
Brighton Place North	1
Self-Referral	1
Adult Residential Facility	1
Osawatomie State Hospital	1



Average times AAC Only							
Month	# of Cases (Admitted)	MHC Screen to List	MHC Screen to Receipt	Receipt to List	Received to Medical Clearance	Bed List to Admission	Average Admission Time from Receipt to Admit
July	90	15.99	6.68	9.32	15.62	38.70	54.69
August	84	19.74	10.38	9.36	17.22	49.09	68.83
September	96	21.08	9.42	11.66	21.23	71.40	92.48
October	94	13.43	6.24	7.19	16.15	51.54	64.97
November	86	16.27	8.45	7.83	11.73	45.83	62.10
December	67	11.59	5.86	5.73	9.46	31.96	43.55
January	82	127.98	12.35	115.64	14.58	62.19	190.18
February	84	16.03	9.34	6.70	30.20	78.90	94.93
March	71	17.86	8.35	9.50	21.26	45.64	63.50
April	85	17.64	8.69	8.75	22.76	52.92	70.56
May	94	16.17	8.56	7.43	32.89	52.52	68.69
June	88	14.79	7.37	7.41	31.68	43.21	58.00
YTD Average	85	25.72	8.47	17.21	20.40	51.99	77.71
Total Cases:	450						

**Narrative Information – DA 400
Division of the Budget
State of Kansas**

**Agency Name: Adair Acute Care at OSH
Program Title: Revenue**

EXPLANATION OF RECEIPT ESTIMATES - DA 405													
FY 2024 State General Fund Limitations													
Agency	Name	Fund Name	Fund	BU	FY 2024 Approved Expenditures	KPERS & Health Rates	FY 2024 Re-appropriation	Transfers	Supplemental/Reduction Package	Allotment - COVID - 19	SGF Transfers	FY 22 Cash Forward	FY 2024 Adjusted Expenditure Request
410	Lamed State Hospital	SGF Operating	1000	0103	\$42,830,245	-	\$637,669	\$5,120,526	\$16,262,120	-	-	-	\$64,850,560
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$5,000	-	\$4,540	-	-	-	-	-	\$9,540
		SGF - SPTP	1000	0200	\$24,311,908	-	\$90,724	-	\$146,275	-	-	-	\$24,548,907
		SGF- SPTP Reintegration	1000	0400	\$0	-	-	-	-	-	-	-	\$0
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$34,835,129	-	-	\$2,733,030	\$6,826,816	-	-	-	\$44,394,975
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$1,230,860	-	\$732	\$348,770	\$11,297	-	-	-	\$1,591,659
	Adair Acute Care	SGF Certified Care	1000	0101	\$7,379,192	-	\$505	\$1,659,428	\$4,098,569	-	-	-	\$13,137,694
507	Parsons State Hospital	SGF Operating	1000	0100	\$18,055,556	-	-	\$2,776,667	\$937,379	-	-	-	\$21,769,602
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,240,552	-	\$361,822	(\$565,085)	\$49,342	-	-	-	\$2,086,631
363	Kansas Neurological Institute	SGF Operating	1000	0303	\$15,605,624	-	-	\$1,807,830	\$141,236	-	-	-	\$17,554,690
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	-	-	\$150
	Total SGF				\$146,494,666	\$0	\$1,095,992	\$13,881,166	\$28,473,034	\$0	\$0	\$0	\$189,944,858
FY 2025 State General Fund Limitations													
Agency	Name	Fund Name	Fund	BU	FY 2025 Estimated Expenditures	KPERS & Health Rates	FY2025 Re-appropriation	Transfer	Enhancement/Reduction Package	Allotment - COVID - 19	SGF Transfers	KDADS Transfer IN	FY 2025 Adjusted Expenditure Request
410	Lamed State Hospital	SGF Operating	1000	0103	\$43,696,474	-	-	-	\$31,172,113	-	-	-	\$74,868,587
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$5,000	-	-	-	-	-	-	-	\$5,000
		SGF - SPTP	1000	0200	\$24,311,908	-	-	-	\$837,110	-	-	-	\$25,149,018
		SGF- SPTP Reintegration	1000	0400	\$0	-	-	-	-	-	-	-	\$0
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$35,407,925	-	-	\$847,054	\$6,490,854	-	-	-	\$42,745,833
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$1,251,848	-	\$315,000	-	\$0	-	-	-	\$1,566,848
	Adair Acute Care	SGF Certified Care	1000	0101	\$7,501,073	-	-	(\$1,162,054)	\$4,502,032	-	-	-	\$10,841,051
507	Parsons State Hospital	SGF Operating	1000	0100	\$18,662,324	-	-	-	\$996,495	-	-	-	\$19,658,819
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,037,289	-	-	-	-	-	-	-	\$2,037,289
363	Kansas Neurological Institute	SGF Operating	1000	0303	\$15,805,403	-	-	-	-	-	-	-	\$15,805,403
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	-	-	\$150
	Total SGF				\$148,679,844	\$0	\$315,000	(\$315,000)	\$43,998,604	\$0	\$0	\$0	\$192,678,448

FY 2024 – FY 2025

Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: Adair Acute Care at OSH
Program Title: Revenue

EXPLANATION OF RECEIPT ESTIMATES - DA 405													
FY 2024 Fee Funds													
Agency	Name	Fund Name	Fund	BU	FY 2024 Approved C&H Receipts	FY 23 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transer	Allotment - COVID - 19	Supplemental Request	FY 24 Cash Forward	FY 2024 Adjusted Expenditure Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,392,811	-	\$721,675	\$232,035	-	-	-	-	\$4,346,521
		Title XIX No limit	2074	2200	\$1,030,978	-	\$13,268,252	-	\$6,146,921	-	-	\$0	\$20,446,151
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$665,803	-	\$5,489,349	\$49,535	(\$3,575,770)	-	-	(\$911,619)	\$1,717,298
		OSH TXIX No limit	2080	4300	\$0	-	\$2,052,270	(\$2,052,270)	-	-	-	-	\$0
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,538,080	-	(\$2,228,024)	\$1,238	\$3,575,770	-	-	(\$549,000)	\$4,338,064
		OSH TXIX Cert Care No Limit	2080	4301	\$5,200,000	-	(\$2,080,851)	-	\$2,052,271	-	-	\$0	\$5,171,420
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$954,291	-	\$59,709	\$36,000	-	-	-	-	\$1,050,000
		Title XIX No limit	2083	2300	\$15,030,602	-	\$2,514,238	-	-	-	-	(\$2,390,611)	\$15,154,229
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,400,000	-	\$0	\$21,090	-	-	-	\$0	\$1,421,090
		Title XIX No limit	2060	2200	\$15,500,000	-	\$612,642	-	-	-	-	(\$1,479,866)	\$14,632,776
	Total Fee Fund				\$46,712,565	\$0	\$20,409,260	\$339,898	\$6,146,922	\$0	\$0	(\$5,331,096)	\$68,277,549
FY 2025 Fee Funds													
Agency	Name	Fund Name	Fund	BU	FY 2025 Estimated C&H Receipts	FY 24 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transer	Allotment - COVID - 19	Supplemental Request	FY 25 Cash Forward	FY 2025 Adjusted Expenditure Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,460,667	-	-	\$215,330	-	-	-	-	\$3,675,997
		Title XIX No limit	2074	2200	\$1,030,978	-	-	-	\$4,917,537	-	-	-	\$5,948,515
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$756,144	-	\$911,619	\$49,535	-	-	-	\$0	\$1,717,298
		OSH TXIX No limit	2080	4300	\$0	-	-	-	-	-	-	-	\$0
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,787,826	-	\$549,000	\$1,238	-	-	-	\$0	\$4,338,064
		OSH TXIX Cert Care No Limit	2080	4301	\$5,200,000	-	\$0	-	-	-	-	\$0	\$5,200,000
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,014,000	-	-	\$36,000	-	-	-	-	\$1,050,000
		Title XIX No limit	2083	2300	\$15,000,000	-	\$2,390,611	-	-	-	-	(\$2,225,775)	\$15,164,836
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,400,000	-	\$0	\$21,500	-	-	-	\$0	\$1,421,500
		Title XIX No limit	2060	2200	\$14,000,000	-	\$1,479,866	-	-	-	-	(\$567,719)	\$14,912,147
	Total Fee Fund				\$45,649,615	\$0	\$5,331,096	\$323,603	\$4,917,537	\$0	\$0	(\$2,793,494)	\$53,428,357

FY 2024 – FY 2025

Explanation of Receipts - DA 405						
Revenue Source	Revenue Account Code	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Medicare A	420610	\$2,368,782	\$1,547,045	\$1,341,669	\$1,577,986	\$1,577,986
Medicare B	420610	\$130,102	\$98,563	\$85,099	\$100,534	\$100,534
Insurance	420610	\$1,210,807	\$2,138,954	\$1,993,234	\$2,191,604	\$2,191,604
Private Pay-Care & Hosp.	420610	\$45,291	\$60,486	\$62,612	\$61,696	\$61,696
Kansas Debt Set Off	420610	\$6,585	\$17,824	\$19,415	\$18,180	\$18,180
	420610					
Total Hospitalization		\$3,761,567	\$3,862,872	\$3,502,029	\$3,950,000	\$3,950,000
Clerical Charges	420400			\$0		
Educational Charges	420500			\$0		
Other Service Charges	420990	\$394	\$458	\$ (128.00)	\$450	\$450
Sale of Salvage	422500			\$0		
Sale of Unusable Condemed	422600			\$0		
Sale of Meals & Proces. Food	422700			\$0		
Other Interest	430900	\$432	\$109	\$1,227	\$100	\$100
Rent of Unimproved Land	431100			\$0		
Rent of Real Estate & Bldg.	431200			\$0		
Other Misc Revenue	459090			\$0		
Insurance Reimbursement	461200			\$0		
Estate Recovery	462100			\$0		
Recovery of Current FY Expen.	462110	\$8		\$0		
Reimbursement and Refunds, Oth	462900			\$0		
Recovery of Prior FY Expen.	469010		\$11	\$0	\$10	\$10
Other NonRevenue Receipts	469090	\$51	\$6	\$11	\$5	\$5
Total		\$3,762,452	\$3,863,456	\$3,503,139	\$3,950,565	\$3,950,565

Explanation of Receipts

In FY 2023, AAC did not meet revenue estimates in the FY 2023 - 2024 Budget submission. The agency did see a continued decline in the number of patients admitted with traditional Medicare and a continued increase in the number of patients with Medicare Advantage plans. The Medicare Advantage plans do not reimburse at the same rate as the traditional Medicare plans, which resulted in a decrease in revenue. Moving forward, the agency is adjusting estimates to plan for this change in payer sources.

Over the past three fiscal years, the OSH billing department, which provides services to AAC through the MOU, has collected data to identify the reason for payer denials. It was identified that it was not a denial issue but a resubmission issue with specific information being requested from each payer that does not automatically populate in the current billing form. There has been an increase to manual claim submissions to avoid the need for resubmissions, but this investment in time and resources has resulted in an increase in payments.

OSH billing department is optimistic that the proposed new Electronic Health Record and Billing system will help streamline this process and eliminate the need for so many manual claims.

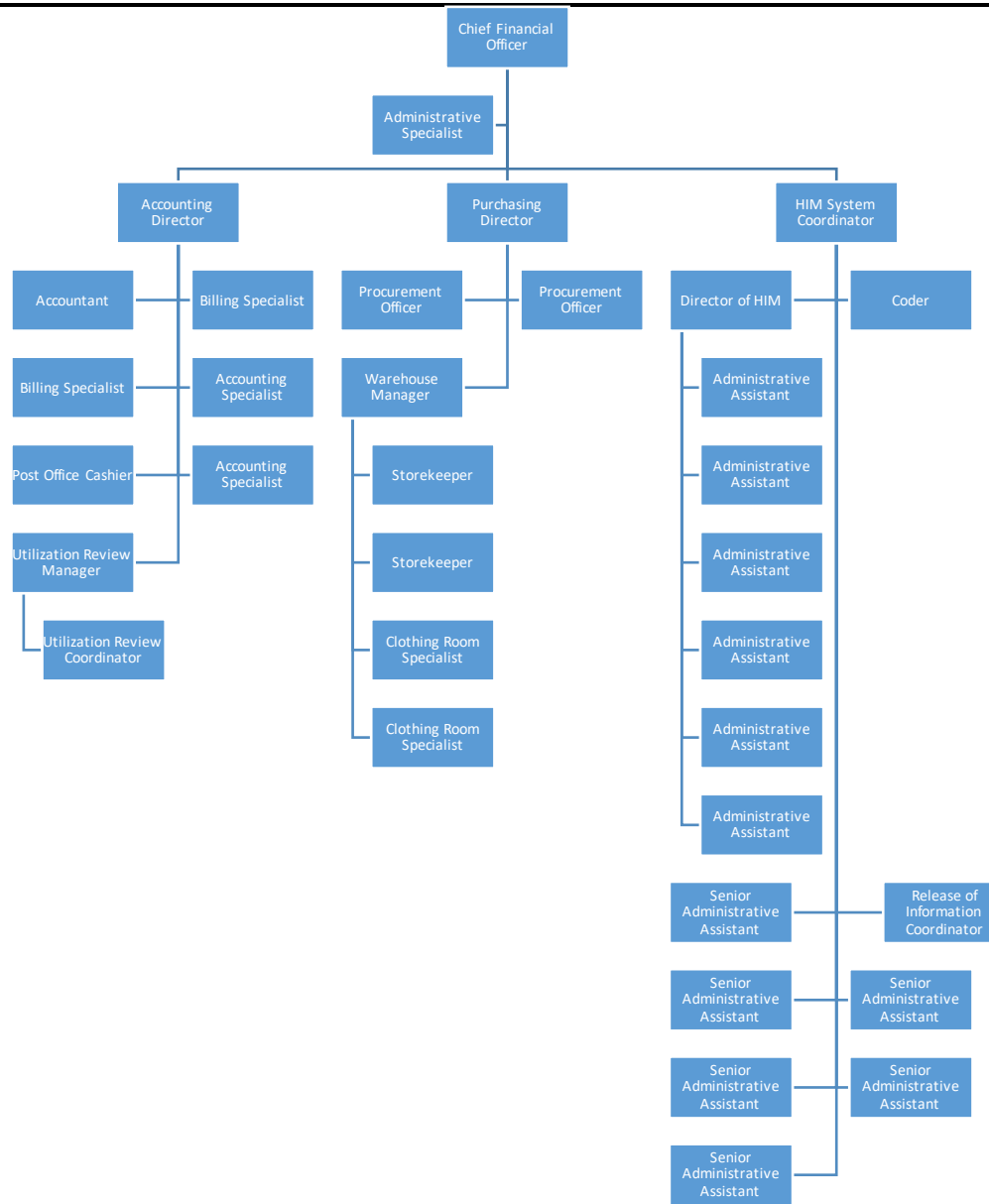
OSH billing department has also increased the number of Medicare Advantage plan contracts. These contracts will allow AAC to be in network for more patient, lessening the financial burden for them, as well as, increasing payer sources for AAC.

EXPENDITURE JUSTIFICATION

PROGRAM: Administration – 01031

Program Overview:

This program includes Adair Acute Care’s (AAC) operations, ensuring essential tasks for facility management are carried out. Its main goals include overseeing treatment quality for proper patient care, maintaining accreditation, and managing vital activities. The General Administration Program is responsible for the overall administration and management of OSH. This includes various components like the Superintendent's office, Chief Financial Officer, performance improvement, risk management, accounts payable, billing and collections, budgeting, cashier and post office operations, contract management, credentialing, employee benefits, health information management, human resources, patient accounts, patient canteen services, procurement, program assistants, information technology services, legal support, and recruitment. Importantly, OSH also provides administrative support to AAC through a Memorandum of Understanding (MOU).



DEPARTMENT DATA:

BUSINESS SERVICES:

The Business Services Department is made of Accounts Receivable, Accounts Payable, Utilization Review and the Post Office. The Accounts Receivable Department does all the billing for patient services for Osawatomie State Hospital (OSH). OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. The patient billing is a process that is done daily as well as monthly. The Accounts Payable Department pays the hospital bills according to supplier contracts and the state statues. The Utilization Department reviews patient charts for medical necessity of continued stay and determines that charges are correct. Reviews are done with insurance companies providing medical information to determine insurance billing. The hospital Post Office/Cashier Office is also included in this department. The Post Office receives incoming mail and prepares the outgoing mail, and oversees the Patient Trust Fund, and printing documents that are needed hospital wide.

STAFFING:

- **Chief Financial Officer** – Leads the supervisors and staff of the different business operations teams. Provides oversight for the utilization of all funds. Works closely with the procurement officer to guarantee the best utilization of state resources, as well as, that all requests for goods and services follow the appropriate guidelines set forth by the State of Kansas. Additionally, works with billing to make sure the appropriate data is collected for the creation of the Disproportionate Share Survey, the Cost Report, and the establishment of the yearly room rate. This position is responsible for the creation of the yearly budget, monthly financial reports, and annual audit reporting. Additionally, this position serves on the Administrative Executive Committee.
- **Accounting Director** – Directly supervises the accounting team, as well as the Cashier’s Office and Accounts Payable. Additionally, this position reviews reconciling accounts, reviews, and creates journal entries, creates reports detailing utilization of resources and expenses broken down by vendor type, reviews requisitions for correct accounting codes, reviews vouchers for correct accounting codes, audits cash areas, as well as other asset areas.

- **Utilization Supervisor** - This position does chart reviews for medical necessity and prepares the reviews for third party payers as needed. This position also does random chart reviews to determine medical necessity and appropriateness of admissions. This position must maintain knowledge of the Federal and State regulations regarding Medicare, Medicaid, and third-party payers. This position also will compile reports for Utilization Reviews and Fiscal Compliance committees. This position provides supervision to the Utilization Review Coordinator.
- **Public Service Administrator** - This position prepares the credentialing necessary to continue to receive reimbursement from the different payer sources, including Centers for Medicaid and Medicare Services (CMS). This position is also responsible for reviewing and reporting of outside medical billing. This position manages the patient billing claims that are submitted to the state's debt set off program. This position manages the billing related to Centers for Medicaid and Medicare (CMS). This position also works with the CFO to collect data to submit the Medicare Cost Report and DSH Survey
- **Accounting Specialist** - This position performs many billing, accounting, customer service & organizational tasks to promote the financial health of Osawatomie State Hospital. Responsibilities include submitting claims, researching denials, filing appeals, billing payments & reconciling deposits, credentialing Physicians & APRNs, corresponding with insurance companies, reconciling aging report and backing-up Utilization Management Dept.
- **Senior Administrative Specialist** - This position determines a patient's ability to pay for their inpatient stay and identifies any third-party payers if any. This position helps the patients to understand their financial responsibility to the hospital. This position inputs doctors' charges into the hospitals billing system while verifying the charges are valid. This position works closely with the Public Service Administrator and is the back up to this position.
- **Accountant II** - This position collects and compiles information for reports used by the hospital to make financial decisions. This position reviews requisitions, vouchers, and the general ledger for accounting entry accuracy. This position reconciles all bank accounts and prepares reports as determined by the annual ACFR report. If there are any discrepancies an investigation is done to see where the discrepancy is and what needs to be done to correct the discrepancy. This position is a backup for the Accounts Payable Department.

- **Accounting Specialist** - This position performs the accounts payable function for the hospital. The job requires paying all amounts owed in a timely and accurate fashion, this would include interfunds between other state facilities. This position provides guidance to staff concerning the procedure for travel, booking hotel rooms, flights, and conferences as needed. This position prepares the daily deposit, utilizing State of Kansas standards, in the SMART program. This position is also a backup for the Post Office/Cashier.
- **Program Consultant I** - This position does chart reviews for medical necessity and prepares the reviews for third party payers as needed. This position also does random chart reviews to determine medical necessity and appropriateness of admissions. This position must maintain knowledge of the Federal and State regulations regarding Medicare, Medicaid, and third-party payers. This position also will compile reports for Utilization Reviews and Fiscal Compliance committees to make sure all charges are correct.
- **Senior Administrative Assistant** - This position serves as the cashier for the full-service post office, as well as provides cashier services for patients with resources in the Patient Trust Fund. This position records all receipts of monies received for Osawatomi State Hospital and Adair Cute Care. This duty includes completing payment journals for the fee fund and other local bank accounts. This position is responsible for the day-to-day reporting in the Patient's Trust Fund Accounts for Osawatomi State Hospital and Adair Acute Care. This function ensures patients can keep their own money in a safe place while they are hospitalized. This includes daily deposits, cash withdrawals and daily balancing of cash and all transactions. Additionally, this position orders all state printer forms for Osawatomi State Hospital and Adair Acute Care and processes all large copy jobs for Osawatomi State Hospital and Adair Acute Care at the Document Processing Center located at the post office.

GOALS and UPDATES:

The Business Office has several goals:

1. All Medicare/Medicaid/Insurance claims will be billed within thirty days of discharge. This was started several years ago and continues to be a goal one of the department's goals. The trend has been 100% completion.
2. Audits were started in FY22 in the Post Office for all accounts handled in the Post Office. The completion rate has been 100% and the audit results are in the 99% range. The expectation is to continue the audits and have the results be the same.
3. The State is looking into implementation of an Electronic Health Record (EHR) program. This program has been delayed due to issues with implementation. Training for use of EHR systems will begin upon its availability.
4. The Department has begun looking at the time frame of general ledger entries being made. The goal is to have all entries made in the month of the expenditure, therefore showing a true picture of the month.

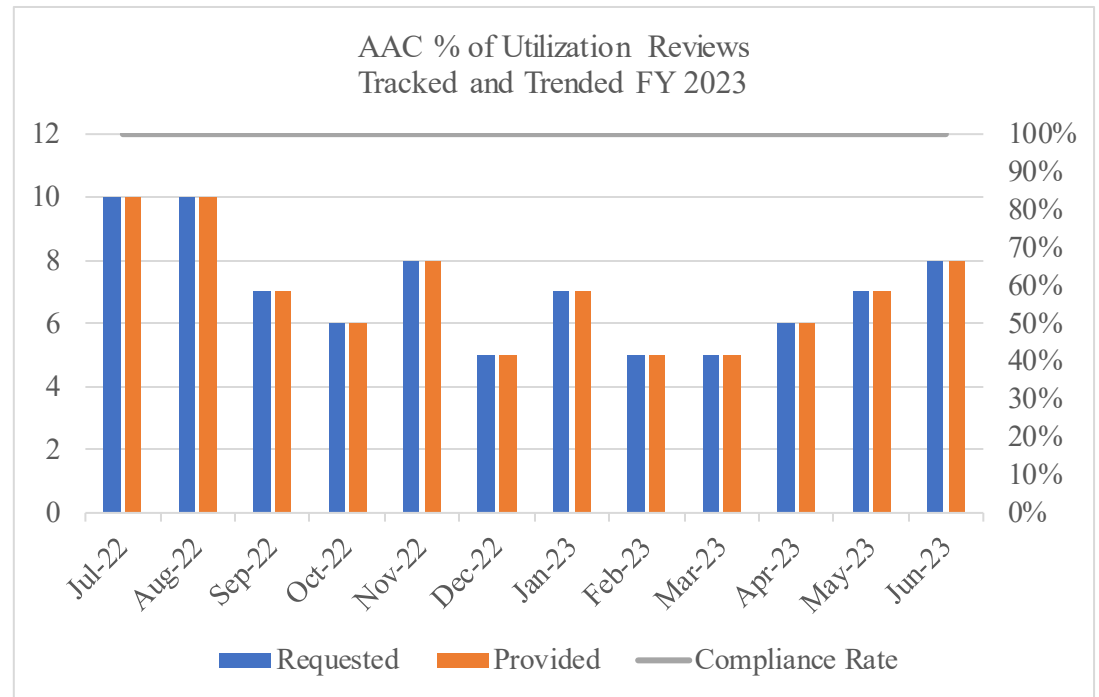
PERFORMANCE BASED BUDGETING GOALS:

Goal: 100% of Utilization Reviews will be tracked and trended by diagnosis and by attending Physicians. All outliers will also be trended for medical necessity by diagnosis and attending Physician.

Measurement: % of Utilization Reviews tracked and trended recorded monthly

Department Responsible: Utilization Review

Month	Requested	Provided	Compliance Rate
Jul-22	10	10	100%
Aug-22	10	10	100%
Sep-22	7	7	100%
Oct-22	6	6	100%
Nov-22	8	8	100%
Dec-22	5	5	100%
Jan-23	7	7	100%
Feb-23	5	5	100%
Mar-23	5	5	100%
Apr-23	6	6	100%
May-23	7	7	100%
Jun-23	8	8	100%



DEPARTMENT DESCRIPTION:

Information Technology (IT) has automated and innovated several processes at Osawatome State Hospital (OSH). OSH serves Adair Acute Care through a Memorandum of Understanding. All charts for patients are housed within a “home-grown” Electronic Health Record (EHR). IT also provides constant support for the EHR. Additionally, IT provides general office equipment and computer management training, maintenance, installations, and repairs. IT regularly maintains and provides upkeep for the following critical systems for the functioning of the hospital: Patient Account Management (PAM), Medical Records Management System (MRM), Patient Care System (PCS), Patient Care System 2.0 (PCS2.0), as well as data bridge management between these systems when issues arise. Maintenance of off the shelf systems for patient health and safety such as medication management (WinPharm), laboratory services (LabDaq) and their integrations with the EHR occurs. Additionally, the building access, video surveillance, overhead paging, and building heat, ventilation, and air conditioning systems are maintained.

STAFFING:

- **Information Technology Manager** - This role involves collaborating with hospital leadership and the HS-EBIT Information System manager to establish a clear vision of departmental requirements and management objectives. The IT Manager will then take charge of implementing this vision, providing effective leadership to the department staff to achieve these goals. Additionally, they will work on enhancing the security of existing systems while ensuring responsible financial management.
- **Technology Support Consultant (3 FTE)** - ensures safe and effective patient care by providing technical support to hospital staff. Responsibilities encompass a wide range of IT tasks aimed at optimizing system functionality and maintaining Information Technology assets. The Consultant provides timely and efficient technical support to hospital staff, ensuring proper operation and troubleshooting of applications and desktop systems. Additionally, the Consultant installs and maintains required systems on desktops, manages user logins, permissions, and access to various applications and resources. Keeping track of all Information Technology assets within the hospital, including hardware and software inventory, is a crucial part of the role. The Consultant also administers the hospital's video surveillance system and building access systems to ensure a secure environment for patients, staff, and visitors. Managing and maintaining the hospital's in-house intranet web site to provide necessary information and resources for staff is another responsibility. Moreover, regular checks and verification of the functionality and logging of backup systems guarantee data integrity and disaster recovery preparedness. Handling the configuration and setup of analog fax lines, phones, cell phones, and iPad tablets to facilitate seamless communication across the hospital is another aspect of the job. Additionally, the Consultant assists in the purchasing and acquisition of Information Technology equipment, ensuring it meets the hospital's technical requirements and budget constraints. The expertise and dedication of the Technology Support Consultant contribute significantly to the smooth operation and advancement of healthcare technology within the hospital setting.
- **Applications Developer II** - support, enhance, and create specialized reports for the in-house EHR system and other associated systems. This role involves ensuring smooth operations, troubleshooting, optimizing performance, and facilitating seamless integration with other healthcare applications. Additionally, the Applications Developer II will analyze data and collaborate other departments to enhance user-friendliness and efficiency.

DEPARTMENT UPDATES:

The department is finalizing security updates for all desktop workstations and has successfully upgraded the LabDaq laboratory system. It is currently working on upgrading the glucometer system for diabetes management. Anticipating the implementation of a new Electronic Health Record (EHR) system, the department looks forward to improved patient outcomes. Additionally, they are actively enhancing existing systems, including the video surveillance system, overhead paging, and exploring emergency text alerts to staff cell phones. These efforts aim to boost the hospital's overall technological efficiency and effectiveness.

DEPARTMENT DESCRIPTION:

The Human Resources (HR) Department at Osawatomie State Hospital is responsible for managing the employee life cycle: recruiting, hiring, onboarding, training, discipline, termination and administering employee benefits. Through a memorandum of understanding, OSH serves staff for Adair Acute Care (AAC).

STAFFING:

- **Human Resource Director-** Responsible for accurate data collection including employee injuries, turnover and vacancy rate. Provides employee data and analysis to the Superintendent and KDADS Central office. Conducts meetings with and about employees as necessary. Presents HR policies/procedures, the MOA and training to maintain HR efficiency. Consults with KDADS central office about HR personnel management. Addresses concerns within the agency that may require KDADS central office direct involvement. Investigates and responds to external EEO complaints regarding allegations of unfair treatment of an applicant, candidate or employee based upon the persons age, race, religion, natural origin, place of birth, color gender, political affiliation, veteran status, sexual harassment, or hostile work environment. Oversee and or conduct interviews of all parties involved, witnesses or others and obtain written statements as appropriate in investigation of allegations.
 - **Recruitment and Retention** – arrange interviews, updates multiple advertising websites, selects candidates, analyzes market values, updates many reports. Serves as the backup HR contact for internal and external customers for customer service queries.
 - **Payroll** – Analyze each employee (377 employees) timesheet against Shiftboard (time sheet software). Runs reports, resolves outstanding problems to assure compliance with Federal/State regulations, all employees receive their appropriate compensation, payroll deadlines are met, and no payroll fraud takes place. Solves problems involving holiday pay, overtime, and other leave usage. Manages all Workers Compensation claims. Makes files for new employees and scans files for past employees.

- **Administrative Specialist** - Inputs applicants' data into KDADS Web Apps for security clearance. Generates notification letters to inform the applicant of their security status. If there is evidence of criminal history, notifies HR Manager and Superintendent. Fills out paperwork and does fingerprints for onboarding. Primary Human Resource point of contact for staff and visitors. Maintains tracking and notification of PRF's due for Annual, Probationary and Special PRF's. Reviews for completeness and accuracy Maintains HR Helper. Maintains all licensure for staff. Helps recruiter. Maintains Organizational Chart, maintains moves within the organization. Add all new employees and terminate all leaving employees.
- **Human Resource Coordinator** - Lead on all subject matter and primary contact for the KLPM System. Assist new managers on KLPM. Compose progressive discipline letters for employees, including formal discipline. Compile and draft information from investigative reports into letter format. Presents letters to employees. Assist recruiter with job fairs and various other tasks.
- **Benefits Manager** – Provides New Hire Orientation, Provides employees information regarding benefits, KPERS and Optional Life Insurance. Tracks Family Medical Leave Act and Shared Leave. Back up for payroll. Files appropriate paperwork in personnel files. Conducts all exit interviews and termination paperwork.

DEPARTMENT UPDATES:

Since January 2023, many practices, forms, and processes have been developed and improved in the recruitment section of HR. The employee transfer request process has been implemented, which takes seniority, references, and work performance into consideration for each applicant. The process for posting our positions on our Kansas website and with the other subsequent websites we use to present our vacancies. This new process allows for jobs to be posted and withdrawn in a repetitive fashion, while also helping to reduce the chances of a missed applicant. Even though the statistics do not reflect a great deal of improvement yet, the department is proactive in dedicating the time, attention, and resources needed into these new and/or updated processes.

Due to the change in HR staff, data on recruitment before January of this year is not available, therefore there is not a way to compare from last year to this year. This information is now being recorded to express the differences in turnover rate and vacancy rate from this year to next.

PERFORMANCE BASED BUDGETING GOALS:

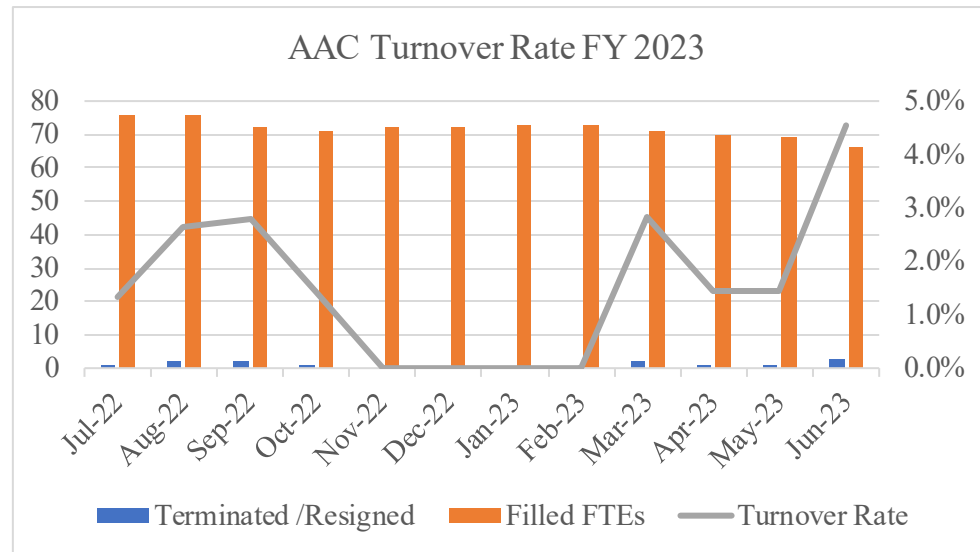
Goal: Track percentage of employees that turnover in a month/year

Measurement: Number of employees that turnover recorded every month

Department Responsible: Human Resources

	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Performance Measures					
Annual Employee Turnover Rate	5.2%	3.4%	1.5%	1.3%	1%

Month	Terminated /Resigned	Filled FTEs	Turnover Rate
Jul-22	1	76	1.3%
Aug-22	2	76	2.6%
Sep-22	2	72	2.8%
Oct-22	1	71	1.4%
Nov-22	0	72	0.0%
Dec-22	0	72	0.0%
Jan-23	0	73	0.0%
Feb-23	0	73	0.0%
Mar-23	2	71	2.8%
Apr-23	1	70	1.4%
May-23	1	69	1.4%
Jun-23	3	66	4.5%



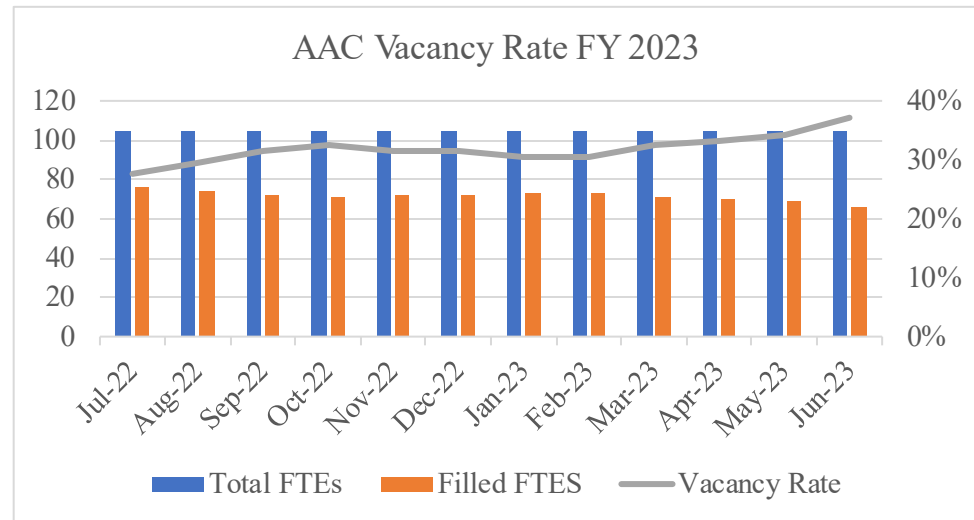
Goal: Record number of filled and vacant positions in a month/year

Measurement: Number of filed and vacant positions recorded monthly

Department Responsible: Human Resources

Performance Measures	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Employee Vacancy Rate	36.2%	41.9%	31.8%	30.5%	28.5%

Month	Total FTEs	Filled FTEs	Vacancy Rate
Jul-22	105	76	27.6%
Aug-22	105	74	29.5%
Sep-22	105	72	31.4%
Oct-22	105	71	32.4%
Nov-22	105	72	31.4%
Dec-22	105	72	31.4%
Jan-23	105	73	30.5%
Feb-23	105	73	30.5%
Mar-23	105	71	32.4%
Apr-23	105	70	33.3%
May-23	105	69	34.3%
Jun-23	105	66	37.1%



DEPARTMENT DESCRIPTION:

The Risk Management and Performance Improvement at Department coordinates the AAC Risk Management program. This involves developing policies and procedures to identify and address risks across various services and departments. The department is responsible for reviewing all reportable incidents, determining standard of care, and referring cases to appropriate supervisors and committees for feedback, education, and follow-up. It actively tracks trends within the hospital and provides input for improvement based on the identified patterns. The department also participates in state and federal surveys and assists with tracer projects throughout the year. Overseeing performance improvement measures for each department, the team continually monitors trends and offers input accordingly. Furthermore, the department analyzes data, devises improvement strategies, implements changes, and ensures compliance with state and federal regulations, all with the goal of enhancing patient safety and promoting improvement while effectively managing potential risks.

STAFFING:

- **AAC Risk Manager** - oversees the Risk Management program, involved in identifying and mitigating potential risks to ensure patient safety and compliance. This position conducts incident reviews, determines standard of care, and collaborates with supervisors and committees to provide insights and recommendations. The AAC Risk Manager tracks trends, proactively addresses risk factors, and actively participates in state and federal surveys. In addition, the role conducts staff training, ensures the maintenance of required certifications, provides valuable input in risk management cases, and collaborates with various departments to facilitate effective communication and comprehensive risk management across the organization. These efforts collectively aim to foster a culture of safety for both patients and staff, ensuring the highest standards of care and safety throughout.
- **AAC Registered Nurse Educator (RN)** - responsible for advancing the knowledge and skills of nursing staff, developing educational programs, ensuring compliance with regulations, fostering communication, identifying areas for improvement, and collaborating with various departments to enhance patient care and safety. Also, provides input regarding risk in certain areas for all departments.

DEPARTMENT UPDATES:

The focus in Risk Management remains on providing education and training to staff aimed at minimizing risks, ensuring safety for both patients and staff on the units, and maintaining compliance with state and federal guidelines. In the upcoming year, there will be a primary emphasis on collaborating with specific departments to enhance their goals. The goal is to provide constructive feedback to aid staff in recognizing increasing symptoms in patients, intervening early using the least restrictive measures, and improving physical intervention documentation. Although incident reporting is currently low throughout AAC, the aim is to encourage more reporting from non-risk management staff. To achieve this, education on reporting requirements, expectations set by hospital leadership, and state and federal regulations will be provided. The AAC Risk Management staff will continue tracking performance measures and offering individualized input to departments based on their current performance trends.

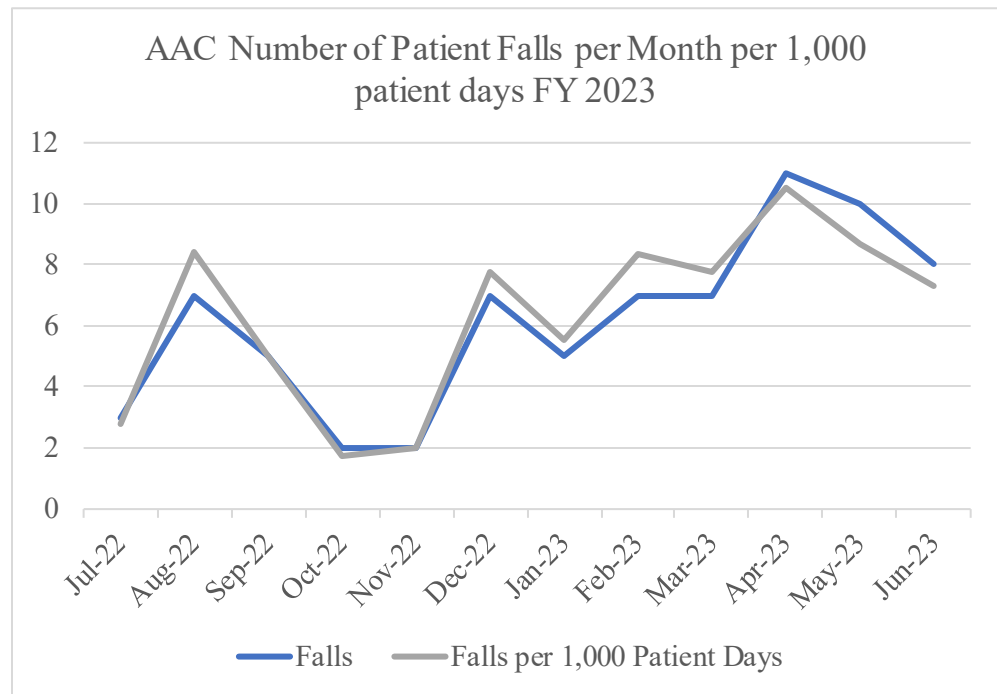
PERFORMANCE BASED BUDGETING GOALS:

Goal: Number of patient falls per month per 1,000 patient days will be tracked and trended

Measurement: Number of Patient Falls

Department Responsible: Risk Management

Month	Falls	Patient Days	Falls per 1,000 Patient Days
Jul-22	3	1074	2.79
Aug-22	7	828	8.45
Sep-22	5	995	5.03
Oct-22	2	1151	1.74
Nov-22	2	990	2.02
Dec-22	7	902	7.76
Jan-23	5	902	5.54
Feb-23	7	835	8.38
Mar-23	7	900	7.78
Apr-23	11	1045	10.53
May-23	10	1152	8.68
Jun-23	8	1096	7.30

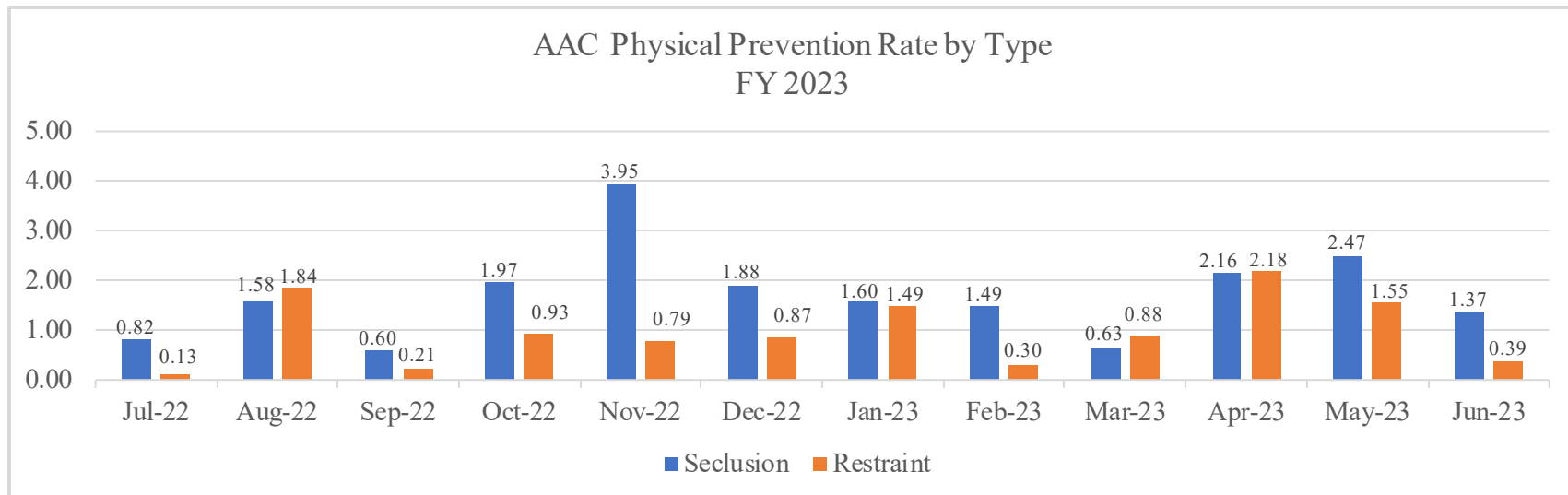


Goal: The monthly Physical interventions rate will be below .30 per 1,000 patient hours for all physical interventions

Measurement: Physical intervention rate recorded monthly

Department Responsible: Risk Management

Performance Measures	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Average restraint hours per 1,000 inpatient hours	0.68	0.49	1.71	1.3	1
Average seclusion hours per 1,000 inpatient hours	0.4	0.95	0.84	0.75	0.65
Within One Standard Deviation of the National Mean - Meet standard for 12 of 12 months	9/12	8.5/12	6/12	7.5/12	8.5/12



FY 2024 – FY 2025

DEPARTMENT DESCRIPTION:

The Health Information Management Department provides the operation to service medical records for Osawatomie State Hospital (OSH). OSH provides services to Adair Acute Care (AAC) through a memorandum of Understanding (MOU). Following American Health Information Management Association (AHIMA), state, and federal guidelines enable the department to provide complete medical records through quality control and validation processes.

In addition to processing records, release of information requests, and genealogy requests the OSH HIM Department is responsible for medical coding, data requests, monthly reporting, admissions, unit support via Program Assistants, fulfilling survey requests, and auditing.

STAFFING:

HIM is staffed with sixteen individuals to provide high quality medical records, data, and admissions to OSH.

- **HIM Systems Coordinator** - maintains compliance with local, state, and federal laws, and AHIMA policies that govern Health Information Management across the United States. This position is the Custodian of the Medical Record, HIPAA Privacy Officer, and department head. This position schedules and supervises staff to provide HIM services. The HIM Systems Coordinator is responsible for managing the HIM policies with the hospital to ensure continued compliance. This position is on several committees throughout the hospital and engages with the local colleges to bring HIM interns into the hospital. This position looks for professional development opportunities to bring to the HIM staff to improve knowledge and comprehension. The HIM Systems Coordinator is responsible for ensuring PCS is clinically operational and assists with updating the system to meet current treatment standards. This position is also the communication point for the hospital's new Electronic Health Record (EHR) project and ensures that information is received when available. The coordinator ensures the highest quality data is received by all parties when requested.

- **Director of Health Information Management** - supervises the Program Assistants to ensure the patient care units received the support HIM services provide for both OSH and AAC through the MOU. This position assists with the HIM department to ensure that services are rendered. This position also provides support to the HIPAA Privacy Officer by assisting with investigations and orientation classes. The Director of HIM completes census, data, and coding as needed by the hospital. This position serves on several hospital committees and assists with running the internships from colleges.
- **Release of Information (Senior Administrative Assistant)** - supports AAC by processing all release of information requests received for the hospital. This position tracks the correspondence of all release of information requests and uploads documents into the appropriate patient records. Requests range from subpoenas, general release of information requests, and genealogy requests. OSH Statistical Cards needing cross reference letters are completed by this individual. This position also tracks all Emergency Medical Treatment and Active Labor Act records and updates data monthly to ensure compliance. Works with KDADs legal to ensure legal documentation received by this hospital is validated.
- **Health Information Staff (Senior Administrative Assistants, 6 FTE)** - provides clerical support by registering or “admitting” patients into Patient Care System. This position preps incoming admissions and preloads information into the Patient Care System. They ensure the correct admission information is received by the unit staff and patient. HIM Staff are also responsible for processing overflow records, discharge charts, statistical cards, and answering the phones to internal and external customers. They assist with getting information to the unit when requested and updating information within the Patient Care System when needed.
- **Program Assistant (Administrative Assistants, 6 FTE)** - provides support on patient care units by organizing paper charts during inpatient stays. The system is sorted as a hybrid between an electronic and paper system. They are responsible for ensuring all documentation is authenticated and in order according to the filing sequence utilized by the hospital. This position works closely with nursing staff to order supplies for the unit in which they reside. This position also ensures that items are prepared for the day-to-day activities of the treatment teams by prepping paperwork needed for the day or the next day. Additionally, Program assistants are responsible for keeping an updated book of polices on unit in cases in which there may be a need for paper copies.

DEPARTMENT UPDATES:

The HIM department's focus has been on processing all paper charts in preparation for the new EHR. This will save the department time when the hospital is ready to go fully electronic with its record system. The HIM's department keeps what is called "overflow" charts in the main office and scans them in sets as it is received from the patient units. The overflow charts have been thinned as much as possible and HIM's has been able to keep up with the workflow. The department has been working to improve its statistical cards. Statistical cards are a document which keeps all the patient's demographic and diagnostic information. They have been kept in filing cabinets while waiting to be scanned. There are thousands of cards waiting to be scanned and validated. The process to create an electronic storage system for them is almost complete. Cards will be processed until they have all been scanned in. The HIM's department continues to make improvements to processes such as medical coding, auditing, and improving process to be all electronic.

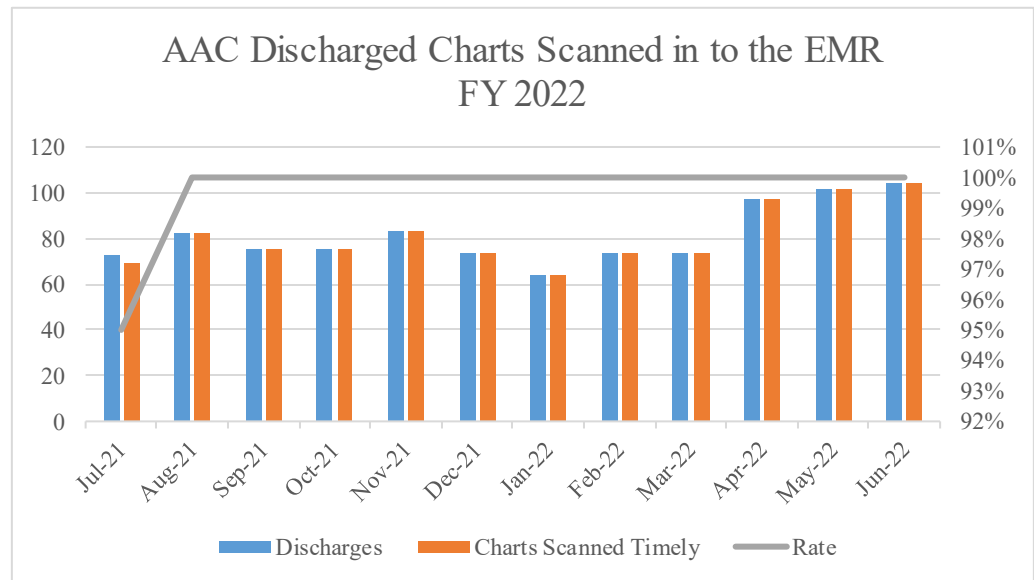
PERFORMANCE BASED BUDGETING GOALS:

Goal: 100% of discharged charts will be scanned into the electronic medical record within 30 days of patient discharging

Measurement: % of discharge charts reported monthly

Department Responsible: Health Information Management

Month	Discharges	Charts Scanned Timely	Rate
Jul-22	104	104	100%
Aug-22	81	81	100%
Sep-22	95	95	100%
Oct-22	98	98	100%
Nov-22	84	84	100%
Dec-22	74	74	100%
Jan-23	87	87	100%
Feb-23	65	65	100%
Mar-23	79	79	100%
Apr-23	84	84	100%
May-23	87	87	100%
Jun-23	93	93	100%



Expenditures Administration:

Administration	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Salaries and Wages	\$1,178,976	\$1,427,358	\$1,589,060	\$1,840,707	\$1,829,249
Shrinkage	\$0	\$0	\$0	-\$370,845	-\$370,845
Contractual Services	\$320,507	\$456,513	\$399,487	\$403,565	\$403,565
Commodities	\$22,499	\$16,616	\$14,306	\$13,864	\$13,864
Capital Outlay	\$550	\$51,508	\$36,309	\$36,500	\$36,500
Capital Improvements	\$0	\$0	\$0	\$0	\$0
Total	\$1,522,532	\$1,951,995	\$2,039,162	\$1,923,791	\$1,912,333

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for positions and represents funding for 23.1 FTEs in FY 2023 and FY 2024 for 26 pay periods, fringe benefits, health insurance and longevity. This program consists of staff in the following departments:

FY 2024: \$1,469,862 is requested. The shrinkage rate is 20.1%.

FY 2025: \$1,458,404 is requested. The shrinkage rate is 20.3%.

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses projected for this program including those allocated to the agency from the Department of Administration such as data, telecom, postage, OITS and Statewide Management Accounting and Reporting Tool (SMART). These expenses include communications (local phone & cell phones), equipment rental (copiers), travel, medical and service contracts, employment lab testing, KBI record checks and data management fees needed for accreditation (NRI). Staff recruitment resources are included here. Monies are also projected for shredding services, fees for an outside contractor to assist with the preparation of the annual Medicare & Medicaid cost reports, travel for all staff assigned to the program.

FY 2024: \$403,565 is requested.

FY 2025: \$403,565 is requested.

Account Codes 53000 – 53900: Commodities

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program. Included are office supplies for medical records, miscellaneous supplies used by all hospital programs.

FY 2024: \$13,864 is requested.

FY 2025: \$13,864 is requested.

Account Codes 54000 – 54900: Capital Outlay

The funds requested for this object code will be used to purchase equipment, micro-computers and other info processing equipment necessary to maintain operation of both administration and all AAC.

FY 2024: \$36,500 is requested.

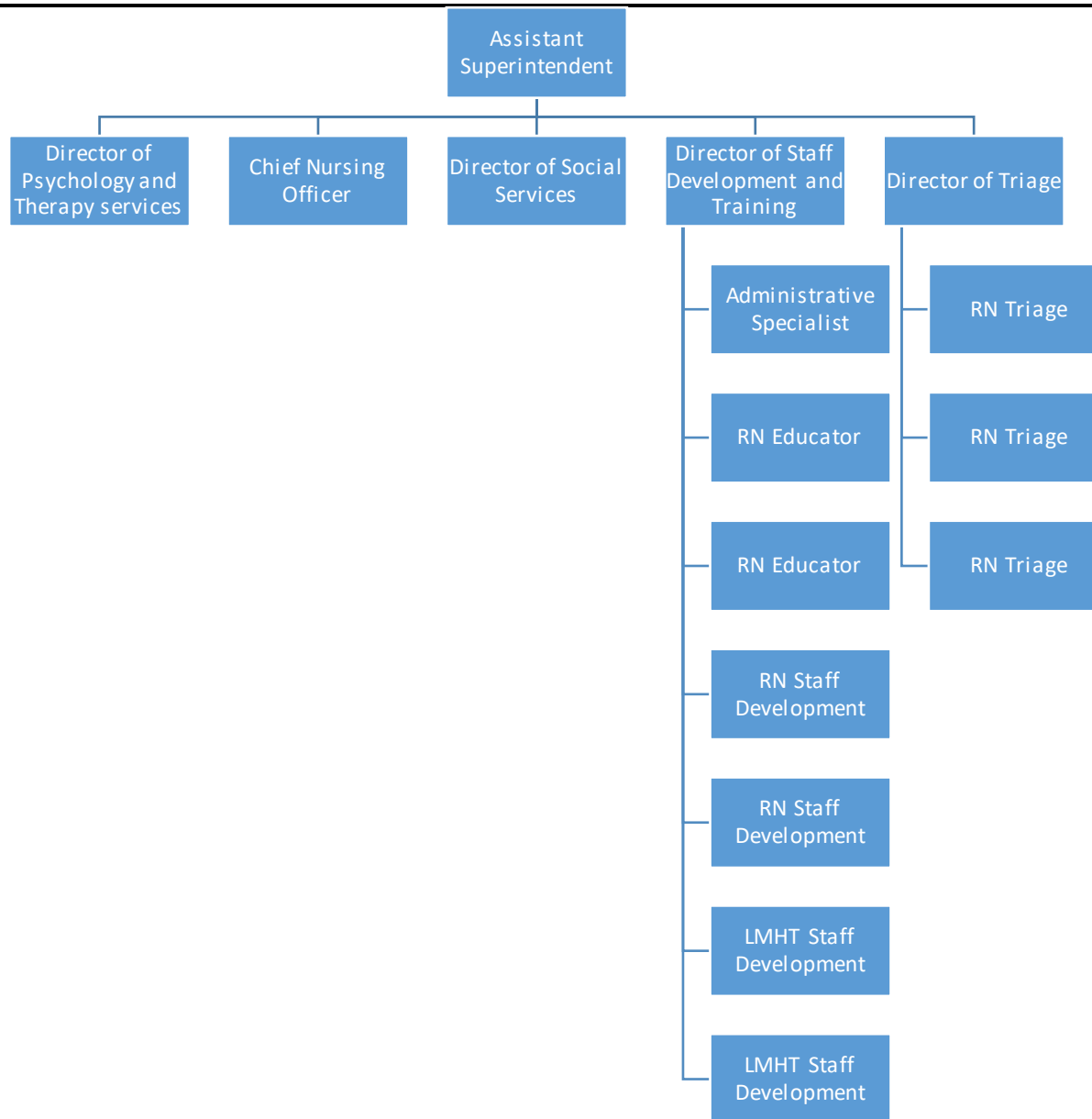
FY 2025: \$36,500 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Staff Development and Training – 01070

Program Overview:

The Staff Development and Training Program at Osawatomie State Hospital (OSH) is dedicated to delivering educational opportunities that enhance individual performance, foster personal growth, and lead to positive patient outcomes. Through a Memorandum of Understanding, OSH provides educational services to Adair Acute Care (AAC) Serving as the pilot site for the Mid-America Addition Technology Transfer Center (ATTC) and Truman Medical Center’s Trauma Informed Care (TIC) program in 2020, OSH embodies the goal of compassionate service delivery from patient intake to discharge. Rooted in the Missouri Model Principles for TIC, the hospital has almost completed a three-year project to become trauma-informed. Comprehensive training has been extended to supervisory and departmental staff, ensuring an environment of safety and collaboration. This initiative directly impacts patient experiences by fostering healing, communication, and patient-centered treatment, with an evolving focus on tailored services aligned with patient needs.



FY 2024 – FY 2025

DEPARTMENT DATA:

STAFF DEVELOPMENT AND TRAINING:

Staff Development and Training (SD&T) is responsible for orientation of all hospital staff at Osawatomie State Hospital (OSH). Through a Memorandum of Understanding, OSH provides services for Adair Acute Care (AAC). SD&T uses oral presentations, computer-based training (CBTs), and hands-on training to orientate employees. SD&T also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Mental Health Technicians, Registered Nurses, Licensed Practical Nurses, and for all additional continuing education for behavioral health clinicians and medical services.

STAFFING:

- **Director of SD&T/Nursing Education** - Supervises the SD&T, Nursing Education, and Licensed Mental Health Technician training departments. This position also has oversight of education outcomes, credit hours, and licensing requirements for staff when needed. This position also has oversight of all CBTs and serves as the liaison between OSH and the long-term Continuing Education provider program.
 - **Registered Nurse (RN)** - Provides Basic Life Support (BLS) training to all staff, as well as Crisis Prevention Institute (CPI) training to all staff. These trainings are part of orientation, and then provided as a required annual training class.
 - **Registered Nurse (RN)** - Functions as the support staff for the SD&T, Nursing Education, and Licensed Mental Health Technician program. This position also manages the creation of the CBTs utilized by staff for upon hire and for their annual training.
 - **Administrative Specialist** - Functions as the support staff for the SD&T, Nursing Education, and Licensed Mental Health Technician program. This position also manages the creation of the CBTS utilized by staff.

DEPARTMENT UPDATES:

The annual 2023 EXPO event holds great importance for SD&T, serving as a fundamental pillar in the organization's journey toward improvement. This event provides a crucial platform where staff members come together to engage in comprehensive training. It's a chance to refine existing skills and acquire new ones.

In a rapidly changing healthcare environment, staying up to date with best practices and emerging trends is essential. The EXPO event addresses this need by offering a structured learning environment. Through a mix of hands-on sessions and CBTs tailored to the specific needs of different roles, the event ensures that each staff member receives targeted instruction aligned with their responsibilities. This tailored approach emphasizes SD&T's commitment to recognizing and addressing the unique requirements of various departments. For example, nurses, responsible for patient care, receive intensive training that includes both computer-based learning and practical exercises. On the other hand, the custodial staff's training focuses more on practical aspects, reflecting the organization's pragmatic approach to skill enhancement.

The significance of the EXPO event goes beyond skill development. It serves as a platform for addressing staff concerns, insights, and questions. The choice of topics for each year's EXPO reflects SD&T's responsiveness to the changing dynamics of mental health care. By focusing on areas like Medical Emergency codes ("Dr. Heart") and injection practices, the organization acknowledges the evolving challenges on campus and staff concerns.

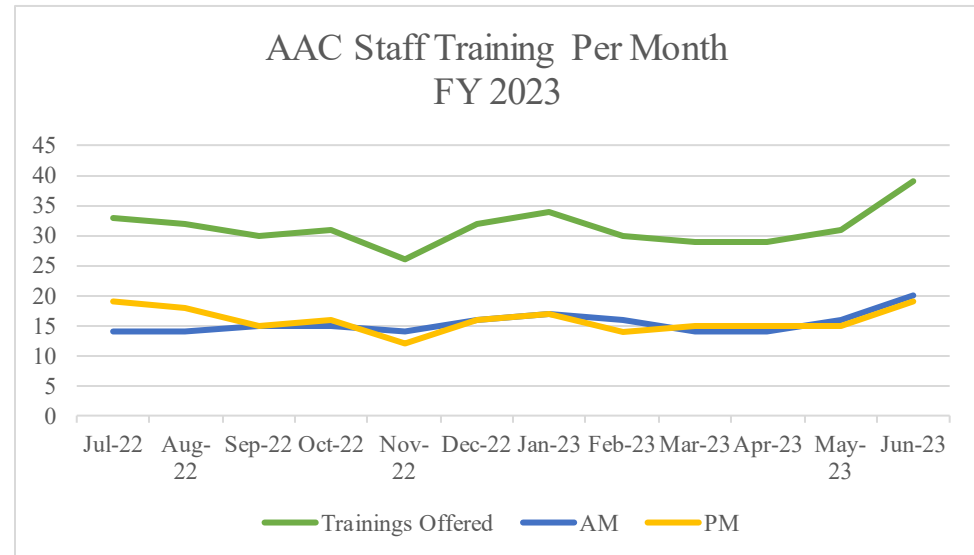
PERFORMANCE BASED BUDGETING GOALS:

Goal: Education will be offered each month for both AM and PM shifts.

Measurement: Number of education opportunities offered monthly reported.

Department Responsible: Staff Development and Training

Month	Trainings Offered	AM	PM
Jul-22	33	14	19
Aug-22	32	14	18
Sep-22	30	15	15
Oct-22	31	15	16
Nov-22	26	14	12
Dec-22	32	16	16
Jan-23	34	17	17
Feb-23	30	16	14
Mar-23	29	14	15
Apr-23	29	14	15
May-23	31	16	15
Jun-23	39	20	19



Expenditures Staff Development and Training:

Staff Development and Training	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Salaries and Wages	\$ 123,821	\$ 174,048	\$ 160,311	\$ 239,225	\$ 237,057
Shrinkage	\$ -	\$ -	\$ -	\$ -	\$ (100,000)
Contractual Services	\$ 839	\$ 11,154	\$ 4,369	\$ 4,535	\$ 4,535
Commodities	\$ 4,927	\$ 4,227	\$ 3,805	\$ 4,090	\$ 4,090
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$129,587	\$189,429	\$168,485	\$247,850	\$145,682

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for 2.2 FTEs and represents funding for positions for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2024: \$239,225 is requested. The shrinkage rate is 0%.

FY 2025: \$137,057 is requested. The shrinkage rate is 42.2%.

Account Codes 52000 – 52900: Contractual Services

This category includes training for Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention, as well as, other training opportunities.

FY 2024: \$4,535 is requested.

FY 2025: \$4,535 is requested.

Account Codes 53000 – 53900: Commodities

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program.

FY 2024: \$4,090 is requested.

FY 2025: \$4,090 is requested.

Account Code 54000 – 54900: Capital Outlay & Improvements

No funds requested.

FY 2024: \$0 is requested.

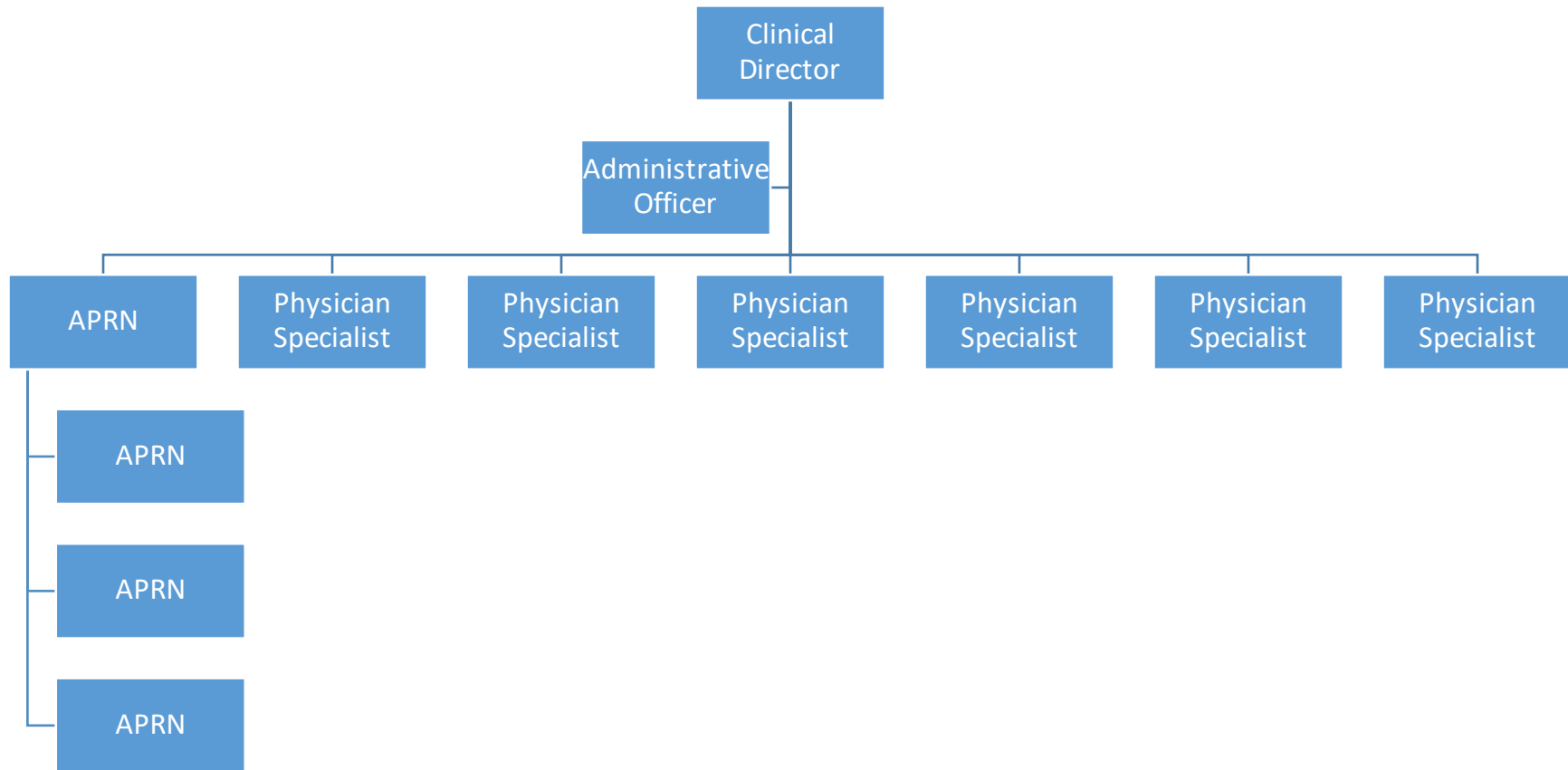
FY 2025: \$0 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Medical Services – 83001

Program Overview:

All psychiatric and medical services provided to the patients at the Adair Acute Care at OSH (AAC) are done under the auspices of the Medical and Surgical Services Program. From the initial evaluation, through day-to-day care, and up to the point of discharge, the medical staff forms the backbone of the medical and medication management for the patients being treated at the hospital. Coverage is provided on a “24/7” basis so that a physician is always available to address the treatment needs of the patients. In addition, ancillary treatment is provided through the medical service including the Medical Laboratory, Pharmacy, and other contracted services as appropriate to meet the needs of the patient. OSH provides some Medical Services to AAC through a Memorandum of Understanding.



DEPARTMENT DATA:

MEDICAL SERVICES:

The Medical Staff serves Osawatimie State Hospital (OSH) by providing psychiatric and medical treatment, with the goal of enhancing patient care. The Medical Staff also serves Adair Acute Care (AAC) through a Memorandum of Understanding. They are highly qualified and privilege-granted hospital professionals with diverse expertise, including admission privileges, psychotropic pharmacology, seclusion and restraint use, assessments and evaluations, psychotherapy (group and individual), treatment of medical, neurologic, and addiction disorders. Their responsibilities include overseeing the credentialing process for all Medical Staff providers, verifying qualifications, licensures, and certifications to ensure compliance with required standards. Regular checks and updates on credentials ensure that providers maintain competency and stay up to date with medical advancements and best practices.

Collaborating closely with other hospital departments and leadership, the Medical Staff ensures seamless coordination and integration of services, resulting in a holistic and patient-centric approach to healthcare. As patient advocates, they actively participate in clinical governance and quality improvement initiatives. Through reviews, outcome analysis, and identification of areas for improvement, they continuously enhance patient care by implementing evidence-based practices.

STAFFING:

- **Clinical Director** - Provides oversight and direction for the Medical Staff and Clinical Oversight for the Pharmacy. Performs admissions, discharges, treatments, and psychological evaluations for patients. Reviews charts, evaluates staff, and educates them about medical advancements. Assists in scheduling and provides critical coverage when needed. The Clinical Director is responsible to provide regular checks and performance reviews to ensure compliance with the Medical Staff by-laws, hospital procedures and policies, and standards and regulations by accrediting agencies such as Centers for Medical/Medicaid Services (CMS) and Kansas Department of Health and Environment (KDHE).
- **Associate Clinical Director** - Offers backup coverage to the Clinical Director. Conducts admissions, discharges, and treatments for patients. Consults with other physicians, reviews charts, and educates staff about medical advancements. Assists in scheduling and provides critical coverage during urgent times. Handles daytime admissions for AAC.

- **Chief Medical Officer (Vacant)** - Has clinical and administrative oversight of the Medical Specialty Division of the Medical Staff and provides coverage of as a Medical Practitioner. Clinical Director continues to fill this role and job duties.
- **Staff Physician Specialist (9 FTE, 1 Vacant)** - Performs admissions, discharges, and treatments for patients. Provides psychological evaluations and support during adverse events. Charts patient progress.
- **Medical Advanced Practice Nurse Practitioner Clinical Programs Director** - Provides APRN oversight and scheduling for all staff. Treats common medical conditions and consults with physicians. Charts patient progress.
- **Medical Advanced Practice Nurse Practitioner (3 FTE)** - Treats common medical conditions and consults with physicians. Charts patient progress.
- **PRN Medical Advanced Practice Nurse Practitioner (1 PRN, 1 Vacancy)** - Offers patient medical treatment coverage on a rotating schedule.
- **Weekend & Holiday on Call (4, Privately Contracted)** - Provides coverage during non-regular workweek and holiday hours. Conducts admissions, discharges, and treatments for patients. Performs psychological evaluations and supports staff during adverse events. Charts patient progress.
- **Contracted Part-Time Dentist (Privately Contracted)** - Responsible for diagnosing and treating dental conditions, creating treatment plans, performing procedures, promoting preventive care, and maintaining records. Works with OSH patients only.
- **Administrative Officer** - provides credential verification through the American Medical Association (AMA) and the National Practitioners Data Bank (NPDB). The databases provided by the AMA and NPDB provide information about physician licensure, any past or pending legal action involving physicians, language verification for foreign trained physicians, educational references, past employment verification, and references. Assists in staff scheduling and verifies invoices for contracted roles. Facilitates education and orientation for all positions. Takes meeting minutes for the medical staff.

DEPARTMENT UPDATES:

Aside from providing patient care, the goal of the Medical Staff for the coming year is to fill vacancies; The department needs two more Psychiatric Advanced Practice Nurse Practitioners, one more Staff Physician Specialist, and a Chief Medical Officer. If these positions are filled, the department will have continuous flexibility amongst scheduling of staff. There will be some retirements in the department year. If these positions are filled promptly, scheduling will remain fluid.

PERFORMANCE BASED BUDGETING GOALS:

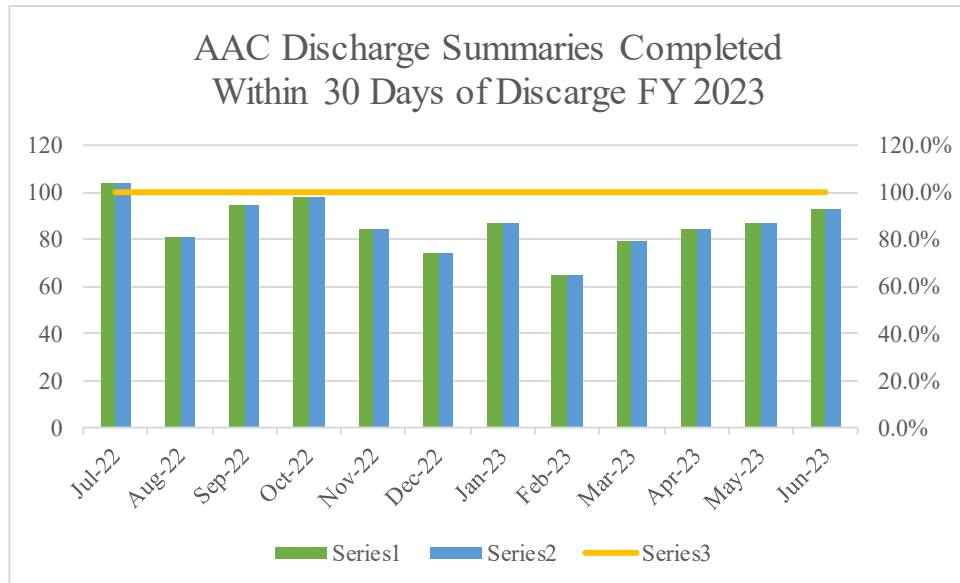
Goal: At least 95% of patients discharged will have a Discharge Summary completed within 30 days of discharge.

Measurement: % of patient discharge summaries completed within 30 days of discharge reported monthly.

Department Responsible: Clinical Director

Performance Measures	FY 2020 Actuals	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Estimate	FY 2024 Estimate
Percent of patients discharged having a Discharge Summary completed within 30 days of discharge.	99%	93%	100%	100%	100%

Month	Discharges	Summaries Completed Timely	Rate
Jul-22	104	104	100.0%
Aug-22	81	81	100.0%
Sep-22	95	95	100.0%
Oct-22	98	98	100.0%
Nov-22	84	84	100.0%
Dec-22	74	74	100.0%
Jan-23	87	87	100.0%
Feb-23	65	65	100.0%
Mar-23	79	79	100.0%
Apr-23	84	84	100.0%
May-23	87	87	100.0%
Jun-23	93	93	100.0%



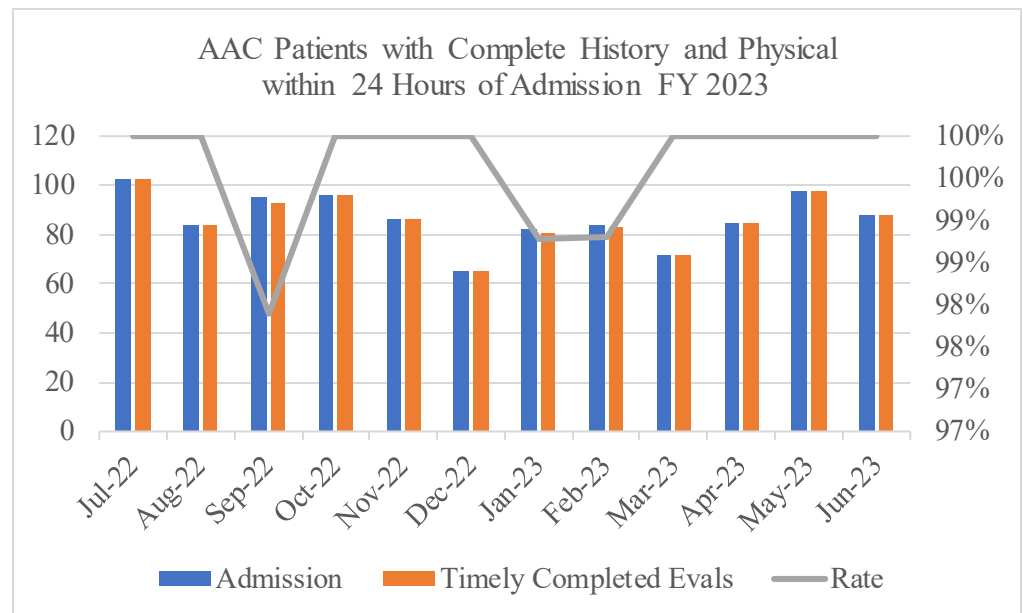
Goal: 100% of patients will have a complete history and physical within 24 hours of admission.

Measurement: % of patients with a complete history and physical completed recorded monthly.

Department Responsible: Medical Services

Performance Measures	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Percent of patients who have: a history and physical completed within 24 hours of admission, examination signed and dated, all sections of the history and physical examination completed including review of Cranial Nerves II - XII and Impressions/Recommendations, reason documented if Rectal/Pelvic examination is deferred	99%	97%	99%	99%	99%

Month	Admission	Timely Completed Evals	Rate
Jul-22	103	103	100%
Aug-22	84	84	100%
Sep-22	95	93	98%
Oct-22	96	96	100%
Nov-22	86	86	100%
Dec-22	65	65	100%
Jan-23	82	81	99%
Feb-23	84	83	99%
Mar-23	72	72	100%
Apr-23	85	85	100%
May-23	98	98	100%
Jun-23	88	88	100%

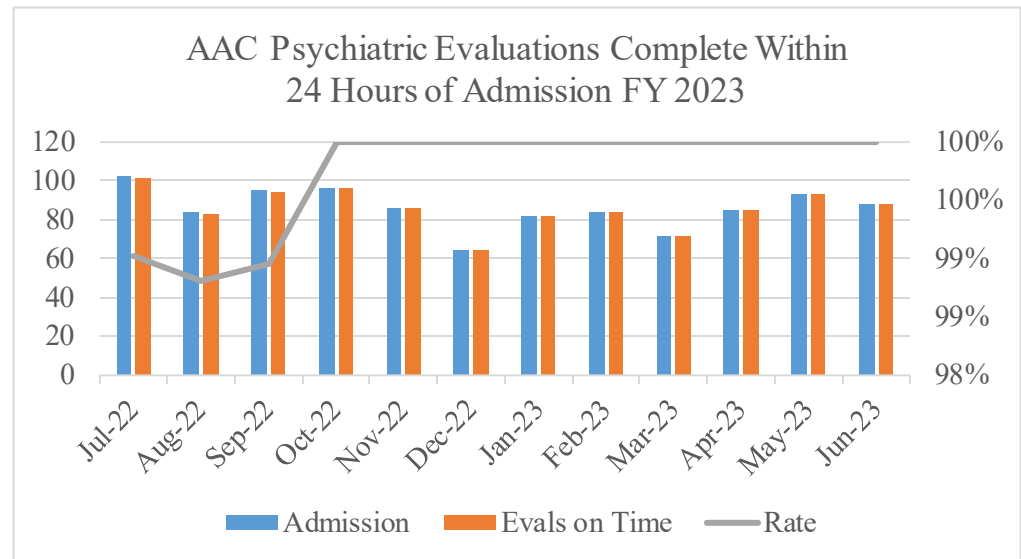


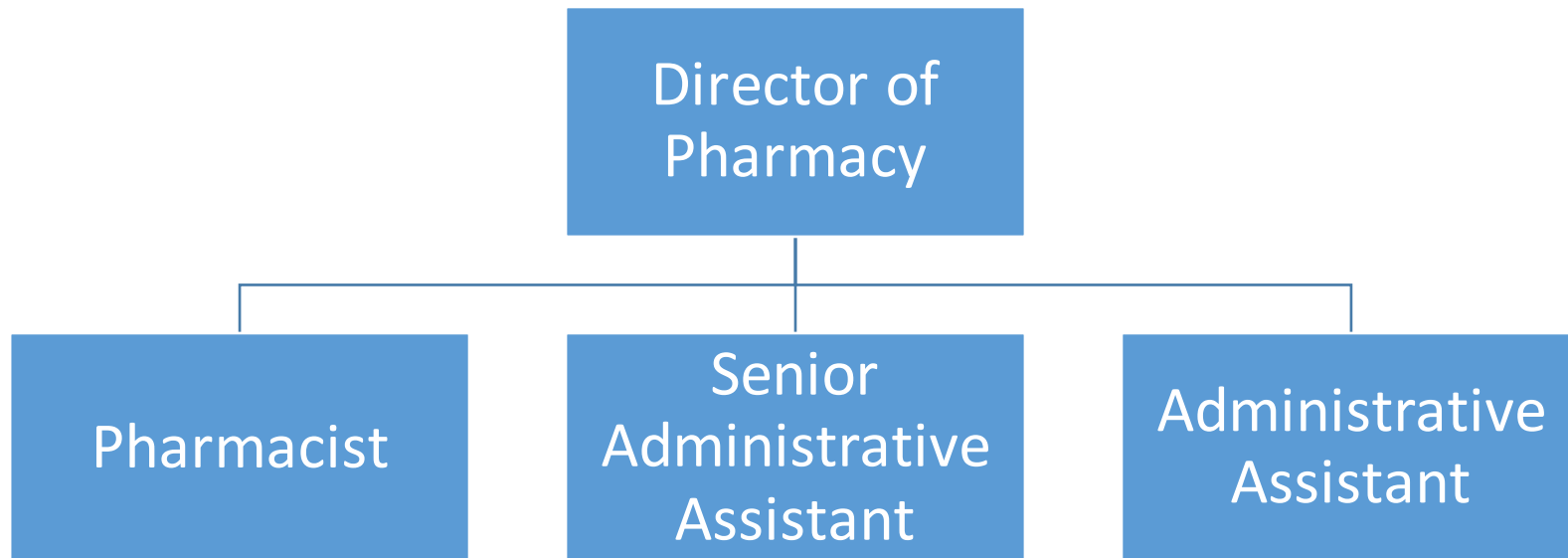
Goal: 100% of patients will be evaluated and the Psychiatric Evaluation documented with 24 hours of admission

Measurement: % of patients with a psychiatric evaluation that is completed and documented within 24 hours of admission

Department Responsible: Clinical Director

Month	Admission	Evals on Time	Rate
Jul-22	103	102	99%
Aug-22	84	83	99%
Sep-22	95	94	99%
Oct-22	96	96	100%
Nov-22	86	86	100%
Dec-22	65	65	100%
Jan-23	82	82	100%
Feb-23	84	84	100%
Mar-23	72	72	100%
Apr-23	85	85	100%
May-23	93	93	100%
Jun-23	88	88	100%





DEPARTMENT DESCRIPTION:

The Pharmacy Department ensures safe, effective, and cost-conscious medication use at Osawatomie State Hospital (OSH). OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. Pharmacists under the department are accountable for both clinical and distributive functions. Distributive functions include tasks such as checking and stocking the Pyxis machines to maintain an accessible and adequate medication supply when the pharmacy is closed, as well as filling discharge medications to ensure seamless continuity of care. On the other hand, clinical functions involve reviewing medication orders to apply evidence-based therapeutic treatments, updating the hospital formulary to provide access to medications in accordance with current disease-state medication guidelines, and conducting patient chart reviews to assess current medication management.

Pharmacists are available on-call 24/7 to address both clinical and operational inquiries. Additionally, the pharmacy actively participates in the hospital's emergency response planning, infection prevention and control measures, management of hazardous medications, and incident reporting. Furthermore, they collaborate with the Medical Staff to develop a comprehensive formulary of medications available for prescription at the hospital and establish guidelines to ensure the safe prescribing of medications.

STAFFING:

- **Director of Pharmacy** - responsible for implementing pharmacy program solutions that enhance patient care and reduce costs. They oversee all pharmacy operations, manage personnel, ensure compliance with regulations, and collaborate with medical and nursing staff to develop medication-related policies. The Director monitors adverse drug reactions and medication errors, educates pharmacy students, and works with the Medical Staff to create a formulary of up-to-date medications based on evidence-based treatment. Efficient formulary and inventory management guarantee medication availability, while reviewing GPO agreements optimizes medication pricing.
- **Staff Pharmacist (1 FTE, 1 Vacancy)** - provides pharmaceutical care by managing drug distribution and clinical services. They identify and resolve medication-related issues, promote safe drug therapy, and accurately dispense medications. Additionally, they review patient charts, monitor medications, recommend formulary alternatives, and assess medication orders for optimal dosing and potential interactions. The Staff Pharmacist offers on-call coverage during off-hours, acts as a preceptor to pharmacy students, and plays a crucial role in ensuring safe medication management and patient well-being.

- **PRN Pharmacist (2 PRN)** - provides comprehensive pharmaceutical care, ensuring safe and effective drug therapy. They accurately dispense medications, review patient charts, and monitor medications for optimal outcomes. The PRN Pharmacist fill in for staff pharmacists, act as a preceptor to pharmacy students and play a vital role in promoting patient well-being.
- **Pharmacy Technician (1 FTE, 1 Vacancy)** - dispense medication, manage inventory, and deliver discharge and unit dose medications. Additionally, they maintain automated dispensing cabinets, direct phone calls, unit dose medications, and conduct inspections. The Pharmacy Technician manages formularies, reviews recall, orders supplies, and monitors inventory. They also handle medication rotation, packaging machine maintenance, and troubleshoot automated dispensing machines. Coordinating with contractors and billing staff, the Pharmacy Technician ensures smooth pharmacy operations and patient safety.
- **PRN Pharmacy Technician** - Temporary Technician Position is vacant.

DEPARTMENT UPDATES:

July 2023 was the first anniversary of implementing Pyxis machines on every patient unit on AAC, automating medication dispensing and saving 20 hours per week of pharmacist time. The machines have increased medication availability by stocking standard formulary items in each unit and offering larger capacity machines with less frequently used formulary medications for immediate nursing access. Customizable inventories cater to specific patient populations and transferring patients' unique medications can be accommodated. The department is collaborating with the medical team to enable the pharmacy to actively manage patients with chronic conditions by closing in on the goal of two units per pharmacist with a 60:1 patient ratio, allowing closer therapy review, greater input on medication decisions, and reduced errors. By filling the vacancies in the Staff Pharmacist and Pharmacy technicians, the department can close in on this goal, ensuring a higher standard of patient care. The Pharmacy is constantly reviewing its the hospital formulary. This would mean expanding availability to long-acting injectable medication, participating in free trial medication programs for long-acting medication, adding newer medication to the formulary, aligning prescribing practices with the newest disease treatment guidelines. Pharmacy will continue to work with the University of Kansas as an internship/externship site for pharmacy students and hopes to have student assignments in June 2024.

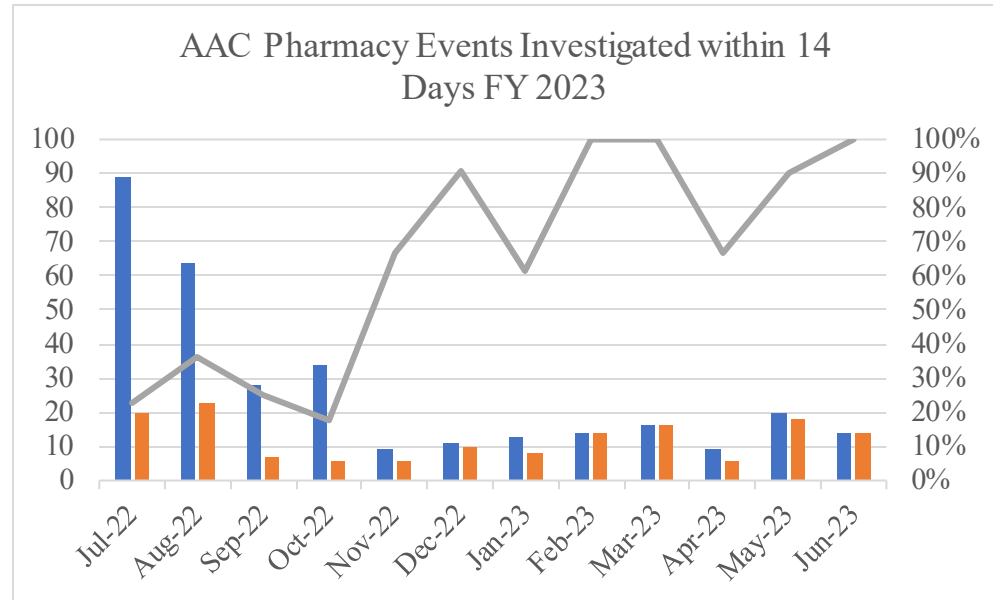
PERFORMANCE BASED BUDGETING GOALS:

Goal: 100% of reported Medication Alerts, Medication Variances and ADRs will be fully investigated with 14 days of receiving a report

Measurement: Percentage of events investigated with 14 days of receiving a report

Department Responsible: Pharmacy

Month	Events Received	Completed within 14 Days	Compliance Rate
Jul-22	89	20	22%
Aug-22	64	23	36%
Sep-22	28	7	25%
Oct-22	34	6	18%
Nov-22	9	6	67%
Dec-22	11	10	91%
Jan-23	13	8	62%
Feb-23	14	14	100%
Mar-23	16	16	100%
Apr-23	9	6	67%
May-23	20	18	90%
Jun-23	14	14	100%



DEPARTMENT DESCRIPTION:

The primary purpose of the Laboratory Department is to provide phlebotomy services to Osawatome State Hospital. Through a Memorandum of Understanding, OSH provides services to AAC. This department provides coverage for Medical Support Services (Ancillary Services) to meet requirements set forth in the performance of moderated and waived test complexities of a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory.

STAFFING:

- **Infection Control Officer (RN)** - In addition to administering a hospital wide infection prevention and control program for OSH, this position oversees and supervises the Laboratory Department. The Infection Control Officer manages Quality Assurance and Performance Improvement measures for the department as well as managing timesheets and schedules.
- **Healthcare Technician II (3 FTE, 1 Vacancy)** - provides phlebotomy services, collecting and preparing various human samples for analysis while ensuring proper handling and storage. The position includes operating and maintaining testing equipment, conducting quality control checks, and communicating issues to medical personnel. Utilizing the Laboratory Information System for test orders, reports, and worksheets is crucial. The role extends to Medical Support Services for Physicians and Nurse Practitioners, as well as providing clerical and supportive assistance to other medical practitioners and external services like Radiology and ECG testing. This entails tasks ranging from scheduling and equipment maintenance to patient escorting and supply management. The Healthcare Technician II also contributes to Employee Health/Infection Control by assisting with specimen collection for vaccination titers and tuberculosis screening and manages Dental supply orders.

DEPARTMENT UPDATES:

The Laboratory department's primary objective is to enhance quality and productivity by devising a streamlined and economically viable approach to delivering laboratory, radiology, and ECG services. This strategy is rooted in adhering to regulations, standards, internal assessments, and guidelines, all of which collectively aid physicians and nurse practitioners in effectively diagnosing, treating, and managing patients. The department's specific goals encompass modernizing outdated equipment, incorporating novel resources from laboratory information systems, and leveraging technology to heighten efficiency. This, in turn, aids clinical decision-making, accurate diagnoses, prompt treatment selection, minimal treatment delays, enhanced recovery, and disease prevention.

Expenditures Medical Services:

Medical	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Salaries and Wages	\$1,447,073	\$1,603,265	\$2,874,957	\$3,404,475	\$3,360,986
Shrinkage	\$0	\$0	\$0	(\$1,300,000)	(\$1,500,000)
Contractual Services	\$669,511	\$1,685,904	\$831,044	\$825,675	\$951,008
Commodities	\$333,096	\$369,484	\$266,904	\$375,275	\$375,275
Capital Outlay	\$3,522	\$0	\$1,105	\$0	\$0
Capital Improvements	\$0	\$0	\$0	\$0	\$0
Total	\$2,453,202	\$3,658,653	\$3,974,010	\$3,305,425	\$3,187,269

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for 13 FTEs and represents funding for all current positions for 26 pay periods, fringe benefits, health insurance and longevity. This program consists of staff in the following departments:

FY 2024: \$2,104,475 is requested. The Shrinkage rate is 38.2%

FY 2025: \$1,860,986 is requested. The Shrinkage rate is 44.6%

Account Codes 52000 – 52900: Contractual Services

The larger amounts requested in this category represent professional fees. Professional fees are needed for the continuation of maintenance and service agreements. Maintenance agreements are for laboratory, EEG-EKG, x-ray, pharmacy, and other equipment as needed. Service agreements on most of these items are required. Service agreements provide for the purchase of professional consultant services in specialized fields such as psychiatry, radiology, pathology, podiatry, EKG-EEG, and other services as deemed vital to treatment. Amounts for patient medical care sometimes fluctuate greatly between fiscal years depending on need. This area also includes the cost of contract staffing to provide coverage for vacancies, as well as recruitment resources.

FY 2024: \$825,675 is requested.

FY 2025: \$951,008 is requested.

Account Codes 53000 – 53900: Commodities

This category includes all supply type expenses projected for this program. Drug costs account for much of the amount in this category. With the increased number of psychotropic drugs becoming generic, changes in prescribing practices and the formulary costs have been reasonably consistent over the last two years. If new drugs are introduced which could benefit our patients, cost will increase. In addition to drug costs, the category also includes supplies used in the following areas: medical laboratory, X-Ray, EKG-EEG, pharmacy, and psychological testing.

FY 2024: \$375,275 is requested.

FY 2025: \$375,275 is requested.

Account Codes 54000 – 54900: Capital Outlay

The funds requested for this object code will be used to purchase vital sign machines and other equipment necessary for the patient services.

FY 2024: \$0 is requested.

FY 2025: \$0 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Clinical Services – 84001

Program Overview:

The Clinical Services Program at Adair Acute Care offers comprehensive group and individual psychotherapy to inpatients across two treatment programs, operating seven days a week, year-round. Each patient receives tailored care guided by an interdisciplinary team of mental health professionals, employing evidence-based practices regularly reviewed for effectiveness. The program encompasses specialized activity therapies like music, recreation therapy, alongside general leisure skills training. Before admission, patients undergo assessments by Community Mental Health Center screeners, leading to voluntary or involuntary admission. Additional services include Recreational Therapy for stress reduction, Social Services for communication and discharge planning, Clinical Therapy for interventions, Nutrition Services for dietary monitoring and education, Scheduling for staffing coordination, Patient Services for personalized needs, Psychology for evaluation, and both Licensed and Unlicensed Nursing for direct patient care and support.

DEPARTMENT DATA:

RECREATION AND EXPRESSIVE THERAPIES:

Recreation and Expressive Therapies team at Adair Acute Care (AAC) provides evidence-based treatment including leisure awareness and education programs, recreation-based games, visual and expressive arts, outdoor and nature activities, sports and physical activities, dance, and movement, as well as music and rhythm. These programs are designed to promote the acquisition and application of leisure-related skills, knowledge, attitudes, and behaviors, promote creative outlets as healthy ways to express oneself, and provide opportunities to utilize personal interests, skills, and talents to improve and maintain well-being. The goal of the department is to rehabilitate a person’s level of functioning and independence in life activities, promote individual health and wellness, as well as reduce restrictions to actively participating in life situations caused by illness.

Members of the Recreation and Expressive Therapies team perform a wide range of duties regarding patient care which includes the administration of a screening tool to determine a patient’s support systems, patterns, preferences, strengths, and goals, and development of a treatment plan that is individualized and evidence based with detailed objectives and expected outcomes directed at a patient’s presenting issues. Treatment services are facilitated through group and individual therapy. Patient progress or lack thereof is assessed and documented weekly, along with updating treatment plans accordingly. Leisure resources are provided for their independent leisure time.

STAFFING:

The AAC Recreation Therapy team consists of seven Full-Time Equivalent (FTE) professional and supportive staff who provide active treatment measures, coordinate, and implement leisure activities and special events for both units in AAC.

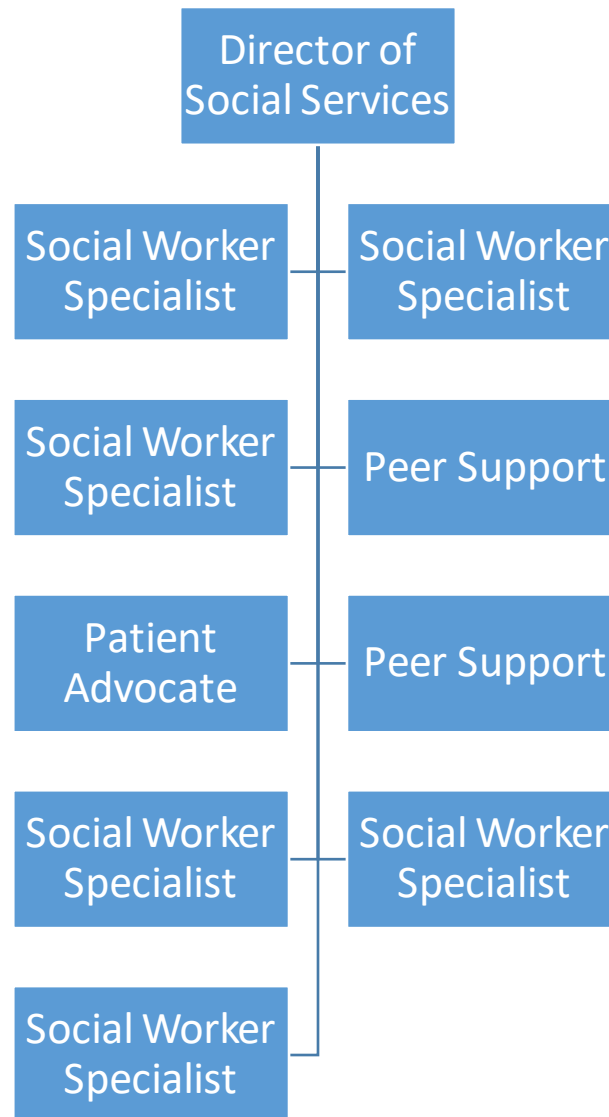
- **Director of Recreation and Expressive Therapies** - primary responsibility is to ensure the department is compliant with local, state, and federal laws, CMS regulations, and ATRA policies, which govern the profession of recreation therapy. This position coordinates and supervises staff to provide treatment services, leisure activities, and special events to patients. Additionally, this position serves on hospital work committees, establishes professional relationships with recreation therapy organizations, universities, etc., develops and implements training and professional development opportunities for department, recruits and oversees internship program, provides resources and information for nursing direct care staff to enhance therapeutic engagement with patients on the units, and in general, assures that adequate supplies and equipment are maintained and available for patient activities.

- **Recreation Therapy Manager** - assists with management of program and supervision of department members. This position performs planning and scheduling duties for recreation therapy programs, leisure activities, special events, and department meetings. Additionally, this position serves as the lead recreation therapist for both A2 Orange and Purple treatment teams and provides direct services to patients on a regular basis due to limited staff.
- **Music Therapist** - provides music therapy services to AAC patients. Daily responsibilities include assessment, planning, and developing an individualized treatment plan that identifies evidence-based music therapy treatment intervention strategies, provision of individual and group therapy interventions as part of treatment for patients on units, and documentation of treatment services and patient contact. Along with providing therapy services, the music therapist also facilitates additional leisure activities and special events for both units at Adair Acute Care.
- **Recreation Specialist (4 FTE)** - assists with provision of recreation therapy services to AAC patients. Daily responsibilities include working alongside recreation therapists with assessment, planning, and developing an individualized treatment plan that identifies evidence-based recreation therapy treatment intervention strategies, provision of individual and group therapy interventions as part of treatment for patients on units, and documentation of treatment services and patient contact. Along with providing therapy services, the specialist also facilitates leisure activities and special events for both units at Adair Acute Care.

DEPARTMENT UPDATES:

Over the past year, the AAC Recreation and Expressive Therapies department provided recreation and expressive therapy services, unit activities, and special events to over 1,000 individuals at AAC. Therapy services, leisure activities, and special events were offered seven days a week throughout the year, even as the department struggled with extreme staffing challenges (current 43% vacancy within the department). Therapists and supportive staff worked to ensure over 1,000 initial assessments were completed within 72 hours from admission, individualized treatment plans were developed, group and individual therapy sessions were provided, and unit leisure activities, and holiday/special events were offered 365 days a year. The AAC Recreation and Expressive Therapies department will continue to have ongoing expenses related to purchase of items and equipment for these daily therapy programs, leisure activities, and special events, as well as future development of programs to benefit patients. Many items need to be replenished throughout the year such as art supplies, stress balls, board games, books, etc. The department is looking to increase technology and media options available to patients (books, magazines, music, film, videogames, etc.) to use as part of active treatment and/or in their leisure time.

Lastly, time and financial resources must be allocated to focus on strategic goals and performance improvement projects as well as work towards long-term visions for AAC Recreation and Expressive Therapies. Ensuring treatment services are compliant with local, state, and federal laws, CMS regulations, and ATRA policies, which governs the profession of recreation therapy is an example. Other examples include improving treatment plan procedures, evaluating, and revising current programs, implementing new programs, establishing professional relationships with recreation therapy organizations, universities, and the community-at-large to further develop a student internship program and volunteer program, etc. These changes will ensure better patient and staff outcomes and will meet long term visions.



FY 2024 – FY 2025

DEPARTMENT DESCRIPTION:

The Social Services Department at Adair Acute Care at Osawatomie State Hospital enhances patient care by facilitating effective communication between various parties involved in the treatment and discharge planning process. AAC is a short term, acute care psychiatric facility, where crisis stabilization and quick return to the community represents the standard. The department comprises three essential components: social workers, patient advocacy, and peer support.

Social workers at Adair Acute Care meet with patients and the interdisciplinary team regularly to keep everyone informed about the patient's progress. They also collaborate with family members and community partners to create safe and effective discharge plans and arrange specialized aftercare. Social workers serve as a primary point of contact for patients' well-being, especially with members who are not directly involved in the patient's care team. They play a significant role in coordinating information flow regarding the patient's treatment progress and ensuring continuity of care once the patient returns to the community.

Patient Advocacy is a crucial function at Adair Acute Care, dedicated to safeguarding patients' rights and well-being. Advocates closely monitor hospital policies, support patients in decision-making, mediate conflicts, and ensure comprehensive care coordination for access to essential resources during and after treatment. Their goal is to empower patients, provide education, and serve as a vital link between patients and the healthcare system to enhance their overall care experience.

Peer Support offers patient-centered approach to patient care, where individuals with shared experiences provide emotional and practical support to patients. By fostering understanding and empathy, peers offer encouragement, act as role models for recovery, reduce stigma surrounding mental health and medical conditions, and create supportive group environments for open discussions and skill-sharing. This peer-driven support system empowers patients in their journey to overcome challenges, promoting self-advocacy and a sense of belonging throughout their treatment and recovery process.

STAFFING:

- **Director of Social Services** - provides support for unit social workers in providing discharge planning services, treatment team planning, interpreting services, referrals for more intensive supports, and address concerns of patients, families, and community partners. The Social Services Director also ensures the patient advocacy is robust at AAC, providing support understand their patient rights, and works to connect patients to consumer run organizations (peer support) in the community.
 - **Social Work Specialist (2 FTE, 2 Vacancies)** – takes part in the treatment and discharge plan for patients at Adair Acute Care. They collaborate with community providers and patients' significant others to locate discharge resources and act as primary liaisons to families and community resources. Coordinating patient placement to the least restrictive environment, they provide valuable input during treatment team meetings and discharge planning to address changing patient needs.
 - **Patient Advocate (Program Consultant)** - serves as a resource for patients, discussing and clarifying their rights and responsibilities. They offer regular support and advocacy, ensuring compliance with human rights through monitoring treatment modalities and programs. The Patient Advocate also clarifies hospital policies and procedures for both staff and patients, and they promote hospital services to the community through outreach efforts.
 - **Peer Support Specialist (Administrative Specialist, Vacant)** - provides peer support, educational groups, and meetings with patients. They offer information about available services, encourage patients to participate in treatment, and accurately share patient concerns with the treatment team. This specialist also provides coverage for Patient Advocacy, documenting in the electronic health record, and maintaining patient grievance and rights documentation.
 - **Clinical Chaplain (provided through a MOU with OSH)** - attends to the spiritual needs of patients, conducting educational groups and worship services. They cater to diverse faiths and coordinate pastoral care integration with other clinical services and hospital treatment. They oversee the work of intern chaplains and other clergy assigned to the hospital.

DEPARTMENT UPDATES:

The Social Services Department continues to meet patients' needs through the coordination of treatment and discharge planning to meet the needs of the individual for individualized aftercare appointments, and more. However, two vacant positions for social workers remain unfilled due to salary constraints. AAC is a short-term crisis stabilization psychiatric facility and 50% staffing for social workers greatly impacts the department's ability to meet the needs of patients.

To enhance departmental skills, additional education courses will be introduced, focusing on maintaining licensures and improving patient interactions and work-life balance.

Peer support is not currently offered at AAC, but there is a position to be filled. This peer support will be a welcome addition to the AAC Social Services team.

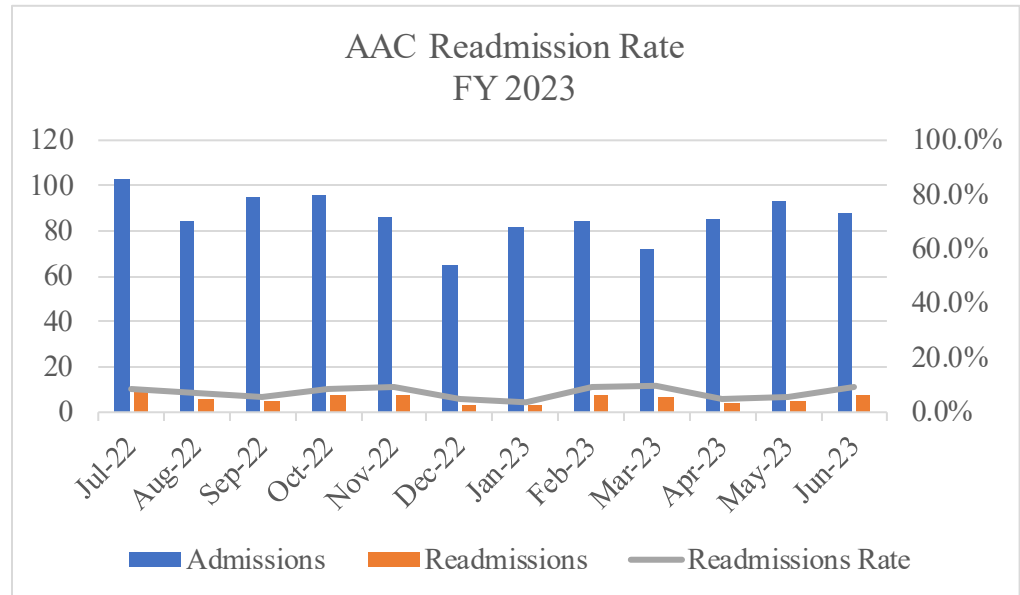
PERFORMANCE BASED BUDGETING GOALS:

Goal: 100% of patients who are readmitted within 30 days of discharge will be tracked to identify trends.

Measurement: % of patients readmitted within 30 days of discharge reported monthly.

Department Responsible: Social Services

Month	Readmits	Admissions	Readmission Rate
Jul-22	103	9	8.7%
Aug-22	84	6	7.1%
Sep-22	95	5	5.3%
Oct-22	96	8	8.3%
Nov-22	86	8	9.3%
Dec-22	65	3	4.6%
Jan-23	82	3	3.7%
Feb-23	84	8	9.5%
Mar-23	72	7	9.7%
Apr-23	85	4	4.7%
May-23	93	5	5.4%
Jun-23	88	8	9.1%

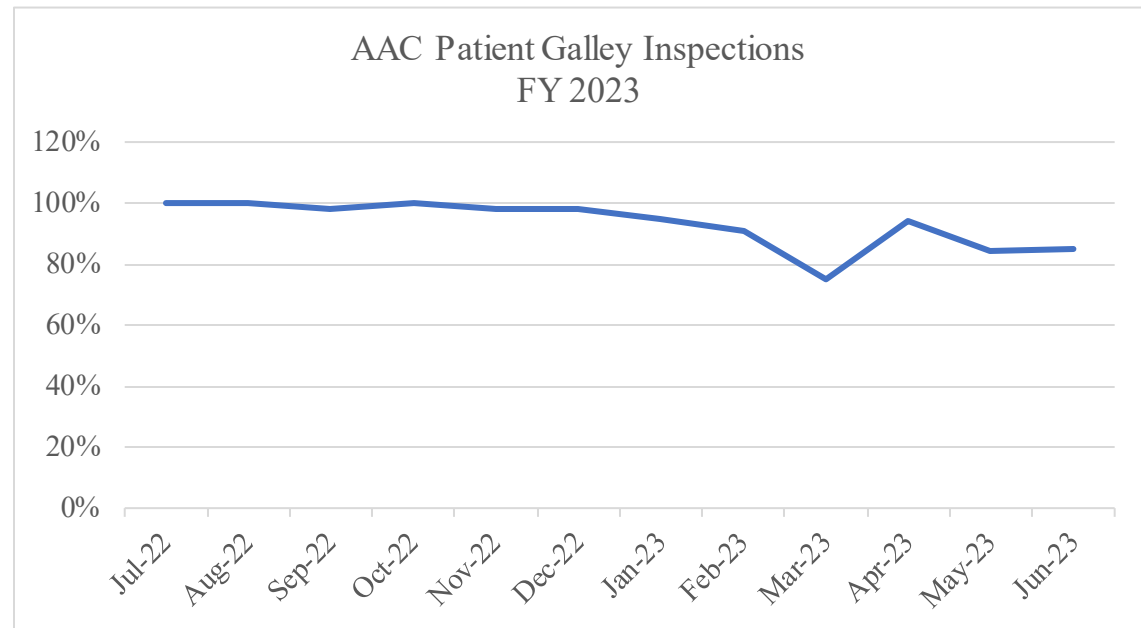


Goal: Patient galley will be inspected daily, and issues identified are corrected.

Measurement: % of issues corrected reported monthly.

Department Responsible: Patient Advocate

Month	Issues Corrected
Jul-22	100%
Aug-22	100%
Sep-22	98%
Oct-22	100%
Nov-22	98%
Dec-22	98%
Jan-23	95%
Feb-23	91%
Mar-23	75%
Apr-23	94%
May-23	84%
Jun-23	85%

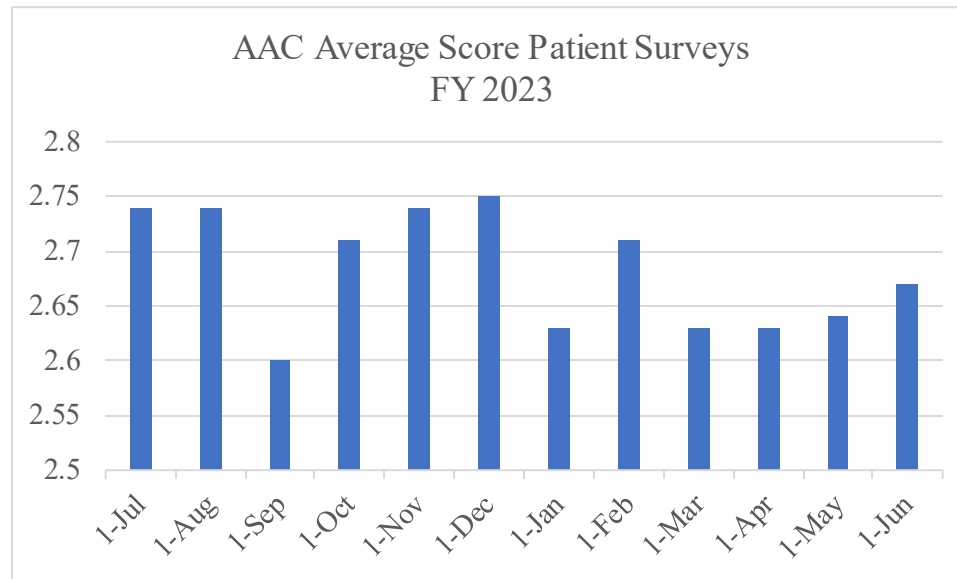


Goal: Score a 2.5 out of a 3 on all sections of the survey.

Measurement: Number reported, reported monthly

Department Responsible: Patient Advocate

Month	Average Score
Jul-22	2.74
Aug-22	2.74
Sep-22	2.60
Oct-22	2.71
Nov-22	2.74
Dec-22	2.75
Jan-23	2.63
Feb-23	2.71
Mar-23	2.63
Apr-23	2.63
May-23	2.64
Jun-23	2.67

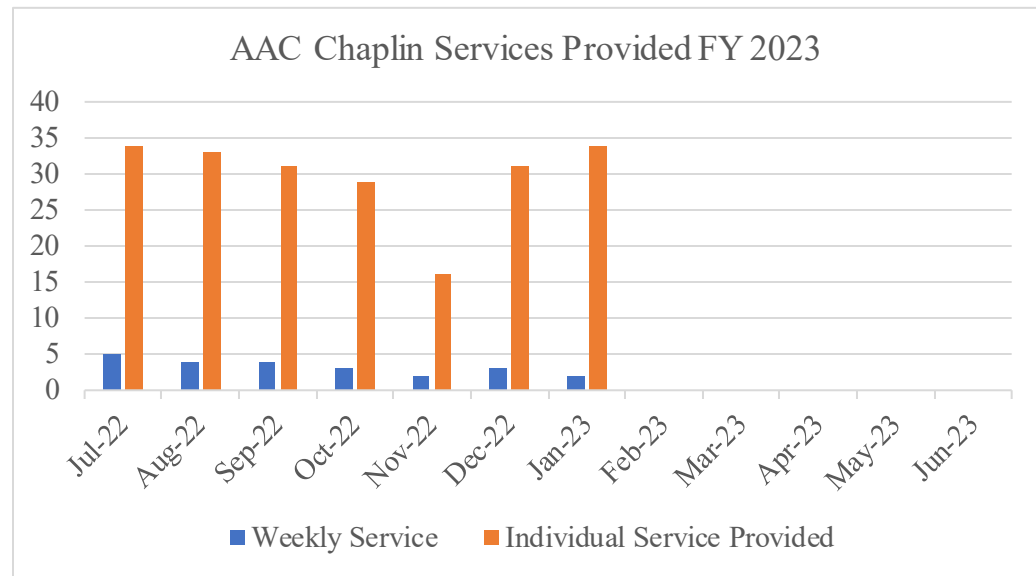


Goal: Chaplin Services to AAC including church services will be provided at least one day a week.

Measurement: Number of services provided reported monthly.

Department Responsible: Social Services

Month	Weekly Service	Individual Service Provided
Jul-22	5	34
Aug-22	4	33
Sep-22	4	31
Oct-22	3	29
Nov-22	2	16
Dec-22	3	31
Jan-23	2	34
Feb-23	N/A	N/A
Mar-23	N/A	N/A
Apr-23	N/A	N/A
May-23	N/A	N/A
Jun-23	N/A	N/A



***During the period of February 2023 – June 2023, Chaplin Services did not have a Chaplain employed.**

DEPARTMENT DESCRIPTION:

The Clinical Therapy Services department at Adair Acute Care (AAC) provides evidence-based treatment, helping patients achieve their treatment goals, and fostering success in the community. They conduct essential assessments, such as the Tobacco Use Assessment, Alcohol Use Disorders Identification Test (AUDIT), and Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) Protocol, to evaluate tobacco and alcohol usage patterns and suicide risk. Using comprehensive psychosocial assessments, the AAC Clinical Therapy develop individualized and evidence-based treatment plans with specific goals to address each patient's unique needs. Additionally, the AAC Clinical Therapy team delivers individual and/or group therapies, utilizes evidence-based modalities to effectively address patients' treatment needs.

STAFFING:

The Clinical Therapy Services department consists of 11 Full-Time Equivalent (FTE) professional and supportive staff, however four of those positions are currently vacant. Due to current issues with recruiting Clinical Therapy staff the department is currently requiring more part-time and/or agency staff to improve the department's ability to meet CMS standards and ensure that patients are receiving appropriate care and treatment based on their symptoms and treatment needs.

- **Director of Clinical Therapy Services** - provides oversight to ensure that the department is compliant with local, state, and federal laws, CMS regulations, Behavioral Services Regulatory Board (BSRB) statutes and regulations, and ethical standards for licenses held within department. This position coordinates and supervises staff to complete assessments, provide individual and group therapies, and develop/update treatment plans as necessary based on the individual patient's need in a timely manner. Additionally, this position serves on hospital work committees, develops and implements training and professional development opportunities for the department, recruits and oversees internship program and agency staff, provides education, resources, and support for other disciplines to improve therapeutic interactions with patients, develop/review behavioral support plans for patients with increased need for behavioral intervention, and ensure that unit programing is maintained at the hospital so that patients can receive well-rounded and individualized treatment for their mental health needs.

- **Behavioral Health Program Manager** - assists with management and supervision of department members. This position helps oversee educational and professional development programs within the department and AAC to improve all staff's ability to improve therapeutic interactions and engagement. Additionally, this position provides direct services on a regular basis due to limited staff.
- **Clinical Therapist (5 FTE, 2 999 PRN, 1 Agency PRN, 5 Vacancies)** - provides individual and group therapies, completes assigned Tobacco Use Assessments, AUDITs, and psychosocial assessments, initiates development of treatment plans, and helps patients engage in safety planning prior to discharge to improve their success upon return to the community. This position is also responsible for serving as Team Lead for the interdisciplinary treatment team and ensures that treatment team meetings are focused, and goal directed, serve as scribe for other disciplines, and that all treatment plans and reviews thoroughly address patient's treatment needs/progress and meet standards established by CMS.

DEPARTMENT UPDATES:

Over the past year, the AAC Clinical Therapy Services department provided individual and group therapies and clinical assessments to over 1,000 individuals admitted to AAC which were offered seven days a week, even as the department struggled with staffing challenges. The department currently has a 36% vacancy rate but for several months throughout the last year the vacancy rate has been over 50%. As a result, the department will continue to have ongoing expenses related to utilizing agency staff to fill vacant positions until the position can be permanently occupied. In the coming year, the department is looking to increase educational and licensing opportunities for staff as it relates to social detoxication programs and substance abuse assessment/treatment.

PERFORMANCE BASED BUDGETING GOALS:

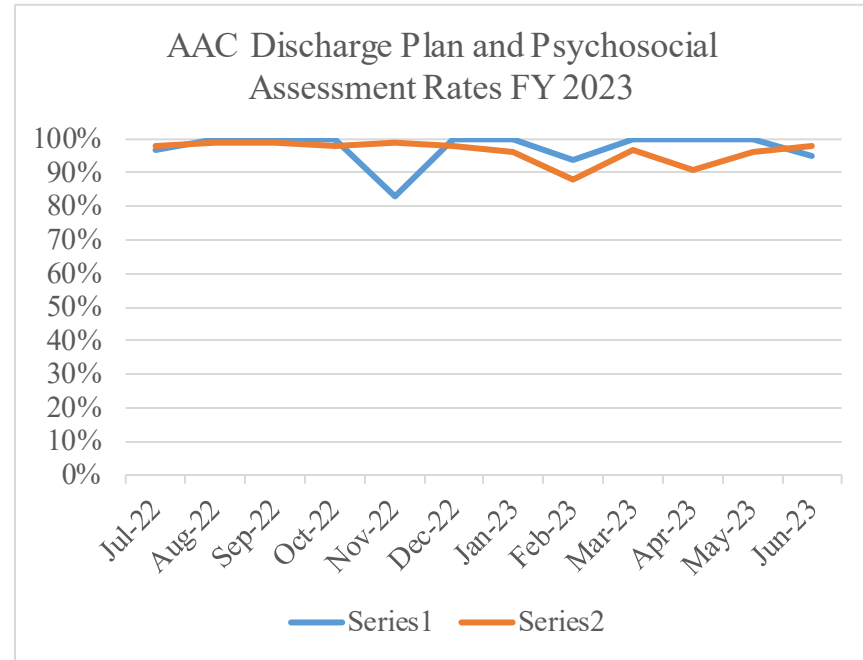
Goal: A comprehensive discharge plan will be developed and implemented. 95% of patients will have discharge criteria that is Realistic, Attainable, and individualized to their treatment on their Master Treatment Plan with a Psychosocial Assessment being completed within 72 hours of admission.

Measurement: % of discharge criteria is realistic, attainable, and individualized to the patient, % of assessments completed within 72 hours of admission, recorded monthly

Department Responsible: Clinical Therapy

Performance Measures	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Realistic Discharge Plan + Psychosocial Assessment	96%	98%	97%	98%	99%
Patients who are readmitted within 30 days of discharge.	8%	8%	7%	6%	5%

Month	Discharge Criteria is realistic, attainable, and individualized to the patient.	A comprehensive Psychosocial Assessment will be completed within 72 hours of admission.
Jul-22	97%	98%
Aug-22	100%	99%
Sep-22	100%	99%
Oct-22	100%	98%
Nov-22	83%	99%
Dec-22	100%	98%
Jan-23	100%	96%
Feb-23	94%	88%
Mar-23	100%	97%
Apr-23	100%	91%
May-23	100%	96%
Jun-23	95%	98%



DEPARTMENT DESCRIPTION:

The Dietary Services Department at Osawatomie State Hospital (OSH) serves the dietary needs of patients. OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. Department dietitians regularly meet with patients to provide education and consultation to patients. The dietitians also continuously develop and evaluate the nutrition program and nutrition education program to ensure better patient care. The department also works with the contracted food service company to ensure food quality standards are met.

STAFFING:

- **Director of Nutrition Services (vacant)** - supervise comprehensive nutritional care services, including assessments, diagnosis, and nutrition prescription recommendations. The director educates and counsels patients individually and in groups, ensuring they receive accurate and personalized nutrition care plans. They serve as a liaison between food services, nutrition service, and program teams, guaranteeing efficient collaboration and adherence to industry regulations. The director maintains professional competency, staying current with nutritional care practices and completing mandatory training. Additionally, they handle special projects and assist during emergencies or staffing shortages.
- **Director of Clinical Services** - provides oversight and leadership to the team of dietitians. The main responsibility of the Director of Clinical Services is to provide evaluations to enhance effectiveness in delivering nutritional care services to patients. Additionally, the director collaborates with the dietitians to implement departmental strategies, ensuring adherence to established policy and procedure. They also facilitate staff development through training and continuing education.

- **Registered Dietitian (2 FTE)** - adhere to clinical and therapeutic responsibilities through providing nutritional care services to patients. This registered dieticians conduct assessments based on medical conditions or physician orders. The position formulates nutrition prescriptions, provides education and counseling to patients and families, and participates in performance improvement projects. Additionally, this position completes special assignments and ongoing training, which covers topics like crisis prevention, security awareness, and technology systems. The position actively implements new programs and systems to improve efficiency and participates in meetings related to clinical review, ethics, and dietary matters. Moreover, the position is actively involved in patient care and dietary services, kitchen inspections, and diet audits. They handle test trays, teach nutrition groups, and engage in initiatives like the Stoplight program. Data collection for Monthly Foodservice Meetings and diabetic chart audits are also part of their responsibilities. The position serves as a liaison between unit operations and dietary staff, overseeing menu planning, addressing patient complaints and supply shortages. They also manage food-drug interactions, provide support during emergencies, and coordinate unit events.

DEPARTMENT UPDATES:

The most immediate goal of the Dietary Services Department is to fill the Director of Nutrition Position. If filled, the department will operate at a smoother rate. In the coming fiscal year, the department plans to add a new event in March of 2024 during National Nutrition Month. Additional education, games, and prizes will be provided to patients who participate. The goal is to create and promote an awareness week for staff and patients in March 2024. Other costs for the department in FY 2024 include the purchase of updated reference manuals to be utilized by the registered dieticians.

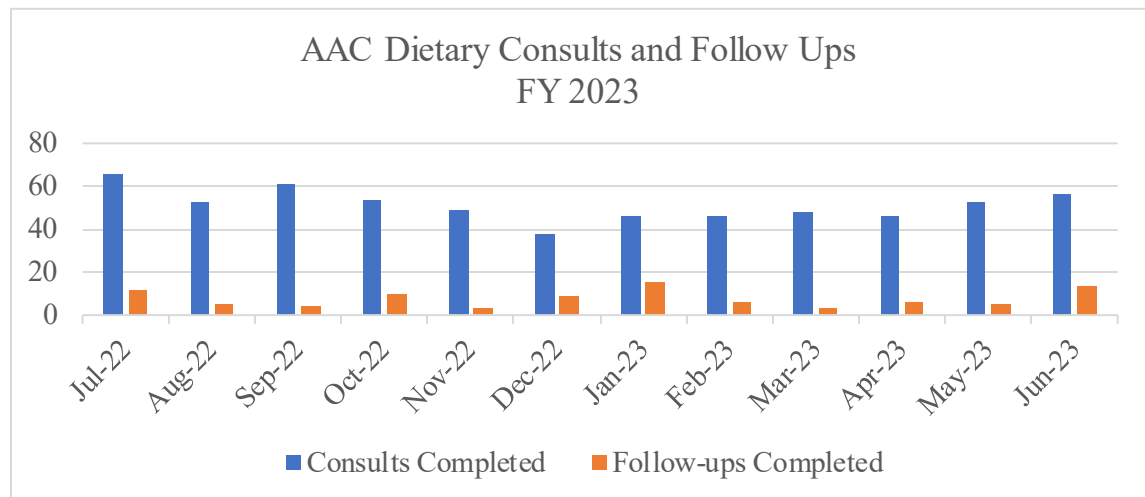
PERFORMANCE BASED BUDGETING GOALS:

Goal: Provide staff for dietary services including dietary consults/recommendations and patient reviews for complex diets

Measurement: Dietary consults and follow-ups completed and reported monthly

Department Responsible: Dietary

Month	Consults Completed	Follow-ups Completed
Jul-22	66	12
Aug-22	53	5
Sep-22	61	4
Oct-22	54	10
Nov-22	49	3
Dec-22	38	9
Jan-23	46	15
Feb-23	46	6
Mar-23	48	3
Apr-23	46	6
May-23	53	5
Jun-23	56	14

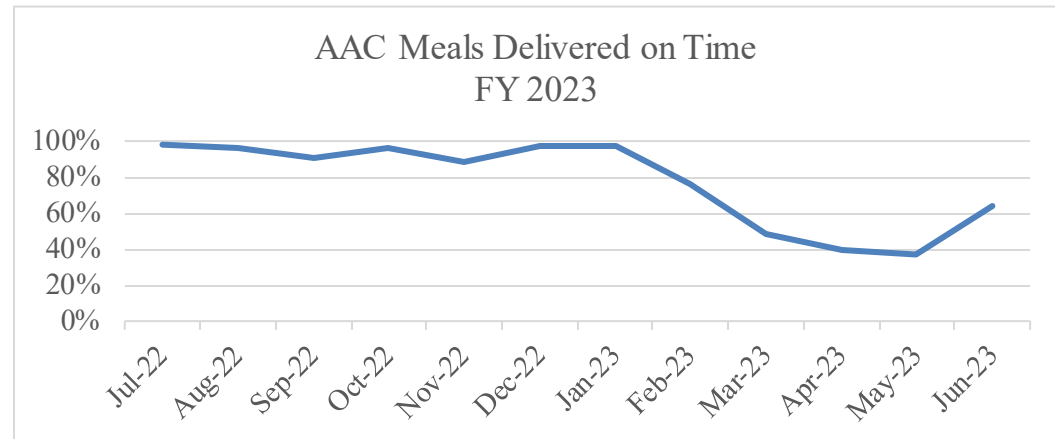


Goal: Timely delivery of three (3) meals per day and snacks or other nutritional supplements as ordered

Measurement: Percentage of meals and snacks delivered timely recorded monthly

Department Responsible: Dietary

Month	Meals Delivered on Time
Jul-22	98%
Aug-22	96%
Sep-22	91%
Oct-22	96%
Nov-22	88%
Dec-22	97%
Jan-23	97%
Feb-23	77%
Mar-23	48%
Apr-23	40%
May-23	37%
Jun-23	64%



DEPARTMENT DESCRIPTION:

The scheduling department staffs and schedules the patient units with proper ratios to ensure patient care and safety for patients and staff for Osawatome State Hospital (OSH). OSH serves staff for Adair Acute Care (AAC) through an MOU. The department staffs each unit accordingly: 2 Registered Nurses (RN), 1 Licensed Practical Nurse (LPN)/Licensed Mental Health Technician (LMHT), 4 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to increasingly ensure safety for all.

Staff is recruited to cover Requested Time Off (RTO), Crisis Prevention Institute (CPI)/Cardiopulmonary Resuscitation (CPR) trainings, patient appointments, sick leave, admin leave, work comp, and the Family Medical Leave Act leave.

The nursing service staff schedule is developed in accordance with current policy and procedure. The daily shift schedule is evaluated. This is on-going and requires hourly changes. Develops plans for establishing schedules in the required time frames. Provides information that requires immediate attention executives and delegates other matters to various management nursing staff in unit programs. Performs office management duties; oversees the maintenance of required staffing data. Responsible for the procurement of supplies; maintenance of inventory records. Advises other department head and executives' administrative policies at the direction of a supervisor.

STAFFING:

- **Scheduling Supervisor** - provides supervision and guidance to schedulers. Leader rounding, timecard approval, performance reviews. Recruits Agency staff where deficient. Inputs contract dates, approved time off per contract, updates Master staffing for new hires and renewals. Keeps Information Technology, Education, Human Resources, infection control, accounting apprised of new hire/extensions/termination and contract completions. Fiscally responsible and aware, closely monitoring agency contract billing rates and overtime. Emails assistant superintendent with biweekly reports on good standing members in Shiftboard. Phone and email communication with Agencies, CNOs and RNSPs, Program director, and Program coordinators regularly, as well as all nursing staff. Participates in the Quality Assurance and Performance Improvements for the scheduling department.

- **Scheduling Admin Specialist** - provides the AM (day) shift line up for each unit. Prior to sending out the staffing sheet, the census, 1:1s, and Shiftboard (time sheet software) are verified. Every morning, staff are monitored for timeliness and are tracked. Hospital to hospital movement is tracked. New scheduling staffing sheets are created as needed. Shifts are created and open to fill needs on Shiftboard. Timecards are created and corrected for staff. Cancel pick up shifts as requested/needed. Communication via phone and email with each department supervisor, Chief Nursing Officers (CNO) and Registered Nurse Supervisor (RNSP) regularly, as well as all nursing staff. Input new hires orientation schedules and unit trainings in Shiftboard. Input patient appointments on staffing sheets. Update staffing sheets and Shiftboard with CPI/CPR attendees and open coverage shifts.
- **Scheduling Admin Specialist** - aids AM & NOC shift (night) schedulers in the completion of line up. Creates AAC staffing sheets as needed. Inputs all pick up shift on staffing sheets. Matches Shiftboard with staffing sheets daily. Checks open shifts weekly in Shiftboard. Add all new hires in the staffing sheets with the correct team rotation and unit assignment. Adjusts staff in Shiftboard and staffing sheets as requested when movement is required. Timecards are created and corrected for staff. Cancelling pick up shifts. Phone and email communication with department supervisor, CNOs and RNSPs regularly, as well as all nursing staff. Removal of staff in staffing sheets and Shiftboard and placed on hold when terminated or resigned. Input new hire phone numbers into department cell phones and in Microsoft Teams directories.
- **Scheduling Admin Specialist** - provides the NOC line up for each unit. Prior to sending out the staffing sheet census, 1:1s and Shiftboard are verified. Every evening, staff are monitored for timeliness, and are tracked. Hospital to Hospital movement is tracked. Scheduling staffing sheets are created as needed. Shifts are created and open to fill needs on Shiftboard. Timecards are created and corrected for staff. Cancelling pick up shifts. Phone and email communication with department supervisor, CNOs and RNSPs regularly, as well as all nursing staff. Input new hires orientation schedules and unit trainings in Shiftboard. Gathers low sick leave balances from supervisors per call in guidelines. Communicates all RTO to supervisors for approval/denial and relays information to staff member. Open shifts to cover RTO or find coverage to approve RTO. Maintains the RTO calendar for accuracy. Backs up department head as needed when out of office.

DEPARTMENT UPDATES:

Three members of the team are less than 120 days in the department. There has been marked improvement in the department as changes have been implemented. A top priority and focus for the upcoming year will be to improve the accuracy of staffing sheets and working hard on filling any gaps in coverage to provide a full team on every unit. With improvement, the department will have the assurance state staff are used prior to utilizing and allowing overtime for AAC.

DEPARTMENT DESCRIPTION:

The Nursing Department at Adair Acute Care plays a critical role in assessing and treating individuals who present with acute mental health conditions and medical conditions. The department consists of a dedicated team of nursing professionals who provide comprehensive care and support to ensure the well-being and recovery of patients. AAC is a short term, acute care psychiatric facility, where crisis stabilization and a quick return to the community is the norm.

Key Components and Responsibilities:

Comprehensive Patient Assessment:

The Nursing Department conducts thorough assessments of patients upon admission, considering both their mental health and medical conditions. Nurses gather essential information, perform physical and mental health evaluations, and collaborate with other healthcare professionals to develop individualized treatment plans.

Integrated Care and Treatment:

Nursing professionals deliver integrated care, addressing both mental health and medical needs of patients. They administer medications, closely monitor their effects, and ensure compliance with prescribed treatment regimens. Additionally, they provide ongoing support, education, and counseling to patients, promoting holistic well-being and recovery.

Physical Health Monitoring:

Recognizing the interconnectedness of mental and physical health, the nursing staff monitors vital signs, conducts regular physical health assessments, and collaborates with medical professionals to address any medical concerns that may arise during a patient's stay. This integrated approach ensures comprehensive care and timely interventions.

Crisis Intervention and Stabilization:

Nurses are trained in crisis intervention techniques and play a pivotal role in managing acute psychiatric crises. They provide immediate support, implement de-escalation strategies, and ensure a safe environment for patients and staff. Their expertise helps stabilize individuals in distress and facilitates the development of personalized treatment plans.

Collaborative Multidisciplinary Approach:

The Nursing Department works collaboratively with a multidisciplinary team, including psychiatrists, psychologists, social workers, and other healthcare professionals. Through regular team meetings, nurses contribute their valuable insights, actively participate in treatment planning, and coordinate care to optimize patient outcomes.

Patient and Family Education:

Nurses in department take the initiative to educate patients and their families about mental health conditions, medical treatments, medications, and coping strategies. They provide guidance on managing symptoms, fostering healthy lifestyles, and promoting long-term recovery, empowering individuals to actively participate in their own care.

STAFFING:

Due to staffing shortages, AAC employs traveling nurses (Agency). The split of FTE and Agency Staff filling vacancies is noted.

- **Chief Nursing Officer (CNO)** - supervises and guides clinical staff, which includes nurses, licensed practical nurses (LPNs), mental health technicians (MHTs), licensed mental health technicians (LMHT) and other healthcare professionals. They ensure that staff members are well-trained and provide care in line with organizational standards. An important aspect of the CNO's role is overseeing the program behavior model which promotes a patient-centered approach. It includes the implementation and maintenance of therapeutic interventions and approaches into patient care. The CNO develops and enforces evidence-based policy and procedure in accordance with regulatory requirements, accreditation standards, and best practices. The CNO regularly assesses staff adherence to these standards, provides education and corrective action as needed to promote patient safety. The CNO regularly assesses policies and procedures, to verify AAC is staying current with research and industry trends, seeking opportunities to improve patient care and outcomes through the application of evidence-based guidelines. The CNO works closely with interdisciplinary teams to develop and revise policy and procedure, aligning them the organization's mission. Interdisciplinary teams work closely with departments such as quality improvement, risk management, administration, and medical staff to ensure that the organization meets standard and state regulations. The CNO meets regularly with staff. Lastly, the CNO places a strong emphasis on creating and maintaining a safe environment for both patients and staff. They oversee the implementation of safety protocols, identify areas for improvement, and implement them into patient care.

- **Registered Nurse Supervisor (RN) (7 FTE)** - ensure the efficient and effective operation of patient units within the facility. They oversee the activities of nursing department staff, such as RNs, LPNs, MHTs and LMHT, providing guidance, support, and supervision to ensure the delivery of high-quality patient care. In addition to unit management, RN supervisors take an active role in training and education. They develop and deliver training programs to enhance the knowledge and skills of nursing staff, ensuring compliance with regulatory requirements, best practices related to patient care, and facility policies. RN supervisors work closely with interdisciplinary staff healthcare professionals to develop and implement comprehensive treatment plans. They promote effective communication among staff in patient units, ensuring the coordination of care and fostering a collaborative environment. They actively engage in quality assessment and performance improvement (QAPI) initiatives to enhance patient safety, optimize clinical outcomes, and improve overall care delivery.
- **Registered Nurse (RN) (6 FTE, 10 Agency)** - provides a vital role in the assessment, treatment, and overall care of patients with mental health and medical conditions, RNs provide comprehensive and individualized care to promote the well-being and recovery of patients. Their responsibilities encompass a wide range of duties, including medication administration, patient monitoring, crisis intervention, interdisciplinary collaboration, patient and family education, and documentation.
- **Licensed Practical Nurse/ Licensed Mental Health Technician (5 FTE, 3 Agency)** - provides essential support to registered nurses (RNs) in medication administration and overall patient care. LPNs/LMHTs play a crucial role in ensuring the safe and effective delivery of medications as prescribed by healthcare providers. Under the supervision of RNs, they assist in monitoring patient responses to medications, document observations, and communicate any concerns to the nursing team. Additionally, LPNs/LMHTs work with RNs in providing comprehensive patient care, assisting with assessments, vital sign monitoring, and assisting patients with activities of daily living.

- **Mental Health Technician (18 FTE, 14 Agency)** - responsible for managing the unit milieu, ensuring a safe and therapeutic environment for patients. They maintain a calm and supportive atmosphere, promote positive interactions among patients, and implement strategies to minimize disruptive behaviors. They ensure patients are safely guided to therapy sessions, medical appointments, and recreational or therapeutic groups. MHTs also support patients with activities of daily living. They assist patients with personal hygiene tasks, such as bathing, dressing, grooming, and toileting. MHTs provide encouragement and guidance, promoting patient independence and self-care skills. During crisis situations, MHTs utilize de-escalation techniques to help defuse tense or agitated situations. They receive training in crisis intervention and are equipped with strategies to calmly address and redirect patients during moments of heightened distress or aggression. MHTs prioritize the safety of both the patient and those around them, working collaboratively with the interdisciplinary team to ensure a peaceful resolution. In addition to their other responsibilities, MHTs are tasked with completing timely safety checks to ensure the well-being and security of patients. These safety checks are an essential part of maintaining a safe environment and preventing potential harm. MHTs diligently perform routine safety checks throughout the unit, ensuring that patients are in a secure and controlled environment. They assess the physical surroundings, identifying and promptly addressing any potential hazards or safety risks. This includes checking for items that may pose harm to patients or others, ensuring emergency exits are clear and accessible, and verifying that safety protocols and procedures are being followed.

DEPARTMENT UPDATES:

The department has been focused on several important updates and initiatives to enhance the overall functioning and quality of patient care. These include creating safety protocols through implementing a zone strategy and three time a day environmental round.

Efforts are being made to improve the quality of patient care and safety. The department implemented a zone strategy. The zone strategy assigns the MHTs for each shift one of several different zones for a period of 1 to 2 hours. The MHT is to remain in that zone and monitor the patients and environment of the zone they are assigned to. This was implemented to enhance safety of staff and patients by ensuring that there is a staff member in each area of the unit.

Mental Health Technicians are required to complete environmental rounds on the units three times a day. They are to round and check each room for potential safety issues and cleanliness. Those rounds are to be verified by a nursing supervisor and submitted after they are completed.

The department is actively working with staff to improve their ability to identify and manage psychiatric crises and improve trauma informed care. By implementing evidence-based interventions and crisis management techniques, staff will be better equipped to handle challenging situations and provide optimal care to patients in need.

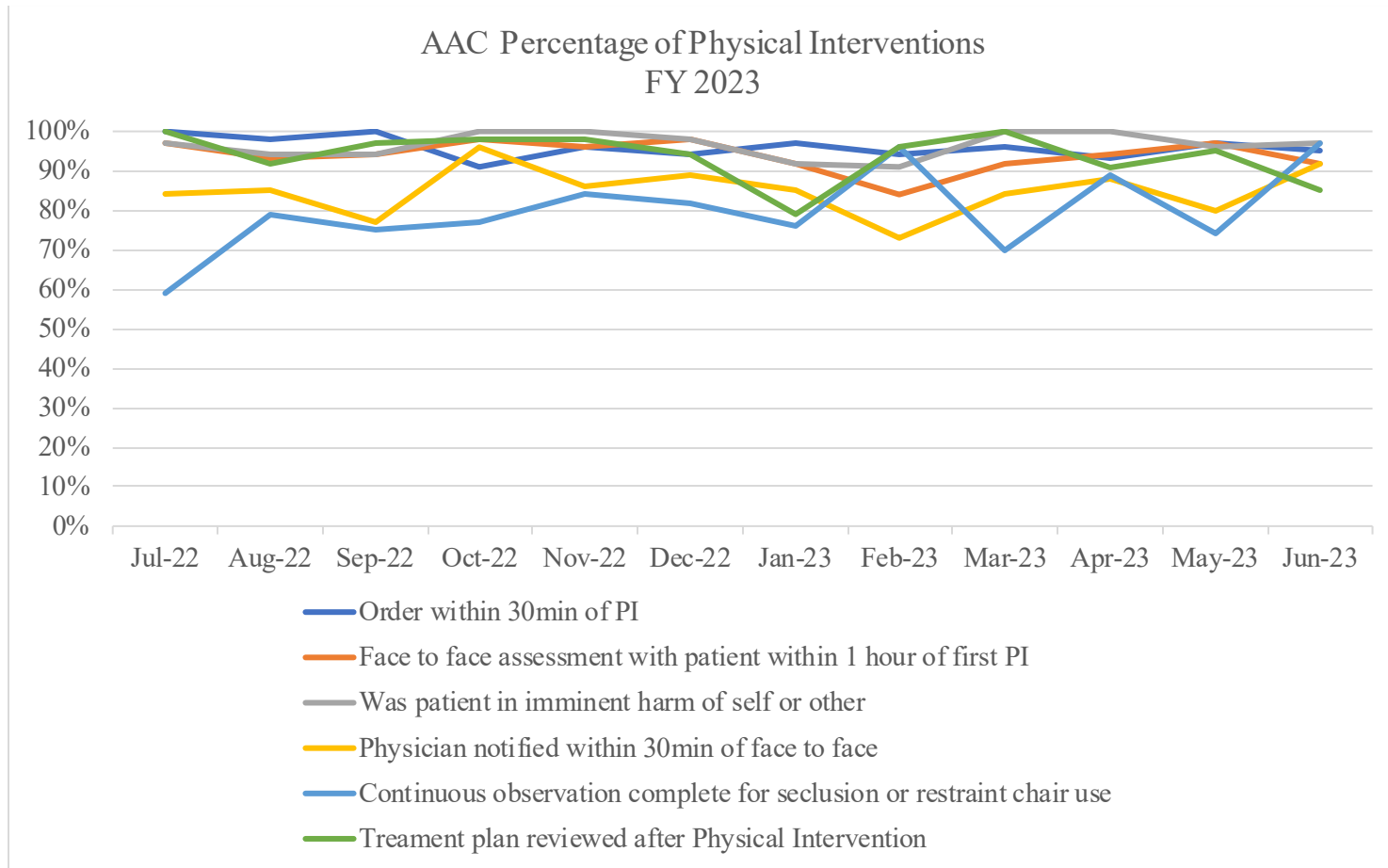
PERFORMANCE BASED BUDGETING GOALS:

Goal: 100% of report physical interventions will have proper documentation

Measurement: % of physical interventions reported monthly.

Department Responsible: Nurse Administration

Month	Order within 30min of PI	Face to face assessment with patient within 1 hour of first PI	Was patient in imminent harm of self or other	Physician notified within 30min of face to face	Continuous observation complete for seclusion or restraint chair use	Treatment plan reviewed after Physical Intervention
Jul-22	100%	97%	97%	84%	59%	100%
Aug-22	98%	93%	94%	85%	79%	92%
Sep-22	100%	94%	94%	77%	75%	97%
Oct-22	91%	98%	100%	96%	77%	98%
Nov-22	96%	96%	100%	86%	84%	98%
Dec-22	94%	98%	98%	89%	82%	94%
Jan-23	97%	92%	92%	85%	76%	79%
Feb-23	94%	84%	91%	73%	96%	96%
Mar-23	96%	92%	100%	84%	70%	100%
Apr-23	93%	94%	100%	88%	89%	91%
May-23	97%	97%	96%	80%	74%	95%
Jun-23	95%	92%	97%	92%	97%	85%



DEPARTMENT DESCRIPTION:

The Triage Department at Osawatomie State Hospital (OSH) plays a crucial role in assessing and processing state screens for potential patients referred by community mental health centers. OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. Their main responsibility is to facilitate efficient communication among various stakeholders, including community partners, state agencies, community hospitals or sending agents, and the hospital psychiatrist. This communication is essential to determine whether psychiatric hospitalization is appropriate for the proposed patients, following established guidelines. The department collaborates closely with hospital administrators, the nursing department, and physicians to ensure that all relevant information about the proposed patients is communicated effectively. This comprehensive communication ensures that proper care and treatment can be provided if the patient is accepted for hospitalization.

STAFFING:

- **Director of Triage Position** - oversees operations, ensuring policy adherence and optimal coverage. They cultivate relationships with community partners and state agencies to facilitate approval for patient admission. Assessing all state screens promptly, they request and review pertinent medical records from community partners to determine hospitalization appropriateness. The supervisor maintains professional communication, accommodating the demands of referring community partners. They manage records, waitlists, and handoff communication within the department and hospital. Collaborating with nursing departments and physicians, they initiate the triage process and establish initial patient contact upon arrival at the facilities.
- **Registered Nurse (3 FTE)** - involves assessing and processing all state screens upon receipt. Promptly requesting relevant medical records from community partners is essential for determining hospitalization appropriateness. Effective and professional communication with all parties involved, along with flexibility in meeting the constant demands of community partners referring patients for hospitalization, is a crucial aspect of the job. The maintenance of accurate records, waitlists, and seamless handoff communication within both the department and the hospital is a priority. Additionally, the position involves collaborating with nursing departments and physicians to initiate the triage process and establish first contact with patients upon their arrival at the facilities.

DEPARTMENT UPDATES:

The Triage Department added another registered nurse to their team this year to help provide more coverage to help assess and process state screens received for possible admission. Triage is continuously working to effectively master their process from time of receiving a screen to the time of admitting the patient by always evaluating how to improve the communication with community providers to get all the requested information timely to be able to process proposed patients once they are accepted.

DEPARTMENT DESCRIPTION:

Nursing Education is the department responsible for training Nursing and Mental Health Technician Staff (MHT) at Osawatomie State Hospital (OSH). Through a Memorandum of Understanding, OSH provides education services to Adair Acute Care (AAC). Nursing Education uses oral presentations, computer-based training (CBT), and hands-on training to orientate employees. Nursing Education also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Mental Health Technicians (LMHT), Registered Nurses (RN), and Licensed Practical Nurses (LPN).

In response to staff concerns and incidents on campus, nurses receive extensive training focused on patient interaction, patient boundaries, and handling patient contraband. Additionally, training is provided on the use of charting systems to ensure accurate documentation. WinPharm is utilized as a system to display medication orders, and LMHTs, RNs, and LPNs are trained to effectively manage and verify these orders. Pyxis, a medication storage machine located on patient units, is also a part of the training. Nurses learn how to access medication through the machine, document instances of wasted medication, record insulin usage, and document controlled substances use such as anti-anxiety medication and specific painkillers. They are also instructed on conducting medication counts at the end of their shifts. Furthermore, the Patient Care System (PCS) is used for documenting patient charts, and nursing staff are trained on what can and cannot be charted, the importance of accurately detailing events, and the legal significance of maintaining precise and comprehensive patient charts.

STAFFING:

- **Director of SD&T/Nursing Education** - supervises the SD&T, Nursing Education, and Licensed Mental Health Technician training departments. This position also has oversight of education outcomes, credit hours, and licensing requirements for staff when needed. This position also has oversight of all CBTs and serves as the liaison between OSH and the long-term Continuing Education provider program.
 - **Registered Nurse Educator (RN)** - provides Basic Life Support (BLS) training to all staff, as well as Crisis Prevention Institute (CPI) training to all staff. These trainings are part of orientation, and then provided as a required yearly training class. Functions as an educator for continuation courses. This enables Licensed Mental Health Technicians, Registered Nurses, and Licensed Practical Nurses to obtain the necessary credit hour requirements for state relicensing. This position also manages the creation of the CBTs utilized by staff for their annual training.
 - **Licensed Mental Health Technician (LMHT)** - trains nursing staff in the use of PCS and Pyxis. Assists in BLS training as needed.
 - **Staff Development Specialist (Licensed as LMHT)** - provides Basic Life Support (BLS) training to all staff, as well as Crisis Prevention Institute (CPI) training to all staff. Provides training on PCS and Pyxis as needed.
 - **Administrative Specialist** - functions as the support staff for the SD&T, Nursing Education, and Licensed Mental Health Technician program. This position also manages the creation of the CBTs utilized by staff for their annual training.

DEPARTMENT UPDATES:

The 2023 EXPO event serves as Nursing Education’s annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training (CBTs) tailored to meet the specific needs of each position. For instance, nurses receive a more extensive focus on CBTs and hands-on training compared to custodial staff. In addition to skills development, the EXPO event also addresses staff concerns. During the 2022 EXPO, the spotlight was on two key areas: Absent Without Leave codes (AWOL) and patient boundaries. These topics were selected based on past incidents at the hospital and the expressed interest of the staff in addressing them. Looking ahead to the 2023 EXPO, the emphasis will be on Medical Emergency codes ("Dr. Heart") and injection practices. This decision was made in response to staff concerns regarding potential shortcomings in these critical areas. By prioritizing these skills, staff apprehensions will be addressed by increasing proficiency in these areas.

The development of a comprehensive Mental Health Technician (MHT) program is currently underway. This program consists of two parts, spanning a duration of six months. It encompasses a combination of classroom instruction, hands-on scenarios, and CBTs to cover various subjects, such as patient care, mental health awareness (including signs, symptoms, and appropriate responses), vital sign monitoring, administering injections, medication knowledge, and understanding potential side effects. Additionally, the program includes education on providing care across different stages of life, including childhood, adulthood, and geriatric care. To apply practical skills, students will be required to complete clinical rotations in facilities specializing in each of these care types. The primary goal of the MHT program is to prepare students for state-level licensure as competent and qualified Licensed Mental Health Technicians.

In the future, the Electronic Health Record (EHR) system will be introduced. This advanced system will seamlessly integrate features from WinPharm and PCS, enhancing usability and efficiency. By merging these systems, operational workflows will be streamlined, resulting in improved processes. Additionally, the EHR system will seamlessly interact with Pyxis, the medication storage and management system, benefiting both staff and patients.

DEPARTMENT DESCRIPTION:

At Adair Acute Care, the Infection Prevention Department aims to create a safe environment for everyone in the healthcare facility, achieved by recommending and implementing risk reduction practices throughout all departments and among individuals. The program ensures safe, cost-effective patient care by reducing healthcare-associated infections. The department educates all staff on infection prevention principles and integrates them into standard practices across the organization. Employee Health supports the Infection Prevention and Control Program by providing vaccinations for staff and patients through a Memorandum of Understanding.

STAFFING:

- **Infection Prevention RN** is responsible for creating, implementing, and auditing infection control practices in adherence to standards of care at Adair Acute Care. They evaluate and report the effectiveness of infection prevention activities, supervise staff to ensure compliance with regulations, and chair the Infection Control Committee, conducting monthly meetings. The RN performs weekly infection control rounds, educating and summarizing findings for the staff. Monthly reports on infection control are submitted, and annual assessments and goals are set and tracked. Collaboration with medical staff to improve antibiotic use and quality improvement is vital, as is monitoring infections, preventive measures, and providing staff education on infection prevention.

DEPARTMENT UPDATES:

In the past year, there were over 1,000 admissions to AAC. Each admission is reviewed within 72 hours of admission to any infection risk or precautions. Risks identified are brought to the attention of the Medical Staff and Nursing staff. Additionally in the last year, the frequency of unit rounding was increased to ensure the environment is clean and potential risks are identified and addressed as well as remaining compliant with CMS standards. The information collected from infections identified, environmental risks, and community risks are compiled together to develop the Infection Control Plan for the next year. Department goals are to strengthen all staff's knowledge of infection prevention practices, provide education routinely regarding policies and standards to ensure accreditation, collaboration with facilities and environmental services to ensure the environment is compliant with standards and decrease potential risks for infection through education and surveillance.

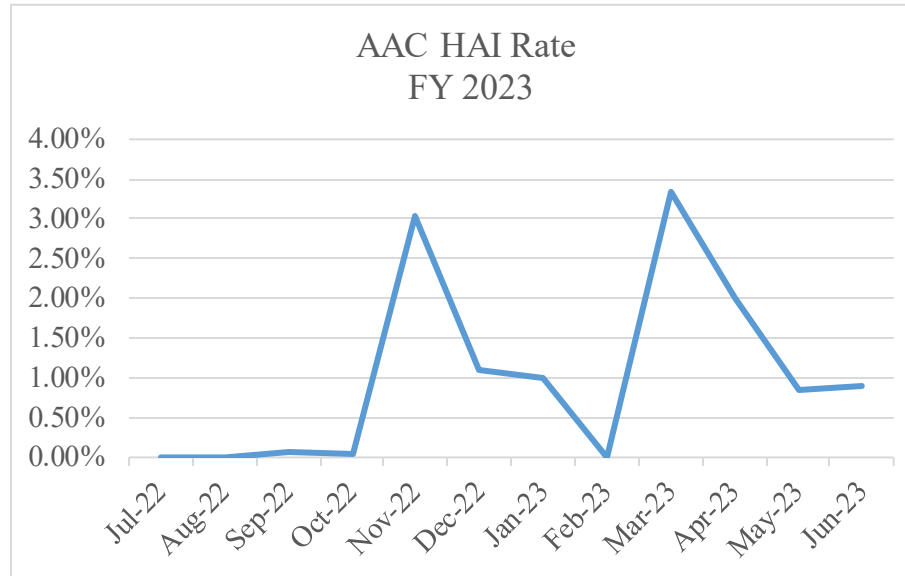
PERFORMANCE BASED BUDGETING GOALS:

Goal: The Hospital Acquired Infection (HAI) infection rate at AAC will remain below the national average of 3%.

Measurement: HAI rate of infection recorded monthly.

Department Responsible: Infection Control

Month	Rate
Jul-22	0.00%
Aug-22	0.00%
Sep-22	0.06%
Oct-22	0.05%
Nov-22	3.03%
Dec-22	1.11%
Jan-23	1.00%
Feb-23	0.00%
Mar-23	3.34%
Apr-23	2.00%
May-23	0.86%
Jun-23	0.91%

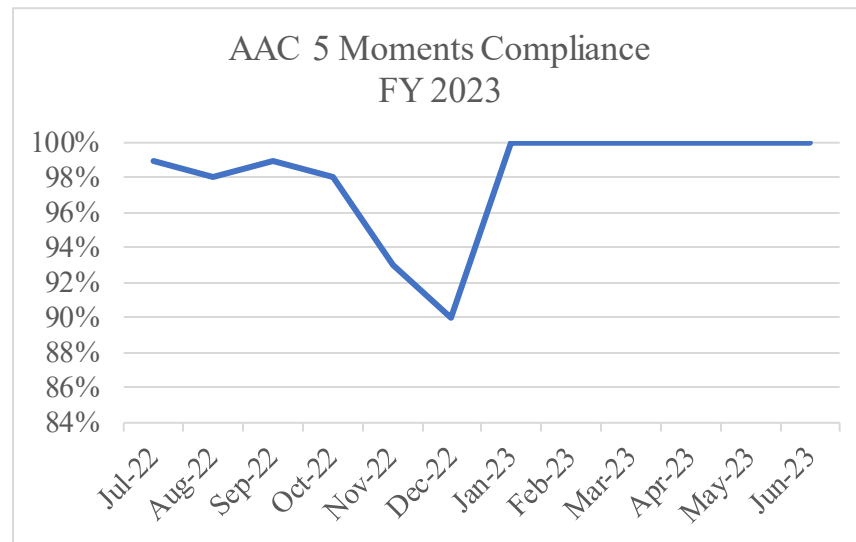


Goal: 90% of staff are following the 5 moments of handwashing.

Measurement: % of staff identified in infection control rounding meeting compliance guidelines recorded monthly.

Department Responsible: Infection Control

Month	Compliance Rate
Jul-22	99%
Aug-22	98%
Sep-22	99%
Oct-22	98%
Nov-22	93%
Dec-22	90%
Jan-23	100%
Feb-23	100%
Mar-23	100%
Apr-23	100%
May-23	100%
Jun-23	100%



Performance Measures	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Healthcare associated infections (HAI) will rate remains below national average of 3.0	2%	1%	1%	1%	1%
Percent of staff in compliance with the 5 moments of handwashing.	91%	93%	97%	98%	98%

Expenditures Clinical Services:

Clinical	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Salaries and Wa	\$6,149,796	\$5,381,204	\$6,481,726	\$8,638,110	\$8,576,658
Shrinkage	\$0	\$0	\$0	(\$3,436,762)	(\$4,123,050)
Contractual Ser	\$1,472,780	\$5,504,624	\$4,997,165	\$2,042,302	\$2,025,053
Commodities	\$16,611	\$29,543	\$31,356	\$37,843	\$37,843
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Other	\$159	\$0	\$0	\$0	\$0
Total	\$7,639,346	\$10,915,371	\$11,510,247	\$7,281,493	\$6,516,504

Account Code 51000: Salaries and Wages

This program provides direct treatment to patients admitted to AAC. The program is organized into two treatment units supervised by one Clinical Program Director who oversees the treatment process. The program consists of Direct Care staff including Mental Health Technicians and Registered and Licensed Practical Nurses. Direct care staff are assigned 24-hours a day 7-days a week. This program also includes clinical treatment staff consisting of Social Workers, Chemical Dependency Counselors, Clinical Therapists, Clinical Dietitians. Funds requested will provide salary and wage funds for 99.5 FTEs in FY 2023 FY 2024 for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2024: \$5,201,348 is requested. The shrinkage rate is 39.8%.

FY 2025: \$4,453,608 is requested. The shrinkage rate is 48.1%.

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses. Most expenses in this category are used for contracted staffing, in both licensed and unlicensed staffing categories, as well as social services. It should be noted in FY 2023, AAC continued to see an increased need for contracted staffing with an expectation that this need will continue in FY 2024 and FY 2025.

FY 2024: \$2,042,302 is requested.

FY 2025: \$2,025,053 is requested.

Account Codes 53000 – 53900: Commodities

This category includes professional and scientific supplies for medical equipment and testing.

FY 2024: \$37,843 is requested.

FY 2025: \$37,843 is requested.

Account Code 54000 – 54900: Capital Outlay & Improvements

No funds requested.

FY 2024: \$0 is requested.

FY 2025: \$0 is requested.

EXPENDITURE JUSTIFICATION

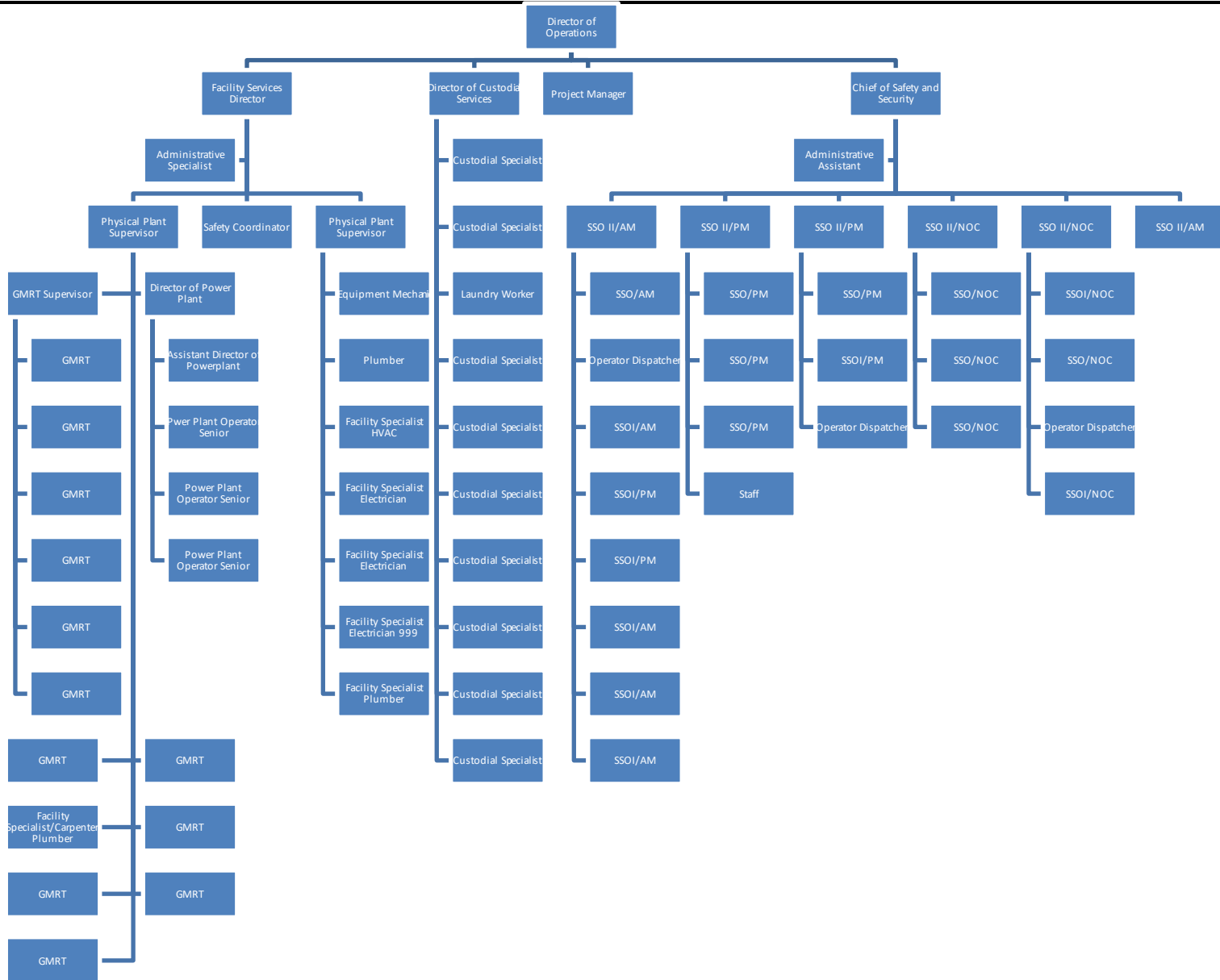
PROGRAM: Physical Plant and Central Services – 96001

Program Overview:

This program encompasses a central heating plant operation, building and equipment maintenance, custodial and laundry services, and supply provision. This program and its subprograms fall under the purview of Osawatomie State Hospital (OSH). OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. The broader scope involves Facility Services responsible for property management and grounds care, Housekeeping ensuring building cleanliness, Safety and Security overseeing ground security and emergency situations, and Supply managing hospital inventory. The Laundry department ensures proper cleaning and sterilization of reusable items, all contributing to the efficient functioning and patient well-being within the hospital grounds. Finally, Procurement ensures a steady and proper flow of goods, services, and supplies to the campus.

Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: Adair Acute Care at OSH
Program Title: Physical Plant and Central Services



DEPARTMENT DATA:

OPERATIONS:

The smooth functioning of Osawatomie State Hospital (OSH) relies on Operations, which encompass Facility Services, Power Plant, Grounds, Custodial Services, Laundry Services, and Safety & Security Divisions. Facility Services employs a skilled team of carpenters, auto technicians, HVAC specialists, electricians, and plumbers who maintain and repair the facility's infrastructure. The Power Plant division ensures a reliable and consistent power supply throughout the institution. The Grounds division, consisting of arborists and mowers, tends to the campus grounds and buildings, including winter road clearance. Custodial Services uphold a high standard of cleanliness by cleaning all buildings on a timely schedule. Laundry Services handle the cleaning, folding, and sorting of patient laundry on a large scale. Simultaneously, Safety and Security provide security, emergency procedures, and fire safety with its own fire department. Additionally, OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding.

STAFFING:

- **Director of Operations** - Oversees Facility Services, Custodial Services, and Safety and Security, and their staff activities, keeping the Superintendent informed. Streamlines processes to enhance productivity and service provision, updating administrative policies and procedures. Provides leadership, supervision, and evaluates systems for improvements.
 - **Director of Facility Services (described more fully in its own narrative)** - Assigns and directs skilled craft workers in Grounds and Power Plant maintenance. Manages electricians, carpenters, plumbers, etc., for various system installations and repairs. Designs on-the-job training and cross-training experiences for a versatile workforce and ensures worker safety practices.
 - **Chief of Safety and Security (described more fully in its own narrative)** - Provides administrative oversight for safety and security activities, implementing agency objectives and programs. Directs staff support, fiscal operations, and program administration to maintain safety and security standards.
 - **Director of Custodial and Laundry Services (described more fully in their own narratives)** - Supervises workers for the cleaning and housekeeping of hospital grounds as well as maintaining linens and fabrics for patients.

DEPARTMENT UPDATES:

In the coming fiscal year, the department will focus on three main goals beyond regular upkeep. Firstly, the aim is to train supervisors and directors to lead more effectively and foster better relationships with their employees. This should lead to improved outcomes, including staff retention and better patient experiences. Secondly, the department plans to hire additional staff to maintain scheduling flexibility. The third and final goal involves moving Compliance from the Risk Management/Compliance Department to Operations. This transition will take place after hiring a new Director of Risk Management. By shifting the compliance positions to Operations, the department aims to enhance its ability to respond to ongoing changes in the hospital. The move will also facilitate the development of more effective policies and ensure comprehensive enforcement of current and future policies.

DEPARTMENT DESCRIPTION:

Facility Services ensures the continuous and reliable operation of a facility, power plant, buildings, structures, grounds, utility systems, as well as automotive and real property for the Osawatomie State Hospital (OSH). OSH serves Adair Acute Care through a Memorandum of Understanding. The responsibilities encompass both routine maintenance and emergency response to maintain these assets in optimal condition for continuous use. This skilled team of professionals is responsible for executing planned maintenance tasks, inspections, and repairs to prevent potential issues and ensure the longevity of the assets. Additionally, they promptly address emergency situations to minimize downtime and restore functionality. From conducting routine checks on equipment and systems to managing repairs and upgrades, the Facilities Department ensures the safety, efficiency, and seamless operation of the entire facility, contributing to the smooth functioning of day-to-day operation.

STAFFING:

- **Director of Facility Services** - The Director oversees installation, maintenance, and repair of the agency's physical plant and grounds. They supervise skilled workers, assign tasks, and ensure safety compliance.
 - **Administrative Specialist** - Responsible for phone calls, mail handling, and data entry. They manage supplies, compose routine correspondence, and review documents for eligibility.
 - **Project Manager** - oversees administrative work for large and complex physical facilities, including budget preparation, coordination with other departments, and evaluation of physical plant operations. They inspect power plant operations, building maintenance, and grounds upkeep, recommending and implementing improved procedures. Additionally, the Project Manager prepares reports and contributes to long-term planning for physical plant activities, capital improvements, and major repairs.
 - **Safety Coordinator** - The Safety Coordinator provides administrative direction for the hospital's environment of care activities. They manage resources, implement procedures, and oversee fiscal operations. They also work with KDADS, KDHE, KDOL to remain compliant with state regulations.

- **Physical Plant Supervisor I** - This role supervises grounds, power plant, conducts inspections, and determines maintenance needs for buildings and grounds. Also, supervises its own group of tradesmen working to keep the campus maintained.
 - **Grounds Supervisor (described more fully in its own narrative)** - Managing GMRTs, projects, and equipment maintenance, the Grounds Supervisor handles arboriculture, gardening, mowing, tree planting, and chemical applications. *Supervised by Physical Plant Supervisor I.*
 - **Director of Power Plant (described more fully in its own narrative)** - This position involves skilled work operating and maintaining power plant equipment. They oversee lower-level operators and provide instructions on equipment care and maintenance. *Supervised by Physical Plant Supervisor I.*
 - **GMRT (7 FTE and 1 Vacant)** - performs skilled work in the maintenance of buildings on campus. *Supervised by Physical Plant Supervisor I.*
 - **Facility Specialist (1 FTE)** - provides work in multiple crafts/trades. Work requires highly specialized knowledge, experience, and ability to independently perform and complete projects requiring a variety of crafts and trades including electrical, carpentry, plumbing, HVAC, sheet metal and painting. Plans, develops, and coordinates large-scale projects and programs. May serve as team leader or project lead worker. *Supervised by Physical Plant Supervisor I.*
- **Physical Plant Supervisor II (1 FTE)** This is administrative and technical work in supervising and directing the total operations and maintenance of physical plant operations at the large state institutions. Work involves supervision of subordinate supervisors, trades supervisors and/or skilled workers in their maintenance and repair responsibilities, the preparation of plans and specifications for work projects, and preparation of administrative and budget reports relating to physical plant and grounds operations. An incumbent also recommends new programs or operational procedures, determines material and supply needs, and selects personnel for the physical plant.
 - **Equipment Mechanic (1 FTE):** Responsible for repairing gasoline and diesel-powered equipment used in construction and maintenance.

- **Plumber (1 FTE):** The Plumber performs routine maintenance on plumbing and steam systems, fittings, and accessories. They also assist with construction projects.
- **Facility Specialist (4 FTE & 1 999):** Highly skilled in multiple trades, the Facility Specialist independently manages large projects and programs. They may serve as team leaders.

DEPARTMENT UPDATES:

The department is pleased to announce significant developments in the training programs. Grounds Maintenance and Repair Technicians (GMRTs) will undergo comprehensive cross-functional training in carpentry, HVAC, auto tech, electrical, plumbing, painting, and grounds work, promoting versatility within the workforce. Furthermore, the team is expanding the electricians' presence and placing increased focus on safety education, particularly in addressing electrical hazards. These initiatives aim to enhance maintenance capabilities and ensure a safer work environment.

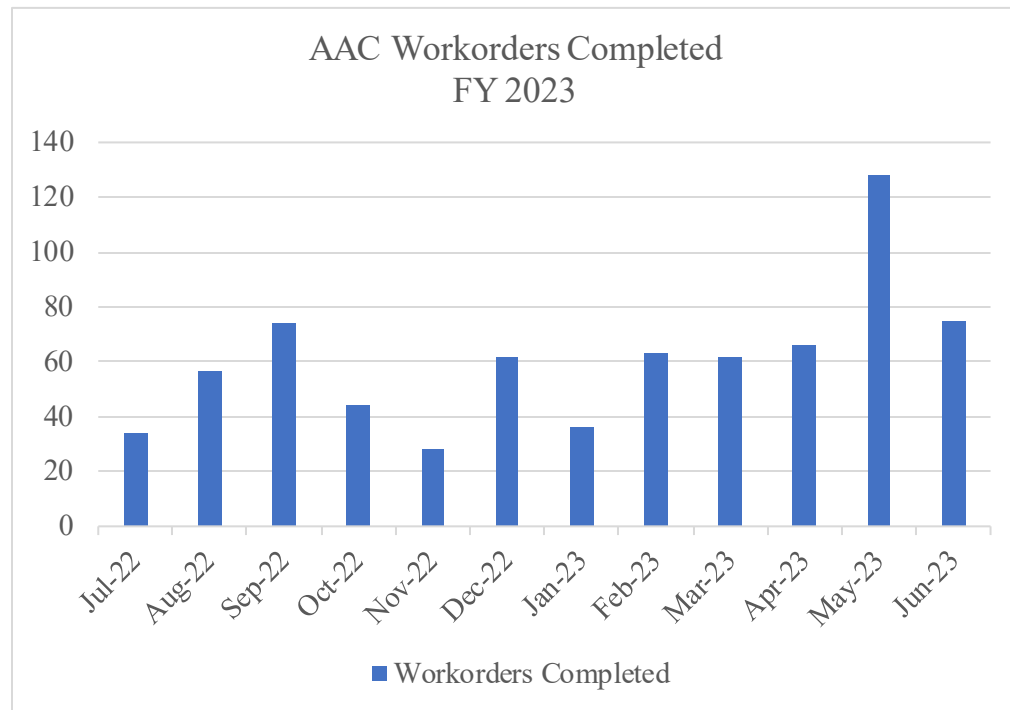
PERFORMANCE BASED BUDGETING GOALS:

Goal: Ensure the campus property surrounding AAC will be maintained and kept free of hazardous conditions and completed all work orders associated with ground maintenance

Measurement: Number of work orders completed recorded monthly

Department Responsible: Facility Services

Month	Workorders Completed
Jul-22	34
Aug-22	57
Sep-22	74
Oct-22	44
Nov-22	28
Dec-22	62
Jan-23	36
Feb-23	63
Mar-23	62
Apr-23	66
May-23	128
Jun-23	75

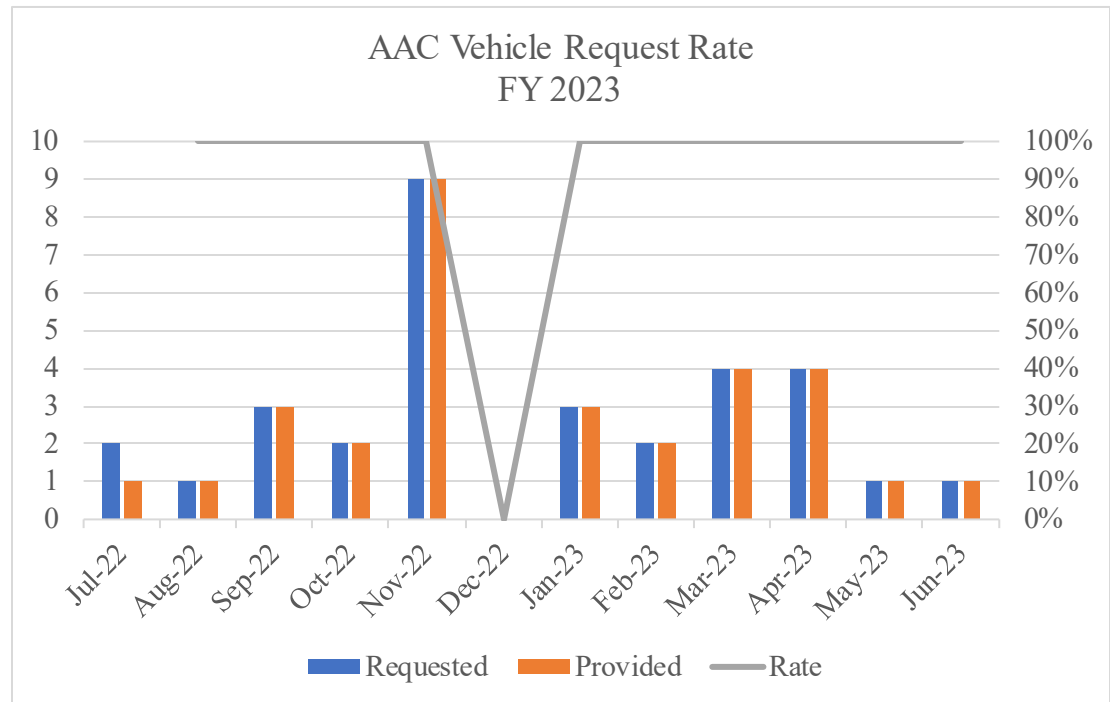


Goal: Vehicles are available when requested

Measurement: Rate of Vehicles Requested to Vehicles Provided

Department Responsible: Facility Services

Month	Requested	Provided	Rate
Jul-22	2	1	200%
Aug-22	1	1	100%
Sep-22	3	3	100%
Oct-22	2	2	100%
Nov-22	9	9	100%
Dec-22	0	0	100%
Jan-23	3	3	100%
Feb-23	2	2	100%
Mar-23	4	4	100%
Apr-23	4	4	100%
May-23	1	1	100%
Jun-23	1	1	100%



DEPARTMENT DESCRIPTION:

The Power Plant is responsible for the efficient operation, maintenance, and management of the power plant facility at Osawatomie State Hospital. OSH serves Adair Acute Care through a Memorandum of Understanding. The department's personnel oversee, operate, and maintain complex equipment including turbines, generators, and control systems, ensuring the continuous and reliable production of electricity. They conduct routine inspections, perform repairs, and implement preventive measures to optimize plant performance and enhance safety standards. Additionally, the Power Plant Department adheres to environmental regulations, striving to minimize the facility's ecological footprint and contributing to the sustainable growth of power generation.

STAFFING:

- **Director of Power Plant** - The Director is responsible for operating and performing major maintenance and repair work on all power plant equipment. They may also oversee and train one or more lower-level operators during their shift. Additionally, the Director instructs subordinates on proper equipment care, use, and mechanical maintenance and repair procedures.
 - **Assistant Director of Power Plant** - The Assistant Director performs skilled work independently on power plant equipment maintenance and repairs. They may also oversee and train lower-level operators during their shift.
 - **Power Plant Operator Senior (3 FTE)** - The Senior Power Plant Operators are responsible for independently operating and performing major maintenance and repair work on all power plant equipment.

DEPARTMENT UPDATES:

In the coming year, the Power Plant Department's primary focus will be on two key areas: purchasing new equipment to enhance operational efficiency and reliability and implementing stringent safety measures to mitigate electrical hazards. The department will conduct thorough research to identify and acquire cost-efficient technologies enabling continuous use of the power plant for the hospital. Simultaneously, comprehensive safety training programs, regular equipment inspections, and updated protocols in relation to electrical hazard will be prioritized to ensure a secure work environment and safeguard the well-being of the workforce. Through these initiatives, the Power Plant Department aims for optimal performance for the coming year.

DEPARTMENT DESCRIPTION:

The 300-acre landscape of the Osawatomi State Hospital and Adair Acute Care (through a Memorandum of Understanding) are maintained by the Grounds Department. Mowing, trimming, felling, planting trees and flowers, pruning and watering shrubs, and edging sidewalks and curbs are the department’s focus in the spring, summer, and fall months. Chemicals are used for broad leaf weeds in the spring and fall. The Department is also responsible for maintaining all street signs and painting curbs and various other reserved parking areas on the campus. In the winter months, all snow removal on the streets and sidewalks throughout the campus is the department’s responsibility.

STAFFING:

- **Grounds Supervisor** - supervises and manages GMRTs, manages projects, maintains equipment. Also works with arboriculture, mowing, gardening, planting trees, applying chemicals to broad leaf weeds, and snow/ice removal when needed.
 - **GMRTs (Grounds Technician, 7 FTE/1 Vacant, 2 999s)** work to accomplish several projects upon the hospital’s landscape. This includes arboriculture, mowing, gardening, planting trees, applying chemicals to broad leaf weeds, and snow/ice removal.

DEPARTMENT UPDATES:

Efforts have gone into repainting curbs and installing road signs where required. There is ongoing work to open more ground and ensure its proper maintenance. For the coming year, landscaping activities and tree planting are planned to replace some of the felled trees. Winter tasks will remain unchanged, involving snow removal, pruning, and tree felling.

DEPARTMENT DESCRIPTION:

Safety and Security provides Osawatomie State Hospital and Adair Acute Care (through a Memorandum of Understanding) security for patients, staff, and visitors, ensuring a safe environment on campus. In emergency situations, the department's handle incidents effectively, and the on-site fire department enhances the campus's emergency response capabilities. Safety and Security collaborates closely with the Kansas State Fire Marshall's Office to maintain safety standards. The department also manages visitor check-in through on-site dispatch and handles telecommunication operations for the campus. Their responsibilities also include conducting monthly fire extinguisher checks, fire drills, weekly and monthly building inspections, as well as daily door checks and animal control.

STAFFING:

- **Chief of Safety and Security** – manages the daily safety and security needs for all patients, staff, and visitors at OSH and AAC. Additionally, the Chief is responsible for campus-wide safety and emergency response, including overseeing the campus Fire Department. They provide supervision to SSO IIs, SSO Is, Dispatchers, Fire Trainer, and Administrative Assistant, ensuring that all department needs are met. This involves coordinating daily job duties, conducting weekly training, and ensuring compliance with core departmental requirements. The Chief also takes charge of overseeing emergency situations, maintaining close collaboration with the Kansas State Fire Marshalls Office, and adhering to Matrix and Core guidelines.
- **SSO II (6 FTE)** – As lieutenants, this position oversees execution of daily orders from the Chief of Safety and Security. Providing coverage for all safety and emergency needs for OSH and AAC hospitals and campus. SSO II is responsible for maintaining training and building checks for campus security. Each LT leads several officers on their shift.
- **SSO I (30 FTE)** – SSO I officers follow the daily orders of the Chief of Safety and Security, taking charge of safety and security requirements at OSH and AAC hospitals, including campus-wide emergency response. Their duties encompass a variety of tasks that they fulfill on a daily, weekly, and monthly basis. Some of these responsibilities include conducting daily door checks, performing building inspections, responding to fire calls, and managing emergency codes. These are just a few examples of the officers' day-to-day responsibilities.
- **Dispatch (4 FTE)** – follow the daily orders from Chief of safety and security. Dispatchers' daily duties are to record all emergency calls, telecommunication operator for campus, as well as checking visitors in.

- **Administrative Assistant** – Administrative Assistant is to follow the daily orders from Chief of Safety and Security. This position documents and records all daily activity for department MOU, Weekly, Monthly, Building Inspections, Training documentation, policies, NFIRS, AWOL report, Investigation reports and Accident reports. Administrative Assistant works closely with the Kansas State Fire Marshalls office, NFIRS, and maintains all safety and security documents.
- **Fire Trainer Instructor (999)** – Follow daily orders from Chief of safety and security. Fire trainer is responsible for training all SSO I and SSO II officers for campus Fire safety and emergency response for on campus Fire Department.

DEPARTMENT UPDATES:

In the last several months, Safety and Security welcomed several new team members, with more still expected to join. A Fire Trainer has been added to the team to enhance the response time to fire and emergency situations, providing fast and effective assistance from the officers. Recently, the P91 fire truck underwent necessary repairs.

The upcoming growth and changes in the department bring needed change. Each shift will see the addition of another safety and security officer position. New and updated equipment will further enhance campus safety and security. Additionally, the department is scheduled for updates this year, including new roofing, windows, and interior paint.

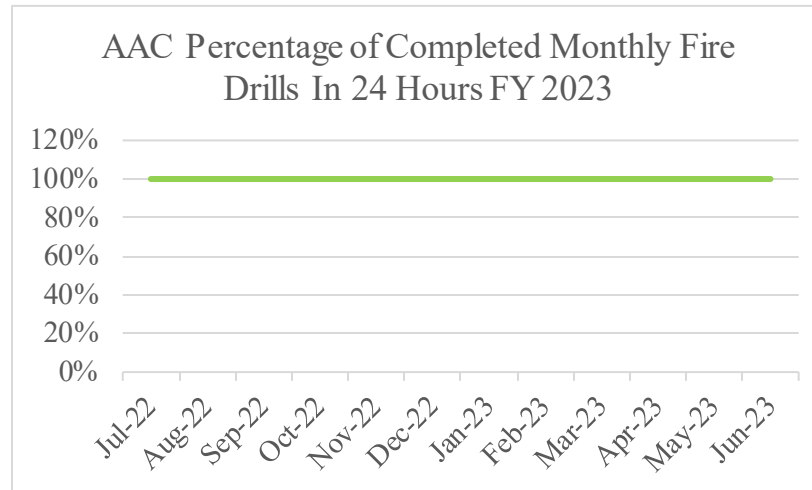
PERFORMANCE BASED BUDGETING GOALS:

Goal: Aid with the inspection and testing of fire alarm and fire detection systems and automatic fire extinguishing systems

Measurement: Percentage of inspections and testing assistance provided recorded monthly

Department Responsible: Safety and Security

Month	Completed fire drills
Jul-22	100%
Aug-22	100%
Sep-22	100%
Oct-22	100%
Nov-22	100%
Dec-22	100%
Jan-23	100%
Feb-23	100%
Mar-23	100%
Apr-23	100%
May-23	100%
Jun-23	100%



DEPARTMENT DESCRIPTION:

The Custodial Department at Osawatomie State Hospital (OSH) maintains cleanliness and hygiene for patients and staff. OSH serves facilities at Adair Acute Care (AAC) through a Memorandum of Understanding. OSH also employs AgTac Services (ATS) staff due to staffing shortages. Custodial responsibilities include ensuring restrooms, staff rooms, patient units, showers, and all other buildings receive deep cleaning and sanitization daily and weekly. Several areas are cleaned in the patient units: patient rooms are deep cleaned regularly along with stripping beds, day hall for patients, all staff areas such as technician’s and nurse’s stations. The methods used for cleaning are sweeping, mopping, dusting, buffering, stripping, and waxing of floors.

STAFFING:

- **Director of Custodial & Laundry Services** – Supervises the Custodial and Laundry Services staff of OSH, AAC, and ATS. This position also has oversight of inventory of cleaning materials and teaches safety with said materials. Fills in with other staff as necessary.
 - **Custodial Supervisor** - Supervises AAC staff in the cleaning of facilities as well as laundry work. Is supervised by the Director. Fills in areas when needed.
 - **Custodial Specialist (5 FTE)** – works primarily in custodial work. Maintains campus areas by sweeping, mopping, dusting, buffering, stripping, and waxing floors.
 - **ATS Supervisor** – Supervises ATS staff in the cleaning of facilities as well as laundry work. Supervised by the Director. Fills in areas when needed.
 - **ATS Custodial/Laundry Specialist (2 Privately Contracted)** – In addition to providing laundry services, many of the Custodial/Laundry specialist staff are trained to assist in custodial work as well.

DEPARTMENT UPDATES:

The department is always looking to hire more quality staff to enable better cleaning routines around campus. Goals for the coming year is to order new supplies for the coming fiscal year and teach more safety to staff regarding use of cleaning materials.

DEPARTMENT DESCRIPTION:

The Laundry Department at Osawatomie State Hospital (OSH) maintains cleanliness and hygiene for patients and staff. Through a Memorandum of Understanding, OSH serves facilities at Adair Acute Care (AAC). The department cleans, folds, and sorts of patients' laundry. Moreover, a deeper clean is given to soiled clothing as well as being separated in the cleaning process. In the past fiscal year, the department cleans over 7,000 pounds of patient laundry monthly on average for AAC.

STAFFING:

- **Director of Custodial & Laundry Services** – Supervises the Custodial and Laundry Services staff of OSH, AAC, and ATS. This position also has oversight of inventory of cleaning materials and teaches safety with said materials. Fills in with other staff as necessary.
 - **Custodial Supervisor** - Supervises AAC staff in the cleaning of facilities as well as laundry work. Is supervised by the Director. Fills in areas when needed.
 - **Custodial Specialist/Laundry Specialist (5 FTE)** – In addition to providing custodial services, many of the custodial specialist staff are trained to assist in laundry.
 - **Laundry Worker** – cleans, folds, and sorts laundry. Delivers laundry to patient units.

DEPARTMENT UPDATES:

Investing in new laundry equipment would significantly decrease the need for maintenance, increase overall uptime, and increase efficiency, as modern machines are designed with advanced technology and improved durability. A part time position is open. If filled, it would enable flexibility in scheduling of staff.

PERFORMANCE BASED BUDGETING GOALS:

Goal: Ensure timely laundry of hospital linens, towels, and wash cloths, gowns, cleaning cloths, and mop heads

Measurement: Laundry Cleaned in Pounds

Department Responsible: Laundry

Month	Laundry Cleaned (lbs.)
Jul-22	7205
Aug-22	7081
Sep-22	9554
Oct-22	6223
Nov-22	6260
Dec-22	6056
Jan-23	6470
Feb-23	7911
Mar-23	6951
Apr-23	6578
May-23	8813
Jun-23	8208



DEPARTMENT DESCRIPTION:

The purpose of the Purchasing and Contracts Department is to ensure that Osawatomie State Hospital (OSH) runs smoothly as possible when it comes to procuring goods and services. The department charges AAC for goods and services based on utilization through the MOU. The department oversees the purchasing and contract work for the agency using the purchasing authority, identifies business requirements for goods, materials, services and find reliable suppliers to meet these requirements. Contracted vendors or non-contracted vendors approved by the State of Kansas must be used.

OSH Purchasing & Contracts Department reviews each request for appropriate vendor if items can be purchased on contract or off contract. It follows the requisition process from entry in the Statewide Management, Accounting, and Reporting Tool (SMART), ensuring correct accounting codes are used to ensure the proper funds are being utilized as directed by the OSH Director of Accounting, to purchase order dispatched and the items are ordered. Items purchased are inspected to ensure correct shipment was received and communication with vendors is maintained if there are discrepancies in the order.

OSH Purchasing & Contracts Department create specifications or scope of work for bid events needed by the agency for goods, materials, or services. It reviews the bid documents and make recommendations of contract awards to the Department of Administration Office of Procurement & Contract through the Procurement Negotiations Committee and the bid evaluation process. Quotes are processed and requests are submitted for quotes to qualified vendors for requested items. Returned Quotes are inspected for processing and purchasing.

STAFFING:

- **Procurement Director** oversees the purchasing, contracts, bid events for this agency and the warehouse.
 - **Procurement Officer II** reviews request for goods and services, purchases goods and services for the agency, assist the Procurement Director with bid evaluations. This position completes special projects as needed by the agency.
 - **Procurement Officer I** review request for goods and services, purchases goods and services for this agency's facility Services Department, while assisting at the Supply Warehouse with review/receiving of items from order placed. This position completes special projects as needed by the agency.
 - **Warehouse Manager** has oversight of the Supply warehouse for stocked inventory, receiving and delivering of items requested from departments around campus. This position is also responsible for asset management and hazardous waste disposal. This position completes special projects as needed by the agency.
 - **Storekeeper** – Actively keeps warehouse stocked of all supplies, materials, and equipment. Maintains inventory when its used. Logs inventory and fills orders. Supervised by Warehouse Manager

DEPARTMENT UPDATES:

The department plans to partner with the Staff Development and Training department to overcome the challenges that supervisors encounter in efficiently utilizing the purchasing process, as well as in gaining a better understanding of property control and asset management. The Procurement team's objective is to improve the orientation process by introducing new training sessions designed to educate supervisors about the procurement procedures involved in obtaining goods and services required on campus.

Expenditures Physical Plant and Central Services:

Physical Plant and Central Services	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Salaries and Wages	\$1,120,200	\$1,436,082	\$1,792,393	\$2,627,721	\$2,606,490
Shrinkage	\$0	\$0	\$0	(\$620,000)	(\$1,090,000)
Contractual Services	\$790,448	\$558,103	\$825,791	\$813,337	\$813,337
Commodities	\$259,520	\$331,429	\$349,573	\$279,140	\$279,140
Capital Outlay	\$136,471	\$8,892	\$57,084	\$73,605	\$73,605
Capital Improvements	\$3,728	\$0	\$10,430	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0
Total	\$2,310,367	\$2,334,506	\$3,035,271	\$3,173,803	\$2,682,572

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wages 39.5 FTEs for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2024: \$2,007,721 is requested. The shrinkage rate is 23.6%.

FY 2025: \$1,516,490 The shrinkage rate is 41.8%

Account Codes 52000 – 52900: Contractual Services

The major expense in this category is for utilities including natural gas, electricity, water and sewer service. Trash service is provided by contract.

Also, included in this category is repair and servicing completed by non-OSH maintenance personnel. The repairs and servicing work that cannot be completed by OSH's maintenance staff includes specialized work on the stand-by electrical generating system, compressor and electrical motor rebuilding, repair work on state-owned motor vehicles, fire alarm system maintenance, boiler maintenance, termite treatment services, hazardous chemical removal (i.e., paint, solvents), hydrostatic testing of fire extinguishers to comply with NFPA Life Safety Code Standards and other service contracts. This category also includes augmented staffing for housekeeping services.

FY 2024: \$813,337 is requested.

FY 2025: \$813,337 is requested.

Account Codes 53000 – 53900: Commodities

Funds are requested for office and other operating supplies, tools used by the Facility Services staff, supplies used by the power plant in maintaining equipment, general supplies for the entire campus, nursing supplies, housekeeping and laundry supplies. The Food Service Operation has been contracted out, but funds will still be needed to cover the cost of the contract.

FY 2024: \$279,140 is requested.

FY 2025: \$279,140 is requested.

Account Code 54000 – 54900: Capital Outlay & Improvements

Funds are requested to address equipment needs, as well as capital outlay related to the upkeep of AAC.

FY 2024: \$73,605 is requested.

FY 2025: \$73,605 is requested.