

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Skills Training Modules

Function Category:

PATIENT-FOCUSED

ORGANIZATION

STRUCTURES

Sub-category(s): Care of patient

Heading: Programming

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The following items are available regarding this Best Practice:

Photographs

Video Tape

Drawings

Manual

- 1. SELECTION OF PROJECT/PROCESS AREA** (Describe how and why your team selected this project/process area for improvement.):

In 1987, Program VI created a Treatment Design Team to critically exam the BPSR deficits of its 162 MDO patients and to identify those treatment foci most likely to improve patient survival in their post-discharge settings. Consistent with a skill-training model of treatment delivery, the design team identified a series of treatment groups to target the identified critical survival skills. On reviewing groups delivered across the four units of the Program, it was clear that quality, structure, and reliability of the groups varied dependent on leader orientation and training. Evaluating group outcomes and relating outcomes to post-discharge adaptation were next to impossible. New group leaders were spending large amounts of time to develop group outlines and protocols. The inefficiency of the practice and the desire to create a treatment delivery which could be systematically evaluated and revised based on empirical evidence led to a plan to standardize and manualize our basic BPSR skill-training groups.

2. UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT

(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

Program goals were as follows:

- Locate the best skill-building modules available to address patient deficits.
- Develop modules where necessary
- Pilot modules and assess effectiveness based on competency attainment and leader reviews of manual's ease of use and content appropriateness
- Redesign and revise modules based on field testing
- Train group leaders in use of manuals and content area
- Distribute standardized manuals with supporting materials to all units
- Provide ongoing support and consultation to new leaders

3. ANALYSIS (Describe how the problem was analyzed.):

A Treatment Design Team comprised of all Program Social Workers, Psychologists, Rehabilitation Therapists, and Unit Supervisors was constituted under the direction of the Program Director to evaluate and develop BPSR treatments. Through a review of available research data, including ConRep recidivism and acceptance information and our own professional experience, a set of patient community vulnerability factors were identified. These formed the bases for the critical, patient skill-training areas which would be developed into the treatment modules. Not surprisingly, areas included medication self-management, emotion management, mental illness awareness, symptom management, independent living skills, recreation/leisure skills, substance abuse relapse prevention, and sex offender treatment.

4. IMPLEMENTATION (Describe your implementation of the solution.):

From the initial Design Team, subgroups were formed to develop these modules. Each module was piloted by the subgroup chairperson, who had primary responsibility to create the leader manual. Completed modules with manuals and competency rating forms were rolled out to other units for further refinement.

5. **RESULTS** (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

The target date was the 1999 JCAHO survey for the complete set of manuals and for implementation across the program's MDO units. Nine module manuals were completed by the November survey with full implementation on all four units in the Program. As recognition of this work, the surveyors commended the use of our standardized groups in their exit summary. These standardized group modules serve as a starting point for ongoing outcome evaluation of treatment and a continuing process of performance improvement. The patient ratings on the group competencies will provide important information on the question of what treatments, provided to which patient, result in the best outcome.

6. **LEARNING** (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

The Design Team learned that creating one's own groups, leads to a greater buy-in from group leaders and heightened willingness of staff members to really invest in the product. We learned that quality of these groups rests with both the content and creativity of the manuals but also with the skills of group leaders. Thus, the team created another workgroup to develop a leader training and development system. This included creating a group leader consultation checklist and a standardized way of observing and providing feedback to the module leaders. Training sessions on leader skills and techniques have been provided at the Program level. Plus, we are in the process of developing a new treatment module on cognitive compensatory skills to assist patients with significant memory, concentration, and attention deficits. These deficits were not adequately addressed in our other modules and were often prerequisites for the patients' being able to benefit from skill-training groups.