

Partial Hospitalization Program

Quality Improvement

Report

**January 1, 2022 –
December 31, 2022**

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Introduction

The purpose of the PHP annual quality report is to highlight the program's successes while assessing the improvements that are needed programmatically. PHP has been in operation since 2019 and is still in the process of developing quality standards beyond what is noted in the program's regulations. PHP is working with the agency's CQI committee to help maintain program standards to our clients and stake holders as well as to improve quality of care throughout the course of the client's treatment. PHP ensures that all clients are discharged when they meet all of their treatment objectives and goals by reviewing progress with the psychiatrist during weekly treatment team reviews.

PHP Service Description

The Acute Partial Hospitalization Program provides short-term, clinic-based crisis stabilization services to children and adolescents between the ages of 10-21 with emotional or behavioral challenges impacting their day-to-day functioning in the home, school, and community setting. Mental Health treatment is a spectrum of care, which runs from least Restrictive to most Restrictive. Given the intensity of treatment found in Acute Partial Hospitalization, children and adolescents may only be referred to the Glade Run Acute Partial Hospitalization Program by existing treatment providers including Residential Treatment Facilities, Psychiatric Inpatient Units, Psychiatric Emergency Rooms, Outpatient Providers, Family Based and IBHS providers. Referrals are reviewed with the treatment team to assess medical necessity; if the referral meets criteria, a Mental Health Professional will schedule an intake and assessment. Glade Run staff have worked with children, youth and young adults in a variety of settings, meeting the needs of where the support is needed the most, and guided by a valid assessment and treatment planning. PHP has not identified any changes that need to be made to the current service descriptions and will continue to follow it as written.

Demographics

Program	Total # of clients Served		Admissions		Discharges		Average length of Stay	
	2022	2021	2022	2021	2022	2021	2022	2021
PHP	125	96	110	85	108	82	46	41

Admissions by County

County	# of students	% of admissions
Allegheny	33	30%
Beaver	16	14.5%
Butler	47	42.7%
Clarion	3	2.8%
Lawrence	8	7.2%
Mercer	2	1.8%
Out of state - Ohio	1	1%

Referral sources

Referral Source	Total Referral	# admitted	
AHN Pediatrics	1	1	100%
Beaver Area SD	1	1	100%
Belmont Pines	24	12	50%
Butler Area SD	13	5	38%
Butler Health System	1	0	0%
CCP - Children's Community Pediatrics	3	3	100%
Child Adolescent Bipolar Clinic	1	0	0%
Child and Psychiatric Solutions	1	1	100%
Children's Hospital	2	2	100%
Clarion Hospital	6	4	66.66%
Cognitive Behavior Institute	1	0	0%
Compassions Mental Health	2	2	100%
Cranberry Psychological Center	1	1	100%
East Suburban Pediatrics	1	1	100%
Family Pathways	4	1	25%
Family Psychological	5	1	20%
FBR	1	1	100%

GRLS	43	20	46.5%
HSAO Life Project	1	1	100%
Human Service Center	3	2	66.66%
Integrated BH	1	0	0%
Karns City SD	5	5	100%
Knoch School district	2	2	100%
MHY	3	1	33.33%
Mohawk SD	3	3	100%
New Brighton Area SD	1	1	100%
PBS Mental Health associates	2	2	100%
Pine Richland SD	3	1	33.33%
Pressley Ridge	1	0	0%
Psychology and Learning Center	1	1	100%
SBMH	1	1	100%
Sharon Area SD	1	0	0%
Sharon Regional	3	1	33.33%
Southwood	32	16	50%
Star Clinic	1	0	0%
Staunton Clinic	1	0	0%
SVSD	1	0	0%
The Children's Institute	1	0	0%
Union Area SD	4	2	50%
UPMC Western Wellness	1	0	0%
Wesley	2	1	50%
WPIC	12	9	75%
Unknown	9	7	77%
Totals	206	112	54%

Referrals by Age

Age	# referrals	Of those referred, # admitted
9	3	1
10	2	0
11	2	0
12	14	7
13	22	12
14	39	24
15	48	26
16	26	15
17	30	17
18	17	9
19	2	1
Blank	1	0

PHP receives referrals from various mental health sources. PHP is a positive step-down to clients that were in inpatient services. PHP is generally used as a good transition back to the client's home school and community. PHP is used as a stabilization program for clients that are in inpatient services.

Referrals that come from other mental health services try to help the client stay out a level of care that is more restrictive. PHP prevents clients from entering a high level of care by providing stabilization services and coping skills. Every client that is referred to PHP is required to have intake/psychosocial to see if they are a good fit for the program. PHP works really well for clients that have been diagnosed with depression, anxiety and mood disorders. PHP does not work for clients that have been diagnosed with ODD, conduct disorders or exhibit aggressive behaviors. The latter diagnoses would be a reason for not admitting clients into the program.

Discharges and Admissions

Month	Discharges	Male	Female	Identify as other	Admissions	Male	Female
January	11	1	10	0	13	3	10
February	8	3	4	1	8	3	5
March	11	1	10	0	15	3	12
April	10	4	6	0	7	3	4
May	10	3	7	0	12	4	8
June	12	3	9	0	12	4	8
July	7	1	6	0	7	1	6
August	12	3	9	0	3	1	2
September	3	2	1	0	11	3	8
October	7	3	4	0	8	2	6
November	8	0	8	0	8	4	4
December	9	3	6	0	6	0	6
Totals	108	28	79	1	110	31	79

In reviewing data, 3 admitted clients were admitted twice within the year, showing 110 admissions but 107 consumers. It is noted that there is a disparity between the number of males and females admitted and discharged. The program has shown a 29% growth in admissions from 2021 to 2022. The 29% program growth is attributed to increased anxiety and depressive symptoms post Covid. As noted above, PHP has seen gender disparity between male and females. PHP feels that it is more common for females to accept mental health treatment at the PHP level than males. The majority of males that are referred to PHP, refuse to go through the intake process to be admitted to PHP.

Admission Primary Diagnosis most prevalent

Diagnosis	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Totals
Unspec. Depressive DO	1		1		1								3
ADHD	1	1	3	3	2	3	1	1	2	2	2	2	23
Autism	1	1	1										3
PTSD	1					1	1				1		4
Major Depressive DO, recurrent episode	5	3	5		6	4	4		7	3	3		40
Major Depressive DO, single episode	2	2	2	2	2	2	1		1	1		1	16
Intermittent Explosive DO								1					1
Adjustment DO with Anxiety			1										1
Impulse Control DO												1	1
Bipolar II DO	1												1
Bipolar DO Current episode										1			1
Generalized Anxiety DO	1	1	2	2	1	1		1	1		2	2	14
Disruptive Mood Dysregulation DO						1							1
Adjustment DO with depressed mood										1			1
Totals	13	8	15	7	12	12	7	3	11	8	8	6	110

The chart above identifies the 3 prevalent diagnoses of the individuals upon admission that were served in PHP. This data is used to guide the program in targeting additional assessments that could be used throughout the course of treatment to monitor progress. It is important to note that although the identified diagnoses above were the most common, the program also served individuals with the following additional diagnoses: personality disorders, RAD and complex bereavement.

Discharge Primary Diagnosis most prevalent

Diagnosis	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Totals
ADHD	2		3	3	2	2		3	1	2	2	2	22
Autism		2			1								3
PTSD	1		1			1			1			1	5
Major Depressive DO, recurrent episode	3	4	3	3	5	4	3	6	1	2	6	4	45
Major Depressive DO, single episode	1	1	3	2	1	1	3	1					13
Intermittent Explosive DO										1			1
Adjustment DO with Anxiety						1							1
Impulse DO												1	1
Bipolar II DO	1												1
Bipolar DO Current episode										1			1
Generalized Anxiety DO	2	1	1	1	1	3	1	1		1			12
Disruptive Mood Dysregulation DO	1			1				1					3
Adjustment DO with depressed mood												1	1
Totals	11	8	11	10	10	12	7	12	3	7	8	9	108

During this reporting period, PHP saw a high percentage of clients with a diagnosis of Major Depressive Disorder being discharged. A client will be discharged from PHP when they show less symptomology from when they are admitted to the program. The diagnosis does not change upon discharge. PHP tracks the clients progress by coping skills, a decrease in low mood and daily check in with the client. PHP administers the GAD-7 and PHQ-A at admission and discharge to gauge client's success in PHP. PHP hopes that the assessment number will decrease at discharge. PHP collaborates with others through the discharge process to identify any additional support and resources that could be utilized.

Satisfaction Surveys

1. Discharge

Question	# of responses	Yes	No	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Were you part of your discharge Plan?	20	85%	15%					
Do you understand your medication management follow up?	20	85%	15%					
Did your staff member talk with your next provider and help you with the transition process?	15 (1 said N/A)	80%	13%					
Did Glade Run staff help you build a supportive network in your community?	20	90%	10%					
Are you transitioning into another glade Run Service	20	20%	80%					
Were services helpful?	20			0	5%	10%	30%	55%
Did you meet your goals?	20			5%	0	25%	20%	50%
Were your needs met by the program?	20			0	0	25%	25%	50%
Would you recommend Glade Run to someone else?	20			0	5%	10%	30%	55%
Do you feel confident the skills you have learned can be used in your home, community, and/or school?	20			0	5%	10%	30%	55%

Additional comments: "Ms. Kristen is my favorite" and "The staff was really nice and helpful, I got a lot better while I was there."

2. External Surveys

We received 18 surveys from an external source. The Butler County Consumer/Family Satisfaction Team provided us with the survey they received. The time frame of surveys completed were from July 2021 to June of 2022.

Question	Yes	No	NA	Almost Always/ Always	Some times	Does not apply	Often	Never/ Rarely	Comments
Is the provider/site staff respectful and friendly?	18 (100%)	0							
When you first called Provider/site for an appointment, were services provided in a timely manner? Why not?	16 (89%)	2 (11%)							Waited 1 week, waited 2 months
Is provider/site conveniently located? Why not?	13 (72%)	5 (28%)							90, 30, 45 and 35 minutes away
If you had a problem with Provide/site would you feel comfortable filing a complaint?	17 (94%)	1 (6%)							
Are you asked to participate in treatment goals?	18 (100%)	0							
Did you want your family to participate in treatment goals?	17 (94%)	1 (6%)							
Did provider/site involve your family in treatment goals?	17 (100%)	0							
Has Provider/site made you aware of the support services available in your community?	13 (72%)	5 (28%)							
Were you satisfied with the Individual Planning Meeting process? Why not?	9 (50%)	4 (22%)	3 (17%)						Could not speak freely in front of parent
Overall are you satisfied with the services you are receiving?	17 (94%)	1 (6%)							
How hopeful are you about you (or your child's) future since receiving services?				7 (39%)	5 (28%)	0	6 (33%)	0	

In the last 12 months, did your child have problems getting the help he or she needed?	7 (39%)				4 (22%)			7 (39%)	
What was the problem that prevented your child from getting the help they needed?									Didn't tell people they needed help, trouble getting into some place, was going to Mars Home for Youth but they shut down, needed to be somewhere like here and I wasn't, learn to deal with my emotions and problems.
Were you (or you and your child) given the chance to make treatment decisions?	15 (83%)				3 (17%)			0	
What effect has the treatment you (or your child) received had on the quality of your (or your child's) life?									Much better 7 (39%) Little better 10 (56%) About the same 1 (6%)
Can you give an example of what is better or worse?									*See below
Staff treat you with respect regarding your cultural background.				18 (100%)	0	0	0	0	
The doctor worked with you to get on medications that were most helpful to you.				6 (33%)	1 (6%)	11 (61%)	0	0	
Staff encourage you to do things that are meaningful to you.				15 (83%)	1 (6%)	0	2 (11%)	0	
Your family gets the education or supports they need to be helpful to you.				12 (71%)	2 (12%)	0	3 (81%)	0	
The services you are receiving are consistent with recovery-based principles such as focusing on things you think are important and including people who are important to you.									Strongly agree 11 (67%) Agree 6 (33%)

What do you like about the services you are receiving at provider/site?									* See below
What do you dislike about these services?									I miss my friends, some of the rules are strict.
If you could improve anything about your services, what would it be?									Scheduled FBHS, Too much air conditioning, it's very cold.
Is there anything else you would like to say about your services?									It's given me a chance to start over

- When asked to give an example of what is better, responses included:
 - My relationship with my mom.
 - More positive about everything.
 - I have better support.
 - Confidence is much higher. Not thinking about self-harm as much.
 - Talking to parents more. Less self-harm.
 - Able to get out of home more.
 - Not getting angry.
 - Not as stressed.
 - Feeling better mood-wise.
 - Big difference in my mood, have someone to talk to.
 - No longer suicidal.
 - I was hopeless and now feel good.
 - Able to lower racing thoughts.
 - Relationships in general are better. Coping with anxiety and depression better, bonds with people are stronger.
 - Taught me to be grateful. Teaching coping skills.
- When asked what they like about the services they are receiving, 16 responded:
 - Friendly and helpful (5 stated this)
 - Meeting new people
 - Hands-on. Try to do something first then talk it out. Understanding.
 - Supportive. Group therapy, talking with peers. Comfortable.
 - Don't have to do school work all day.
 - People are non-judgmental, it's a good environment.
 - You don't feel alone, everyone is accepting.
 - I feel hopeful now.
 - Like that they encourage him to get better, everyone is going through something.
 - Everything helped with depression.
 - They are open and honest about how they think I am doing and help me through whatever I need.
 - Respectful, just care about getting you better.

Staff and Client Safety

Staff and client safety are a focus of the Quality Improvement team and initiatives. Our agency wide plan targets increased training, safety initiatives and efforts are reviewed by the internal safety committee. The charts below review staff work related injuries and client critical incidents. It is worth noting that no staff injuries resulted in the loss of work days or transitional duty. In addition, less than 3% of clients served, experienced a critical incident.

Employee Work Related Injuries January 1, 2022 - December 31, 2022

Location	# of Reported Injuries	# of Injuries Resulting in Lost Work Days	# of Total Lost Days	# of Injuries Resulting in Transitional Duty	# of Transitional Duty Days
PHP	0	0	0	0	0

Client Critical Incidents January 1, 2022 - December 31, 2022

Program	Total # of Incidents	Total # of Students	Allegations of Physical Abuse	Psychiatric hospital-voluntary
PHP	4	107 served (4 with incidents)	1	3

This allegation of physical abuse occurred in the client's home/community environment and the youth self-reported to PHP staff.

STAFF ARE OUR GREATEST RESOURCE

Staff Turnover Rate

CLINICAL/ PROGRAM STAFF	Employees at Start date	New Hires	Resignations/ Terminations	Employees at end date	Turnover Rate
PHP 1/1/22- 12/31/22	5 PHP and 2 Education	3	3	5 PHP and 1 Education	43%
PHP 1/1/21-12/31/21	5 PHP and 2 Education	0	1	5 PHP and 2 Education	14%

Our recruiting and retention efforts are continuously being evaluated in order to provide services. The turnover rate significantly increased in 21-22 compared to 20-21. Staff that resigned PHP in 2022, successfully obtained an upgrade with a position that was at the supervisory level. The intent was to replace staff that resigned immediately. However, there was difficulty recruiting and replacing a master level therapist in 2021. The Master level therapist position was open until 2023. During that time frame, PHP utilized a part time therapist along with master level interns to help provide therapy as well as treatment planning and intake assessments.

PROGRAM EXCELLENCE/POSITIVE IMPACTS

Assessment Data

The Generalized Anxiety Disorder scale (GAD-7) is one of the most frequently used diagnostic self-report scales for screening, diagnosis and severity assessment of anxiety disorder. The GAD7 can be used with children and adults 13 years and older. Using the threshold score of 10, the GAD7 is moderately good at screening for three other common anxiety disorders – panic disorder (sensitivity of 74%, specificity of 81%), social anxiety disorder (sensitivity of 72%, specificity of 80%), and post-traumatic stress disorder (sensitivity of 66%, specificity of 81%).

The score between 10 to 14 indicates moderate severity. At admission the average score was 13.61. At discharge that average score was 4.29. A meaningful change is a reduction in symptom severity by 5 or more points.

The Patient Health Questionnaire (PHQ-9) is a brief, 9-item self-report screening tool that may help identify symptoms that could relate to depression. The PHQ-9 was developed for use in primary care settings. The PHQ-9 has an ADULT and TEEN (11-17 years old) version. A score of 10 or more on the PHQ9 has a sensitivity and specificity of 88% for a “major depressive disorder” diagnosis. Initially the average score at baseline was 16.69 and discharge the average score was 9.09. The score between the 15 and 19 range indicates moderate severe symptoms. The average score at discharge was 7.27 which is considered to be in the “mild” range for depressive symptoms.

Assessment (108 total consumers)	# of clients with assessments at admissions	Average Score	# of clients with assessments at discharge	Average Score	# of consumers that competed both	Average Difference
GAD	98 (12 of which were completed at end of 2021)	13.61	67	9.04	63	4.29
PHQ-A	98 (12 of which were completed at end of 2021)	16.69	66	9.09	63	7.27

Disposition at Discharge

Of the 108 discharges, 67 (62%) were planned and 41 (38%) were unplanned. Of the 41 unplanned reasons were provided as to why they were discharged.

Reason for Discharge	Number of Discharges
Refused to continue/absence issues	19
Referred to higher level of care	9
Violated PHP Policies	10
Transportation Issues	1
None listed	1
Going back to regular education because falling behind on assignments	1

Clients that are admitted to PHP sometimes are not ready for this level of care. Although PHP attempts to engage with treatment, clients tend to not continue and PHP sees a high absence rate. PHP requires all clients to attend the program 5 out of 5 days unless medically unable. We allow only 3 unexcused absences before PHP moves to discharge. 9 clients were referred to a higher level of care due to safety concerns in the home. 10 clients were discharged due to violating PHP policies such as contacting other clients outside of treatment.

PHP is most successful with clients that are engaged in services and stay for the 6 to 8-week time frame. PHP has the most successful discharges when the client remains in our care for the entire authorized amount of time.

Attendance January 1, 2023 - June 30, 2022

Month	Overall Attendance
January	83.6926%
February	80.9955%
March	90.01%
April	85.548%
May	81.74%
June	83.175%
6-month average	84.2%

Currently the EMR does not have a report that aggregates this data. All data was hand tallied based off of billing reports, so only 6 months was collected at this time. This average attendance rate provides a baseline and will prompt discussions around targeting increasing attendance and strategies that would be utilized.

Education Overview

PHP offers clients and the school districts that they attend two options for education. Glade Run PHP will provide a curriculum and will educate the clients or the clients will continue to utilize the educational format that the client was using before admission. If PHP does not educate, the clients will only receive behavioral support and not educational support. If PHP does educate, grades as well as a discharge meeting will be provided to the district throughout the course of treatment.

Individual Records review

The director of PHP along with the Mental Health therapist ensures that all client charts meet the below standards. The following chart is the identified tool to audit compliance.

Initiation of Services	Compliance Rate
Referrals completed in the EMR	
Intake Psychosocial (completed and signed before master treatment is created)	
Policies and Consents (day admission)	
Releases/PCP letter (Day of admission)	
Assessments (GAD-7, PHQ-A, Columbia Scale) (day of admission)	

Individual Treatment Plan	
Initial Treatment Plan 5 days of Admission	
Initial Treatment Plan 5 days of Admission-sign by Doctor	
Master Treatment Plan (completed every 20 days)	
Master Treatment Plan (completed every 20 days) signed by Doctor	
Crisis Plans	
Crisis plans are individualized, clearly documented, and include specific interventions for the client and family/support system.	
Progress Notes	
Data section - Personal and client observations/content and process of session/activities and interventions used to reflect the Tx plan(daily)	
Assessment - Skills that are taught in group/client response to skill(daily)	

SUMMARY

The Glade Run PHP program has increased their census from 96 in 2021 to 125 clients served in 2022. The Partial Program continues to collaborate with external agencies to help with the referral and admission process. By reviewing the yearly data, the Partial Program has identified some areas for quality improvements that will enhance the quality of the program. These areas of improvement include some of the following:

Next Steps and Strategic Plan:

Quality Initiative	Task	Responsible Party
Adopt new assessment tools that will capture the success of other diagnosis that PHP serve	Develop a new tool that will capture the success of other diagnosis PHP services	PHP Staff
Identify reasons that referrals did not convert to utilization of services	Track reasons why referrals did not convert to admissions	PHP staff
The PHP program will maintain quality and compliance with all record standards as outlined in the 5200 regulations.	Within 30 days of admission all client records will be audited. Additionally, a minimum of 50% of the records will be reviewed quarterly for quality and compliance utilizing the above record review tool and additional tools identified by the Program Director	PHP staff
Develop outcome Matrix	Identify outcome measures and tools to collect, report and utilize the data for continued program quality improvement	PHP Director, QI staff, IT