

# **EAST MISSISSIPPI STATE HOSPITAL**

## **FIVE YEAR STRATEGIC PLAN**

### **FOR THE FISCAL YEARS 2018-2022**



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**Mississippi Department of Mental Health**

**1. Mission Statement:**

The Mission of East Mississippi State Hospital is to provide the highest level of behavioral health, chemical dependency and nursing home services in a caring and compassionate environment.

**2. Philosophy**

East Mississippi State Hospital is committed to providing compassionate healthcare services in a secure environment that promotes personal growth and change. Trust is fostered with individuals receiving services and their families when we treat them with dignity, respect and honesty.

**3. Relevant Statewide Goals and Benchmarks**

- To increase access to community-based care and supports through a network of service providers committed to a resiliency and recovery-oriented system of care.
- To utilize information/data management to enhance decision making and service delivery
- To provide administrative oversight and management, in concert with direct services, to effectively administer services relative to State and Federal licensing and certification, regulatory standards, and other governmental requirements applicable to the agency.

**4. Overview of the Agency 5-year Strategic Plan:**

East Mississippi State Hospital (EMSH) has targeted several activities as priorities for the next five years to include an increase the number of Medicaid and Medicare billable services to decrease dependence on general funds; and to comply with the mandates of House Bill 209 passed in 2001 which requires that disadvantaged individuals be served in the least restrictive environment possible. The major obstacle to Medicaid and Medicare certification was the lack of Joint Commission Accreditation. Now that the accreditation has been granted by Joint Commission; the next step is certification by Centers for Medicaid and Medicare Services (CMS).

EMSH Bradley A. Sanders Adolescent Complex (BASAC) is continues to seek CMS certification which will allow billing for Medicaid allowable expenses. The main campus, which is our Adult Inpatient Services, is progressing in the building campaign which will allow EMSH to move all individual receiving services to modern and safer buildings within five years. This move will assist in facilitating CMS certification for all programs at EMSH. Additionally, this will require administrative changes and staffing upgrades; but initial projections indicate that the increased revenue amounts will more than fund these upgrades after the initial investment.

EMSH fully funded new receiving unit is near the final phase of completion. The second receiving unit and a new admissions office will begin construction in FY 2018. EMSH is making progress with the Five Year and at the end of five years EMSH should be a more modern and fiscally lean facility. The five year plan also calls for upgrades to existing administrative space which is now housed in buildings over 100 years old.

EMSH has already demonstrated a commitment to individuals in need of service by significantly decreasing the number of individuals receiving inpatient services and returning them to the community as soon as practicable.

EMSH is complying with the mandate to move toward electronic health records (EHR) through implementation of an EHR system. This system represents a major investment in hardware and software to meet federal standards.

EMSH implemented performance measures that are a description of the organizational, multidisciplinary, and systematic performance improvement function designed to support the mission, values, and philosophy of the hospital. The intent of the performance measures is to identify EMSH's systematic approach to improving and sustaining its performance through the prioritization, design, implementation, monitoring, and analysis of performance improvement initiatives. EMSH Performance Measures, with total support of leadership, will utilize databases in an ongoing effort to design, measure, assess, and improve the hospital.

EMSH performance measures will demonstrate measurable improvement in indicators for which there is evidence that they will improve individual receiving services care, improve outcomes, and identify and reduce problems that may lead to harm of individuals receiving service. In accordance with the policies and procedures of EMSH and the standards of the Mississippi Department of Mental Health, Mississippi Department of Health, Centers for Medicare and Medicaid Services and Joint Commission, the facility established expectations include but are not limited to:

- A. Providing quality care in safe environment for individuals receiving services, visitors, and staff.
- B. Performing individual receiving services care in a timely and efficient manner.
- C. Participation of all EMSH staff in all Performance Improvement activities.

## **5. Agency's External/Internal Assessment**

- A. Economic indicators, available qualified workforce, and demographic compensation variables may affect ability to recruit and retain needed staff and impact the job market and opportunities for employment.
- B. Health care reform legislation, both Federal and State, and other changes in legislation that may mandate change in the service delivery system.

- C. Changes to Medicaid and other third-party payment sources, particularly in "Managed Care" initiatives.
- D. Implementation of Electronic Health Records in both funding and manpower.
- E. Availability of state general funds and federal funds could impede the implementation of some projects.
- F. Increase in demand for services from persons with mental illness, intellectual and developmental disabilities, and substance use disorders.
- G. Increase in activism by the United States Department of Justice concerning the Olmstead Decision and Americans with Disabilities Act.
- H. Community acceptance vs. stigma for further inclusion through partnerships, visibility and employment.
- I. Availability of community discharge placement options.

**6. Internal Management System Used to Evaluate Performance**

EMSH utilizes several internal committees to evaluate and track the performance measures of the hospital. There are twenty-six (26) committees which meet regularly to evaluate different aspects of the hospitals' mission. EMSH Internal Governing Board, Fiscal Management Committee, Expenditure Review Committee, Quality Assurance Committee, and the Outcome Services Division monitor the progress towards the objectives stated in this report through periodic audits to ensure data accuracy. Plan of Corrections will be initiated to address deficiencies.

**7. Agency Goals, Objectives, Strategies and Measures by Program for FY 2018 through FY 2022**

**Program: Institutional**

**Goal A: To provide a comprehensive, person-centered and recovery-oriented system of care for individuals served at East Mississippi State Hospital.**

**Objective A.1 Enhance the effectiveness and efficiency of state hospital services**

**Outcome:** Maintain a 90 percent occupancy percentage of inpatient beds by service of civilly committed individuals (occupancy percentage is filled beds compared to capacity).

**Outcome:** Maintain readmission rates within national trends.

**Strategy A.1.1** Conduct daily meetings with the Hospital Director, Hospital Administrators and Admission Directors to review available beds, number of commitments and waiting lists.

**Strategy A.1.2** Develop quarterly report by service outlining occupancy percentage by service.

**Output:** Number served at East Mississippi State Hospital

**Output:** % of occupancy – Acute Psychiatric Care

**Output:** % of occupancy – Adult Chemical dependency

**Output:** % of occupancy – Adolescent Chemical Dependency

**Output:** % of occupancy – Nursing Facilities

**Output:** % of occupancy – Adolescent Psychiatric Unit

**Output:** % of occupancy – Transition Unit

**Output:** % of individuals readmitted between 0-59 days after discharge

**Output:** % of individuals readmitted between 60-89 days after discharge

**Output:** % of individuals readmitted between 90-119 days after discharge

**Output:** % of individuals readmitted after 120 days after discharge

**Output:** Average length of stay by service

**Output:** Number of individuals by service discharged to:

*Private Residence or Other Residential (01, 05)*

*Homeless or homeless shelter (02, 03)*

*Court (04)*

*Group Home (06)*

*Personal Care Home (07)*

*Nursing Home (08, 09)*

*Institutional (10)*

*Community Program (12)*

*Halfway House (13)*

*Other (15, 90, 99)*

**Efficiency:** Cost per person per day by service

**Goal B: To utilize data management and technology to enhance decision making and service delivery**

**Objective B.1** To develop an Electronic Health Records system to improve services provided to individuals

**Outcome:** Implement the Electronic Health Records system

**Strategy B.1.1:** Report on Certified Physician Order Entry (CPOE) use for medication orders entered by licensed healthcare professionals, who can write orders into medical records per state, local, and professional guidelines

**Output:** Report on 30% or more of all unique individual receiving services with at least one medication seen by an Eligible Provider (EP) and have at least one medication order entered through CPOE

**Strategy B.1.2:** Report on permissible prescriptions electronically (eRx) generated and transmitted

**Output:** Report on 40% or more of all permissible prescriptions written by an EP during the reporting period are transmitted electronically using Certified Electronic Health Record Technology

**Strategy B.1.3:** Record individual receiving services demographics: preferred language, gender, race, ethnicity, date of birth

**Output:** More than 50% or more of all unique individual receiving services seen by EP have demographics recorded as structured data

**Efficiency:** Cost to implement Electronic Health Records System

**Program: Community**

**Goal A: To support the development of relationships with other community based service providers in an effort to offer a continuum of care for individual receiving services transitions need.**

**Objective B.1** To increase access to community-based care and supports through a network of service providers that are committed to a resiliency-and recovery-oriented system of care

**Outcome:** Increase the number of individuals with Serious Mental Illness (SMI) transitioning from institutional setting to community setting

**Strategy B.1.1** Provision of transitional community living (group homes) services

**Output:** Total individuals served

**Output:** Percentage of individuals admitted from institution

**Output:** Percentage of discharges to alternative community setting

**Output:** Average length of stay

**Output:** Total days of service provided

**Efficiency:** Average cost per day of service provided

**Efficiency:** Occupancy rate of group homes  
**Explanatory:** Number of conditional releases

**Program: Support Services**

**Goal A: To provide administrative oversight and management, in concert with direct services, to effectively and efficiently administer services relative to State and Federal licensing and certification, regulatory standards, and other governmental requirements applicable to the agency**

**Objective A.1:** To provide for the accounting of funds including purchasing of goods and services in accordance with generally accepted accounting procedures, and State Purchasing Laws

**Outcome:** Increase efficiency of program operations and maximize funding opportunities

**Strategy A.1.1:** Evaluate and audit programs/services based upon defined accounting procedures and practices

**Output:** Number of fiscal audits completed during the fiscal year

**Efficiency:** Support as a percent of total budget

**Explanatory:** Internal audits vs external audits

**Objective A.2:** To provide management of personnel services in compliance with State Personnel Board requirements and other governmental standards

**Outcome:** Increase efficiency and utilization of available workforce in accordance with state employment market

**Strategy A.2.1:** Provide administrative over site to ensure compliance to State Personnel Board requirements and to effectively monitor staff turnover

**Output:** Number of training hours for compliance with State Personnel Board and in accordance with state and federal employment law

**Output:** Number of staff hired

**Output:** Number of staff separated from employment

**Output:** Percentage of vacant positions

**Efficiency:** Percentage rate of staff trained

**Efficiency:** Percentage rate of employee turnover

**Explanatory:** Availability of qualified staff

**Explanatory:** Abolishment of state service positions

**Explanatory:** Increase usage of contractual services and staff

**Objective A.3:** To ensure compliance with state and federal licensing and certification

**Outcome:** Percentage of compliance with licensure and certification by Division of Medicaid, Department of Mental Health and MS Department of Education (MDE and IDEA)

**Strategy A.3.1:** Provide Administrative over site and evaluate compliance of standards

**Strategy A.3.2:** Provide staff training to ensure regulatory adherence

**Output:** Number of staff trained

**Output:** Number of licensure and certification audits/reviews

**Efficiency:** Percentage of programs in compliance with regulatory requirements

**Explanatory:** Changes to regulatory requirements and standards