

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Montana Mental Health Nursing Care Center
Lewistown, Montana

February 24 - 25, 2005

Gene Haire, Executive Director

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**Site Review Report
Montana Mental Health Nursing Care Center
February 24 - 25, 2005**

INTRODUCTION

● **Mental Health Facility reviewed :**

Montana Mental Health Nursing Care Center (MMHNCC)
Lewistown, Montana

Glenda Oldenburg, Superintendent

● **Reviewed by :**

Mental Disabilities Board of Visitors (BOV)

● **Date of review:**

2 / 24, 25 / 05

● **Authority for review:**

Montana Codes Annotated, 53-21-104

● **Purpose of review :**

- 1) To assess the degree to which the services provided by MMHNCC are humane, consistent with professional standards, and address BOV standards for mental health services.
- 2) To recognize excellent services.
- 3) To make recommendations to MMHNCC for improvement of services.
- 4) To report to the Governor regarding the status of services provided by MMHNCC.

● **BOV review team :**

Staff: Gene Haire, Executive Director
Craig Fitch, Attorney
Mary Fitzpatrick, Paralegal / Advocate

Consultants: Irene Walters, RN
Carla Cobb, PharmD, BCPP

OVERVIEW

- **Service type :** (from MMHNCC mission statement)

“The Montana Mental Health Nursing Care Center is a licensed residential facility for the long term care and treatment of persons who have mental disorders and who require a level of care not available in the community, but who cannot benefit from the intensive psychiatric treatment available at the Montana State Hospital (MSH).”

- **Catchment area :**

State of Montana

- **Review process :**

- 1) Interviews with MMHNCC staff.
- 2) Interview with the Fergus County Council on Aging Ombudsman
- 3) Review of treatment records and written descriptions of treatment services.
- 4) Inspection of facilities.

- **Services reviewed :**

- Nursing Services
- Medical Services
- Psychiatric / Psychological Services
- Medication Prescription and Management
- Social Services
- Recreation Services
- Food Service
- Housekeeping
- Maintenance
- Laundry

- **Functions reviewed :**

- Rights and Safety
- Assessment, Treatment Planning, and Review
- Staff Training, Supervision, Staff - Resident Relationships
- Resident and Family Participation
- Promotion of Community Acceptance of Mental Illness
- Sensitivity to Social, Cultural, Ethnic, and Racial Issues
- Integration of MMHNCC Services within the Mental Health System and the Lewistown Community
- Medications Administered Against Residents' Choice
- Use of Restraint and Seclusion

ASSESSMENT OF SERVICES

Nursing Services:

● **Brief overview of services :**

Resident Care Aides (RCA), Licensed Practical Nurses (LPN), and Registered Nurses (RN) provide around-the-clock care to the residents of MMHNCC under the leadership of the Director of Nursing.

● **Strengths :**

- Overall sense of 'team' throughout the MMHNCC Nursing Department.
- Among RCAs and nurses, there is a deep sense of caring and responsibility for residents.
- The basic health care that residents receive at MMHNCC is excellent.
- Excellent system for conducting ongoing nurse and RCA performance observations. This system includes focused performance improvement reviews and triggers in-service training when a need is indicated.
- Good nursing care, safety, and respect is the core philosophy.
- RCA staff report feeling well-prepared for their responsibilities.
- Montana State University - Northern nursing program does its psychiatric rotation experience at MMHNCC.

● **Areas of concern :**

- RCAs report that they would like more 'on-the-floor' training when they first start working at MMHNCC in addition to book/class training.

● **Suggestions :**

- Consider developing a level system for RCAs (RCA I, RCA II...) to create a career ladder, to increase motivation to continue to learn, to reward skill advancement, and to encourage longevity.

● **Update on Previous Site Review Recommendations :**

2001 Recommendation:

- Redesign the basic daily activities provided to the residents on the locked unit so that there is a more "active treatment" approach that identifies individual strengths and interests of these residents and that better incorporates the cognitive differences between these residents and the more "typical" dementia patients.

2005 Update: see comments under **Assessment, Treatment Planning, and Review**

Medical Services:

● **Brief overview of services :**

- Primary medical care is provided to residents of MMHNCC by a physician through a contract with Central Montana Medical Center in Lewistown. The physician sees all new residents monthly for the first three months, then every 60 days, conducts an annual exam on all residents, and is available at other times as needed. Residents are taken to the local emergency room if medical treatment is needed and the doctor is not available.

MMHNCC also contracts with the following health professionals:

- Physical Therapist
- Occupational Therapist
- Speech Therapist

● **Strengths :**

- MMHNCC provides excellent medical care to its residents.

● **Update on Previous Site Review Recommendations :**

2001 Recommendations: none in 2001

Psychiatric / Psychological Services:

● **Brief overview of services :**

Psychiatric and psychology services are provided to residents of MMHNCC through a contract with the Deaconess Behavioral Health Clinic in Billings. A psychologist comes to MMHNCC every other month to assist in developing new behavior plans, to review existing ones, and to give in-service training to staff. Two psychiatrists alternate visits every other month and provide occasional in-service training. Psychiatrists are available on an as needed basis at other times.

● **Review format :**

- Interviews with Superintendent, Nursing Services Manager, and Clinical Support Services Director, Social Workers

● **Strengths :**

- MMHNCC provides good basic psychiatric and psychological assessment and maintenance services to its residents.

● **Areas of concern :**

- see comments under **Assessment, Treatment Planning, and Review (p. 12)**.

● **Recommendations :**

- see comments under **Assessment, Treatment Planning, and Review (p. 12)**.

- **Update on Previous Site Review Recommendations :**

2001 Recommendation:

- Analyze the changes that have taken place in the psychiatric treatment needs of residents who have more need for active treatment and increase the participation of the psychiatrist and psychologist accordingly.

2005 Update: see comments under **Assessment, Treatment Planning, and Review (p. 12)**.

Medication Prescription and Management

- **Strengths :**

- User friendly "Lithium Surveillance Log" to document pertinent information
- Psychiatrists' notes document symptoms and reasons for medication changes
- Pain assessment form ensures evaluation of the residents' pain level even when they are non-verbal
- Nurses are satisfied with the in-house pharmacy and the service they provide
- Weekly medication fills are suitable for staff
- AIMS screening exam for tardive dyskinesia are done routinely by MDS evaluators on all residents
- Good telephone access to psychiatrists as needed
- Allergies are documented on the front of the chart
- Falls are documented and reported, then reviewed by the care plan team for quality improvement
- Appropriate policy and procedure for the administration of involuntary medications

- **Areas of concern :**

- Resident #1228 had Lortab added for pain rather than increasing the dose of his Duragesic Patch.
- The pharmacist reviews all medication profiles monthly but seldom makes recommendations regarding actual or potential drug-related problems.
- Several of the psychiatric medications are scheduled multiple times per day when many of them they can be administered once daily.

- **Suggestions :**

- Encourage/support the pharmacist in enhancing expertise in psychiatric medications to improve the identification of actual or potential drug-related problems.
- Consider having the pharmacist serve on the involuntary medication review board.
- Consider changing once daily psychiatric medications to a once daily schedule to decrease nursing time and improve medication adherence when self-administered.
- Consider establishing a specific review protocol for the use of long-acting benzodiazepines, which are contraindicated in elderly patients due to the risk of drug accumulation and adverse effects¹.

¹ Fick DM, Cooper JW, Wade WE, Waller JL, Maclean JR, Beers MH. Updating the Beers criteria for potentially inappropriate medication use in older adults. Results of a US consensus panel of experts. Arch Intern Med 2003;163:2716-24. Available at <http://archinte.ama-assn.org/cgi/content/full/163/22/2716>

- **Recommendations :**

1. Review cases where additional medications in the same class have been added to see if the effectiveness of the original medication has been maximized.

- **Update on Previous Site Review Recommendations :**

2001 Recommendations: none in 2001

Social Services

see also *Resident and Family Participation, (p. 14); Assessment, Treatment Planning, and Review, (p. 12).*

- **Brief overview of services :** (from MMHNCC 2004 Annual Report)

Ensures that the psychosocial needs of residents are met through behavior interventions, counseling with residents and their families, advocating for the resident's rights, and over all improving the residents' self esteem and maintaining their quality of life.

- **Strengths :**

- Coordination with MSH is improved since 2001; weekly conference calls with the MSH Medical Director, MMHNCC Social Worker and Unit Nurse.
- Social Workers provide in-service training to other staff on resident rights and staff boundaries with residents.
- Social Workers work with the contract psychologist to develop behavioral interventions.
- Social Workers maintain close contact with residents' families.
- Resident Therapeutic Work Program: At the time of this review seven residents had on site jobs (most about one hour daily). The Social Worker coordinates with Department Supervisors to match residents with jobs in Housekeeping, Recreation, and Laundry.

- **Recommendations :**

- see *Assessment, Treatment Planning, and Review, (p. 12).*

- **Update on Previous Site Review Recommendations :**

2001 Recommendations:

- Conduct a thorough assessment of the specific psychiatric treatment needs of the residents on E-2. Based on this assessment, update the provision of ongoing "active treatment" for these residents.
- Update the provision of training for staff at all levels working on E-2 relative to the provision of additional active treatment for E-2 residents.
- Add a *Certified Mental Health Professional* to the Clinical Support Services staff.
- Convene a meeting or series of meetings with MMHNCC, MSH, and Addictive and Mental Disorders Division (AMDD) staff to thoroughly assess the current state of the working relationship between MMHNCC and MSH relative to referrals and transfers of patients from MSH to MMHNCC.

2005 Update:

3, 4, 5 - see comments under **Assessment, Treatment Planning, and Review, (p. 12).**

Recreation Services

see *Integration of MMHNCC Services within the Mental Health System and the Lewistown Community*

● **Brief overview of services :**

A department of four Recreation Aides under the supervision of the Recreation Director work “...to provide both diversionary and therapeutic activities to meet the interests as well as the physical, mental, psychological, spiritual, and emotional needs of the residents.” (from mission statement)

● **Strengths :**

- Strong ownership by staff of the recreation program.
- The recreation department provides variety of activities to residents, seven days per week.
- Every MMHNCC resident receives some level of recreation service.
- The recreation department maintains an extensive schedule of out-of-facility community activities.
- The Recreation Director and staff are very diligent and organized in assuring that recreational needs are thoroughly incorporated into the individual care plans for residents.

● **Update on Previous Site Review Recommendations :**

2001 Recommendations:

- Assess the recreation needs of the younger, more cognitively able residents and implement increased activities for these residents.

2005 Update: Recreation needs for all residents are evaluated, developed, and provided on an individualized basis.

Food Service / Housekeeping / Maintenance / Laundry

● **Brief overview of services :**

- A staff of 16 Food Service Workers and Cooks worked under the direction of the Food Service Manager to provide resident meals, special diets, snacks, and various recreational event meals.
- 8 Custodians work under the direction of the Custodial Supervisor to assure that MMHNCC is a clean, sanitary, safe, and odor-free healthcare environment.
- 2 Maintenance staff work under the direction of the Maintenance Supervisor to ensure proper maintenance and operation of MMHNCC buildings, equipment, and various physical plant systems.
- 2 Laundry staff work under the direction of the Laundry Supervisor to wash, sanitize, dry, and distribute resident linens and clothing.

● **Strengths :**

- All of these ancillary services appear to function well and efficiently - with the needs, comfort, and safety of the residents as the driving priority.

- All of the supervisory staff take well justified pride in their respective areas.
- Food service meal operation is efficient without rushing residents through meals. Good record keeping for food intake and preferences with adjustments made as needed.
- The BOV team noted the kindness with which the Housekeeping staff treat all residents.
- Some areas of the facility have been remodeled and are easier to keep clean than the older areas.

● **Update on Previous Site Review Recommendations :**

2001 Recommendations: none in 2001

ASSESSMENT of FACILITY FUNCTIONS

Rights and Safety

Rights Information, Abuse / Neglect², Aggressive behavior

● **Strengths :**

- Resident rights are reviewed with residents within three days of admission on an ongoing basis after that.
- Staff are trained to step back and give residents space when behavior is escalating, to approach aggressive residents with two staff, to be patient, and to go slow.
- Direct care staff appear to be very aware of the residents' rights via training and ongoing emphasis by supervisors.
- Most abuse cases involve resident-on-resident aggression.
- Resident-on-resident aggression/injuries are reviewed in daily care meetings.
- The Fergus County Council on Aging Ombudsman participates as a colleague of MMHNCC and functions in an advocacy role whenever requested. The Ombudsman reports feeling welcome by MMHNCC staff and feels that she is consulted when appropriate.
- Respect for and protection of residents is clearly a high priority at MMHNCC.
- New employees are trained in the Mandt approach to managing difficult behavior prior to being assigned to working with residents.
- Mandt training emphasizes non-physical, non-confrontational style, "trigger" identification. RCA's are taught how not to inadvertently escalate resident behavioral challenges that can cause resident combativeness.

● **Areas of concern :**

- Staff are generally unaware of resources outside of MMHNCC such as the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, Montana Advocacy Program, the National Alliance for the Mentally Ill, etc.
- Information about assistance available from the Mental Disabilities Board of Visitors is not posted in the facility or provided to family members.
- MMHNCC policy definitions of abuse and neglect are not consistent with the definitions in 53-21-102, MCA.
- While MMHNCC's policy # 1104 (Abuse, Misappropriation, and/or Neglect of Residents) meets the requirements for nursing homes, it does not meet all the requirements of 53-21-107, MCA for mental health facilities.

● **Suggestions :**

- Incorporate information about the functions of and assistance available from the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program into staff training.

● **Recommendations :**

2. Revise policy #1104 so that the abuse / neglect reporting and investigation process is consistent with 53-21-107, MCA.

² During calendar year 2004, MMHNCC reported 7 cases of resident-on-resident injury (none found staff neglect), and 1 case of alleged staff neglect of a resident (neglect was substantiated - staff person was fired.)

Assessment, Treatment Planning, and Review

● **Brief overview :**

The stated mission of MMHNCC is to provide “long term care and treatment of persons who have mental disorders and who require a level of care not available in the community, but who cannot benefit from the intensive psychiatric treatment available at the Montana State Hospital (MSH).”

● **Strengths :**

- Staff approaches and responses to residents are well defined in individual care plans.
- Care plans are kept together in the nursing stations and are used as active tools for identifying and adjusting very individualized behavioral approaches to residents.
- MMHNCC conducts very thorough quarterly ‘Minimum Data Set’ (MDS) standard nursing home assessments.
- Social Worker continually challenges treatment team to look at discharge / placement for residents when behavioral criteria for being at MMHNCC have subsided.
- The Director of Nursing and Social Workers work together to develop behavior plans (in response to difficult resident behaviors that require intervention).
- MMHNCC is looking into establishing some behaviorally oriented groups.

● **Observations / Comments:**

- Active treatment is not part of the MMHNCC mission; MMHNCC primarily addresses the general nursing care needs, significant behavioral challenges, needs for supervision and safety, and the overriding medical needs of many of the residents. Some behaviors require special intervention (ex: sex offending behavior).
- the 70 residents at MMHNCC during this review, 20 were under age 60 (34 were under age 70); and 16 did not have a dementia or other cognitive impairment diagnosis.
- The admission criteria appear to preclude individuals who have active mental health treatment needs, i.e., individuals who could benefit in the short/intermediate term from recovery-oriented, clinically therapeutic individual and group treatment. However, there does not appear to be a clinical process in place that proactively assesses those without dementia for targeted mental health treatment needs.
- There is no certified mental health professional on the MMHNCC staff; there is a master’s level Psychology Specialist position allocated to MMHNCC, but it is not filled.
- While MMHNCC has provided a number of good one-time in-service trainings (see footnote 3), direct care staff receive limited orientation and ongoing training on mental illnesses and how to interact therapeutically with people with mental illnesses.

● **Recommendations :**

3. The Montana Mental Health Nursing Care Center and the Addictive and Mental Disorders Division should review the mission of MMHNCC and address the following questions:
 - 1) Are the clinical mental health needs of the "non-dementia" residents adequately assessed?
 - 2) Do some of the residents need “active” mental health treatments?
 - 3) Is a once/month psychiatrist adequate?
 - 4) Does MMHNCC need a full-time mental health professional on staff?
 - 5) Do direct care staff need more "psychiatric technician" oriented training?
 - 6) Does the stated mission of MMHNCC need to change to acknowledge the changing client profile?

Staff Training, Supervision, Staff – Resident Relationships

*see also **Rights and Safety, (p.11)** and **Assessment, Treatment Planning, and Review, (p. 12)**.*

● **Brief overview :**

All staff receive comprehensive basic nursing care training prior to floor assignments and ongoing refresher training.

● **Strengths :**

- All direct care staff are Certified Nursing Assistants (CNA).
- MMHNCC has provided a number of good one-time in-service trainings³.
- If a staff person is not a CNA when hired, he/she must obtain certification prior to working on the floor.
- Residents report being treated with respect by staff.
- BOV observed a general sense of caring and affection displayed by staff for residents.
- Staff competency is monitored via monthly structured “aide observations” that either confirm competency or identify areas for necessary training.
- Supervisors clearly believe in and act upon the belief that the quality of the treatment of residents is their responsibility.

● **Areas of concern :**

- see comments under **Assessment, Treatment Planning, and Review, (p. 12)**.

● **Suggestions :**

- Consider focusing more initial and ongoing required staff training on issues related to mental illness and nursing and direct care staff roles in interacting with people who have mental illnesses.

● **Recommendations :**

4. Make arrangements with the Montana Chapter of the National Alliance for the Mentally Ill (NAMI - MT) to bring its “Provider Training” to staff of MMHNCC.

see comments under **Assessment, Treatment Planning, and Review, (p. 12)**.

³ **In-services in 2004:** Dealing with Sexually Inappropriate Behavior, Dementia Training, Atypical Antipsychotics, Head Injuries, Effects of SSRIs, Personality Disorders, Head and Brain Injuries, Dialectical Behavior Training and Beyond, Dealing with Verbal Abuse. **In-services through May 2005:** Depression, Dealing with Hostile Behavior, Eating Disorders.

Resident and Family Participation

- **Brief overview of services :**

Whenever possible, residents are involved in planning their treatment. Where family members are involved in a resident's life, they are strongly encouraged to take part, also.⁴

- **Strengths :**

- Resident Council is an excellent project, providing residents with the opportunity to participate in program planning and to voice concerns.
- The Social Services department has worked hard to increase the involvement by residents' families in the past three years.
- Social Worker notifies involved families / guardians by mail about care plan meetings.
- Social Worker notifies families / guardians of any negative incident or treatment outcome, such as skin breakdown or injuries.
- Families / guardians are sent "post treatment" surveys following resident discharge.
- Telephone conference calls are used to allow family member involvement in treatment planning and review.

- **Questions :**

- Is it possible to assist residents to have a more active role in Resident Council activities (ex: running the meetings, election of officers, etc)?

- **Recommendations :**

5. Provide written information about NAMI – MT (and the Lewistown Chapter), the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program to residents' families.

Promotion of Community Acceptance of Mental Illness

- **Strengths :**

- MMHNCC staff gives presentations to community organizations.

- **Areas of concern :**

- MMHNCC reports that the Lewistown community does not seem to be very aware of what the facility does.

- **Suggestions :**

- Identify and pursue activities that MMHNCC could initiate to engage more with the Lewistown community.

⁴ 67% of the residents have a dementia diagnosis or severe cognitive limitations. 77% of the residents have a legal guardian.

Sensitivity to Social, Cultural, Ethnic, and Racial Issues

● **Strengths :**

- MMHNCC has a wonderful relationship with a Native American elder. He has a special relationship with the residents, and performs a Native American ceremony for all residents quarterly. When he comes to MMHNCC, he visits personally with each Native American resident. Staff consult with him and he helps staff to better understand native cultural issues. He also provides a Native American sensitivity in-service to staff yearly. Staff report that this is the best training experience they have all year.

Integration of MMHNCC Services within the Mental Health System and the Lewistown Community

*see also **Promotion of Community Acceptance of Mental Illness**, (p. 14).*

● **Brief overview :**

MMHNCC has a good network of communication with community nursing homes and hospitals for both admissions to MMHNCC and for community placements into nursing homes.

● **Strengths :**

- Social Services staff work to ensure that there is continual consideration of the community placement potential of residents.
- 19 MMHNCC residents were discharged into newly developed community residences. BOV commends AMDD for initiating this project, and encourages continuing efforts to fund additional community housing and specialized supports for both MMHNCC and MSH patients.
- 9 MMHNCC residents were discharged into community nursing homes in FY 2004.
- The Director of Clinical Support Services represents MMHNCC at the quarterly meetings of the Admission and Discharge Review Team (ADRT) at Montana State Hospital.

Medications Administered Against Residents' Choice

● **Brief overview:**

Beginning in October 2003, MMHNCC initiated a new involuntary commitment process following the establishment by the Montana Legislature of direct admission to MMHNCC through involuntary commitment. The new process, by definition, mandates the internal review of involuntary administration of medications by a "medication review committee", per 53-21-127(6), MCA.

● **Strengths :**

- MMHNCC takes its responsibilities in the involuntary medication process very seriously.
- MMHNCC utilizes an Involuntary Medication Review Board and process (IMRB) similar to that used at Montana State Hospital.
- The IMRB process is followed even when a resident has a guardian who is willing to grant involuntary medication administration (77% of MMHNCC residents have guardians).
- The Fergus County Council on Aging Ombudsman attends IMRB deliberations and advocates for what she believes to be the best interests of the residents in this process.
- Medications are never concealed without IMRB approval.

- **Areas of concern :**

- The MMHNCC IMRB process does not include the notification of BOV as required by 53-21-127(6), MCA.⁵

- **Suggestions :**

- Consider establishing a paid or volunteer position for a person who could set aside his/her personal feelings to express or help a resident express what he/she wants relative to administration of medications in each involuntary medication review.

- **Recommendations :**

6. Begin notifying BOV of the beginning of the involuntary administration of medications as required by 53-21-127(6), MCA.

Use of Restraint and Seclusion

- **Brief overview :**

MMHNCC uses assistive restraints or safety devices when necessary such as enclosed beds, tray tables, hand mitts, and seat belts as safety devices per orders by residents' physician and authorization from a guardian if the resident has one. The use of these devices is closely supervised and documented by nursing staff, and are used with residents whose dementia or physical status presents situations in which such devices are necessary to ensure safety. MMHNCC has not used seclusion for several years.

- **Strengths :**

- It is clear that MMHNCC takes the use of any device or method that limits residents free movements very seriously. All such use is handled appropriately.

⁵ 53-21-127(6), MCA requires that "The mental disabilities board of visitors and the director of the department of public health and human services must be fully informed of the matter within 5 working days after the beginning of the involuntary administration *[of medications]*."

RECOMMENDATIONS

1. Review cases where additional medications in the same class have been added to see if the effectiveness of the original medication has been maximized.
2. Revise policy #1104 so that the abuse / neglect reporting and investigation process is consistent with 53-21-107, MCA.
3. The Montana Mental Health Nursing Care Center and the Addictive and Mental Disorders Division should review the mission of MMHNCC and address the following questions:
 - 1) Are the clinical mental health needs of the "non-dementia" residents adequately assessed?
 - 2) Do some of the residents need "active" mental health treatments?
 - 3) Is a once/month psychiatrist adequate?
 - 4) Does MMHNCC need a full-time mental health professional on staff?
 - 5) Do direct care staff need more "psychiatric technician" oriented training?
 - 6) Does the stated mission of MMHNCC need to change to acknowledge the changing client profile?
4. Make arrangements with the Montana Chapter of the National Alliance for the Mentally Ill (NAMI - MT) to bring its "Provider Training" to staff of MMHNCC.
5. Provide written information about NAMI – MT (and the Lewistown Chapter), the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program to residents' families.
6. Begin notifying BOV of the beginning of the involuntary administration of medications as required by 53-21-127(6), MCA.

FACILITY RESPONSE

The Board members complimented the nursing assessments and care plans being detailed and specific. They noted good resident/staff relationships and a “clean and friendly environment”. We appreciated their positive approach during their review.

The following are responses to the Board’s recommendations:

Nursing Services

Recommendation 1:

Review cases where additional medications in the same class have been added to see if the effectiveness of the original medication has been maximized.

Response:

Pharmacy review is done monthly and recommendations are made to the medical doctor and psychiatrist. The doctor reviews the recommendation and may discontinue the medication or document why he wants it continued.

Resident #1228 receives a Duragesic patch 50mcg/hour (change q 3 days). In addition to this, he receives scheduled Lortab 5/500 mg po tid.

April 1, 2004 – The physician ordered Duragesic 25 mcg/hour patch for chronic hip pain. Resident was receiving Lortab 5/500 mg prn at this time, which proved ineffective for pain management.

On June 3, 2004, the Duragesic patch was increased to 50 mcg/hour. The doctor chose to continue with the Lortab prn for break-through pain.

February 9, 2005, the doctor was notified that resident was continuing to have some break-through pain. He chose to schedule the Lortab rather than increase the Duragesic patch.

Since that time, resident’s analgesic regimen has been Duragesic 50mcg/hour patch (change q 3 days) and Lortab 5/500 mg po tid. This has been effective in managing his pain.

Rights and Safety

Recommendation 2:

Revise policy #1104 so that the abuse / neglect reporting and investigation process is consistent with 53-21-107,MCA.

Response:

The policy has been updated to include specifics on reporting and investigation. (See Addendum 1)

Assessment, Treatment Planning and Review

Recommendation 3:

The Montana Mental Health Nursing Care Center and the Addictive and Mental Disorders Division should review the mission of MMHNCC and address the following questions:

- 1. Are the clinical mental health needs of the “non-dementia” residents adequately assessed?***

Response:

The clinical mental health needs of all residents are adequately assessed by the psychiatrist. A new psychiatrist started in July. She was here for three days and assessed every resident. One resident was determined to need more intense “active” treatment and was transferred to Montana State Hospital via the 10-day inter-institutional transfer. It was determined he needed to remain at Montana State Hospital. There have been other residents that needed to return to MSH due to the need for more intense treatment. Some have returned once that treatment was no longer needed. All new admissions are evaluated and assessed by the psychiatrist at the next monthly visit.

- 2. Do some of the residents need “active” mental health treatments?***

Response:

The current population does not need active treatment. If more intense treatment is needed than can be provided here, they are transferred to MSH. Developing behavior plans has helped to manage some behaviors. Staff has been sent to trainings and also work with the contract psychologist to implement effective behavior plans. We also

work closely with MSH and have asked for suggestions during the weekly conference call with Dr Gray, social workers and nursing staff.

3. *Is a once /month psychiatrist adequate?*

Response:

Monthly onsite visits from the psychiatrist is adequate. Many residents only need to be seen once every two-three months or longer. If problems arise, the psychiatrist is available via telephone daily, if needed, but generally is not called more than once per week.

4. *Does MMHNCC need a full-time mental health professional on staff?*

Response:

A full-time mental health professional is desirable and a position has been advertised for over a year with no applicants meeting the requirements to obtain mental health professional certification or wanting to move to Lewistown. We have contracted with the mental health professional from the Mental Health Center when needed. He has done the evaluations for the commitment process.

5. *Do direct care staff need more “psychiatric technician” oriented training?*

Response:

The psychiatric training done with the MSH will be looked into. It is only done one to two times per year and has many disciplines involved in the training that we do not have available. We are working with MSH to see how we could incorporate the training.

6. *Does the stated mission of MMHNCC need to change to acknowledge the changing client profile?*

Response:

The mission statement is:

The Montana Mental Health Nursing Care Center is a licensed residential facility for the long-term care and treatment of persons who have a mental disorder and who require a level of care not available in the community, but who cannot benefit from the intensive psychiatric treatment available at Montana State Hospital. However, the Center may discharge residents who can function in or benefit from community settings.

It follows what is in 53-21-411, MCA (1). "The primary function of the Center is the care and treatment of persons with mental disorders who require nursing care." (2). "Appropriate admissions to the Montana Mental Health Nursing Care Center are persons who are unable to maintain themselves in their homes or communities due to a mental disorder..., but who do not require the intensity of treatment available at the Montana State Hospital."

The mission statement is used when considering who is an appropriate admission and who is not. The residents we have do not need intensive treatment. Many have done so well here that family members or guardians do not want them transferred for fear they will regress.

Staff Training, Supervision, Staff-Resident Relationships

Recommendation 4:

Make arrangements with the Montana Chapter of the National Alliance for the Mentally Ill (NAMI – MT) to bring its "Provider Training" to staff of MMHNCC.

Response:

The NAMI member in Lewistown found out the "Provider Training" is done by several disciplines, i.e. psychologists, etc., and is not able to go on the road. It would mean sending staff one day per week for five weeks, which is not feasible. They would look at training a group locally there may not be the disciplines needed to do the training. They have done "One Voice" for our staff, but that was some time ago, so that will be scheduled again. NAMI will have a "Family to Family Course" that will be in Lewistown—two hours per week for twelve weeks. They will send information and staff will be scheduled to attend.

Resident and Family Participation

Recommendation 5:

Provide written information about NAMI – MT (ant the Lewistown Chapter), the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program to residents' families.

Response:

Families or guardians have been given pamphlets for the Montana Advocacy Program and Montana's Long-Term Care Ombudsman Program. We are now including a pamphlet for the Mental Disabilities Board of Visitors. The Mental Health Ombudsman

told us they would refer any calls to the Board of Visitors and that referring to the Long-Term Care Ombudsman is appropriate and their phone number will be included. We are still attempting to receive information from NAMI and will include it in the packet sent to family or guardian.

Medications Administered Against Residents' Choice

Recommendation 6:

Begin notifying BOV of the beginning of the involuntary administration of medications as required by 53-21-127(6), MCA.

Response:

53-21-127 states "The Mental Disabilities Board of Visitors must be fully informed of the matter with five working days after the beginning of the involuntary administration." This is also in our policy, but as of May 2005 we have been notifying the Board of Visitors before our Involuntary Medication Review meeting.