

Montana State
Hospital,
Warm Springs,
Montana

October 3 – 4,

2019

Site Inspection of Montana State Hospital,
Warm Springs, Montana

Mental Disabilities Board
of Visitors

OVERVIEW

Mental Health Facility reviewed:

Montana State Hospital, Warm Springs, Montana

Facility Administrator: Mr. Kyle Fouts

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1. To learn about services provided by Montana State Hospital.
2. To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Mental Disabilities Board of Visitors (BOV) standards for services.
3. To recognize excellent services.
4. To make recommendations for improvement of services.
5. To report to the Governor and the Montana Legislature regarding the status of services.

Site Review Team:

Dan Laughlin, Board Member
Jeff Folsom, Board Member
Sicily Morris, Board Member
Melissa Ancell, Board Member
Michelle Reinhardt, Consultant
Tracy Perez, Consultant
Dennis Nyland, Mental Health Ombudsman

Review process:

- Interviews with Montana State Hospital staff and clients.
- Observation of treatment activities.
- Review written description of treatment programs.
- Review treatment records, policies and procedures, organizational structure, treatment plans and planning and discharge plans and planning.

Introduction

The Montana Mental Disabilities Board of Visitors (BOV) conducted a Site Inspection of Montana State Hospital (MSH) in Warm Springs, Montana, October 2-3, 2019. The BOV interviewed staff and patients, and reviewed treatment plans and electronic medical records during this inspection.

Montana State Hospital provides inpatient psychiatric treatment for adults with serious mental illness. Services provided include evaluation and assessment, medication management, individual and group therapy, psycho-educational programs, rehabilitation and vocational services, chemical dependency treatment, and peer support. Montana State Hospital is the only public psychiatric hospital in the state. The facility includes 174 licensed hospital beds; 42 adult group home beds; and 54 forensic mental health facility beds. Funding for MSH comes from a state general fund appropriation. The hospital serves people admitted from communities across the state. Admission occurs through procedures established in state law and only when the individual's needs exceed the capacity of community mental health services to provide treatment and care.

MSH also has a Forensic Mental Health Facility (Galen Campus) that provides services designed for people admitted to Montana State Hospital who have misdemeanor or felony charges pending and are in various stages of adjudication. This campus is approximately five miles north of the Warm Springs Campus. There are three main components to the program: evaluation of competency and related issues, treatment to restore competency and fitness to stand trial, and treatment for individuals found guilty but mentally ill or not guilty by reason of mental illness in criminal proceedings. This campus also provides psychiatric evaluation and treatment for individuals transferred from facilities operated by the Montana Department of Corrections.

The facility seems to be well run, clean, professional and with a positive work environment. The front area was warm in spite of a chilly day, had comfortable clean chairs, and was well lit with lamps and overhead lights. Clients interviewed seemed content and generally pleased with the services they were receiving. The staff was enthusiastic and welcoming, and the atmosphere overall seemed to be healthy and therapeutic.

Montana State Hospital appears to be following its mission “to provide high quality psychiatric evaluation, treatment, and rehabilitation services for adults with severe mental illness” and working toward their vision “to be a leader in providing innovative mental health services which enhance the quality of life for Montanans by promoting individual effort, skill development and personal growth”.

Organizational Planning and Quality Improvement

At Montana State Hospital, data regarding the utilization of seclusion and restraint is collected regularly and documented in order to learn about patterns of behavior, and staff's response. There is also a process for reporting “incidents” that don't require seclusion or restraint which require a nurse to immediately file a report. These incidents are discussed weekly in their staffing meetings. Patient data is used to develop policy and procedures that maintain safety for the patients and staff. All data is reported

to the Quality Improvement Committee at MSH to set goals for each department. Each department in the facility has a representative from their department to participate in quality improvements to create cohesiveness in services and collaboration in implementing policy and procedures. Each department has specific goals set to improve their quality of care to patients and support to staff. At the end of the stay at MSH a patient is invited to participate in a satisfaction survey to improve services.

Montana State Hospital has a Quality Assurance Office to monitor quality improvement activities and coordinate the work of the Quality Improvement Committee. A document titled “Montana State Hospital Organizational Performance Improvement Plan Fiscal Year 2019-20” provides evidence Montana State Hospital utilizes a process for quality improvement. It was noted the Quality Improvement Committee has a staff member with over 19 years of experience, providing stability and historical knowledge. This staff member also compares the data with other hospitals and identifies areas that stand out as problematic regionally and nationally.

During the inspection, MSH was not able to produce a strategic plan when asked nor was one included in the packet prior to the inspection. Strategic plans are management tools that serve the purpose of helping an organization do a better job, because a plan focuses the energy, resources, and time of everyone in the organization in the same direction.

Suggestions:

- *Consider adding representation to the Quality Improvement Committee from all staff levels and reduce the number of members of the committee for an effective workgroup.*
- *The Senior Leadership Team should develop a strategic plan utilizing input from all staff.*

Rights, Responsibilities, and Safety

Montana State Hospital provides patients with a list of rights and responsibilities, including information about the advocacy provided by the Mental Disabilities Board of Visitors (BOV) and other advocacy services. BOV has an office on campus at MSH and by statute that office provides full-time legal counsel to act on behalf of all patients. During the inspection, BOV observed posters and brochures that promote advocacy services available to patients including Disability Rights of Montana, BOV, and the Mental Health Ombudsman.

The patient rights and responsibilities and the grievance procedure are clearly outlined in Montana State Hospital policies and procedures. MSH has an eight-page grievance procedure that appears fair and responsive. Grievance forms are accessible to all patients. All grievances are turned into the Grievance Committee chairperson who date-stamps them in and immediately sends the grievance to the unit program manager for resolution. If the issue persists, the patient can go through an appeal process.

Montana State Hospital has improved patient safety by installing a high quality camera system throughout the facility. This not only enhances the patient safety but also assists in responding to neglect and exploitation by having cameras throughout the facility.

Montana State Hospital has a solid process for justifying and reviewing the use of restraints. A registered nurse can initiate a restraint and the licensed mental health professional must write an order to authorize the use and release from a restraint. The occurrence is documented in the patient's chart. BOV observed compassionate attitudes in all professionals interviewed, and notes that a thoughtful consideration process is applied before seclusion/restraint is implemented. One of the seclusion rooms observed was turned into a comfort room with patient safety in mind. It was more like a calming room, rather than seclusion.

Mandt Training is required at new employee orientation and is updated annually for all staff. This training teaches staff de-escalation techniques including effective communication, healthy interactions with patients, and appropriate use of physical holds. Training in seclusion and restraint procedures is required and direct care staff receives the training annually.

At the Galen Campus, there were some concerns regarding security issues and safety protocols. The Galen Campus does have security workers on site, but when understaffed, the reaction time of a larger back up security team would be slow coming from the main Warm Springs Campus, five miles away.

Cultural Effectiveness

Montana State Hospital provides opportunities for people of varying ethnicities to enjoy cultural experiences. These opportunities are provided in the form of periodic events such as bringing in Native American performers. Staff stated that the most recent performance was done at the request of a Native American patient and was facilitated through Recovery Center group fund raising. The facility has also provided opportunities for participation in cultural community events, and has brought in groups such as the Butte Folk Dancers and the Shamrockers (Celtic Band). Other community cultural events made available for patient participation included the Butte Powwow and visits to the Butte American Indian Alliance. Patients have also participated in the annual NAMI Walk in Helena. There were also positive images of Native American culture present on the walls of the facility and the flags of each Tribal Nation in Montana are hung in the rotunda.

The facility offers spiritual services on campus in the way of providing a multicultural and interfaith chapel for worship and meditation. Protestant and Catholic services are conducted weekly. The facility offers a smudging box for spiritual cleansing, a traditional cleansing used by Native Americans. There is a document entitled Smudging Guidelines at Montana State Hospital, outlining this practice at the facility. This service is offered at the request of the patient and must be approved by the treatment team. Other Native American spiritual practices such as access to a sweat lodge are not provided by the facility. One staff person interviewed stated the Galen Campus tries to honor a patient's spiritual use of medicine pouches by allowing pouches to be worn once the patient has allowed a staff person to check the contents for safety purposes.

The facility appears to be primarily group therapy based in providing services to patients. Staff interviewed stated the Red Road to WellBriety model is utilized as a model for chemical dependency treatment. This model is based on a Native American cultural belief system. Staff also stated in the past there have been Talking Circle groups offered that included the use of smudge. This is no longer

provided. It was mentioned also that the facility had a Cultural Competency Committee at one time, but this has not existed for the past few years.

Staff interviewed demonstrated strong interest in providing culturally competent services to patients at the facility. It was noted numerous times by staff interviewed that each patient is asked if they have any cultural preferences or specific cultural needs upon entry into the facility, and that these needs were considered in the development of the individual treatment plan for each patient.

Training in providing culturally competent services to patients is provided at the time of orientation for staff members. Training on cultural competence appears to be limited beyond the initial orientation period. There is some confusion among managers as to whether or not on-going training on cultural competency was offered to staff. BOV verified there are trainings offered over the MSH Communicator as refresher courses, but are optional to staff. Staff interviewed stated that there was little time to participate in the MSH Communicator trainings and that attendance outside of the facility was not financially supported. Without on-going training of this nature, it is difficult to ensure an understanding of patient cultural needs, and ensure respect for difference among various ethnic groups and populations such as the LGBTQ community.

Training on trauma informed care is provided by the facility however there does not appear to be training on historical loss and trauma which is an important consideration when working with ethnic groups such as Native Americans.

Overall it appears that Montana State Hospital does provide opportunities for cultural experiences for Native American patients. It also appears that patients of all ethnic backgrounds are asked if they have any specific cultural needs upon entering the facility and upon the development of individual treatment plans.

Suggestions:

- *In keeping with the goal of including cultural needs in individual treatment plans it is suggested that the facility provide a list of options to patients that may be culturally relevant so that it is easier for patients to understand their options for integrating their culture into their individual plan. For example, a Native American patient may not know that they can be provided with Native American specific music to be utilized for relaxation or meditation. This is in the interest of understanding that patients may have a difficult time identifying cultural activities that are helpful to them*
- *It is suggested that Montana State Hospital view cultural experiences as therapeutic resources for Native American patients in the same manner that a standard therapeutic intervention such as cognitive behavioral therapy would be considered therapeutic. Encouraging and facilitating connection to one's culture is, in fact, healing for people of varying ethnic groups.*

Staff Competence, Training, Supervision and Relationships with Residents

Montana State Hospital has three staff dedicated to the training of new hires. The training program and orientation for all new staff involves testing to complete the training program. If an

individual fails the testing, this is evaluated, and the individual is able to retake the test with an oral testing option. In addition to classroom time, this training is extended to on the job training where each staff is required to have a completed sign-off sheet by their department supervisor.

Regular ongoing training occurs on site, including but not limited to ADA training, Mandt training, Trauma Informed Care, fall prevention, “learn at lunch” continuing education opportunities, etc. Quality assurance/improvement reported to BOV that staff performance is assessed periodically and a variety of competencies for direct care staff are assessed on a regular basis by supervisors.

Staff verbalized a desire for more learning/training opportunities beyond what the facility offers. Staff reported that finding time to participate in learning/training classes within the facility is difficult due to the demands of their position. They also report Certified Nursing Assistant (CNA) training is not offered and there are staff who would like to have this type of training to improve their knowledge and quality of care provided. CNA training has been offered in the past and is being evaluated as something to provide in the future.

Montana State Hospital has a written training curriculum for nursing staff to achieve competencies required to serve individuals who have serious mental illness. Staff reported that the competencies are determined according to CMS standards and by the nurse managers. Nursing skills are assessed annually.

The staff is comprised of a large population of traveling providers, and this creates barriers in cohesive care and increases training and employee costs to the facility. Unfortunately, it is difficult to find consistent staff due to the rural nature of the facility. This issue has been difficult to solve.

During the inspection, the BOV had the opportunity to observe and talk with staff at the MSH. As BOV toured each unit at MSH, team members witnessed a variety of staff-patient interactions that appeared to be responsive and welcoming. BOV observed examples of staff de-escalating behaviors, providing comfort measures, using therapeutic communication techniques, and validating patient concerns. Staff appeared empathetic, calm, and were positive when talking about or with the patients.

Supervision happens on a weekly basis for each department, where presenting issues/concerns are discussed and patient/staff morale is assessed. A communication log is not used in some departments, but implementing one may benefit staff so they are not relying on oral or incident reports to assess the previous staffs experience in the unit.

The SPRATT unit reports there are a higher number of patients whose needs are numerous and difficult and this causes distress due to the number of patients and the diversity of their needs. It is reported that a specific dementia unit would ease some of the distress of the patients and staff because these patients’ needs would specifically be addressed.

Suggestions:

- *Consider re-implementing the CNA training for support staff.*
- *It appeared to the BOV team that the SPRATT unit has large group of patients with a complex set of medical and psychiatric needs. MSH should assess whether the unit is too difficult (as currently structured) to adequately treat the patients housed there.*

Treatment and Support

Treatment Planning and General Treatment

Treatment planning begins upon admission and remains active through the course of treatment. There is an extensive process upon admission where the patient's needs are assessed by the provider. Social workers develop individual treatment plans with the patient to ensure that the patient's expressed goals are included. Each patient also has a social assessment completed by a social worker. MSH treatment teams meet each morning for thorough discussion of patient observations and review of patient needs. It is reported most documentation is done on paper and this creates barriers in cohesive care and causes more work due to duplication of information.

Staff interviewed stated that quality of care for patients is compromised by MSH's use of traveling nurses and rotating direct care staff and nurses through the units. Working with unfamiliar staff raises the anxiety levels of patients and fosters non-compliance with care.

In the document entitled Montana State Hospital Treatment Programs Description it states, "Interfaith and cultural offerings at the MSH are recovery based and are held to be an integral part of each patient's quality of life." It appears that Montana State Hospital is striving to achieve this for their patients.

Suggestion:

- *It is suggested that the use of traveling nurses be minimized to the best of the hospital's ability.*
- *Incorporate the language from Montana State Hospital Treatment Programs Description into other documents provided to patients such as Unit Handbooks (noting opportunities to practice culture) and Montana State Hospital Rights of Patients (the right to practice within patient's culture) to better reinforce the commitment to meeting cultural needs of patients.*

Trauma Informed Care and Substance Use Treatment

It appears the staff are aware of trauma informed care and have had extensive training to meet the needs of patients. They are trained to assess and identify traumatic triggers and use MANDT as a method to deescalate situations.

Substance use was discussed and addressed within the facility and patients are referred to programming within their community or elsewhere depending on their needs. Patients are encouraged to attend 12 step meetings and meet with their medical provider as needed.

Education

There should be opportunities for individuals to have access to evidence-based educational opportunities. Montana State Hospital does not employ any educational specialist as in the past. At one time MSH had three teachers teaching life skills and preparing students to take their GED or the HiSET.

Suggestion:

- *Montana State Hospital should consider examining educational opportunities and hire, or contract with, a teacher to develop programs for patients.*

Medications

Review of the paper medical records from a variety of different units shows prescribing at Montana State Hospital appears to be evidenced-based and reflects internationally accepted medical standards. Rationale for prescribing, changing, and tapering/titrating medication therapy as well as medication monitoring (i.e. labs, vitals, rating scales for response, etc.) are consistently documented in the paper medical record. Metabolic monitoring with antipsychotics based on American Diabetes Association/American Psychiatric Association guidelines are also routinely documented. A complete metabolic panel (CMP), complete blood count (CBC), medication trough levels, and any other required labs for medication monitoring are collected at baseline and as needed. Allergies, side effects, adverse reactions and abnormal involuntary movement disorders are documented, closely monitored, and promptly treated when appropriate by the clinical staff and providers. Monitoring for abnormal involuntary movements is assessed and documented using the AIMS assessment on all clients taking an antipsychotic.

New patients are seen by provider within 24 hours of admission and reviewed by the treatment team within 10 days of admission. The current treatment plan is discussed and incorporated into the new plan. This ensures there is no delay in patient care during the transition from an outside facility to Montana State Hospital. The providers see patients daily and are on-call for immediate access when concerns arise. The nursing staff reported it was easy to contact providers when needed.

The psychiatric providers and nursing staff promote coping skills prior to offering an as needed (PRN) medication. If the patient is not deescalating, the staff offer an oral PRN medication. Rationale for using the PRN medication is documented on the paper medication administration record (MAR). If a patient needs medications as part of an effective treatment plan but is refusing to take medications voluntarily, the prescriber can ask for a hearing in front of an involuntary medication review board to determine an outcome for the patient.

The nursing staff at the Montana State Hospital actively promote adherence to medications through negotiation and education. If patients refuse to take their scheduled medication, the nurse provides education to promote adherence and asks the reason for non-adherence (i.e. side effects, ineffectiveness, patient is upset, etc.), then encourages the patient through education and negotiation. If the patient insists on not taking a medication, the nurse documents the refusal on the MAR and notifies the provider. Montana State Hospital does not force scheduled medications (unless deemed necessary by the involuntary medication review board), withdraw support or deny access to other treatment and support programs based on the patient's decision to not take medications. Montana State Hospital would support a patient's decision to seek a second opinion from other qualified providers if needed. A policy/procedure for using and documenting the emergent involuntary use of medications is in place and includes documentation of the rationale, efficacy and side effects for the use of the medication. The patient is always offered an oral medication option prior to using an intramuscular (IM) injection. If an emergent IM injection is needed, an order is obtained from the provider. The nurse monitors the patient's vitals, efficacy/safety and documents the IM medication on the MAR.

There was an exceptional working relationship between Montana State Hospital and Comprehensive Pharmacy Services which is located on the hospital campus. All providers and staff expressed satisfaction with the services provided and mentioned the pharmacists were readily available to address any questions or concerns that may arise. Comprehensive Pharmacy Services is prompt at filling and delivering the patients medications within a time period that does not delay care, exacerbate illness or prolong absence of necessary medication treatment. Comprehensive Pharmacy Services provides a few clinical pharmacy services including obtaining accurate medication histories on admission and reviewing medications upon discharge, metabolic monitoring, patient education on comorbid medical conditions (i.e. COPD, DM2, pain) and pharmacist-driven warfarin protocols. Clinical pharmacists rotate throughout the units to participate in morning treatment team report.

Medications at Montana State Hospital are stored, transported, administered and reviewed by an authorized person consistent with laws and regulations. All medications are delivered to Montana State Hospital by Comprehensive Pharmacy Services and stored in a locked medication cabinet in a locked medication room. Medications that require refrigeration are stored in a refrigerator marked for medications only and temperature log is recorded. Montana State Hospital has no medication samples on campus. Controlled substances are locked separately, double checked and a countback is performed by nursing staff. Comprehensive Pharmacy Services works with the Montana State Hospital to provide any medications the patients may need to assure appropriate treatment. Unused portions of medications and expired medications are disposed of appropriately by Comprehensive Pharmacy Services, which is in accordance with the Food and Drug Administration with the Office of National Drug Control Policy Guidelines.

Montana State Hospital currently has paper charts and TIER, an electronic health record which stores patient demographics and creates printed medication administration records (MAR). Medication orders are handwritten on a carbon-copy prescription pad by the provider. The medication order is then manually entered by the nurse into TIER, A MAR is created and printed out for use on the units. The nurse faxes the handwritten prescription to Comprehensive Pharmacy Services to fill the medication.

Medication education is provided by the prescribing provider and the nursing staff on medication administration. Patients are also given medication education sheets to review. Patients are educated on indication, directions for use, expected results, adverse effects, monitoring and adherence. The pharmacists at Comprehensive Pharmacy Services run a variety of groups for the patients at Montana State Hospital which include “How Your Medications Work” and “Diabetes Care & Metabolic Syndrome”.

Montana State Hospital has a procedure in place for documenting and reporting medication errors. Medication errors are documented anonymously on a green sheet at the time of the event and the provider is notified immediately. Why the error occurred (i.e. transcription, omission, etc.) and if the error caused harm or not are documented. The error is reviewed by administration and a report is sent to the individual who made the error for follow-up and education. Medication errors, allergic reactions, side effects and adverse effects are documented on a form by the nurse and reviewed at P&T committee to assess for trends and opportunities for quality improvement every 3 months.

Access, Entry, and Continuity of Services Through Transitions

Upon admission, the patient's community resources are explored and attempts to contact them to familiarize with their admission process is done to begin setting up continuing care for the patient when they discharge. The patient is asked about family members to involve in the process, and a release of information is signed. Housing is explored to set patients up with a place to stay when leaving the facility. However, this creates barriers at times due to some facilities not wanting the individual to return due to past behaviors. One of the biggest barriers to discharging patients is out of the facilities control due to community resources not returning calls or being unwilling to schedule an appointment for the patient, and instead expect them to "walk in" for an appointment.

Suggestion:

- *MSH staff cannot control a community agency's responsiveness to attempts being made to schedule clients with services upon discharge. However, it is recommended staff continue to build relationships with providers across the state to improve the discharge process and quality of care for patients.*

Recommendations

1. Update electronic medical records. Explore options to use a more efficient electronic medical and mental health record keeping system to create more cohesive communication/care regarding patients and reduce the time spent documenting so patient care can be increased.
2. The Board of Visitors recognizes the expense of implementing a full electronic health records at Montana State Hospital. Taking this into consideration, it is recommended to initially utilize the current TIER system to implement computerized provider order entry (CPOE) which has consistently shown in the literature to decrease medication prescribing errors. Implementing CPOE at Montana State Hospital also aligns with the 2009 federal HITECH Act and the accompanying Meaningful Use program supported by the Centers for Medicare & Medicaid Services.
3. Make cultural competency training a priority and a requirement as far as on-going training for staff. It is offered at orientation however beyond this point it is does not appear that on-going training on this subject and required for staff.
4. Continue to expand clinical pharmacy services at Montana State Hospital. Decentralized pharmacy services are considered the preferred model of care in a hospital system and has been shown to improve both morbidity-and-mortality-related outcomes for patients. Consider expanding clinical pharmacy services at Montana State Hospital by adopting a decentralized pharmacist model, integrating clinical pharmacists into the daily treatment team and allowing for more direct patient care activities.