

SITE REVIEW REPORT

Pathways Treatment Center
Kalispell, Montana

January 13, 14, 2005

Gene Haire, Executive Director

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INTRODUCTION

● Mental Health Facility Reviewed

Pathways Treatment Center - Kalispell Regional Medical Center
Kalispell, Montana

Leslie Nyman, Administrator of Behavioral Services and Pathways Treatment Center

● Authority for Review

Montana Codes Annotated, 53-21-104

● Purpose of Review

1. To assess the degree to which the services provided by the Pathways Treatment Center are humane, consistent with professional standards, and address Board of Visitors standards for mental health services.
2. To recognize excellent services.
3. To make recommendations to Pathways Treatment Center for improvement of services.
4. To report to the director of the Department of Human Services and the Governor regarding the status of services provided by Pathways Treatment Center.

● Review Team

Board Members: Steve Cahill, L.C.S.W. - Chairman
Gay Moddrell

Staff: Gene Haire, Executive Director

Consultant: Irene Walters, R.N.
Bill Docktor, Pharm.D.

● Catchment Area

Primarily Kalispell and surrounding areas, but admits patients from everywhere in Montana as well as out of state.

● Review Process

- Interviews with Pathways Treatment Center staff
- Informal discussions with patients
- Review of treatment records
- Review of written descriptions of treatment programs
- Observation of treatment activities
- Inspection of physical plant

ASSESSMENT OF SERVICES

Overview of Services

Pathways Treatment Center (PTC) is the 'behavioral health' component of Kalispell Regional Medical Center (KRMCC). It is an attractive, modern, one story, free-standing facility located north of Kalispell, Montana several blocks from the main hospital. PTC consists of an 18-bed adult psychiatric unit, a 16-bed adolescent unit, a 3-bed 'special care unit', and a chemical dependency treatment unit¹.

Treatment objectives for both units reviewed are to: (from PTC literature)

- 1) provide crisis intervention and stabilization
- 2) promote development of personal skills
- 3) provide substance abuse education and treatment when necessary
- 4) promote healthy relations and involvement with social systems
- 5) support a therapeutic treatment environment
- 6) meet the educational needs of each individual patient
- 7) provide individualized, multidisciplinary treatment
- 8) provide appropriate discharge planning

The service array at Pathways Treatment Center includes individual and family counseling, psychopharmacology, group therapy, art and recreation therapy, psychoeducation, and living skills groups.

Staffing:

Psychiatrists

- One hospitalist who is the Medical Director of the Adult Unit
- One psychiatrist who is the Medical Director of the Adolescent Unit
- Four psychiatrists who have staff privileges on the Mental Health Unit

Other Physicians

- Two internal medicine physicians who are certified by the American Society of Addiction Medicine (ASAM) <http://www.asam.org/> see each psychiatric admission for a medical workup.

Nurses and Direct Care Staff

- Depending on the census, Pathways Treatment Center schedules a Charge Nurse (RN), Registered Nurses, Licensed Practical Nurses, Mental Health Specialists (MHS), and Mental Health Counselors (MHC)².

Therapists

- One Clinical Supervisor
- Three full-time master's level therapists
- Three additional master's level therapists scheduled as needed according to census

Other Direct Service Staff

- One Art Therapist
- One Teacher
- One Recreation Therapist

¹ BOV did not review the chemical dependency unit.

² Bachelor level Mental Health Counselors have more training and experience than high school diploma level Mental Health Specialists.

Strengths

- Excellent patient handbooks and educational material.
- Superior approach to inclusion of family members / carers in the treatment process - some of the best work in this area BOV has seen. PTC's approach to families includes:
 - meeting with family at time of admission
 - asking family members what their concerns are
 - conducting family meetings with a priority on face-to-face meetings - using teleconference if necessary for families unable to attend in person
 - making free motel arrangements when appropriate
 - proactively tracking down family members
 - including family members in discharge planning
- Excellent involvement in community education and promotion of mental health:
 - depression screening
 - participation on the local Police Advisory Board
 - participation in the annual Rocky Mountain Mental Health Symposium (alternates between Psych and CD speakers, topics, and agenda). Symposium is in its 10th year.
 - participation in the educational component of the Local Advisory Council
 - participation in the Youth Network
 - provision of monthly Pathways Lecture Series
- Medical work ups for each person admitted for psychiatric treatment.
- Excellent multidisciplinary approach to assessment and treatment planning

Areas Of Concern

- None

Questions

- None

Suggestions

- Consider

Recommendations

- None

Patient Perspective

Strengths

- very good food
- nurses are very helpful and compassionate
- patients feel secure and safe
- patients are asked for their input and opinions - suggestions are respected
- privacy is respected
- patients feel comfortable accurately reporting their feelings, worries, thoughts, etc.

Areas Of Concern

- Patients appeared unsure about rights or the complaint / grievance procedure - reported that this information was probably presented to them during admission, but that because of the crisis situation, they did not remember the orientation.
- One patient said that she would not know what to do or where to go to be safe if another patient became aggressive.

Questions

- None

Suggestions

- Consider reviewing the patient handbook and orientation information, including rights and grievance information, orally with patients after the admission crisis / confusion has passed.

Recommendations

- 1) Include in orientation information guidelines about what patients should do and where they should go if another patient becomes aggressive.

Physical Environment

Strengths

- Patient rights information is displayed on the units.
- Accessible to the public via the bus system.
- Appears to be accessible to people with disabilities³. There is a pay phone available to patients that is TTY capable (although this phone is off the unit).
- Ample quiet, private space for patients to communicate with staff, family members / carers, visitors. Includes playroom for children visitors.
- Individual patient records are stored in a manner which ensures confidentiality and access for efficient current and future use.
- Counseling and interview space provides sight and sound privacy, is safe, comfortable, and affords minimal disruption.
- Group activity, treatment, and rehabilitation space is safe, comfortable, and is equipped with necessary resources.
- Adequate space and an effective process assigned to the intake of new consumers.
- Adequate indoor and outdoor recreation space. Patients have access to an indoor gym and a spacious, private courtyard.
- In general, PTC uses technology which promotes consumer and staff safety.

Areas Of Concern

- The design of the unit overall, and the relationship of the treatment wings to the nurses station causes some safety concern if a patient becomes aggressive toward staff or other patients. If such an incident occurred, it would be necessary to pass through locked doors and down corridors to go to someone's aid.
- There is not an alarm system that allows staff or patients to notify others of the need for immediate help to patient rooms, bathrooms, or in the special care unit. The lack of such an alarm system is of particular concern in the special care unit where patients needing decreased stimulation or who present a risk to self or others. This unit is not easily visible from the nursing station. There is a camera system, but no protocol for constant viewing of the monitors, even when someone is in the special care unit.
- Information about specific assistance available through the Mental Disabilities Board of Visitors is not displayed on the unit or provided otherwise to patients.
- Information about patient rights, advocacy services, and the complaint / grievance process could be displayed more prominently.
- Special care unit does not have window treatment on windows facing the outside of the building to ensure privacy.

³ BOV did not do an Americans with Disabilities Act (ADA) compliance assessment. This observation is based on the appearance of physical accessibility by physically impaired people, and the assurance by staff that other disabilities are accommodated as needed.

Questions

- None

Suggestions

- Relocate the TTY telephone to the nurses station or to the general patient area, or obtain another TTY telephone so it is more easily accessed by patients for either incoming or outgoing calls.

Recommendations

- 2) Implement some type of emergency alarm system for staff and patients to use to notify staff when immediate assistance is needed.
- 3) Install window treatment on Special Care Unit windows facing the outside of the building to ensure privacy.

Medication Management

Strengths

- Pyxis 2000 <http://www.pyxis.com/products/medstation2000.asp> medication dispensing. system provides improved access to most medications while reducing the potential for medication errors.
- One nurse handles all of the medications for all the patients. This system allows for maximum consistency and minimal medication errors.
- Patients are provided written information about his/her medications and are given individual medication education by a nurse.
- Patients are given prescriptions for medications on discharge.

Areas Of Concern

- None

Questions

- None

Suggestions

- Consider expanding the size of the medication room.
- Consider a larger capacity Pyxis machine.

Recommendations

- None

Special Treatment Procedures

- Six instances of physical restraint during period reviewed (January 2003 - December 2004).
- No instances of seclusion during period reviewed (January 2003 - December 2004).

Strengths

- Pathways Treatment Center uses the Mandt System® <http://www.mandsystem.com/> to train staff for handling behavioral interventions with patients. Staff are trained in the Mandt system when they begin to work at PTC - training is updated regularly.
- Nursing staff appear to manage all impending and actual physical interventions professionally and sensitively.

Areas Of Concern

- None

Questions

- None

Suggestions

- None

Recommendations

- None

Staff Skills and Development / Team Communication / Supervision

Strengths

- MHS staff (entry level direct care staff) receive good three-day hospital orientation and two-week PTC on-the-job-training under the guidance of experienced staff.
- The individual nursing staff and the shift teams BOV observed were professional, caring, well organized and well supervised.
- Staff appear empowered and comfortable communicating with and giving each other feedback. Access to supervisors for expressing concerns appears good.

Areas Of Concern

- MHS training on mental illnesses and interventions is not addressed in a classroom or 1:1 setting, just provided in written form.
- PTC experiences some difficulty in recruiting for and maintaining longevity of quality people for the MHS and MHC positions. Possible reasons for this are: (1) pay is less than for Certified Nurse Assistant positions in the main hospital, (2) lack of a graduated 'career ladder' with structured (and reimbursed) acknowledgement of professionalism and skills.

Questions

- None

Suggestions

- Consider reclassifying MHS and MHC positions into a psychiatric technician career position. This would involve developing or adopting an established training curriculum, increasing clinical expectations, and expanding responsibilities. The psychiatric technician positions and training at Montana State Hospital is one approach worth considering. The benefits of moving in this direction would be to dramatically improve the esteem and effectiveness of these paraprofessional staff and to strengthen the quality of treatment for patients.

Recommendations

- None

Charts / Treatment Plans

Strengths

- Nursing Admission Assessment (done within 8 hours of admission), Attending Admission Note (done within 24 hours of admission), Biopsychosocial Assessment, and Master Problem List are thorough, comprehensive, and detailed assessment tools.
- Nursing Admission Treatment Plan, Attending Preliminary Treatment Plan, and Multidisciplinary Treatment Plan (done within 4 days of admission) are excellent service planning tools.
- Nursing notes are thorough and detailed.

Areas Of Concern

- For all the effort devoted to and detail included in the assessments, the Multidisciplinary Treatment Plan's 'goal', 'objective' and 'method' statements are too general.
- The multi-stage assessment process (nursing, physician, and biopsychosocial assessments) and the multi-stage approach to treatment planning (Nursing Admission Treatment Plan, Attending Preliminary Treatment Plan, and Multidisciplinary Treatment Plan) - while well-designed, and comprehensive - seem cumbersome and redundant.
- With average stays for adults of 5.9 days and for children of 8 days, the Multidisciplinary Treatment Plan should be in place no later than within 48 hours, not four days.

Questions

- None

Suggestions

- None

Recommendations

- 4) Evaluate the assessment process and redesign it to incorporate the best of the existing detail and comprehensiveness, while streamlining the process. Aim for completion of the full assessment within 24 hours, and the Multidisciplinary Treatment Plan within 48 hours.
- 5) Ensure that treatment goal statements specifically describe the desired outcome of the treatment (as a result of treatment, what will the patient's status be relative to the problem), objective statements specifically describe in measurable, behavioral terms what the patient will accomplish relative to the goal ("patient will..."), and method statements specifically describe in measurable, behavioral terms - in the future tense - what the patient, staff, and others will do when to support achievement of objectives.

Coordination with Community Agencies

Agencies interviewed:

1. Western Montana Mental Health Center (WMMHC) - Adult Services
2. Western Montana Mental Health Center (Sinopah House) - Children's Services
3. Samaritan House (homeless shelter)

Strengths

WMMHC - Adult Services

- WMMHC and PTC work closely together.
- WMMHC's mental health professionals (MHP) conduct all evaluations for psychiatric patients who present to KRMHC's emergency room.
- MHP initiate all emergency detentions and involuntary commitments
- MHP positions are funded through a consortium of community entities (including PTC).
- WMMHC psychiatrist admits all WMMHC clients to PTC when inpatient treatment is needed - continuity is excellent.
- WMMHC Adult Services Director described the working relationship with PTC as "wonderful".

WMMHC - Children's Services

- Close coordination with PTC when children are in crisis.
- Access is excellent - immediate response when needed.
- Sinopah House staff stay with child during admission process.
- Good transition support from PTC when child is moving from the hospital to the community.
- Excellent encouragement of family involvement and support by PTC when child is local - more difficult when from out of community.

Samaritan House

- Good PTC treatment quality, staff dedication, and patient outcomes.
- People referred to PTC by Samaritan report feeling safe at PTC.
- Good access to PTC services.

Areas Of Concern

- People are discharged to Samaritan House shelter and transitional living without funding.

Questions

- What happens when a person presenting for admission to PTC is determined not to be in need of inpatient treatment? What is the referral process for other interventions/services?

Suggestions

- Consider designating a PTC clinician to process voluntary admissions through the emergency room during working hours.
- Develop a cooperative plan between Samaritan House and PTC to utilize one or two of Samaritan House's apartments as a transitional living / treatment option. (For people not requiring WMMHC Safe House placement, this option would ensure consistent treatment in a community based setting while accessing the array of services offered by Samaritan House.)

Recommendations

- None

Treatment of Co-Occurring Psychiatric and Substance Use Disorders

Strengths

- The presence of the chemical dependency unit within PTC allows for good integration of treatment for co-occurring psychiatric and substance use disorders.
- All people who are admitted for psychiatric treatment are screened for a co-occurring substance use disorder; patients are included in psychiatric and addiction groups and other treatment as needed.
- Chemical Dependency assessments are excellent - very clear and well organized.
- Staff with cross-disciplinary qualifications are shared by the psychiatric and CD units.

Areas Of Concern

- None

Questions

- None

Suggestions

- Work with WMMHC to coordinate closely with the Addictive and Mental Disorders Division (AMDD) as it develops a fully integrated approach to assessing and treating individuals with co-occurring psychiatric and substance use disorders; follow AMDD co-occurring treatment guidelines as they are finalized

Recommendations

- None

Abuse / Neglect Reporting and Investigation

Pathways Treatment Center clearly takes the treatment of its patients very seriously. Staff interactions with patients observed by BOV were respectful and empowering. During the period for which BOV requested abuse and neglect allegation information (March 1, 2003 – February 28, 2004), there were no allegations of abuse or neglect.

Areas Of Concern

- The KRMC / PTC policy addressing abuse and neglect (PTC6029) is a good policy. It does not, however, include provisions that ensure compliance with § 53-21-107, Montana Code Annotated, 2003 <http://data.opi.state.mt.us/bills/mca/53/21/53-21-107.htm>.

Recommendations

- 6) Revise PTC6029 to include procedures necessary to comply with § 53-21-107, Montana Code Annotated.

Program Documents

Information on Consumer Rights and Responsibilities:

Strengths

- The “Patient Handbook” contains a thorough listing of rights.

Areas Of Concern

- The “Patient Bill of Rights and Responsibilities” hand out is applicable to KRMC, not is not specific to PTC / mental health treatment.
- Item # 12 on the “Patient Bill of Rights and Responsibilities” addressing “patient rights policies and complaint/grievance mechanism” is too vague, does not explicitly describe the complaint/grievance process, and only gives telephone numbers for a person to call “when concerns arise”.
- The “Patient Handbook” listing of rights appears to be taken from an older document produced by the Montana Advocacy Program and includes several pieces of information that are inaccurate or confusing:
 - “Right of Access to Patient Advocate or Lawyer” - this section describes the Legal Services Office operated by the Mental Disabilities Board of Visitors at Montana State Hospital (not available to PTC patients).
 - “You may report abuse and neglect to:” - this section includes references to the Mental Disabilities Board of Visitors but includes no contact information (phone number, address, etc.); and to the “Mental Health Protection and Advocacy Program of Montana” (not the correct name of the organization) also without contact information.
 - “Right to file complaints - grievance procedure” - this section is too vague and does not describe or refer to a specific description of the grievance procedure.
- The “Patient Concerns and Grievances” policy (PTC6036b) does not describe steps beyond the unit level, does not describe steps a patient may take if he/she is not satisfied with the findings and action at the unit level, does not inform patients about assistance available from the Mental Disabilities Board of Visitors. It alludes to a ‘Patient Liaison’, but does not say who this person is or how to access her/him.

Recommendations

- 7) Review and revise the “Patient Bill of Rights and Responsibilities” hand out and the “Patient Handbook” listing of rights to address/correct the concerns stated above.
- 8) Update rights, advocacy assistance, and complaint/grievance information that is posted on the unit so that it is consistent with the revised “Patient Bill of Rights and Responsibilities” hand out and the “Patient Handbook” listing of rights.
- 9) Include revised information on the statement on the “Patient Bill of Rights and Responsibilities” form patients sign that indicates that they have read and understand.

Information on *Other Mental Health Treatment Options and Supports Available in the Community:*

Strengths

- The “Healthy Living” brochure includes some community options.

Areas Of Concern

- A complete listing of mental health treatment options and other supports available in the community is not available to patients.

Suggestions

- Develop a separate handout to give to patients at discharge that lists all of the services and support available in the community (advocacy, case management and other mental health center services, PCA services, benefits assistance, payee services, housing, transportation – including Eagle Transit’s schedule, recreation, etc.) The United Way’s Answer Book is an example of this kind of comprehensive information and may be used as a guide

Recommendations

- None

RECOMMENDATIONS

- 1) Include in orientation information guidelines about what patients should do and where they should go if another patient becomes aggressive.
- 2) Implement some type of emergency alarm system for staff and patients to use to notify staff when immediate assistance is needed.
- 3) Install window treatment on Special Care Unit windows facing the outside of the building to ensure privacy.
- 4) Evaluate the assessment process and redesign it to incorporate the best of the existing detail and comprehensiveness, while streamlining the process. Aim for completion of the full assessment within 24 hours, and the Multidisciplinary Treatment Plan within 48 hours.
- 5) Ensure that treatment goal statements specifically describe the desired outcome of the treatment (as a result of treatment, what will the patient's status be relative to the problem), objective statements specifically describe in measurable, behavioral terms what the patient will accomplish relative to the goal ("patient will..."), and method statements specifically describe in measurable, behavioral terms - in the future tense - what the patient, staff, and others will do when to support achievement of objectives.
- 6) Revise PTC6029 to include procedures necessary to comply with § 53-21-107, Montana Code Annotated.
- 7) Review and revise the "Patient Bill of Rights and Responsibilities" hand out and the "Patient Handbook" listing of rights to address/correct the concerns stated above.
- 8) Update rights, advocacy assistance, and complaint/grievance information that is posted on the unit so that it is consistent with the revised "Patient Bill of Rights and Responsibilities" hand out and the "Patient Handbook" listing of rights.
- 9) Include revised information on the statement on the "Patient Bill of Rights and Responsibilities" form patients sign that indicates that they have read and understand.

AGENCY RESPONSE

March 17th, 2005

Gene Haire
Executive Director
Mental Disabilities, Board of Visitors
Governor's Office

Hello Gene:

Pathways Treatment Center respectfully submits our response(s) to the Site Review. We appreciate the suggestions, feedback, and overall knowledge of the review team.

We agree with your recommendations and are now in process of implementation. There is only one recommendation that may fall under a financial constraint, due to our limited capital budget and process.

We look forward to utilizing your Board and found all reviewers very helpful and knowledgeable. It is our commitment to our patients, families, state and local agencies to continually (and critically) review our services, and work collaboratively to ensure safe and effective care.

Sincerely,

Leslie Nyman

Leslie Nyman
Administrator of Behavioral Services and Pathways Treatment Center

LN:sb
Attachments

AGENCY RESPONSE

Mental Disabilities Board of Visitors

Site Review - Pathways Treatment Center

Recommendation #1:

Include in orientation information guidelines about what patients should do and where they should go if another patient becomes aggressive.

Action:

Revise current patient handbook/orientation manual to include guidelines for patients and visitors regarding safety for self and others. In example: aggressive or agitated patients, or patients demonstrating suicidal behavior.

Target Date: 4/05

Assigned: Melinda Waller, RN

Recommendation #2:

Implement some type of emergency alarm system for staff and patients to use to notify staff when immediate assistance is needed.

Action:

Leadership Team reviewed and bids will be obtained regarding different alarm systems, cost, etc. Will review again and based on cost (i.e. capital expenditure) will be placed on capital expenditure items for Year 2006 due to budget constraints.

Target Date: 6/05

Assigned: Leadership Team

Recommendation #3:

Install window treatment on Special Care Unit windows facing the outside of the building to ensure privacy.

Action:

Privacy blinds were installed to ensure privacy in special care unit.

Target Date: Complete

Assigned: Sandra Hawk, Front Office Charge

Recommendation #4:

Evaluate the assessment process and redesign it to incorporate the best of the existing detail and comprehensiveness, while streamlining the process. Aim for completion of the full assessment within 24 hours, and the Multidisciplinary Treatment Plan within 48 hours.

Action:

Treatment planning has been made into a formal performance improvement process, with clinical leadership developing new forms, process, QA monitors and re-design of treatment team meetings.

Target Date: 06/05

Assigned: Leslie Nyman; Michael Newman; Lee Anne Beebe and Melinda Waller

Recommendation #5:

Ensure that treatment goal statements specifically describe the desired outcome of the treatment (as a result of treatment, what will the patient's status be relative to the problem), objective statements specifically describe in measurable, behavioral terms what the patient will accomplish relative to the goal ("patient will..."), and method statements specifically describe in measurable, behavioral terms - in the future tense - what the patient, staff, and others will do when to support achievement of objectives.

Action:

Treatment planning has been made into a formal performance improvement process, with clinical leadership developing new forms, process, QA monitors and re-design of treatment team meetings.

Target Date: 06/05

Assigned: Leslie Nyman; Michael Newman; Lee Anne Beebe and Melinda Waller

Recommendation #6:

Revise PTC6029 to include procedures necessary to comply with MAC 53-21-107, Montana Code Annotated.

Action:

Revised current policy (PTC6029a) to reflect MAC 53-21-107. *See attachment.*

Target Date: Completed

Assigned: Leslie Nyman

Recommendation #7:

Review and revise the “Patient Bill of Rights and Responsibilities” hand out and the “Patient Handbook” listing of rights to address/correct the concerns stated above.

Action:

Have revised Patient Bill of Rights with local agencies as well as state agencies with current addresses and phone numbers. Also revised patient signature and process of when it gets signed, and will add to QA monitor for effectiveness.

Target Date: 4/05

Assigned: Melinda Waller; Sandra Hawk

Recommendation #8:

Update rights, advocacy assistance, and complaint/grievance information that are posted on the unit so that it is consistent with the revised “Patient Bill of Rights and Responsibilities” hand out and the “Patient Handbook” listing of rights.

Action:

Revised Patient Bill of Rights is posted on the unit.

Target Date: Completed

Assigned: Melinda Waller

Recommendation #9:

Include revised information on the statement on the “Patient Bill of Rights and Responsibilities” form patients sign that indicates that they have read and understand.

Action:

Have revised Patient Bill of Rights with local agencies as well as state agencies with current addresses and phone numbers. Also revised patient signature and process of when it gets signed, and will add to QA monitor for effectiveness.

Target Date: 4/05

Assigned: Melinda Waller; Sandra Hawk