

Benefis
Behavioral
Health Unit-
Benefis
Hospital

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A Report of the Site Review Conducted at the
Behavioral Health Unit of Benefis Hospital in Great
Falls.

Mental Disabilities Board
of Visitors

Contents

INTRODUCTION.....	3
QUESTIONS - STANDARDS.....	4
Organizational Planning and Quality Improvement	4
<i>Organizational Planning:</i>	4
<i>Quality Improvement:</i>	4
Rights, Responsibilities, and Safety	4
<i>Rights, Responsibilities:</i>	4
<i>Safety:</i>	5
Client / Family Member Participation	6
Cultural Effectiveness	7
Staff Competence, Training, Supervision, and Relationships with Clients.....	7
<i>Competence and Training:</i>	7
<i>Supervision:</i>	9
<i>Relationships with Clients:</i>	9
Treatment and Support	9
<i>General:</i>	9
<i>Evidence-Based Services:</i>	10
<i>Medication:</i>	11
Access and Entry	12
Continuity of Services Through Transitions.....	13
RECOMMENDATIONS.....	14

INTRODUCTION

The Benefis Behavioral Health Unit (BBHU) at Benefis Hospital provides acute stabilization care for people who live in Great Falls, the surrounding county and several counties along the Hi-Line. The inpatient unit has two sections, the Behavioral Health Special Care Unit (HSCU), a locked, secure area with four or six private rooms, two security rooms and a lounge. Patient stays in this unit are short; the primary purpose of the area is acute stabilization and assessment. Patients are moved to the unlocked Intermediate Supervised Care Unit (ISCU) as soon as the services provided on this section are appropriate. Many patients of the ISCU transition from a short inpatient stay to outpatient services provided through the hospital. These services may include partial hospitalization, from full- or half-day partial hospitalization to individual or group counseling services. Outpatient services may include medication management.

Staff has great respect for each other as professionals and as caring individuals and exudes a strong *esprit de corps*. There is a sense that they genuinely like and respect each other and respect their respective professional roles. All staff interviewed expressed genuine enthusiasm about the work of BBHU and stated that they enjoyed their jobs, felt good about the work of the team, and felt supported by their colleagues. Communication among the staff in the various disciplines is effective and creates a successful treatment environment. The open communication structure between the BBHU and the psychiatrists is an important aspect of the success of the program.

The model established by the collaboration between the community mental health center and Benefis that shares psychiatrists between the two services assures patients from the community receive strong support when using both services. When a patient moves from the community to the BBHU and then back into the community the transition is simplified because a patient can access the same psychiatrist in either setting. This continuity of care allows for improved treatment (greater knowledge and consistency) and for stronger counselor/patient relationships (increased trust and empathy). A mental health professional from the program is assigned to the emergency room to assist in assessment and begin the process of admission to the BBHU.

Combining inpatients and outpatients and addiction and other psychiatric patients together in groups appears to work well for the program. The BBHU estimates 80% of the patients they serve have co-occurring disorders. Groups meet six times a day and include inpatient and outpatient participants. These groups appear to provide good therapeutic benefit for the patients. The unit has developed and implemented a co-occurring program that does integrate services. Some of the staff, inpatient and outpatient, is dually credentialed.

One group in the community that the BBHU does not appear prepared to effectively treat is individuals who have an intellectual or developmental delay and a diagnosed mental illness. When asked, the staff at the unit said they rarely served individuals described as having dual diagnosis and staff did not appear to be trained to address those diagnoses. When individuals from the community who have those needs arrive at the BBHU they are transferred to the Montana Developmental Center in Boulder.

The site review team observed that the nursing staff appeared to be underutilized. Other than the initial client assessment, the observed role of Baccalaureate prepared registered nurses on the unit focuses primarily on concrete tasks such as medication pass and transcription of orders. The inpatient nursing staff does not function in full scope of practice in accordance within the professional model of a psychiatric- mental health nursing role. The psychiatric –mental health nursing role is well established in professional literature and in practice. Core components include using the nursing process to develop therapeutic relationships with clients, teaching and coaching, advancing the therapeutic outcomes through modalities such as groups, and milieu therapy. During interviews, nursing staff reported long periods of time such as weekends and evenings when scheduled treatment does not occur. Nurses can play an active role advancing treatment goals- spending dedicated time with clients, conducting nurse run groups, and at all times being aware of and managing the therapeutic milieu.

QUESTIONS - STANDARDS

Organizational Planning and Quality Improvement

Organizational Planning:

Strategic and Organizational planning is completed hospital-wide. Planning specific to the services provided through Behavioral Health Services (BHS) program at the Benefis Behavioral Health Unit (BBHU) was not evident. The Operations Plan is also hospital-wide and not specific to the BBHU. Patient satisfaction surveys are used by the Hospital to develop the Plan for Provision of Patient Care and Services while parts of the plan may address services at the BBHU the program does not have its own Strategic or Organizational Plan. The Hospital reviews the hospital-wide plan annually and as needed.

Quality Improvement:

As with the Strategic and Organizational planning, the Quality Improvement Plan is hospital-wide. During the site review, members of the team reviewed treatment plans and patient charts, observed group sessions and interviewed clinical staff, nursing staff, psychiatrists and direct care staff. The result of those interviews suggested BBHU could benefit from a quality assurance process that is specific to the unit

Members of the site review team observed inconsistencies in delivery of services from clinician to clinician. Individual counselors approached treatment using individual models and skills they have developed based on training and experience. It appeared to the team that treatment and treatment plans did not reflect continuous quality improvement. Team members also observed an apparent disconnect between job duties, performance expectations, and professional behaviors in the nursing staff.

A study project specific to the BBHU addressing discharge and recommitment numbers to improve quality was completed during the first six months of the year. From January through July 2012 the BBHU compiled data on readmission numbers for the unit. Based on the information gathered, the unit developed a plan to implement follow-up support for patients post discharge to survey compliance with discharge appointments and with obtaining discharge medications. The actions implemented resulted in reducing readmissions to the unit by 14% over the 7 month period.

Suggestion:

As part of a quality improvement process and to assure consistency in the treatment program, consider developing a treatment approach that is shared by all counseling staff. Include structured weekly supervision with senior staff focused on increasing skills and analyzing each counselor's approach to treatment to increase efficacy and quality.

Based on the readmission quality assurance study, examine the benefit to patients served in the unit of expanding continuous quality improvement measures for the BBHU in addition to those implemented hospital wide.

Examine current discharge planning and practices and consider developing strategies that have the potential to lead to a higher rate of successful follow through with community treatment as part of continuous quality improvement.

Rights, Responsibilities, and Safety

Rights, Responsibilities:

Strengths/Observations:

The BBHU provides information about patient rights and responsibilities during admission, through a Patient Handbook. Information about the complaint/grievance procedures is included in the handbook; however, information about the advocacy services available to patients through Board of Visitors (BOV), Mental Health Ombudsman (MHO) and Disabilities Rights Montana (DRM) is not evident in the handbook. Site review team members noted posters promoting independent advocacy services posted

on the both the open and locked areas of the unit. Family isn't always present at intake for rights/responsibilities information to be explained to them. Of the staff members interviewed just one knew about the BOV. All other staff interviewed appeared to be unaware of the advocacy services the Board provides and that contact information about the BOV should be offered to patients.

Suggestions:

Assure patients are offered information about independent advocacy services at admission in both verbal and written forms.

Safety:

Strengths/Observations:

The BBHU policies and procedures to address reporting of abuse or neglect of patients on the unit were provided to the site review team. However, staff interviewed was not aware of the policy and had not received training specific to reporting allegations. None of the staff interviewed could describe the process or even anticipate the possibility that abuse and neglect could occur on the unit. A review process such as a debriefing following any investigation of abuse or neglect was not evident as part of the process. The BOV has not received reports of incidents of abuse or neglect from the BBHU in the past 3 years.

The requirements of 53-21-107 MCA are not fully implemented. There is little awareness among BBHU staff that abuse or neglect could be an issue. Training for staff who work with vulnerable individuals is needed to provide guidance about reporting and investigating allegations of abuse.

Patients do not have access to staff of their own gender. Staff interviewed expressed concerns about the safety of the staff and patients because staff coverage is limited during night shifts.

Special treatment procedures have not been used on the unit since 2009. Intramuscular Medications (IM) may be administered PRN when a patient is agitated; staff reported that patients usually agree to receive the medication.

When a patient appears threatening, staff may call a Code to request the presence of available staff from other units, including security, to provide a "show of support" and manage the situation.

The policy on access to protection and advocacy referred primarily to providing information about community services to patients and families. It did not relate to the protection and advocacy services provided by the acknowledged protection and advocacy entities such as the BOV, MHO or DRM.

The locked portion of the unit is considered a restrictive environment. It is important to articulate the rationale in BBHU policies and procedures for placing a client in the locked portion of the unit as well as establish the criteria for transitioning to the open unit.

Suggestions:

In the BBHU policies and procedures, articulate a rationale for placing a patient on the locked portion of the unit that establishes criteria for entry into the secured unit and describe the transition process for individuals to move on to the open unit.

To meet the needs of male clients who might prefer to receive treatment/care from male staff, consider focusing recruitment efforts to find more male staff whenever possible.

Review safety protocols for night staff to assure that patients and staff are kept safe.

Put in place an active education and training plan for reporting abuse or neglect under BBHU policies to protect the rights and safety of vulnerable individuals.

Client / Family Member Participation

Treatment Planning:

Strengths/Observations:

Patients appear to be closely involved in assessment, treatment planning and discharge planning. The process takes place during individual sessions with various members of the unit staff. Involvement of family/friends in assessment, treatment, and planning depends first on the patient's willingness to sign a release of information form; emphasis on family involvement seems to vary among clinicians. Sessions that include patients and family members are scheduled each Saturday to provide an opportunity for family involvement. Site review team members received conflicting information about the Saturday Program. The BBHU reports that the average patient stay is 4 days, families are invited on Saturdays and the team could not determine from interviews or treatment plan reviews the rate of family participation or the curriculum.

A review of patient charts revealed that treatment plan information typically expected in a behavioral health setting was not present. BOV team members noted that charts were difficult to access and appeared disjointed. Files are separated by service provider and level of care rather than integrated into one chart for each patient. Chart entries labeled Treatment Plan appeared to be more typical and sufficient for a medical unit than a behavioral health unit.

Hospital pharmacists lead weekly groups, which provide patients the opportunity to receive general information about medications. Education about diagnoses and specific medications may be provided in individual or family sessions with the counselor or psychiatrist.

Disagreements between staff and patients/family members regarding the treatment plan seem to be handled by discussion and negotiation. Patient participation in the process is crucial to enhance willingness and cooperation. Each patient is asked to develop a WRAP¹ plan for managing possible crises after discharge. The psychiatrist makes the final decision regarding patient readiness for discharge.

BBHU does not have a formal system for data collection and to survey patient satisfaction. The unit does not have an evaluation of treatment survey form specific to BBHU services for patients or family members to complete at the time of discharge. A Benefis Hospital mail-in satisfaction survey form is available in the patient lounge.

Suggestions:

Assure intake procedures actively engage family members when patients are being admitted to the BBHU.

Identify a single point of contact for families on the unit and document contacts with family members in patient files.

Consider creating a simpler treatment plan format - a single chart format to be used by all staff (including the psychiatrists) through all levels of care (ISCU to outpatient services) would facilitate better coordination/continuity of care.

¹ Wellness Recovery Action Plan developed by Mary Ellen Copeland, PhD.
<http://www.mentalhealthrecovery.com/wrap/>

Cultural Effectiveness

Strengths/Observations:

The BBHU has not fully adopted mental health treatment and support for adults consistent SAMHSA² principles for culturally effective services. The staff at the BBHU exhibited some familiarity of the culture of groups in the region, including Native Americans, members of Hutterite colonies, veterans, military personnel and dependents however cultural competency is currently a result of individual staff member experience.

The cultural knowledge base for BBHU staff could be strengthened. Benefis has a Native American Welcoming Center (NAWC) at the East Campus and the staff is available to support concepts of traditional native healing for Native American patients at the hospital. A link to the patients at the BBHU has not been developed. When site review team members interviewed the director at the NAWC, she expressed interest in opening a relationship with the BBHU to support patients at the unit.

Military culture is a strong influence in the Great Falls community. Several members of the BBHU staff have military service history which creates an awareness of the issues related to serving military service members and their families. It was also acknowledged that individuals from the surrounding Hutterite colonies are served at BBHU though no distinct information or staff training about Hutterite culture appeared to be available.

Suggestions:

Formalize in-service education to provide more depth in understanding of cultural diversity and the needs and cultural values of the community served by the BBHU.

Staff Competence, Training, Supervision, and Relationships with Clients

Competence and Training:

Strengths/Observations:

The team did not see a competency measurement for skills that are needed to work with psychiatric patients. A task oriented checklist to evaluate whether a new staff member has completed training and can begin working directly with patients does not measure competencies. New staff receives two days of hospital centered orientation and Mandt System Training³, then monitor five intake/admissions and sit in on six group sessions at the Behavioral Unit.

The site review team noted a disconnect between nursing job descriptions, actual duties performed, and the role of psychiatric-mental health nurses.

- **Counselors II and Counselor III** – The basic entry requirement established in the job descriptions for Counselor II and Counselor III is licensure in a professional discipline traditionally associated with the provision of psychiatric – mental health care. Additionally, language in the job descriptions clearly articulates performance expectations involving ability to “perform counseling” and provide direct clinical services.
- **Behavioral Health Manager** – This position requires a master’s degree in psychiatric mental health nursing and licensure as a Registered Nurse, yet there is nothing in the job description to indicate a role in the provision of mental health care such as performing psycho social interviewing, conducting psychiatric mental health assessments, or providing psychiatric-mental health interventions.

² Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services
<http://store.samhsa.gov/facet/Professional-Research-Topics>
<http://store.samhsa.gov/product/SMA11-4629>

³ The Mandt System®
<http://www.mandtsystem.com/>

- **Supervisor In patient Behavioral Health** - This position requires licensure as a Registered Nurse and does not include the requirement for skills or previous experience in psychiatric – mental health nursing. The job summary includes unit management responsibilities. Neither the job summary nor the job duties and responsibilities include any requirement for knowledge of psychiatric mental health nursing or responsibilities for provision of psychiatric mental health nursing care.
- **Registered Nurse** – The job summary refers to provision of care through “physical and mental assessment” and therapeutic treatments. Job duties include performing thorough psychiatric interviews and providing psycho therapeutic treatments to patients and families. Staff RN’s did not engage in professional activities traditionally associated with psychiatric – mental health in-patient nursing, such as spending individual therapeutic time with assigned patients; leading or co-leading groups, interacting in a group setting with patients when they are not in formal groups during the site review. RN’s were involved in concrete tasks only, such as medication administration or transcribing orders.
- **Patient Care Technician (PCT)** - The position description is consistent with job duties expected for a nurse’s aide and does not include a requirement for knowledge of mental illness.

Data provided indicates the BBHU does not use a standardized curriculum for new staff specific to services provided at the unit. The orientation appears to be focused on hospital policy and procedure and not specialized knowledge specific to working with patients who have mental illness. On the job training and job shadowing with experienced staff appears to be the current mode of accomplishing this training. Psychiatric specific training is not required by the hospital before a staff person begins working at the BBHU.

Counseling staff interviewed reported using their own individual treatment approach with patients. The overarching treatment philosophy of BBHU is based on an integrated co-occurring model, however, counseling staff use treatment approaches that vary from counselor to counselor based on personal comfort level or educational background.

The Behavioral Health Manger and In-patient Supervisor are responsible for supervising staff RN’s who should be engaged in providing direct mental health nursing interventions. Job summary/ responsibilities for those supervisors do not contain information about skills required to effectively provide professional supervision to unit RN’s. The Behavioral Health Manager is required to have a Master’s Degree in Psychiatric Mental Health, however the job duties do not include a role for the professional supervision of staff RN’s in the area of psychiatric-mental health nursing performance.

Direct client care staff receives Crisis Intervention Training (CIT) training. Some staff, on an alternating basis, may receive financial support to attend the Montana Mental Health Conference. Nurses meet continuing education requirements for continued licensure, but this training is not specific to psychiatry. Very few nurses on the unit are psychiatry certified through the American Nurses Association. Apparently, some medication education is provided by pharmaceutical company representatives who provide monthly in-service trainings to nursing staff. The BBHU does provide ongoing training for staff quarterly.

Suggestions:

To assure consistency in the treatment program, consider developing a treatment approach that is shared by all counseling staff. Include structured weekly supervision with senior staff focused on increasing skill and analyzing each counselor’s approach to treatment increase efficacy and quality of treatment.

Specific education regarding psychiatric disorders and substance abuse should be required for all staff. It may be useful to have the Patient Care Technician attend a group session occasionally to observe the role of that process for patients.

Consider providing formal, structured, internal continuing education and provide support so greater numbers of staff can attend the offerings. Include information about the advocacy services available to patients through BOV, MHO and DRM during staff orientation and training. Consider expanding the hospital’s internal continuing education offerings to support staff nurses in expanding their role at the BBHU.

Expand training provided by the Benefis pharmacy department. In-service trainings provided by pharmaceutical company representatives are generally considered to be inadequate for staff education, and should not be used.

Supervision:

Strengths/Observations:

Supervisors are involved in the day to day care of patients and have first-hand knowledge of staff and patient interactions. Treatment team members meet each morning in patient care conferences to share information which promotes collaboration and cooperation. However, site review team members observed that these meetings may not provide the data that a supervisor would need to assess if treatment plans are being consistently implemented. Treatment plans were not consistently documented in the electronic record which would limit the ability to share with staff that do not regularly attend patient care meetings, nor provide the objective data for supervisors.

Training is provided to meet hospital-wide requirements, and does include training in seclusion and restraint and crisis intervention. New nurses or PCT's shadow the manager of the inpatient unit to learn procedures for the BHS. There are annual updates for hospital-wide requirements.

Relationships with Clients:

Strengths/Observations:

Staff members interviewed reported having good working relationships with each other and considered teamwork to be one of their strongest assets. Staff also reported a wish that the BBHU provided a total patient care model for nurses instead of the current model using a medication nurse and a charge nurse. The BBHU does not have an Occupational Therapist or a Physical Therapist; staff interviewed suggested that treatment plans and patient care would be improved if those services were available on the unit.

During the two days of the review, team members did not observe much staff /patient interaction, except when patients stood at the nursing station to make a request. Counselors and psychiatrists were in their offices, and the nurses and PCT were in the nursing station. Patients were attending groups much of the time the BOV was on the unit and team members did attend groups. Movies were shown during the groups observed. Formal activity oriented time was not observed in the group sessions. The clinicians leading the groups were respectful to the patients and showed positive demeanor, expressing empathy and calmness.

Observation at the locked acute unit was limited, and site review team members did not observe extensive interactions between staff and patients.

The staff seems calm and polite and rather formal with patients. The team observed that the interactions appeared to be less warm and relaxed than other behavioral health facilities reviewed.

Suggestions:

Find opportunities for staff to spend more informal, activity oriented time with patients; if the patients tend to congregate in a particular area during their personal time, staff should make a point of spending time there interacting with patients.

Consider the addition of the services of an OT/PT to the BBHU.

Treatment and Support

General:

Strengths/Observations:

The BBHU is a model for continuity of care, patients move fairly seamlessly through the emergency room to acute care to intermediate care to intensive aftercare to outpatient counseling and eventually to a referral for community-based services. At admission staff and patients begin to formulate discharge plans that include mental health services, CD treatment, medical care, residential placement, and identify financial needs. During admission, a medical screening occurs in the emergency

department and the multiaxial assessment process identifies pertinent medical conditions. A nursing assessment will identify certain interventions depending on the findings of the biopsychosocial assessment and the psychiatric workup. Treatment plans are developed by a multi-disciplinary team that includes the patient. A patient's progress is discussed in the morning staff meetings by the team. This informal review process is appropriate, stays at the BBHU (mean 4.22 days overall, 4.96 days addiction treatment, and 4.1 days mental health stabilization) are not sufficiently long enough to conduct formal treatment plan reviews and updates. The treatment plans site review team members reviewed did not mention medications.

Co-Occurring Psychiatric and Substance use Disorders:

The BBHU demonstrates services that reflect the protocols established for treatment of individuals who have co-occurring psychiatric and substance use disorders. The assessment model used is the ASAM⁴ Six Dimensional Analysis for Addiction but includes an assessment of psychiatric issues as well as substance use.

Discharge planning begins during admission. The goal of each treatment plan is to transition the patient out of the BBHU quickly.

Evidence-Based Services:

Team members reviewed treatment plans to determine that the services incorporated SAMHSA⁵-identified evidence-based practices:

- Illness Management and Recovery (IMR)
- Assertive Community Treatment (ACT)
- Family Psychoeducation
- Supported Employment
- Integrated Treatment for Co-Occurring Psychiatric and Substance Use Disorders
- Trauma Informed Care

BBHU services are based primarily on a medical model with three psychiatrists directing treatment for patients. A full-time case manager position (job shared by a nurse and a counselor) focuses on meeting the criteria for financial reimbursement. A cohesive treatment model used by non-medical group therapists and individual counselors, who are supervised by a psychiatric practitioner was not evident. Counselors interviewed reported they approach patients and treatment individually based on their own experience and training.

BBHU demonstrates integrated treatment for co-occurring psychiatric and substance use disorders. One psychiatrist specializes in chemical dependency treatment and runs a Suboxone⁶ clinic. Some staff members are trained and/or dually certified for mental illness and chemical dependency. Treatment addresses problem areas, regardless of the underlying cause(s), and addresses patient clinical needs. It was reported to the BOV that 80% of patients served have a substance use disorder.

Family-centered psychoeducation is available during a group led by a Licensed Addictions Counselor (LAC) each Saturday. Patients who are currently admitted to the BBHU and their family members are encouraged to attend the 4 hour training.

BBHU appears to encourage and expect patients to take an active role in managing their recovery that is consistent with the SAMHSA principles for recovery. Patients in the intermediate care side of the unit may attend Twelve Step meetings held in the hospital.

There is no apparent incorporation of the SAMHSA principles for addressing/assessing patient

⁴ The American Society of Addiction Medicine

http://www.asam.org/?wv_edit=1&wv_int=1

⁵ Substance Abuse and Mental Health Services Administration

<http://www.nrepp.samhsa.gov/>

⁶ Suboxone

http://www.suboxone.com/?utm_source=bing&utm_medium=cpc&utm_content=suboxone&utm_campaign=search%20%7c%20sbx%20%7c%20branded&utm_term=suboxone

experiences with trauma when creating treatment plans. This is evidenced by the lack of inclusion in written treatment plans and upon interview with at least one counselor, who had no knowledge of the concept as an evidenced based practice.

There was no evidence noted of the integration of Supported Employment, ACT, or IMR. Staff indicated that WRAP and Dialectic Behavior Therapy (DBT) concepts are employed on the unit. Dialectic Behavior Therapy ⁷ (DBT) certification is not available at this time so staff at the unit is not certified. BOV could not identify integration of the concept of WRAP or DBT in the overall treatment planning process.

The brief nature of most client stays provides little opportunity for adequate client teaching and coaching related to IMR or WRAP. However, assessment for the need for these approaches could be accomplished through the coordination between inpatient and outpatient services and could become a part of the discharge planning process.

Suggestions:

Consider integrating more psycho-education for patients and families in the treatment plan. This could be accomplished through an outcome oriented program individualized to each client and family, with a process for information sharing with individual counseling staff.

Assess the benefits of including a needs assessment related to Supported Employment and Assertive Community Treatment in treatment and discharge planning.

Consider increasing the involvement of allied health professionals in fields such as nutrition, psychology, occupational therapy, and chaplaincy.

Medication:

Strengths/Observations:

The medication system is standard for acute inpatient setting today. Medication orders are scanned to the pharmacy, reviewed by the pharmacist, and entered into the computer. Nurses scan the medication and patient name band which must match before medication will be administered. Medications are stored in a Pyxis⁸ system which keeps an accurate inventory and tracks which staff has entered the system. Medications are delivered by courier from the pharmacy in a locked container.

Patient records reviewed indicated that medications used at the BBHU are evidence-based and consistent with standard medical practice. Progress notes in the patient charts reviewed often contained a rationale for selecting the medication prescribed and documents that patient education has occurred. Families are involved only if authorized by the patient.

Nurses also provide education to the patient about medication during the administration process. Printed medication information sheets are given to patients. A pharmacist provides a medication group once a week. Medication adherence is a shared process between the patient, psychiatrist, and nurse. Patient education and negotiation are the primary methods used to encourage medication adherence. If a medication concern arises, a psychiatrist will be contacted.

The outpatient provider monitors antipsychotic medications for metabolic effects. A chemistry panel, including a blood sugar and a total cholesterol panel is completed at admission. When a medication error is detected, the patient is assessed by the nurse and the psychiatrist is informed. A report is filed electronically using the Electronic Unusual Occurrence Reporting System (EUOR). This report is reviewed by the hospital's Risk Management Group (RMG). None of the staff interviewed knew how the unit would receive feedback from the RMG.

As needed medication (PRN) are used as part of the care provided by the BBHU. When staff is

⁷ National Registry of Evidence-based Programs and Practices
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=36>

⁸ Pyxis System
<http://pyxisconnect.carefusion.com/>

considering the use of PRN medication, they follow BBHU policy/procedure that requires staff to pursue other strategies to control agitation or anxiety before administering the PRN. These strategies are used as an opportunity for BBHU staff to teach coping strategies. The use of PRN medication is a last resort, if the patient and nurse decide that the medication is still needed it is administered as prescribed.

Medications samples are not used in the hospital. Samples are used at the Center for Mental Health.

Unused medications or patient medications left at the hospital are disposed of by putting them in the “sharps container”, flushing them, or mixing them with cat litter. None of the staff members interviewed were aware of SMARxT Disposal⁹ or the Food and Drug Administration Office of National Drug Control Policy Guidelines¹⁰ for disposing of unused medications.

Involuntary medications are rarely used at Benefis. Involuntary medications are used only to subdue a violent or dangerous outburst by a patient or if the patient is posing an imminent danger to self or others.

Medications in the inpatient setting are provided by the hospital as part of the hospitalization charges. The ability of the patient to purchase medication is considered in the prescribing decision.

A review of patient records revealed that doctors and nurses frequently do not accurately document the specific dosage forms used. It appeared to the team that verbal changes in dosages, over the counter (OTC) medications, herbal medications, or nutritional supplements were not noted in the record.

Suggestions:

Consider creating a process to assure all staff is familiar with the cycle for feedback to the unit for medication errors and unusual occurrences.

Medication education should be a strong component of treatment. In addition to the education that occurs with the treating psychiatrist; individual in the moment medication education and group session education for patients provided by nursing staff could improve comfort and compliance with the medication regimen.

Assure that medical charts contain accurate documentation of dosage changes and information about other medications administered.

Access and Entry

Strengths/Observations:

BBHU services are convenient to the community and linked to primary medical care providers. Individuals seeking BBHU services generally enter services through the emergency room at the hospital. The BBHU has a therapist assigned to the emergency department who screens individuals to determine whether they may be appropriate for a referral for admission to the BBHU. Ultimately, the decision to accept an individual into the BBHU for services is made by the psychiatrist.

After interviews with the psychiatrists at the BBHU, the team concluded that access to the services is done in a timely manner and that the services are convenient to the community both through the emergency room and through a referral from a primary care physician.

After reviewing patient records/treatment plans and the data regarding the readmission study the site review team had questions about the short length of stay on the unit. The average stay is between 4-5 days. The team was concerned about the efficacy of such a short treatment period, especially without the written survey/evaluation upon discharge.

⁹SMARxT Disposal

<http://www.smarxtdisposal.net/>

¹⁰ US Food and Drug Administration

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>

Suggestions:

Consider the addition of a question about trauma and individual culture during the intake application to assure that treatment offered is trauma informed and includes a cultural perspective (i.e. Native American, military service member, religious affiliation).

Continuity of Services Through Transitions

Strengths/Observations:

A team approach is used to develop services that transition patients into the community upon discharge. BBHU staff directly involved in planning for discharge includes case managers, counselors, and physicians (psychiatrists). Counselors meet with individuals on the day of discharge to review the details of the discharge plan.

Transition planning for patients to move to community-based outpatient programs is enhanced by the outpatient services provided through the BBHU and the close relationship between Benefis and the Center for Mental Health (C4MH) in Great Falls. Psychiatrists at BBHU are employees of the Center so patients referred to the services at C4MH often keep the same psychiatrist.

A brief written list of community services was provided to the site review team. The list is limited to six agencies, while it lists the name of the agency and a phone number, it does not provide detailed information about the service provider that could be useful to patients. The list could be more detailed and comprehensive.

Discharge planning includes an aftercare plan listing appointments for follow-up care. Appointments are made for patients before discharge, if an appointment cannot be made within an acceptable time, the patient receives services through the BBHU outpatient program. A partial hospitalization program can also be used to provide transition services.

The BBHU does assume primary responsibility for the continuity of care between the hospital and the community-based services. Financial help to pay for medication is available for some patients through charitable programs. Samples are used in outpatient settings outside of Benefis. Social workers attempt to connect patients who are eligible for services with the Mental Health Services Plan (MHSP) and Medicaid. Counselors can utilize pharmaceutical company assistance programs. Occasionally the program pays for medication when other options are not available.

Suggestions:

Compile a listing of services in the service region that is detailed and comprehensive that lists not just the name and contact information for the services, but a description of the services each provider offers.

RECOMMENDATIONS

- 1. Develop and implement the use of an evaluation form so patients and/or family can evaluate all aspects of the patient's stay, specific to the BBHU. Include an evaluation of the treatment plan and planning process and use the information gathered as part of a quality assurance and quality improvement process specific to the BBHU.**
- 2. Include information about advocacy services in the Patient Handbook, post contact information on bulletin boards and include information about the BOV, MHO and DRM in new employee orientation.**
- 3. Create a policy specific to the Benefis Behavioral Health Unit to address warning signs and indications of abuse; provide guidance on reporting, establish a framework for regulatory obligations, and advocacy/protection resources for both the reporting staff, and affected clients.**
- 4. Establish a policy and procedure to articulate the rationale for placing a client in the locked portion of the unit and establish the criteria for transitioning to the open unit in BBHU.**
- 5. Involve the hospital pharmacist in the medication reconciliation process. A pharmacist interviewing the patient and clarifying with pharmacy records would improve the accuracy of the record. Encourage the pharmacy to become more involved with the BBHU and provide medication group more than once weekly to assure that each patient has received medication education.**
- 6. Strengthen procedures for use and disposal of medications. Send medications for disposal to the pharmacy for proper disposal.**
- 7. Provide education and training to counseling staff on the conceptual framework of trauma informed care and its inclusion in treatment planning. Individuals receiving treatment for substance abuse are at high risk for a history of abuse and early trauma.**
- 8. Assess possible treatment consequences and safety issues which might arise due to a predominantly female staff at the BBHU and all female staff in the inpatient secured unit.**

January 4, 2013

Office of the Governor
Mental Disabilities Board of Visitors
PO Box 200804
Helena, MT 59620-0804

Attention: Alicia Pichette, Executive Director

Re: Recommendations Response
Board of Visitors Review – Benefis Behavioral Health Services
October 11 & 12, 2012

Dear Alicia:

Here is our written response to the recommendations as presented in the site review report. The report and recommendations are instrumental in defining areas of focus for process of continuous improvement.

Please contact me if questions: 406-455-2390 or marleneoconnell@benefis.org

Sincerely,



Marlene O'Connell RN, MSN, LCPC, LAC
Manager – Behavioral Health Services

BEHAVIORAL HEALTH SERVICES – West Campus
Phone (406) 455-2367 Fax: (406) 455-2373

BENEFIS HEALTH SYSTEM

1101 26th Street South, Great Falls, MT 59405 | www.benefis.org

Benefis Hospitals, Inc. | Benefis Medical Group, Inc. | Benefis Spectrum Medical, Inc. | Benefis Senior Services | Benefis Health System Foundation •

BENEFIS HOSPITALS
GREAT FALLS, MONTANA
BEHAVIORAL HEALTH UNIT

RESPONSE : OCTOBER 11-12, 2012 SITE VISIT RECOMMENDATIONS

1. Develop and implement the use of an evaluation form so patients and/or family can evaluate all aspects of the patient's stay, specific to the BBHU. Include an evaluation of the treatment plan and planning process and use the information gathered as part of a quality assurance and quality improvement process specific to the BBHU.

The Behavioral Health Unit is investigating use of the Inpatient Consumer Survey as developed by the National Association of State Mental Health Program Directors Research Institute, Inc (NRI). This tool is a 28 item questionnaire completed by clients at discharge examining six domains of client perception: outcome of care, dignity, rights, participation in treatment, facility environment and empowerment.

2. Include information about advocacy services in the Patient Handbook, post contact information on bulletin boards and include information about the BOV, MHO and DRM in new employee orientation.

Information on advocacy services as contained in our Patient Handbook is being reformatted and expanded to more clearly identify the information as advocacy services provided by BOC, DRM and MHO including a short program description and contact information. This information will also be posted on our unit bulletin boards and will be identified as information to be reviewed by new employees.

3. Create a policy specific to the Benefis Behavioral Health Unit to address warning signs and indications of abuse; provide guidance on reporting, establish a framework for regulatory obligations, and advocacy/protection resources for both the reporting staff, and affected clients.

Existing BH unit policy on "Reporting Abuse or Neglect of Persons Admitted for Mental Health Services" will be revised to include specific sections on reporting guidance in concert with Montana Code 53-21-107, resources, staff education requirements and reference to the exiting hospital policy on abuse and neglect. Information specific to warning signs and indications of abuse, management and resources will be addressed in required annual education for staff members.

4. Establish a policy and procedure to articulate the rationale for placing a client in the locked portion of the unit and establish the criteria for transitioning to the open unit in BBHU.

The Behavioral Health Unit has defined admission and discharge criteria for the locked area of the inpatient unit as well as the Intermediate Structured Care area.

5. Involve the hospital pharmacist in the medication reconciliation process. A pharmacist interviewing the patient and clarifying with pharmacy records would improve the accuracy of the record. Encourage the pharmacy to become more involved with the BBHU and provide medication group more than once weekly to assure that each patient has received medication education.

Pharmacy is involved in the medication reconciliation process along with nursing and physician staff though use of the electronic medical record and automated medication dispensing processes. Nursing initiates the process of gathering medication information on admission with the prescribing provider making additions, deletions or corrections to the patient's medication orders. Pharmacy is involved in the reconciliation process in reviewing for duplications, contradictions, interactions and name/route or dose confusion. As the hospital pharmacy service is not staffed to employ a unit based pharmacist for the Behavioral Health Unit, individual patients cannot be interviewed by a pharmacist on admission nor can the frequency of having a pharmacist provide a medication group increased. However, our APRN and unit based nursing staff have the skill and expertise to implement an additional medication education group.

6. Strengthen procedures for use and disposal of medications. Send medications for disposal to the pharmacy for proper disposal.

The Behavioral Health unit will implement appropriate elements from the Benefis Health System policy/procedure for the "Disposal of Medications and Medication Related Supplies". This policy developed by the hospital pharmacy service offers specific guidelines for the destruction/disposal of controlled and non-controlled substances.

7. Provide education and training to counseling staff on the conceptual framework of trauma informed care and its inclusion in treatment planning. Individuals receiving treatment for substance abuse are at high risk for a history of abuse and early trauma.

Counseling staff will complete the 10 hour Trauma Focused CBT Web Course developed by the Medical University of South Carolina. This course on trauma informed care has been approved by a number of continuing education providers including the National Association of Social Workers.

8. Assess possible treatment consequences and safety issues which might arise due to a predominantly female staff at the BBHU and all female staff in the inpatient secured unit.

Assessment of staffing needs for the Behavioral Health Unit is ongoing. Male staff applicants are interviewed and hired for various unit positions when appropriate. Most recently a male RN has been hired for night shifts beginning in early 2013.