

Montana
Mental
Health
Nursing Care
Center

May 16 & 17

2013

A Report of the Site Review Conducted at the
Montana Mental Health Nursing Care Center in
Lewistown with Recommendations

Mental Disabilities Board
of Visitors

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OVERVIEW

Mental Health Facility Reviewed:

Montana Mental Health Nursing Care Center (MMHNCC)
Lewistown, Montana
Ron Balas - Superintendent

Authority For Review:

Montana Code Annotated, 53-21-104

Purpose Of Review:

- 1) To learn about MMHNCC services.
- 2) To assess the degree to which the services provided by MMHNCC are humane, consistent with professional standards, and incorporate BOV standards for mental health services.
- 3) To recognize excellent services.
- 4) To make recommendations to MMHNCC for enhancing and/or improving services.
- 5) To report to the Governor regarding the status of services provided by MMHNCC .

BOV Review Team:

Board:

Tracy Perez, LCSW

Consultants:

Scott Malloy, LCSW
Rosemary Miller, RN

Staff:

Alicia Pichette, Executive Director
Craig Fitch, Legal Counsel
Lisa Swanson, Advocacy Specialist

Review Process:

- Interviews with MMHNCC staff
- Observation of treatment activities
- Review of written descriptions of treatment programs
- Informal discussions with residents
- Inspection of physical plant
- Review of treatment records

STANDARDS FOR SITE REVIEWS OF MENTAL HEALTH SERVICES

Organizational Planning and Quality Improvement

Planning

The Montana Mental Health Nursing Care Center (Center) prepares an annual report that includes mission statements for each department at the Center with goal statements and time frames for implementation. The report also contains statistical graphs reporting the demographics of the individuals served, admission and discharge information, and specifics of services provided.

Goal statements in the report function as the annual work plan/annual goals and may be considered a strategic plan. As the Montana Mental Disabilities Board Of Visitors team (BOV) was on site conducting the review a staff survey instrument was in the final approval process and being prepared to be distributed to all staff. The results of this survey will be used as framework for setting annual goals for 2013/2014. The Center's operational plans are the work plan/annual goals.

Few residents at the Center participated in the survey process for setting goals for the coming year. Family members/guardians have limited involvement with residents with just about 15% participating in treatment planning making it difficult for the Center to survey them and use their information in the strategic planning process.

Leadership/management and staff interviewed expressed enthusiasm for the emphasis on resident centered treatment/behavior management plans now being implemented. Nursing staff report setting goals to replace institutionalism with community in an effort to recognize the culture change in long term care and provide more resident focused treatment. BOV team members sat in on leadership training and found it excellent. The Center is updating the physical plant; common areas are clean, bright and nicely decorated. The addition of a social worker /psychologist has brought focus on resident behaviors and behavior modification programming. The Center is assertively seeking placements for those residents who have achieved skills appropriate for living in the community.

Suggestions:

Update the Center's Mission Statement adding a clearly defined role of behavior management/mental health treatment for the resident centered model currently being implemented.

Response: *The Center's Mission Statement was updated on the facility's web page to include the statement "However, the Center may discharge residents who can function in, or benefit from, community settings". The statement emphasizes the facility's role in preparing residents to return to the community.*

Quality Improvement

The Center appears to have worked diligently on quality improvement; the Director of Nursing (DON) is also in charge of the Quality Assurance Department. Over the past year the process for identifying and reviewing various quality assurance markers has been strengthened, particularly in the area of resident centered care. The BOV heard leadership/management voice a commitment to the importance of quality treatment, as well as enthusiasm toward a more progressive approach to resident care. The DON expressed interest in networking with Quality Assurance professionals from other residential care facilities to review steps they are taking to assess services.

Leadership/management has a goal to engage staff in the quality assurance process. The challenge appears to be the lack of a clearly articulated process to share quality assurance information to direct care staff. During the interview process it was evident that there was a lack of clarity in this regard, with administrative staff stating

that they thought notes were included in a log book on the floor but were unsure as to whether or not this was reviewed. CNA's working directly with residents to carry out treatment plan objectives do not have a strong process in place to document or report progress; they were not certain that information they gathered and reported would be included during treatment planning discussions.

Suggestions:

Check forms, policies, procedures, other written materials used at the Center to assure that references to the Health Insurance Portability and Accountability Act (HIPAA) are correct. Some written materials refer to the Act as 'HIPPA'.

Response: *When facility materials are reviewed we will be mindful of the suggestion.*

Rights, Responsibilities and Safety

Rights and Responsibilities

An explanation of resident rights and responsibilities is included in the intake information provided to residents and family members/guardians and is posted visibly throughout units. Multiple staff provided, in detail, the rights and responsibilities of staff and residents. Specific examples provided by staff demonstrated their knowledge of, and adherence to, the Center's policy and procedures. Materials provided to residents included information about the assistance available from the BOV.

Staff consistently reported awareness of a clear process to file grievances and appeared to believe in the benefit and use of this policy and process. The Center's grievance policy directs that grievances are filed with the DON who is responsible to carry out the process. Although this appears to be an efficient way of centralizing the process, it might deviate from the intent of handling a grievance in a timely manner.

Suggestion:

Consider developing a process for staff working on the unit to be the first line of response to a grievance. If the complaint cannot be resolved, then forward the grievance to the DON for action.

Response: *The grievance policy will be evaluated to improve the efficiency of response time.*

Safety

Based upon site review observations it appears that services are provided in an appropriate, least restrictive manner. The facility appears to be appropriately meeting the safety needs of residents including a secure area for residents who have those needs. Seclusion is not used.

Permanent staff of the mental health service is regularly trained to understand, and to skillfully and safely respond to, aggressive and other difficult client behaviors. The only exception is training for temporary staff. The Center uses travelling nursing staff for some positions. Training for these temporary staff is limited. Individual staff members have not always received training specific to mental illness before being assigned to work on the units.

Staff appears to be aware of the protocol for responding to situations in which abuse and/or neglect (A/N) are suspected or have occurred. Allegations of A/N appear to be taken seriously and dealt with immediately. The Center has implemented the requirements of 53-21-107, MCA¹ for reporting and investigating allegations of abuse and neglect of clients. When there is an allegation of A/N, all parties to the alleged incident, as well as staff with possible information, are interviewed. If applicable, video CCTV footage of the alleged event is

¹ Montana Code Annotated

<http://data.opi.mt.gov/bills/mca/53/21/53-21-107.htm>

reviewed. Investigative interviews are conducted with clinical oversight and support for the resident. Follow up care for the alleged victim is provided and changes are made when necessary. After an allegation of A/N of a resident by staff is substantiated, all related circumstances are reviewed – including all staff and supervisory actions, or non-actions, that could have contributed to the abuse and neglect as part of quality assurance to decrease the potential for future recurrence. During interviews with staff it was reported that protocol was not followed through on a consistent basis. The reason given for protocol not meeting designated time lines was that a staff member was on vacation. It is important that protocol be followed despite staff absences.

Male residents outnumber female residents significantly while female direct care staff /outnumber male staff. Leadership/management acknowledges the difficulties of recruiting male staff members to meet the needs of the facility.

Suggestion:

Continue to look for ways to recruit more male staff members to better serve the needs of male residents.

Explore training and support options to address compassion fatigue for all Center staff.

Continue expanding access to training about recognizing A/N to all Center staff, including maintenance, housekeeping, cafeteria workers, etc. so they can more easily identify and report if they suspect A/N of residents.

Response: Administration will continue to encourage male, female and minority applicants. We will explore training options to address compassion fatigue and broaden the training for A/N which includes all staff.

Client and Family Member Participation

Information about resident rights and responsibilities is provided to family members/guardians when residents are admitted to the Center. Communication with family members/guardians is the responsibility of the social worker. The Center's Policy #1118, Attachment #2, offers the information about family member/guardian involvement in the treatment/care planning process. Staff interviewed expressed interest in finding ways to better involve families and noted that emphasizing resident centered treatment planning may encourage more family members/guardian involvement. The family member/guardian can request copies of the treatment plan and are notified about care planning/treatment planning meetings. Reportedly just about 15% of the residents have family members/guardians involved in treatment. With such a small number of engaged family members/guardians, services evaluation is limited.

Suggestions:

As the treatment planning process strengthens its resident centered focus, consider reviewing options to encourage residents to include family members/ guardians when treatment plans are written and reviewed.

Explore ways to actively involve family members/guardians to evaluate services and provide recommendations for services improvements.

Response: Family members and guardians will be encouraged to participate in the development of care plans and to improve opportunities for interaction the administration will invite them to participate in seasonal resident activities.

Cultural Effectiveness

The BOV observed that a general lack of knowledge and understanding concerning the importance of meeting the cultural needs of residents exists at the Center. Staff demonstrated a lack of awareness about specific cultural backgrounds (including military) of the residents at the facility. BOV was provided information which showed that a quarter of the population is Native American and veterans. Formal cultural effectiveness training was not included in the training schedule.

Some cultural experiences are regularly scheduled, including a bi-monthly group for Native American residents and some culturally specific materials are made available to residents. Native American staff interviewed could not discuss how cultural competence applies in the work setting and how that would reflect in their work. This did not seem to come from a place of not believing in cultural competency but rather a lack of training. The Center staff demonstrates a willingness to engage in cultural competency discussions and to recognize it as an area for growth and improvement. Overall, there is a willingness to learn about cultural competency and its application in the work setting.

It is clear that leadership/administration is moving in the direction of resident focused care at the Center and is actively promoting this among the staff. Developing a plan to meet the cultural needs (including those of military service members) of residents would fit nicely with this strategic service plan.

The team noted a need for the mission statement to establish clear goals and timelines for strengthening cultural awareness for the facility that includes a training schedule for staff, goals for residents and a plan for implementation.

Suggestions:

Consider implementing a process for contacting a resident's Tribe to ask for input into activities and cultural practices the resident may enjoy and benefit from; inquire whether the Tribe would like to participate in cultural awareness training for staff.

Create training and use existing staff to make training reasonable and applicable. Using existing staff that are respected may promote more "buy in" from other staff. Encourage and seek inclusion from staff and clients as there are likely others that have experience.

Develop more groups for Native Americans that include preferences and elements of Tribal customs and culture.

Consider using strategies to strengthen recruitment efforts to promote diversity among staff.

Response: *Social Tribes will be contacted to encourage participation in cultural activities for residents and employees. Staff knowledgeable of cultural practices or experience will be utilized to provide training. Administration will reinforce recruitment efforts to attract minorities.*

Staff Competence, Training, Supervision, and Relationships with Clients

Competence and Training

Position descriptions define optimum knowledge and competence expectations for staff. The descriptions for nurses include a requirement that staff 'must be able to identify physical and mental health problems...' but training specific to mental illness is not noted. Certified Nursing Assistants (CNA) work directly with residents daily, but the position descriptions for this direct care staff does not include a requirement for any training about mental illness.

Mandt Training is provided to direct care staff and CNA's complete 2 week training about providing nursing care for residents who have mental illness and/or emotional disturbances. During staff interviews, team members questioned direct care staff about training and it became evident that some staff had not received complete training about mental illness. Several staff mentioned they believe additional training in this area would be helpful. In-service training opportunities about mental illness are scheduled to resume soon, as the psychology specialist renews in-service sessions.

Staff interviewed stated that the Center is moving toward services that are more behaviorally based in nature as opposed to a medical model of treatment. Units are freshly updated to create a more therapeutic home environment. Staff is surveyed on job and shift preferences and duties are assigned based on those preferences which appear to positively affect staff morale, resident care, and alleviate "compassion fatigue." Leadership reports improved staff presence with fewer 'call offs' as a result.

Suggestions:

Orientation should have an established evaluation of new employees to perform duties to include a complete check list of duties that were covered during the orientation.

Response: *Supervisors will be asked to develop a standard checklist for new employee orientation.*

Supervision

Training schedules reviewed by BOV team members did not list training specific to supervisors, however team members were impressed by a leadership training they observed during the site review visit. Supervisors interviewed demonstrated good management/leadership skills and all had solid understanding of the facility's abuse/neglect and grievance processes. Staff interviewed, reported that supervisors are regularly on the units, monitoring interactions, talking with staff and residents and making their presence felt. Staff reported that their supervisors are readily available and easily accessed.

Suggestions:

As the continuing education curriculum is updated consider including mental health education for all staff including maintenance, dietary and housekeeping in addition to direct care staff.

Response: *Additional mental health training will be offered to employees including support staff.*

Relationships with Clients

BOV observed that staff was respectful to residents and interactions incorporated active engagement, positive demeanor, empathy, calmness and validation of resident wishes. Staff and client interactions are positive; residents appeared to be at ease and easily engaged with staff. Residents appeared to be comfortable interacting with the BOV team.

Active Engagement with Clients

Staff at the Center is doing a great job of actively engaging with residents. Nursing staff were observed managing the care of residents in a respectful, thoughtful manner. Staff on all units were observed interacting in a positive, kind, and caring manner throughout the course of the site visit. Staff appeared connected to leadership and excited about the ongoing program changes. A resident store developed by the psychology specialist in an effort to normalize the daily living of residents is quite extraordinary and much appreciated.

The Center is a mental health nursing care facility, yet there was an obvious lack of mental health professionals on staff. Staff primarily consisted of nursing care staff. Multiple staff members reported limited knowledge about mental illness, treatment, and diagnosis. There was a comfort in discussing care and relationships from the nursing home concept and less with how this might be different for the residents because they also have a mental illness diagnosis. Apparently, mental illness or recovery training has been limited.

BOV observed that the psychology specialist is a capable employee and hardworking with responsibility to manage many tasks including developing behavior plans, maintaining a presence on the floor, providing testimonial services, planning for cultural experiences, and providing staff training about mental illness. The contribution provided by this mental health professional appeared to be of significant value to the program as it places increased focus on resident centered treatment.

Suggestions:

Consider the benefits of increasing the number and presence of mental health professionals at the Center.

Response: Administration will evaluate the benefits of additional mental health professionals.

Treatment and Support

General

Treatment plans were in place, easily accessible for the direct care staff, and separate from the residents chart. One CNA is allowed to participate in treatment planning once a month. Multiple treatment plans were reviewed; some had specific mental health goals and others did not. Treatment goals in the plans were few and general in nature.

Plans reviewed and staff interviews reflected comprehensive approach to nursing home care and limited information about mental illness. Staff interviewed reported that all residents are invited to participate in treatment planning however the majority do not participate. Interviews and chart reviews indicate very good coordination for other medical services and a good process to coordinate care and share information with treatment team members. Treatment plans can be changed and adjusted by the unit RN at any time without a treatment team meeting. Discharge planning begins with admission, and teams meet quarterly to review resident readiness for discharge, yet written discharge plans were not evident in many of the charts reviewed. Some but not all residents had an active discharge plan in place. Instead information entered into the chart would say that the resident was not being discharged.

A medical doctor visits the Center monthly and performs brief medical evaluations of selected residents. (Not every resident is seen at this time). A medical doctor is on call for emergency situations, but not readily available, a resident in need of emergent medical care can be transported to the hospital emergency room. Patients interviewed appeared well cared for, had no medical complaints and offered no criticism of their access to medical care. CNAs do not have access to record observations to the nursing supervisor; they rely on a verbal information system. When interviewed the CNA's reported that there is no procedure in place to confirm whether the information is followed up on. The BOV could not identify a consistent or thorough process for passing information about residents between shifts. (This includes changes or updates RN's make to a resident's treatment plan.) Treatment plans indicated good coordination with medical services in the local community and good indication that care is easily accessed for these services. Dental care is available and accessed as needed through a Dentist in the local community.

Suggestion:

Consider increasing the number of mental health professionals on staff; adding another Psych Specialist position would further promote the goals for resident centered treatment.

Consider allowing CNAs access to information regarding the mental health diagnosis of the residents they work with and provide training regarding behavior they may expect from residents given specific diagnosis so as to provide informed care

Provide additional mental illness training to staff to better develop goals in the treatment plan that are meaningful to clients. Even though it is said that this facility does not actively provide mental health treatment (this point was clarified by more than one staff person interviewed during the review) it is important to be knowledgeable regarding the needs of clientele served by the facility.

Response: Administration will explore the possibilities of additional staff through the department's chain of command. Administration will expand CNAs access to mental health diagnosis and provide behavior training. Expansion of mental health training may assist staff in refining care plan goals relative to behaviors and therefore render them more viable for the resident.

Trauma Informed Care

The BOV discussed the guidelines for trauma informed care with staff interviewed. Staff acknowledged that nearly every resident had experienced trauma and that trauma informed care is put into practice at the Center. The specific guidelines established by SAMHSA-National Center for Trauma Informed Care² were not specifically in place. Training to address trauma in treatment plans has not been a focus, staff interviewed noted that they have received training to address issues of trauma for the residents who are military service member/veterans. Leadership at the Center is assessing the organization, treatment and services to assure that staff has a basic understanding of trauma as they create and implement resident treatment plans.

Suggestion:

Consider expanding current staff orientation and training to address trauma informed care in treatment planning as it might apply to all residents of the Center.

Response: Mental health professionals at the facility will explore training opportunities for trauma informed care.

Medication

Nursing staff at each unit dispense medications from a cart that is prepared in the pharmacy by a pharmacy staff member. The Director of Nursing (DON) has a process for reviewing reported medication errors (through the quality assurance process), monitors for patterns of errors and is actively involved with the process. The DON is regularly present on the units to monitor medication pass, mentor and provide 'in the moment' training to direct care staff.

Residents taking antipsychotic medication are monitored according to the consensus guidelines of the American Diabetes Association and American Psychiatric Association. Medication allergies, side effects, adverse medication reactions, and abnormal movement disorders are well documented, monitored, and promptly referred by nursing staff to a physician. A psychiatrist visits the Center on a monthly rotation to evaluate resident medications. Staff reports that the psychiatrist who comes to the facility does not have time beyond addressing the medication side of mental health issues and would welcome expanded access to the psychiatrist. A requirement for admission is that the resident will be stable psychiatrically and not in need of active treatment. Most residents are assumed to be stable both medically and psychiatrically when they are admitted to the Center. Unless there is an issue or other emergency situation, residents are generally not evaluated by a medical doctor/psychiatrist immediately after admission and can wait a week or longer before being seen.

When legitimate concerns or problems arise with prescriptions, the floor RN will evaluate the concern then contact the on-call medical doctor in the community or call the psychiatrist. The nurse who dispenses the medication is the nurse also involved with the direct care of the residents on the unit and will then have a clear picture of the resident as a whole since the nurse not only gives the med, but is able to observe for effects. The med dispensing takes place in an area where the RN can clearly view the residents during all aspects of the medication process.

² SAMHSA Trauma Informed Care and Trauma Services
www.samhsa.gov/nctic/trauma.asp

"Medication when required" (PRN) is only used as a part of a documented continuum of strategies for safely alleviating the client's distress and/or risk. A medical doctor from the community handles a large portion of PRN concerns for psychotropic medications and is on-call for the Center.

The Center has a pharmacy and staff assures medication is prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with laws, regulations, and professional guidelines. Unused portions of medications and expired medications are disposed of appropriately using – when resources are available - the protocols described in SMAR_xT DISPOSAL™³ and the Food and Drug Administration with the Office of National Drug Control Policy Guidelines⁴.

A clear procedure for using and documenting 'involuntary' medications, including documentation of the rationale, efficacy and side effects of the medication is in place and being used. The Senior and Long Term Care Ombudsman and the BOV participate in meetings under this policy/procedure to advocate for the resident during discussions about the use of involuntary medications.

Suggestion:

It appears that the Center would benefit from expanding their access to a qualified psychiatric provider who would be available for consultation with the nurses, have input on treatment plans, behavioral programs, and other services that aren't strictly medication based.

Response: Administration will explore expansion of services by a qualified psychiatric provider.

Access and Entry

The Center is well known receiving referrals from across the state. The services are linked to primary medical care doctors in the community and a psychiatrist visits on a monthly rotation from another community 120 miles away. A medical evaluation is conducted within a week of admission and psychiatric assessment within the month. A discharge planning process begins as part of the treatment plan and both begin soon after admission. Appropriately qualified and experienced staff are available at all times to assist with an admission, although residents rarely present for an unannounced admission after business hours. The facility has, for the most part, a good process that allows time to discuss admissions, acceptance, and placement.

Some referring entities across the state have expressed confusion about the resident intake process and comment that at times it has seemed restrictive and confusing. Clarity about the definition of 'psychiatrically stable' and 'medically stable' would benefit those referring entities and family members/guardians that are considering accessing the Center's services.

Suggestion:

Even if residents are considered stable for transfer to the facility, a doctor and psychiatrist should see the resident within a 24-48 hour time frame.

Consider establishing a more clearly defined description of the eligibility requirements for an individual to enter services at the Center.

Response: At this time facility resources limit the availability of a psychiatrist and medical doctor within the suggested time frame. Administration will evaluate eligibility requirements for admission to ensure clarity.

³SMAR_xT Disposal Services

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

⁴ US Food and Drug Administration

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

Continuity of Services Through Transitions

Treatment teams review the treatment plans quarterly to evaluate a resident's readiness to be referred for transition into community-based services. Family members/guardians are invited to participate during transition; those family members/guardians who are involved with a resident are included in the discharge process. Staff interviewed expressed confidence that the treatment plan/behavioral planning information were specifically shared with providers receiving clients from the Center and that the information was thorough. The Center does follow up and is proactive during the discharge process to ensure continuity of care.

Staff demonstrated an increased awareness that discharge is an option for some residents and expressed support for the changes to the treatment planning process to prepare residents for community placements. . The criteria for a resident to be discharged, and the discharge process, appeared to be somewhat informal. The Center makes an effort to transfer residents to other facilities, with planned contact on business days and hours. Placements beyond the Center have been occurring and this shows they recognize options for their clients. The Center needs to find more creative ways to utilize client preferences and supports in discharge.

Suggestion:

To further enhance the discharge process for residents, gather ideas and develop a plan to allow residents to engage more with the Lewistown community.

A list of likely agencies and level of care available in Montana will be a useful tool for Center staff, residents and family members/guardians in the discharge planning process.

Response: *More opportunities for residents to interact with community activities are being expanded. Social services will develop a list of agencies and levels of care in Montana that may be utilized or contacted in discharge planning.*

RECOMMENDATIONS

- 1. Clarify the Center’s mission statement regarding the purpose of the services and the role of behavior management and training to improve social skills in treatment planning.**
- 2. Review the resident grievance process to provide a more consistent and timely application of policy.**
- 3. Develop a plan to ensure appropriate staff coverage, including designating administrative responsibilities, in employee absences to ensure grievance and a A/N policy and procedures are carried out at all times.**
- 4. For quality assurance purposes, create a communication system for direct care staff to inform the treatment team about resident care and document resident progress toward achieving treatment/care plan objectives. The system should identify who will provide the information to the team.**
- 5. Expand existing training module about mental illness, recovery, and approaches toward treatment and include trauma informed care concepts for all staff (including maintenance, housekeeping and dietary staff).**
- 6. Create cultural competency training that is comprehensive and pulls from existing staff resources.**
- 7. During treatment plan reviews, assure that each resident’s treatment plan contains discharge planning information.**
- 8. Explore recruitment options to have a psychiatrist or mid-level provider available on a more frequent basis to meet the needs of residents.**

MMHNCC RESPONSE

RECOMMENDATIONS

- 1. Clarify the Center’s mission statement regarding the purpose of the services and the role of behavior management and training to improve social skills in treatment planning.**
Concur: Administration has updated the mission statement on the facility web page concerning the facility’s focus of returning residents to the community whenever possible. Resident behavior management and social skills training will be included in the care plan process.
- 2. Review the resident grievance process to provide a more consistent and timely application of policy.**
Concur: The resident grievance policy will be reviewed to improve the efficiency of response time.
- 3. Develop a plan to ensure appropriate staff coverage, including designating administrative responsibilities, in employee absences to ensure grievance and a A/N policy and procedures are carried out at all times.**
Concur: Administrative responsibilities will be defined as part of the grievance and abuse/neglect policy review.
- 4. For quality assurance purposes, create a communication system for direct care staff to inform the treatment team about resident care and document resident progress toward achieving treatment/care plan objectives. The system should identify who will provide the information to the team.**
Concur: The MDS Coordinator will continue to interview direct care staff (nurse and nurse aide) prior to care plan meetings to determine resident functioning level and report the information to the care plan team. Direct care staff also participates in care plan meetings.
- 5. Expand existing training module about mental illness, recovery, and approaches toward treatment and include trauma informed care concepts for all staff (including maintenance, housekeeping and dietary staff).**
Concur: Mental health training will be expanded (mental illness, recovery, treatment approaches, trauma informed care) and offered to all staff.
- 6. Create cultural competency training that is comprehensive and pulls from existing staff resources.**
Concur: The administration will implement cultural competency training for all staff.
- 7. During treatment plan reviews, assure that each resident’s treatment plan contains discharge planning information.**
Concur: Social Services will be responsible for coordinating resident discharge planning and incorporate in the resident’s care plan.
- 8. Explore recruitment options to have a psychiatrist or mid-level provider available on a more frequent basis to meet the needs of residents.**
Concur: Administration will explore the possibilities of additional service by a psychiatrist or mid-level provider.

SUGGESTIONS

Suggestions:

Update the Center's Mission Statement adding a clearly defined role of behavior management/mental health treatment for the resident centered model currently being implemented.

Response: The Center's Mission Statement was updated on the facility's web page to include the statement "However, the Center may discharge residents who can function in, or benefit from, community settings". The statement emphasizes the facility's role in preparing residents to return to the community.

Suggestions:

Check forms, policies, procedures, other written materials used at the Center to assure that references to the Health Insurance Portability and Accountability Act (HIPAA) are correct. Some written materials refer to the Act as 'HIPPA'.

Response: When facility materials are reviewed we will be mindful of the suggestion.

Suggestion:

Consider developing a process for staff working on the unit to be the first line of response to a grievance. If the complaint cannot be resolved, then forward the grievance to the DON for action.

Response: The grievance policy will be evaluated to improve the efficiency of response time.

Suggestion:

Continue to look for ways to recruit more male staff members to better serve the needs of male residents. Explore training and support options to address compassion fatigue for all Center staff. Continue expanding access to training about recognizing A/N to all Center staff, including maintenance, housekeeping, cafeteria workers, etc. so they can more easily identify and report if they suspect A/N of residents.

Response: Administration will continue to encourage male, female and minority applicants. We will explore training options to address compassion fatigue and broaden the training for A/N which includes all staff.

Suggestions:

As the treatment planning process strengthens its resident centered focus, consider reviewing options to encourage residents to include family members/ guardians when treatment plans are written and reviewed. Explore ways to actively involve family members/guardians to evaluate services and provide recommendations for services improvements.

Response: Family members and guardians will be encouraged to participate in the development of care plans and to improve opportunities for interaction the administration will invite them to participate in seasonal resident activities.

Suggestions:

Consider implementing a process for contacting a resident's Tribe to ask for input into activities and cultural practices the resident may enjoy and benefit from; inquire whether the Tribe would like to participate in cultural awareness training for staff. Create training and use existing staff to make training reasonable and applicable. Using existing staff that are respected may promote more "buy in" from other staff. Encourage and seek inclusion from staff and clients as there are likely others that have experience. Develop more groups for Native Americans that include preferences and elements of Tribal customs and culture. Consider using strategies to strengthen recruitment efforts to promote diversity among staff.

Response: Social Tribes will be contacted to encourage participation in cultural activities for residents and employees. Staff knowledgeable of cultural practices or experience will be utilized to provide training. Administration will reinforce recruitment efforts to attract minorities.

Suggestions:

Orientation should have an established evaluation of new employees to perform duties to include a complete check list of duties that were covered during the orientation.

Response: Supervisors will be asked to develop a standard checklist for new employee orientation.

Suggestions:

As the continuing education curriculum is updated consider including mental health education for all staff including maintenance, dietary and housekeeping in addition to direct care staff.

Response: Additional mental health training will be offered to employees including support staff.

Suggestions:

Consider the benefits of increasing the number and presence of mental health professionals at the Center.

Response: *Administration will evaluate the benefits of additional mental health professionals.*

Suggestion:

Consider increasing the number of mental health professionals on staff; adding another Psych Specialist position would further promote the goals for resident centered treatment. Consider allowing CNAs access to information regarding the mental health diagnosis of the residents they work with and provide training regarding behavior they may expect from residents given specific diagnosis so as to provide informed care. Provide additional mental illness training to staff to better develop goals in the treatment plan that are meaningful to clients. Even though it is said that this facility does not actively provide mental health treatment (this point was clarified by more than one staff person interviewed during the review) it is important to be knowledgeable regarding the needs of clientele served by the facility.

Response: *Administration will explore the possibilities of additional staff through the department's chain of command. Administration will expand CNAs access to mental health diagnosis and provide behavior training. Expansion of mental health training may assist staff in refining care plan goals relative to behaviors and therefore render them more viable for the resident.*

Suggestion:

Consider expanding current staff orientation and training to address trauma informed care in treatment planning as it might apply to all residents of the Center.

Response: *Mental health professionals at the facility will explore training opportunities for trauma informed care.*

Suggestion:

It appears that the Center would benefit from expanding their access to a qualified psychiatric provider who would be available for consultation with the nurses, have input on treatment plans, behavioral programs, and other services that aren't strictly medication based.

Response: *Administration will explore expansion of services by a qualified psychiatric provider.*

Suggestion:

Even if residents are considered stable for transfer to the facility, a doctor and psychiatrist should see the resident within a 24-48 hour time frame. Consider establishing a more clearly defined description of the eligibility requirements for an individual to enter services at the Center.

Response: *At this time facility resources limit the availability of a psychiatrist and medical doctor within the suggested time frame. Administration will evaluate eligibility requirements for admission to ensure clarity.*

Suggestion:

To further enhance the discharge process for residents, gather ideas and develop a plan to allow residents to engage more with the Lewistown community. A list of likely agencies and level of care available in Montana will be a useful tool for Center staff, residents and family members/guardians in the discharge planning process.

Response: *More opportunities for residents to interact with community activities are being expanded. Social services will develop a list of agencies and levels of care in Montana that may be utilized or contacted in discharge planning.*