Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Montana Mental Health Nursing Care Center
Lewistown, Montana

March 5 - 6, 2009

Gene Haire
Gene Haire, Executive Director

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OVERVIEW

Mental Health Facility reviewed :

Montana Mental Health Nursing Care Center (MMHNCC)
Lewistown, Montana
Glenda Oldenburg, RN - 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 improvement of services.
5) To report to the Governor regarding the status of services provided by MMHNCC .

BOV review team :

Staff:	**Board:**	**Consultants**:
Gene Haire, Executive Director	Joan-Nell Macfadden, Chair	Jacki Hagen, PharmD
Craig Fitch, Legal Counsel	Sandy Mihelish	

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

Organizational Planning and Quality Improvement	
Planning:	
Does MMHNCC produce and regularly review a strategic plan?	Yes Strength**:** ▪ Each MMHNCC unit submits an annual report which includes the mission statement and accomplishments of that unit. Out of this process, goals and objectives for the following year are established. At the end of each year, MMHNCC conducts a review of what did and didn't work and why. This process results in a comprehensive annual report.
Quality Improvement:	
Does MMHNCC have and use a plan of continuous quality improvement to evaluate and improve all of its activities related to services to residents and families?	Yes Strength**:** ▪ MMHNCC conducts quarterly Quality Improvement meetings with the Director of Nursing, Psychiatrist as available, Medical Director, Superintendent, Medical Records Administrator, AM Nursing Supervisor, Pharmacist, and Infection Control Nurse. During these meetings a variety of the facility's activities are reviewed and improvement actions planned.
Are designated staff of MMHNCC accountable and responsible for the continuous quality improvement process?	Yes Strength: ▪ Responsibilities for assessing and maintaining the quality of the work at MMHNCC are very clearly assigned to supervisors at each level of the organization.

Rights, Responsibilities, and Safety	
***Rights, Responsibilities*:**	
Does MMHNCC define the rights and responsibilities of and provide verbal and written information about rights and responsibilities to residents and family members?	Yes Strengths: ▪ Social Workers give each resident and his/her guardian or family member a copy of the Resident Bill of Rights. The resident and Social Worker both sign and date the form; a copy is put into each resident's chart. ▪ All staff are taught about resident rights during initial staff orientation training; all new staff receive the Resident Bill of Rights. ▪ Everyone BOV spoke with was knowledgeable about resident rights and responsibilities. ▪ The Resident Bill of Rights is posted on bulletin boards throughout the facility.

Does MMHNCC actively promote resident access to independent advocacy services by: ▪ providing verbal and written information? ▪ prominently displaying in all of its facilities posters and brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program?	Yes <u>Strengths:</u> ▪ Social Workers explain advocacy services to each resident and family members. Other staff members, when asked about advocacy services, refer residents to their Social Worker. ▪ Written information about advocacy services is provided to residents in several ways: ➢ The <u>Welcome to Montana Mental Health Nursing Care Center</u> information sheet includes the following advocacy services program names and phone numbers: ▪ Mental Disabilities Board of Visitors ▪ Ombudsman - Fergus County Council on Aging ▪ Disability Rights Montana ▪ Long-Term Care Ombudsman ▪ Mental Health Ombudsman ▪ National Alliance on Mental Illness ➢ Residents and family members are given brochures from each of the advocacy organizations. ➢ The name and phone number of each advocacy service is posted on bulletin boards located throughout the facility. <u>Suggestion:</u> ▪ Consider adding a bulletin board near the D-wing phone and post advocacy services information and rights and responsibilities information there.
Does MMHNCC have an easily accessed, responsive, and fair complaint / grievance procedure for residents and their family members to follow?	<u>Strength:</u> ▪ All staff and residents BOV spoke with were clear that they have ready access to supervisors, social workers, and other staff for addressing complaints; staff and residents expressed complete confidence that any complaint would be taken seriously, addressed in a timely manner, and resolved appropriately. Each staff stated that they are fully confident that the supervisor or Social Worker will immediately inform the Administrator about any complaint or concern. <u>Observations:</u> ▪ No staff or residents BOV spoke with seemed aware of a formal resident grievance process or grievance form. <u>Suggestion:</u> ▪ Consider re-emphasizing information about the grievance policy and process so that staff are more aware.

Safety:	
Does MMHNCC protect residents from abuse, neglect, and exploitation by its staff or agents?	Yes Strengths: ▪ All staff BOV spoke with were adamant that there is zero tolerance at MMHNCC for abuse, neglect, or exploitation of residents. ▪ Staff report that when an allegation of abuse, neglect, or exploitation of a resident is made - by residents or staff - the administration immediately addresses it. ▪ MMHNCC is diligent in reporting allegations of abuse, neglect, or exploitation of residents and follow-up investigation reports to BOV. ▪ Resident to resident aggression occurs somewhat frequently among residents with dementia; when this happens staff take immediate action to ameliorate the situation, then follow-up with changes to the environment to minimize chances of recurrence.
Has MMHNCC fully implemented the requirements of 53-21-107, Montana Code Annotated (2007) with regard to reporting on and investigating allegations of abuse and neglect?	Yes
In investigations of allegations of abuse, neglect, or exploitation of residents by its staff or agents, does MMHNCC thoroughly analyze the events and actions that preceded the alleged event – including actions and/or non-actions of its staff or agents?	Yes
After an allegation of abuse, neglect, or exploitation of a resident by its staff or agents is determined to be substantiated, does MMHNCC debrief all related circumstances – including all staff and supervisory actions or non-actions that could have contributed to the abuse, neglect, or exploitation – in order to decrease the potential for future recurrence?	Yes Strength: ▪ Debriefings include an examination of precursors leading up to incidents and discussion and planning for what can be done to prevent future incidents.
Are staff of MMHNCC trained to understand and to skillfully and safely respond to aggressive and other difficult resident behaviors?	Yes Strength: ▪ All staff receive Mandt training with yearly refreshers; staff are positive about this training. Observations: ▪ Direct care staff feel that they are not adequately prepared to respond to aggressive and other difficult behaviors until they receive Mandt training - which does not always occur before being assigned to the units and can sometimes take several months after starting work. ▪ Direct care staff feel that more training about mental illnesses prior to working with residents would greatly enhance their ability to interact with residents. see Staff Competence, Training, Supervision, and Relationships with Residents, p. 10

Does MMHNCC use special treatment procedures that involve behavior control, mechanical restraints, locked and unlocked seclusion or isolation, time out, etc. in a manner that is : ▪ clinically justified? ▪ properly monitored? ▪ implemented only when other less restrictive measures have failed? ▪ implemented only to the least extent necessary to protect the safety and health of the affected individual or others in the immediate environment?	Yes Strengths: ▪ Data submitted to BOV by MMHNCC indicate that it does not use mechanical restraints, locked or unlocked seclusion or isolation, or time out. ▪ MMHNCC uses several "mechanical devices" that generally fall under the category of "restrictive"; these devices appear to be used only to enhance residents' mobility, comfort, and safety (ex: Merry Walkers, Veil Beds), and appear to be diligently monitored by staff. ▪ Data submitted to BOV by MMHNCC indicate that medications prescribed for "behavior control" are used only in situations in which a resident's behavior is placing other residents at risk of physical harm. ▪ Interviews with a number of MMHNCC staff indicate to BOV that special treatment procedures at MMHNCC are used in a manner that is consistent with this standard.

Resident / Family Member Participation	
Does MMHNCC identify in the service record residents' family members and describe the parameters for communication with them regarding residents' treatment and for their involvement in treatment and support?	Yes
Do MMHNCC assessments, treatment planning sessions, and treatment reviews proactively include the participation of residents and – with consent - family members?	Yes Strengths: ▪ Family participation is always encouraged. ▪ Staff notify guardians/family members of all treatment planning sessions/reviews or other significant treatment planning and review activities. ▪ Staff report that while still minimal (~5 of 84 residents have active family involvement), families are more involved than they have been in the past. MMHNCC now has a telephone conferencing capability; telephone calls are made every Monday from the residents to the families. ▪ Families are invited to participate in the development of residents' treatment plans, informed when planning meetings are scheduled. ▪ Families may request a copy of the treatment plan.
When a diagnosis is made, does MMHNCC provide the resident and – with consent - family members with information on the diagnosis, options for treatment and possible prognoses?	The new Psychology Specialist has been developing a comprehensive and active process for educating residents about their illnesses and treatments and therapies. see Treatment and Support, p. 14
Does MMHNCC proactively provide residents, and – with consent - family members a copy of the treatment plan?	see comment above see Treatment and Support, p. 14

Does MMHNCC promote, encourage, and provide opportunities for resident and family member/carer participation in the evaluation of the following components of MMHNCC: ▪ 'customer service' ▪ effectiveness of communication with residents and family members	Strength: ▪ MMHNCC sends satisfaction surveys to legal guardians annually Observation: ▪ MMHNCC does not conduct satisfaction surveys with residents. Suggestion: ▪ Consider developing a satisfaction and suggestion survey for residents.

Cultural Competence	
Does MMHNCC have a Cultural Competence Plan – developed with the assistance of recognized experts - that includes defined steps for its integration at every level of organizational planning?	Cultural competency planning is in its infancy at MMHNCC. The new Psychology Specialist is bringing American Indian residents together to discuss issues that are important to them from a cultural perspective. These efforts have been encouraging for both American Indian residents and for other residents and staff, and have spurred an increased interest in the cultural aspects of the treatment environment. It appears that a good foundation is being established for the future training of staff in the area of cultural competence. The Administrator has scheduled an expert[1] to come to MMHNCC to provide cultural competence training.
Does MMHNCC define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of all people in the community, with a specific emphasis on American Indian people?	See comments above
Does MMHNCC provide staff training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all people in the community, with a specific emphasis on American Indian people?	See comments above
Do MMHNCC treatment plans include therapeutic modalities that address specific cultural issues that are implemented with specific cultural values?	The Psychology Specialist has been developing plans, projects, and mental health treatment modalities for all residents including specific modalities that are relevant to American Indian residents.
Do MMHNCC treatment plans include the use of relevant community cultural services and resources?	See comments above
Are MMHNCC treatment plans developed with a culturally competent clinician or in consultation with such a clinician?	See comments above
Has MMHNCC developed links with other service providers / organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural / ethnic / religious / racial groups in the community, with a specific emphasis on American Indian people?	See comments above

[1] http://www.ca-cpi.org/Consultants/consultant_profiles/salois.htm

With regard to its own staff, does MMHNCC monitor and address issues associated with cultural / ethnic / religious / racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of American Indian people?	Yes

Staff Competence, Training, Supervision, and Relationships with Residents

Competence and Training:

Does MMHNCC define optimum knowledge and competence expectations - related to mental illnesses and working with people who have mental illnesses - for each staff position providing services to residents?	BOV reviewed the "Job Profile" for each position responsible for providing direct services to residents or for supervising these positions. These position descriptions include detailed descriptions of "major duties and responsibilities", and represent a comprehensive overview of MMHNCC's expectations for its staff in working with residents, and for the provision of overall care. The comments throughout this section address MMHNCC expectations for staff knowledge and competence related to mental illnesses and working with people who have mental illnesses [2]. Strengths: ▪ The Job Profiles for Social Workers and the Director of Clinical Support Services include general expectations for knowledge of mental illnesses and their treatment. ▪ The Job Profile of the Psychology Specialist includes significant detail regarding knowledge and competence expectations related to mental illnesses and working with people who have mental illnesses; as well as detailed expectations for working with staff throughout MMHNCC to increase the overall knowledge and competence in these areas. Observations: ▪ The Job Profiles for Certified Nurse Aides (CNA), CNA Supervisor, Recreation Aides (RA), and RA Supervisor contain no knowledge or competence expectations related to mental illnesses and working with people who have mental illnesses. ▪ The Job Profiles for Registered Nurses (RN), RN Supervisor, and Nursing Director contain no knowledge expectations related to mental illnesses and working with people who have mental illnesses, and minimal competence expectations in these areas[3]. Recommendation 1: Define expectations for staff knowledge and competence related to mental illnesses and working with people who have mental illnesses.

[2] At the time of this review 28 of the 84 residents (33%) had a diagnosis of a major mental illness without dementia or other cognitive disorder. Of this 28, 18% had a co-occurring substance use disorder.

[3] RN: "Administers ... medications ... to maintain residents' ... mental status."; "Implements physician's orders to promote and/or maintain residents' ... mental health...".
RN Supervisor: "Must be able to perform professional nursing duties to promote and maintain ... mental health of residents."; "Document ... information about ... mental health issues."; "Implements physician's orders to promote and/or maintain residents' ... mental health..."; "Make ongoing assessments of residents' ... mental health...".

Does MMHNCC have written training curricula for new staff focused on achieving optimum knowledge and competence levels - related to mental illnesses and working with people who have mental illnesses - defined for each position providing services to residents?	Strengths: ▪ All new employees have a one-day orientation covering organizational policies and procedures and services provided by various departments. ▪ New CNAs receive two weeks (eight hours/day) of training in preparation to take the CNA test. After training, these staff shadow an experienced CNA. ▪ The "Minimum Data Set Nurse" who teaches the CNA classes works with the Psychology Specialist and the Psychiatrist to incorporate information about mental illnesses into CNA training. ▪ New RNs receive two weeks of "buddy system training" - working alongside an experienced RN. ▪ All staff receive Mandt[4] training. ▪ The contract Psychiatrist and Psychology Specialist provide ongoing in-service classes on a variety of topics related to mental illnesses. ▪ The Psychology Specialist provides incidental training to all staff related to mental illnesses and working with people who have mental illnesses. ▪ Staff at all levels expressed to BOV how much they appreciate the mental health expertise the new Psychology Specialist has brought into the MMHNCC milieu. ▪ MMHNCC offers an impressive array of ongoing in-service training opportunities. Observations: ▪ Staff at all levels expressed to BOV the need and desire for more training on mental illness in initial orientation. Specific information staff said would be helpful included: what the various mental illness are, how mental illnesses affect the person, how behavior is influenced by mental illnesses, how staff should respond to a person with a mental illness, basic information about medications used to treat mental illnesses. ▪ The Minimum Data Set Nurse will begin conducting the Mandt training sometime soon – this may increase the turnaround time for staff receiving this training prior to floor assignment. Recommendation 2: Incorporate into the written training curricula for new staff specific information focused on achieving defined knowledge and competence levels related to mental illnesses and working with people who have mental illnesses.
Does MMHNCC train new staff in job-specific knowledge and competence OR require new staff to demonstrate defined optimum knowledge and competence specific to working with people with mental illnesses prior to working with residents?	See above comments Observation: ▪ MMHNCC is researching ways to access telemedicine technology so that staff will have access to a broader array of training including the possibility of training provided at Montana State Hospital.
Does MMHNCC proactively provide staff opportunities for ongoing training including NAMI-MT Provider Training, NAMI-MT Mental Illness Conference, Mental Health Association trainings, Department of Public Health and Human Services trainings, and professional conferences?	Yes Strengths: ▪ MMHNCC sends nurses to at least one conference a year that are germane to nursing issues within the hospital. CNAs and

Nursing Director: "Directs the staff development program for nursing services ... to keep staff current with trends in the ... psychiatric professions."

[4] http://www.mandtsystem.com/

	nurses regularly attend the Nursing Home Conference which is held in a different larger Montana city every year. ▪ One CNA from each shift usually attends the annual Montana Health Care Association conference.
Does MMHNCC periodically assess current staff and identify and address knowledge and competence deficiencies?	Yes Strengths: ▪ The emphasis placed on individual competence and accountability is one of MMHNCC's organizational strengths. ▪ The CNA supervisor uses an impressive system for monitoring CNA performance, and has developed a comprehensive quality improvement check list.
Supervision:	
Does MMHNCC provide active formal and informal supervision to staff?	Yes Strength: ▪ Supervisors are diligent about maintaining and nurturing communication among staff members. There is communication through shift notes and daily Care Conference meetings in the morning with minutes that are provided to all staff. ▪ Performance appraisals are actively used as tools for improvement.
Does MMHNCC train supervisors and hold them accountable for appropriately monitoring and overseeing the way residents are treated by line staff?	Yes Strength: ▪ As described throughout this report, MMHNCC has very high expectations for the respectful treatment of residents by staff. Supervisors are actively involved in ensuring this.
Does MMHNCC train supervisors and hold them accountable for appropriately monitoring, overseeing, and ensuring that treatment and support is provided effectively to residents by line staff according to their responsibilities as defined in treatment plans?	Yes Strengths: ▪ Supervisors closely monitor staff and their documentation. They observe procedures and treatment and review charts, continually probing staff by asking "What does this mean?". ▪ Treatment plans are reviewed by all unit staff and are revised according to changing resident needs. ▪ CNAs reported to BOV that there is a clear expectation - well understood by all direct care staff - that treatment plans are to strictly adhered to.

Relationships with Residents:	
Do MMHNCC staff demonstrate respect for residents by incorporating the following qualities into the relationship with residents: ▪ active engagement? ▪ positive demeanor? ▪ empathy? ▪ calmness? ▪ validation of the desires of residents?	Yes <u>Strengths:</u> ▪ The central strength of MMHNCC is the respectful treatment of and engagement with residents by all staff. The needs and wants of residents appear to be uppermost in the minds of the staff. ▪ During on-unit observation, BOV witnessed active engagement, positive demeanor, and calmness displayed by all staff. ▪ The overall impression BOV had about MMHNCC is that the staff does not force any activity or any behavioral expectations on anyone. Staff clearly expressed that their training taught them to meet each resident wherever he/she is and work with him/her from that point. ▪ The kitchen, laundry, maintenance, and housekeeping staff are very involved with the residents, have daily contact with them, and treat them with utmost respect and concern. Each area goes "above and beyond" in individualizing their work with residents and in meeting residents needs and accommodating desires. ▪ BOV met with a number of residents; all expressed satisfaction living at MMHNCC, and described being well-treated.
Active Engagement with Residents:	
Do MMHNCC direct care staff demonstrate proactive, assertive, supportive, engagement with residents?	Yes <u>Strengths:</u> ▪ Staff at all levels are continually present in the milieu, either actively engaged with or enthusiastically available to residents. ▪ Staff interact with residents naturally without a preconceived insistence on any response or reaction or expected behavior from the residents.
Are MMHNCC professional staff consistently present in all treatment environments interacting with direct care staff and residents teaching, modeling, and reinforcing healthy, constructive, respectful interactions?	Yes <u>Strengths:</u> ▪ The Psychology Specialist is very active in this regard; she indicated to BOV that she goes out on the units every hour, to observe and be available to residents and staff. (see <u>Treatment and Support</u>, p. 14 ▪ Other professional staff also appear to have an active presence on the units.
Do MMHNCC supervisors ensure that direct care staff spend their time with residents engaged in consistently positive, recovery-oriented incidental interactions?	Yes

Treatment and Support	
General:	
Is a written treatment plan in place and being implemented for every resident receiving services from MMHNCC?	Yes Strengths: ▪ MMHNCC is meticulous about treatment planning. ▪ Direct care staff are trained to be very focused on treatment plans as the core template for how to work with residents.
For all new or returning residents, does MMHNCC perform a thorough physical / medical examination or ensure that a thorough physical / medical examination has been performed within one year of the resident entering / re-entering the service?	Yes
Does MMHNCC link all residents to primary health services and ensure that residents have access to needed health care?	Yes Strength: ▪ Based on interviews with a number of MMHNCC staff, it appears to BOV that residents receive excellent medical care, including any specialty treatment needed.
Does MMHNCC proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?	Yes Strength: ▪ The assessment of the interplay between medical conditions and psychiatric illness is an ongoing process by nurses and the contract psychiatrist.
Does MMHNCC ensure that residents have access to needed dental care?	Yes
Evidence-Based Services:	
Does MMHNCC provide treatment and support that incorporates appropriate evidence-based practices with a focus on Illness Management and Recovery, Family Psychoeducation, and Integrated Treatment for Co-occurring psychiatric and substance use disorders?	MMHNCC had been recruiting for a person to fill the Psychology Specialist position for some time. This position was created in recognition of the need for increased clinical expertise to address the needs of the changing population at MMHNCC, as well as the need to provide staff with active clinical supervision and mentoring. With the recent hiring of a person to fill this position, MMHNCC is well-positioned to meet these needs. Staff at all levels are enthusiastic about learning more about mental illnesses and working more actively with the "non-dementia" residents. Strengths: The Psychology Specialist position is: ▪ reviewing and refining all behavioral plans ▪ working to implement services specific to people with co-occurring psychiatric and substance use disorders ▪ providing incidental, "in-the-moment" training to staff ▪ establishing focused, "30-minute" groups ▪ identifying residents who can benefit from individual therapy and initiating therapy sessions ▪ providing as needed "walk-in" individual therapy ▪ actively "outreaching" residents on the units through hourly rounds

	Observation: ▪ 33% of the residents at MMHNCC at the time of this review had a diagnosis of a major mental illness without dementia or other cognitive disorder. Of this group, 18% had a co-occurring substance use disorder. Suggestion: Review the SAMHSA evidence-based practices resources[5].
Employment:	
Does MMHNCC provide residents with appropriate in-house employment or employment-like activities?	Yes One of the MMHNCC Social Workers is responsible for the resident employment program. BOV was impressed with the initiative, creativity, and commitment to this important component of services. Strengths: ▪ 20% of the residents are involved in a variety of creative in-house jobs. Residents are paid "sub-minimum wage" according to federal guidelines. ▪ The departments throughout MMHNCC go out of their way to identify employment opportunities for the residents. Most of the jobs are one hour or maybe less each day. ▪ In-house employment gives the residents a feeling of accomplishment and enhanced self image.
Recreation: Strength: MMHNCC has an active, dynamic recreation department. A high percentage of residents participate in recreation activities, some out of the facility. The array of recreational activities is impressive. The recreation room at MMHNCC is a hub of color, activity, creativity, and optimism. Recreation staff are to be commended for how they work with residents.	

[5] http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/

Medication:	
Is the medication prescription protocol evidence-based and reflect internationally accepted medical standards?	Strengths: ▪ All prescriptions on the medication administration records have appropriate indications listed. Psychotropic medications are tapered up or down as necessary to prevent adverse reactions. ▪ The psychiatrist is very good about ordering certain monitoring parameters with dose changes.
Is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with laws, regulations, and professional guidelines?	Yes Strengths: ▪ MMHNCC is fortunate to have an in-house pharmacy. The pharmacy is locked and most medications are stored there. The pharmacist and pharmacy technician fill medication cassettes weekly. ▪ Medication carts are locked and kept behind locked nursing stations. They are never left out on the floor unattended during medication pass. ▪ Each nursing station has a locked refrigerator with a second lock on narcotic medications. ▪ The pharmacist reviews medications via monthly chart reviews.
Are residents and – with consent - family members provided with understandable written and verbal information about the potential benefits and adverse effects related to the use of medication?	Yes Strength: ▪ Residents and family members are welcome to obtain a med list and information from the pharmacist. Often residents approach the pharmacist directly and ask her questions about their medications.
Is "medication when required" (PRN) only used as a part of a documented continuum of strategies for safely alleviating the resident's distress and/or risk?	Yes Strengths: ▪ PRN medication orders have specific indications and instructions for sequence of administration if more than one PRN order is in place for the same indication. ▪ Nurses use their clinical judgment in determining when a PRN is needed; residents can ask for PRNs depending on the medication. ▪ All PRNs are recorded on the back of the medication administration record; documentation includes rationale for administration and outcome. ▪ BOV did not see any examples of over-utilization of sedating PRN medication. ▪ The Director of Nursing reported that nursing supervisors monitor PRN use by nurses to ensure that there is consistency and adherence to reasonable parameters for PRN use. Observation: ▪ BOV noted that documentation of PRN usage by nurses is inconsistent: in some instances: sometimes there is documentation of behavioral interventions attempted prior to PRN administration - other times, there is no such documentation.

	Suggestion: ▪ Consider establishing a policy requiring brief documentation of behavioral interventions attempted prior to PRN administration.
Does MMHNCC ensure access for residents to the safest, most effective, and most appropriate medication and/or other technology?	Yes Strengths: ▪ The pharmacy has most medications stocked for which orders are written. ▪ The pharmacy can borrow from the local hospital or Albertson's pharmacy for any medications not in stock; or can order medications, often for the next day. ▪ When the pharmacist is not on shift, the nurse supervisor can access medications with a pharmacy key and retrieve enough medication for a new order until the pharmacist is back on duty (this does not apply to narcotics, however nurse supervisors can call the local hospital pharmacist and obtain any necessary narcotics with a new order). ▪ The pharmacist conducts a monthly review of medication regimens and appropriate monitoring such as labs and drug levels to assure safety and efficacy.
Where appropriate, does MMHNCC actively promote adherence to medication through negotiation and education?	Yes Strengths: ▪ RNs do their best to convince residents to take their medications by explaining to them why and how it will help them. If a resident habitually refuses a certain medication, RNs discuss discontinuation if it is "optional" (i.e., multivitamin) or get an order to conceal a necessary medication (i.e., antipsychotic). ▪ Orders to conceal medications are handled according to established protocol.
For current residents, does MMHNCC provide regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address clients' questions / concerns?	Yes Strength: ▪ The psychiatrist is in the facility every month for 2 days. She sees residents monthly to every 3 months depending on stability. She leaves very well organized and detailed progress notes that cover all areas concerned.
When legitimate concerns or problems arise with prescriptions, do residents have immediate access to a psychiatrist or mid-level practitioner?	Yes Strength: ▪ The psychiatrist is available via phone 24/7.
Are medication allergies, side effects, adverse medication reactions, and abnormal movement disorders well documented, monitored, and promptly treated?	Yes

Are MMHNCC residents taking antipsychotic medication monitored according to the consensus guidelines of the American Diabetes Association and American Psychiatric Association?	Yes Strengths: ▪ All diabetic residents have appropriate testing done at least every 3 months. If a non-diabetic resident is on an antipsychotic, glucose levels are checked regularly. ▪ AIMS assessments are done yearly; the psychiatrist conducts informal AIMS tests and documents sign of EPS in her progress notes.
Are medication errors documented?	Yes Strengths: ▪ Medication errors are reported by whoever discovers the error. Currently medication errors are reported on Adverse Drug Event forms, but the pharmacist intends to create a form specifically for medication errors. ▪ The pharmacist and pharmacy technician go through each medication cassette after cart exchange, note documentation for meds not given, and write up a med error report if necessary.
Is there a quality improvement process in place for assessing ways to decrease medication errors?	Yes Strengths: ▪ A committee consisting of the Director of Nursing, the Superintendent and the Pharmacist meets quarterly to review medication errors and discuss ways they could have been avoided. Changes are then implemented to avoid similar errors. ▪ MMHNCC reports that this process has resulted in a significant decrease in the number of medication errors.
Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?	Yes
Are unused portions of medications and expired medications disposed of appropriately after expiration dates using – when resources are available - the protocols described in SMAR$_X$T DISPOSAL^{TM} 6 ?	Yes Strengths: ▪ Outdated medications and unused narcotics are saved and collected by a company that takes medications and destroy them professionally by incineration. ▪ Other medications, such as left over prescriptions are dumped into a large jar of water. When everything appears to have dissolved to a point of being irretrievable, they are thrown in the trash. ▪ Nothing is flushed or put down the drains. This process falls within SMAR$_x$T DISPOSAL guidelines.
Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?	Yes
Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?	Yes If the psychiatrist feels that it is necessary to administer a medication against the wishes of a resident who does not have a guardian, the Involuntary Medication Review process described in Montana statute must be followed.

6 http://www.smarxtdisposal.net/

When a resident who is transitioning to another service provider is taking psychotropic medications, does MMHNCC proactively facilitate the seamless continuation of access to those medications by ensuring that: (1) the resident has an appointment with the physician who will be taking over psychotropic medication management, (2) the resident has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the resident's medication funding is established prior to the transition?	MMHNCC reports that it does everything possible to ensure medication availability when a resident is discharged.

Continuity of Services Through Transitions	
Does MMHNCC proactively ensure continuity of care when a resident is admitted to or discharged from MMHNCC?	Yes <u>Strengths:</u> ▪ The Clinical Support Director and social worker are involved and proactive.

2005 RECOMMENDATIONS and 2009 IMPLEMENTATION STATUS

Nursing Services

Recommendation 1:

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

2009 Status:

Reviews completed. No similar issues noted in 2009.

Rights and Safety

Recommendation 2:

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

2009 Status:

Policy revised and consistent with statute.

Assessment, Treatment Planning and Review

Recommendation 3:

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

1. ***Are the clinical mental health needs of the "non-dementia" residents adequately assessed?***
2. ***Do some of the residents need "active" mental health treatments?***
3. ***Is a once /month psychiatrist adequate?***
4. ***Does MMHNCC need a full-time mental health professional on staff?***
5. ***Do direct care staff need more "psychiatric technician" oriented training?***
6. ***Does the stated mission of MMHNCC need to change to acknowledge the changing client profile?***

2009 Status:

Clinical component of MMHNCC has been implemented as described in this report.

Staff Training, Supervision, Staff-Resident Relationships

Recommendation 4:

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

2009 Status:

Availability of NAMI Provider training to MMHNCC staff in a manner that is practical and affordable to the facilitiy continues to be a challenge.

Resident and Family Participation

Recommendation 5:

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

2009 Status:

Information is being provided.

Medications Administered Against Residents' Choice

Recommendation 6:

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

2009 Status:

BOV is notified by MMHNCC at the beginning of the involuntary administration of medications as required by 53-21-127(6), MCA.

2009 RECOMMENDATION SUMMARY

1. Define expectations for staff knowledge and competence related to mental illnesses and working with people who have mental illnesses.

2. Incorporate into the written training curricula for new staff specific information focused on achieving defined knowledge and competence levels related to mental illnesses and working with people who have mental illnesses.

MMHNCC RESPONSE

Recommendation 1:
Define expectations for staff knowledge and competence related to mental illnesses and working with people who have mental illnesses.

MMHNCC Response:
Over the next year the Psychology Specialist and Director of Nursing will define expectations for direct care staff specific to their position for working with people who have mental illnesses.

There will be 6 scheduled in-services each year by the Psychiatrist which will be recorded. Supervisors will be responsible for ensuring all direct care staff attendance or viewing the recorded training. Sign-in sheets for both will be maintained in the Inservice/Training binder.

The Psychology Specialist will provide 6 in-services each year in areas of symptoms/characteristics of mental illness, myths of mental illness, and areas addressing behavior. These will also be recorded and attendance or viewing will be required, ensured, and recorded as described above.

Recommendation 2:
Incorporate into the written training curricula for new staff specific information focused on achieving defined knowledge and competence levels related to mental illnesses and working with people who have mental illnesses.

MMHNCC Response:
The Psychology Specialist will provide one to two hours on mental illnesses and working with residents with mental illnesses during the Certified Nursing Assistant training. The Inservice Education Nurse will become a Mandt trainer and will be able to offer training closer to hire dates for new employees.