

Shodair  
Children's  
Hospital

April 11 & 12

2013

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A Report of the Site Review Conducted at Shodair  
Children's Hospital in Helena

Mental Disabilities Board  
of Visitors

## OVERVIEW

### Mental Health Facility reviewed:

*Shodair Children's Hospital  
Helena Montana*

*Jack Casey, Administrator*

### Authority for review:

*Montana Code Annotated, 53-21-104*

### Purpose of review:

- 1) *To learn about the inpatient crisis stabilization and residential treatment services program provided at Shodair Children's Hospital.*
- 2) *To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Board of Visitors standards for mental health services.*
- 3) *To make recommendations for improvement of services.*
- 4) *To report to the Governor and the Montana Legislature regarding the status of services.*

### Site Review Team:

**Board:**  
*Patricia Harant, Board Member  
Nancy Morton, Board Member*

**Consultants:**  
*Dr. Jack Hornby, MD  
Pat Frawley, LCSW*

**Staff:**  
*Alicia Pichette, Executive Director  
LuWaana Johnson, Paralegal*

### Review process:

- *Interview Shodair Hospital staff*
- *Observe treatment programs*
- *Review treatment records and treatment programs*
- *Informal patient conversations*
- *Review medication management protocols*

## SUMMARY

Shodair Children's Hospital has been providing care and treatment for children for more than 100 years and has adapted the services it provides to respond to changing needs of children/adolescents. The treatment program and milieu at the Hospital is impressive. The Medical Director sets a tone of safety and quality therapeutic care in the milieu. Treatment is focused on family dynamic and family-focused therapy. Staff, from direct care to nutrition to the Medical Director demonstrates thoughtful compassionate, empathetic and enthusiastic interactions with the patients. Nursing staff and therapists are outstanding. The pharmacy department and pharmacists are fully engaged in the treatment team and are available to explain and educate families and patients about medications. The Hospital places heavy emphasis on family involvement and therapy as a treatment preference before adding medications. The medical leadership is outstanding and deserves much credit for creating a positive program culture focused on recovery.

Nursing staff is well trained and most are baccalaureate prepared registered nurses. In-house continuing education is completed monthly for the nursing staff to assure compliance with licensure requirements. Safety of patients and staff is an emphasis for all staff. Critical Response Teams are available to assist during emergency situations and move from unit to unit to assist as needed.

The education program focuses on assuring patients/students are continuing to meet education goals during the Hospital stay. Working directly with schools to devise smooth transitions into the classroom is an integral part of discharge planning for the education program. The Director of Education is bringing a fresh perspective to the education program. He provides an essential perspective in the strategic/operations planning process to recognize that the education program must be dynamic. The program is preparing a five year education strategy to better address the education needs of patients/students who have increased acuity of disability. Shodair is serving an increasing number of children and adolescents who have been diagnosed with a serious emotional disability and intellectual/ developmental disability.

The site review team observed that adding psychiatrists and therapy staff has improved the quality of patient access. During the time locum tenens physicians were on staff, treatment approaches changed frequently and the treatment philosophy was ever changing. With the addition of the current Medical Director treatment is consistent and good quality, providing confidence in the community for those physicians who refer patients to the program. Therapists interviewed noted that a per diem pool would be a welcome support for the therapy staff.

Finally, members of the team observed that the quality assurance process appears to be based on information about the Hospital's services gathered from patients/family members, stakeholders in the community and other mental health professionals. They suggested that one more way to add information into that process would be to establish a process for following patients after discharge, possibly through a survey at 3 months and/or 6 months to measure patient achievement post discharge.

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## STANDARDS FOR SITE REVIEW

### ***Organizational Planning and Quality Improvement***

#### **Planning**

*Shodair Hospital employs a process of gathering information from all staff using an extensive survey of more than 250 questions for strategic planning. The information gathered is used to develop a plan of operations and quality assurance. The Hospital also regularly conducts statewide surveys of stakeholders to gather information as part of the strategic planning/organizational planning process.*

*The quality assurance process measures implementation of the operations plan using a Performance Improvement Plan (PIP). It appears that information gathered in satisfaction surveys of patients and family member/ guardians is used for quality assurance. The strategic plan does not appear to reflect planning based on patient satisfaction with services.*

*A Performance Improvement Plan updated in 2013 appears to function as the Hospital's operations plan. This document states that the leadership team "is responsible to implement process improvement activities that support the hospital's mission, vision, values and strategic plan." Clear time frames or delineation of individual responsibilities for implementing the plan are not evident.*

*An example of using stakeholder information to advance the strategic planning process is the recent decision to expand Shodair services into providing outpatient services in Helena.*

#### **Quality Improvement**

*Continuous quality assurance/quality improvement is evident at Shodair Hospital. The Director of Nursing and the Director of Management Services oversee the continuous assessment of programs, facility operations and patient, family member/guardian concerns for quality assurance. The Director of Management Services is designated as the quality improvement officer, and also supervises the pharmacy staff and the genetics program staff. Hospital Executive Leadership appoints Performance Improvement Teams as needed to address specific issues of quality improvement. This process is used to imbed the QI/QA efforts of the program into every role/office of the Hospital. The Director of Management Services coordinates the efforts of these teams and authors the Performance improvement Plan. It appears the Director of Management Services also functions as the compliance office for the Hospital.*

*An individual staff member is responsible for incident investigations and reporting. Investigation reports include detailed information about the incident, with recommendations for additional staff training if needed. Staff education and training is supervised by the Director of Human Resources and does not appear to be linked to QA/QI.*

*Program directors (Education, Social Services, Medical/Psychiatry, Nursing, Genetics, etc.) report directly to the Administrator.*

#### **SUGGESTION:**

*Consider using the satisfaction survey questionnaires that are completed on discharge as a baseline for determining ongoing patient satisfaction after discharge. Conduct follow-up surveys after discharge to assure that the process adequately prepared the patient and family members/guardians for community based services.*

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## ***Rights Responsibilities and Safety***

### **Criteria**

*Shodair Hospital defines patient rights and responsibilities and assures that family members/guardians receive the information about those rights and responsibilities verbally and in writing. Information about the advocacy services provided by the Mental Disabilities Board of Visitors (BOV) was not included in this information.*

*The complaint/grievance procedure is well explained in the policies and procedures. At some point during this process information about advocacy services (BOV, the Mental Health Ombudsman and Disability Rights Montana) is provided to family members. The assistance available through the BOV is referenced in the policy; it is noted that the family member/patient may address concerns with BOV. By statute, BOV is available to assist family members/patients at any point during the complaint/grievance process.*

*Information about the grievance process was not evident in the Patient Rights and Responsibilities document. The site review team did not find information in documents provided to family members/guardians or patients at the time of entering services that discussed the assistance available from the BOV.*

*Posters with contact information for the Mental Disabilities Board of Visitors, the Mental Health Ombudsman and Disability Rights Montana were noted on each of the units. The site review team delivered BOV brochures during the site review visit.*

#### **Suggestions:**

*Assure that information about both the patient complaint process and formal patient/family member grievance process is included in the Patient Rights and Responsibilities documents.*

*Assure that staff, especially therapists who interact with families/guardians, receive training specifically about the advocacy services available to families (BOV, DRM, and Mental Health Ombudsman).*

### **Safety**

*Policies and procedures identify the protections Shodair has in place to protect patients from abuse and neglect while at the Hospital. Staff is trained to report any suspected or alleged incident that might be abuse or neglect.*

*Shodair Hospital receives good marks in the area of policies and procedures to regulate the use of special treatment procedures. Restraint is not mechanical and holds are limited to a specific time period, after which the restraint must be released. A decision to implement a hold/restraint can be made only by a registered nurse or physician. Patient files and incident reports the team reviewed disclosed that the decision making process for implementing restraint/holds are thoughtful, clinically well-reasoned, properly implemented and monitored. Staff interviewed suggested that the current training for using restraint/seclusion does not put enough emphasis on identifying specific patient behaviors that may lead to an incident.*

*The Hospital has a thorough screening process for new employees and background checks are broad-based and completed on the state and national level.*

*Policies and procedures included in the "Child Abuse Policy" do not mention the reporting requirements under 53-21-107, MCA. Staff reported being trained and aware that incidents must be reported to DPHHS and DRM but staff interviewed were not aware of the statutory requirements to report to BOV. Shodair reports serious incidents to the Board of Visitors, but the team did not find a policy/procedure that describes the process for staff to follow. The reporting process does not completely comply with statute.*

*Training documentation presented to the site review team and staff interviewed suggested that the training staff receives is broad based and thorough, and all staff – from top to bottom – are expected to know how to respond to a wide range of difficult behavior that patients might exhibit.*

*A Collaborative Response Team (CRT) is available at all times to help calm any situation that might result in a special treatment procedure. Special treatment procedures are implemented to the least extent necessary to protect the safety and health of the affected individual or others on the unit.*

*Each unit of the hospital has a quiet room. Quiet rooms may only be used when clinically justified with a physician's order for a specific period of time. The patient will be evaluated by nursing staff after that period of time and will be permitted to leave the Quiet room. If the nurse determines that the patient needs more time, the physician must approve the time extension. The room is monitored, and used only as necessary to protect the safety and health of patients on each unit.*

*Shodair Hospital has an extensive process for providing review, analysis, feedback and support for all persons involved in a special treatment procedure. The team noted concern about staff being instructed to apologize to children who are restrained or secluded.*

**SUGGESTION:**

*Consider providing specific training to focus on specific patient behaviors and options for staff to intercede before an incident occurs as a component of continuing quality improvement.*

## ***Patient and Family Member Participation***

### **Criteria**

*Patient treatment records identify how Shodair staff will communicate with family members/guardians about treatment. Shodair does more than invite family members/guardians to participate in a patient's treatment planning. Family members/guardians are an integral part of the treatment and are required to actively participate before treatment can begin. Patients and family members/guardians are educated about the diagnosis, provided with information about medications that will be prescribed to address the diagnosis and are provided training about medications, including their potential side effects. Family members/guardians note that family concerns are respected and taken into consideration by the treatment team - which includes family members/guardians and patients. If family members/guardians do not wish to participate in treatment/treatment planning for the patient, Shodair will work with the family to emphasize the need for involvement. If the family still does not want to participate, then Shodair will begin a process to discharge the patient.*

*Shodair promotes, encourages, and provides opportunities for patients and family members/guardians to participate in all aspects of the patient's care. During the length of stay, patients, family members/guardians complete satisfaction surveys. Information from the surveys is used as a quality improvement tool to improve, change and supplement the program itself to best respond to the treatment needs of the patients, family members/guardians. Based on the data provided from surveys completed at the time of discharge, the team concluded that patients and families are generally satisfied with the service. About 40% of surveys are returned.*

## ***Cultural Effectiveness***

### **Criteria**

*Shodair Hospital has a well developed Cultural Effectiveness Plan that uses established principles from the Substance Abuse and Mental Health Services Administration (SAMHSA) and American Evaluation Association Guidelines. Data provided to the site review team reported that twenty-percent of the patients admitted to the*

*Hospital are Native American. The cultural needs of patients are assessed by staff that has specific knowledge and skills to address the needs of Native American patients. Individual Treatment Plans reflect the culture of the patients served. The education program includes Indian Education for All in the curriculum.*

*Staff receives training specific to the needs of patients who are American Indian. Individual Treatment Plans describe and identify cultural, ethnic, social, historical and spiritual issues. Recent SAMHSA guidelines to address the cultural needs of military service member families have not been specifically included in the Cultural Effectiveness Plan at this time. Shodair Hospital analyzes the cultural demographics of the state of Montana which is the Hospital's catchment area and considers those demographics in the cultural focus of the therapeutic services it provides.*

## **Staff Competence, Training, Supervision, and Relationships with Clients**

### **Competence and Training**

*Shodair defines optimum knowledge and competence expectations specific to working with children and adolescents who have serious intellectual disabilities and/or emotional disturbance. The Hospital provided competency checklists for a sampling of the positions that work directly with patients, including therapists, recreation therapists, nursing staff and teachers.*

*The Hospital has a written training curriculum for new staff that is focused on achieving optimum knowledge and competence expectations specific to working with children and adolescents who have serious emotional disturbance who may also have intellectual disabilities. New staff orientation is 1.5 to 2 weeks of training followed by 10 days of mentored direct care training on the unit. Some staff interviewed noted that it is a challenge to prepare direct care staff before they begin to work with children/adolescent on the units; that preparation occurs during the mentored training on the units. Nurses interviewed noted that staff turnover among nursing staff is a concern and potentially attributed to the lack of experience with children/adolescents with serious emotional disturbance. A more robust new staff orientation focusing on childhood trauma and mental illness would be beneficial and welcomed by staff.*

*Shodair offers a hybrid type of Mandt<sup>1</sup> training to new employees with follow-up training as needed and a refresher course given yearly to all direct care staff. Video training is provided to staff presenting ways to de-escalate out-of-control children, how to debrief events, and how to handle difficult situations. The Hospital provides staff time-off for training, but generally does not otherwise fund training. Ongoing training focused on best-treatment practices does appear to be part of the continuing education schedule. Staff performance is assessed every 6 months and training needs are addressed promptly. Continuing medical education training is available and strongly encouraged. Psychiatrists attend national and local meetings, including an annual state-wide training which they report is excellent.*

#### **Suggestion:**

*Consider surveying new staff after orientation and during the first month after they are assigned to the unit to determine if refresher training after the first 2-3 months of employment would help alleviate new hire turnover.*

*To assure new hires have a point of reference during orientation training, provide an opportunity for new hires to observe units early in the process.*

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<sup>1</sup> The Mandt System  
<http://www.mandtsystem.com/>

*Direct care staff expressed an interest in receiving more training about medication side effects and ways to better identify unusual patient behavior to make complete, accurate reports to nursing staff.*

## **Supervision**

*Supervisors are trained and held accountable for appropriately monitoring and overseeing the way patients are treated by all members of the staff. Supervisors interviewed were well versed in their professional and statutory responsibilities. Supervisors are available throughout the day to assess staff and patient interactions and progress. Milieu meetings are scheduled weekly for all staff members. The meetings focus on situations encountered within the past week or on short informational training. Attendance at milieu meetings has recently become optional rather than mandatory and staff interviewed reported that the quality of the meetings has suffered as a result.*

*Staff interviewed reported that orientation training they received upon becoming supervisors was in-depth, concise, effective, and adequately prepared them for their supervisory duties. The team did not review performance evaluation forms.*

### **Suggestion:**

*Consider returning to required attendance at weekly milieu meetings to assure optimum staff communication for highest treatment quality.*

## **Active Engagement with Clients**

*Team members observed that staff interactions with patients were consistently thoughtful, compassionate, empathetic, enthusiastic and therapeutically cohesive. A nurse manager office is on each unit and the nurse manager is consistently present during the day shift. The nurse manager teaches models and reinforces respectful, healthy, constructive interactions with patients. A manager is on-call 24 hours/day for staff to contact. The staff pharmacist is part of daily rounds and also a member of the team that implements the treatment plan. Family member education could be stronger, although family members may contact the pharmacy to ask questions about medications. The pharmacy responds to 1-2 calls per week from families.*

# **Treatment and Support**

## **General**

*Written treatment plans were present in each patient file reviewed. The plans are dynamic and reviewed regularly for both the acute and residential treatment programs. Treatment plans are used by staff to implement the treatment program. Discharge planning is completed and shared with family members/guardians when the treatment plan is written. Treatment and discharge plans are also written in a child friendly format for younger patients. Discharge planning is thorough up to the point of discharge. Although staff is available to families post discharge, no formal periodic outreach is done. Follow up contacts could be beneficial to the Hospital's QI/QA process.*

*Primary health care services are available whenever needed by the patients. Local physicians and emergency services are well defined and accessed. Nurses complete general triage for injuries and contact physicians/psychiatrists as appropriate.*

*Pediatricians conduct thorough physical examinations at admission to evaluate the general health of the patient and to rule out medical conditions that may be responsible for presenting psychiatric symptoms. Team members were impressed by the quality of medical care provided to patients. Dental care is available for every patient and is frequently sought.*

## Trauma Informed Care

*Shodair is beginning to formally incorporate trauma informed treatment and support for patients. The guidelines for incorporating those strategies in treatment have recently been established by the Substance Abuse and Mental Health Services Administration (SAMHSA)- National Center for Trauma Informed Care <sup>2</sup>. Shodair therapists are certified in Trauma Informed Care (TIC) and during 2013 all staff have a goal to complete TIC training. In May 2013 the National Native Children's Trauma Center will be presenting training at Shodair to address trauma informed focus for treatment. Staff interviewed reported that nearly all patients served at the Hospital have experienced trauma and/or abuse. Therapists note that trauma informed treatment is being incorporated more often when treatment plans are written. The team noted that although trauma informed care is early in its implementation the program recognizes the value of trauma focused treatment.*

## Education

*The education program at Shodair is undergoing changes with new leadership. Teachers at Shodair are dedicated to the educational needs of the patients served by the program. They have been challenged by the need to balance treatment with classroom instruction. Patient stays can be 5 days to three months, and the diverse education needs of the students. Classes meet 253 days a year for 3 1/2 hours of instruction per day. Some patients/students have not been evaluated by standardized testing before admission to the Hospital. Those patients will receive an educational evaluation by a school psychologist as part of the treatment planning process. If one is needed, an Individual Education Plan will be recommended as part of discharge planning for patients and includes addressing techniques to reintegrate children/adolescents into the classroom. Assuring patients have access to individualized consistent education and continue learning while at Shodair is a goal of the program. Teachers open conversations with schools in the community early in the inpatient stay to help students return to the classroom.*

*Team members observed that the educational program software was dated and the classroom interactions between students and teachers could be improved. Life-skills training was not evident in the classrooms/curriculum observed and teachers reported their interest to provide that education. Teachers also reported a need to update curricula to create a more educationally challenging program.*

### Suggestion:

*Continue exploring educational program models to add consistency and challenge to the education program curriculum. Explore opportunities to update education software for the classrooms.*

*Consider adding life-skills training (including education about financial safety) to the curricula to assure student/patient readiness for transitions to community based services/schools.*

## Medication

*Medication use at Shodair is conservative, evidence-based, well-considered and reflects internationally accepted medical standards. Staff is invested and engaged in decisions about medication use. Off-label use of medications is rare; when it is used, the rationale for the use is well explained and strong. Rationale for prescribing and changing prescriptions for medications is documented in the clinical record. The team observed one area for possible change. A review of patient medical charts indicated a lack of meshing of medication changes to meet diagnosis change. When medication changes occur, it would be helpful to the treatment team for the prescriber to be more specific about the symptoms that warranted the change. As an example, if symptoms change, the medical records should reflect if those changes result in a change of diagnosis. More specific explanations in the medical records are warranted.*

*Medication is prescribed, stored, transported, administered and reviewed in a manner consisted with law, regulations and professional guidelines. The pharmacy has four pharmacists who monitor the distribution of*

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<sup>2</sup> SAMHSA Trauma Informed Care and Trauma Services  
[www.samhsa.gov/nctic/trauma.asp](http://www.samhsa.gov/nctic/trauma.asp)

*medications. A review of medication error documentation concluded that few errors occur they are infrequent and responded to immediately. Appropriate medical personnel are contacted and the contacts are well documented. Professional staff is involved in the quality improvement process in regards to medication errors. An area of potential weakness in the process was noted. Nursing staff relies on reading physician handwriting for medication orders. Team members suggested that for safety an automated medication management system be considered (i.e. Pyxis Medistation®). "Medication when required" (PRN) use is relatively infrequent. Orders for PRN are written only when needed and are very well documented by nursing staff. Staff reported to the team that it would be helpful to have the time of response to a requested PRN placed in the chart, with information to document the effectiveness of the PRN and timeframe needed for the medication to take effect.*

*Physicians, nurses, therapists and pharmacists work hand in hand and in close alliance with the patients and their families to promote medication enhanced improvement; they employ a number of tools to do so: meetings, sessions, rounds, handouts, and discharge information.*

*Medication allergies and food or contact allergies are posted and present on every chart reviewed by the team. Notes about allergies often appeared on the cover pages, in progress notes and in treatment plans. Medication side effects are described in physician notes and nursing notes. Metabolic syndrome concerns are monitored and evaluated often; nutrition, culinary and medical staff is aware of the need to follow the consensus guidelines of the American Diabetes Association and American Psychiatric Association. Abnormal Involuntary Movement Scale (AIMS) testing for involuntary movements is completed on admission; and updated weekly on the acute (more often if needed) unit and monthly on residential units. Medication interventions/changes are documented, implemented and updated promptly as evidenced by charts, and reports from nursing and pharmacy staff. Pharmacy staff actively participates with the treatment team to monitor the effects of medications on patients.*

*Unused portions of medications and expired medications are disposed of appropriately using the protocols described in SMAR<sub>x</sub>T DISPOSAL™<sup>3</sup> and the Food and Drug Administration with the Office of National Drug Control Policy Guidelines<sup>4</sup>. Medication samples are not used at Shodair. If a family cannot afford essential medications, Shodair explores options to change to more affordable medications or connects family members with pharmaceutical company financial assistance options.*

*Upon discharge, when a patient moves to a community-based or other service provider, the discharge nurse and therapist assure that appointments are in place medications are prescribed (a 2 week supply of medications and a one month prescription) and funding options for medications are reviewed with the family. If a flaw in the process exists, it is that Shodair does not have a formalized process for following up with patients within one to three months after discharge.*

**Suggestion:**

*When medication changes occur as a result of changes in symptoms and/or diagnosis documentation about those changes should be clearly noted in the patient medical chart.*

*For quality assurance purposes consider adding a follow-up process to contact families 1-3 months post discharge to confirm the effectiveness of the discharge process.*

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<sup>3</sup>SMAR<sub>x</sub>T Disposal Services

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

<sup>4</sup> US Food and Drug Administration

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

## Access and Entry

### Criteria

*Shodair Hospital receives patient admissions from all communities in Montana and some neighboring states. The Hospital enjoys positive relationships with primary care physicians in this county and the physicians at Shodair generously provide time for consultation with other service providers. Psychiatric assessment occurs within the first 24 hours after admission. Treatment planning begins immediately after assessment. Medical staff shares an 'on-call' schedule to assure qualified staff is always available. The Hospital identifies a mental health professional responsible for coordinating care is the single contact for families from the time of their first contact. Staff appears generous with their time to assist families and to answer questions related to access and entry to services. If staff does not have an answer, they will 'find out' and answer the family as quickly as possible.*

*Shodair has a goal of being accessible to families that need the services, however the Hospital has been working at full capacity in recent years and sometimes families must wait for an opening to occur. The wait for services will depend on the acuity of the child/adolescent's illness and need. Team members were impressed that a family's ability to pay for services is not considered on the list of admission criteria. Once admitted to services, access to physicians and therapists is timely.*

## Continuity of Services through Transitions

### Criteria

*Shodair Children's Hospital provides psychiatric care for children and adolescents who have experienced a psychiatric crisis. The treatment services are provided on an acute short term crisis stabilization unit that serves children from ages 3-18. Length of stay on the acute unit averages 5-10 days. The hospital provides residential treatment for children and adolescents on three long-term residential units. The length of stay on these residential units averages 3 – 4 months. The treatment focus for both the acute unit and the residential units is intensive individual therapy and family-focused therapy and support.*

*Patients may or may not have accessed mental health services in the community before arriving at Shodair, but are most likely to transition into residential treatment services or to community-based mental health services upon discharge. As appropriate, Shodair provides transition support for adolescents who transfer into adult services. Treatment plans are reviewed as part of discharge planning and the information is shared with the community-based or residential services.*

*Community-based and residential service providers are proactively involved in transition/discharge planning. Patients referred to other service providers leave Shodair with necessary appointments for follow-up services, medications and if needed prescriptions for medication refills. Nursing staff is primarily responsible for continuity of care between Shodair and the community.*

*One note, during a recent site review of a residential program, the best treatment plans the team reviewed were based on the treatment planning that transitioned with the client from Shodair Hospital.*

## RECOMMENDATIONS

1. *Integrate information from staff surveys, patient and family member/guardian satisfaction surveys and community stakeholders into the quality assurance process.*

*Establish time frames and name individuals responsible for implementing objectives of goals in the operations plans into the quality assurance process.*

2. *Add information on the reporting requirements of MCA 53-21-107 to the Shodair Administrative Policy #1030, Child Abuse/Neglect Reporting and provide staff training about those reporting requirements.*
3. *Include information in Patient Rights and Responsibilities documents about the statutory authority and responsibility for advocacy services provided by the Mental Disabilities Board of Visitors.*
4. *Post the information for advocacy services provided through the Mental Disabilities Board of Visitors, Mental Health Ombudsman and Disability Rights in areas frequented by patients, family members/guardians including Shodair House and the outpatient services clinic.*
5. *Include topics focusing on childhood trauma and mental illness in new staff orientation to fully respond to guidelines established by SAMHSA - National Center for Trauma Informed Care.*
6. *Expand documentation in medical records to include detailed information about symptom and diagnosis changes as justification for medication changes.*

## SHODAIR RESPONSE

**1. *Integrate information from staff surveys, patient and family member/guardian satisfaction surveys and community stakeholders into the quality assurance process.***

Results of patient and family surveys are included in the Hospital's Performance Improvement Balanced Scorecard. This information is reported to the Performance Improvement Council and the Board of Directors annually. The information reviewed by the Performance Improvement Council is used to develop performance improvement priorities to be addressed by focused teams. The results of these teams will also be reported to the Performance Improvement Council. The results of the patient and family satisfaction surveys will be reported as part of the performance improvement for all four quarters in 2013.

The Hospital is also reviewing response rates for surveys and will initiate steps to improve the response rate for surveys on all units.

***Establish time frames and name individuals responsible for implementing objectives of goals in the operations plans into the quality assurance process.***

Shodair recently completed a Comprehensive Community Health Needs Assessment. This assessment, which included stakeholder interviews and a detailed data analysis, was approved by the Board of Directors on May 29, 2013. The operating and strategic plans will be updated to include the recommendations from this assessment. Individual members of the Executive Leadership team will be assigned responsibility and target dates for implementing specific strategies.

**2. *Add information on the reporting requirements of MCA 53-21-107 to the Shodair Administrative Policy #1030, Child Abuse/Neglect Reporting and provide staff training about those reporting requirements.***

Shodair Administrative Policy #1030 was revised on May 31, 2013 to include the reporting requirements of MCA 53-21-107. A copy of the revised policy has been provided to the Mental Disability Board of Visitors and is available for review at the Hospital.

Effective June 1, 2013, all new staff will be educated on the reporting requirements at new employee orientation. Records of this training are maintained in the Hospital's Staff Education Department and are available for review by the Mental Disability Board of Visitors. All current staff will be educated on the reporting requirements via pay check insert on June 7, 2013.

**3. *Include information in Patient Rights and Responsibilities documents about the statutory authority and responsibility for advocacy services provided by the Mental Disabilities Board of Visitors.***

The Patient Rights and Responsibilities documents were revised in May, 2013 to include a description and contact information for the Mental Disability Rights Board of Visitors. A copy of the revised documents has been provided to the Mental Disability Board of Visitors and is available for review at the Hospital. The Patient Rights and Responsibilities documents are provided to all patients and guardians at the time of admission.

4. ***Post the information for advocacy services provided through the Mental Disabilities Board of Visitors, Mental Health Ombudsman and Disability Rights in areas frequented by patients, family members/guardians including Shodair House and the outpatient services clinic.***

Information about the Mental Disability board of Visitors is posted the following areas of the Hospital:

- ***Main Visitor Entrance***
- ***Main Patient Entrance***
- ***Conference rooms where family therapy and visits take place***

These areas will be inspected twice annually during environmental rounds to ensure that the postings remain in place

5. ***Include topics focusing on childhood trauma and mental illness in new staff orientation to fully respond to guidelines established by SAMHSA - National Center for Trauma Informed Care.***

Shodair has worked with the National Native Trauma Institute to provide a series of workshops related to childhood trauma for staff. The first of these workshops was held in May, 2013. The workshops will be repeated on June 25, 2013. Information from these workshops will be used to develop an orientation module related to childhood trauma and mental illness. The module will also include information on Adverse Childhood Experiences (ACE) the module will be implemented by September 1, 2013. A syllabus of the content of the training will be providing to the Board of Visitors.

6. ***Expand documentation in medical records to include detailed information about symptom and diagnosis changes as justification for medication changes.***

This recommendation was discussed at the Pharmacy and Therapeutics Committee of the Medical Staff on May 30, 2013. As a result of this discussion, the Medical Director of Psychiatry has notified physicians of the requirement to document the indication (diagnosis and symptom changes) for all new medication changes and changes to dosage. The Hospital will assess this documentation in quarterly chart reviews.

Suggestions:

The Mental Health Disability Board of Visitors made several suggestions in the course of their site visit to Shodair Children's Hospital. Each of these suggestions will be evaluated and implemented based on feasibility and hospital need.