

Billings Clinic - Psychiatric Center Billings

May 15 & 16

2014

A report of the Board of Visitors site inspection of the inpatient and outpatient services for adults, children and adolescents provided through the Psychiatric Services Department at Billings Clinic.

Mental Disabilities Board
of Visitors

Overview

Mental Health Facility Inspected

Billings Clinic Psychiatric Services Department
Lyle Seavy, Director of Psychiatric Services
Billings, Montana

Authority for Inspection

Montana Code Annotated, 53-21-104

Purpose of the Inspection

- To inspect the inpatient mental health/psychiatric services for adults, children and adolescents at Billings Clinic Psychiatric Services Department, Billings.
- To assess the degree to which the services provided by Billings Clinic Psychiatric Services Department. are humane, consistent with professional standards and incorporate Board of Visitor Standards for mental health services
- To recognize excellence
- To make recommendations to Billings Clinic Psychiatric Services Department for enhancing and/or improving mental health services
- To report to the Governor and the Montana Legislature regarding the services provided at Billings Clinic Psychiatric Services Department.
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Board of Visitors Site Inspection Team

Board:

Connie Frank, Board Member

Consultants:

Irene Walters, APRN
Brooks Baer, LCPC

Staff:

Alicia Pichette

Inspection Process

- Interviews with Billings Clinic Psychiatric Services Department staff
- Informal discussions with residents
- Observation of treatment activities
- Inspection of physical plant/Hospital campus
- Review of written descriptions of treatment programs
- Review of treatment records

Summary

The Billings Clinic Psychiatric Services Department (PSD) provides psychiatric stabilization and follow-up services to children, adolescents and adults. The Psychiatric Inpatient Adult Treatment Unit (PATU) provides inpatient services for adults (age 18 and older) including geriatric care for adults who are transitioning between hospital psychiatric inpatient care and nursing home level care. Children/adolescents (ages 6-17) services are provided in the Psychiatric Inpatient Youth Treatment Unit (PYTU).

An outdoor area in the PYTU with good playground equipment and a safety fence is a fine enhancement to the PSD. Children under age 12 who are able to participate, have access to outdoor activities each day.

Billings Clinic (Clinic) has an impressive outpatient program to support children/adolescents after discharge from the inpatient program. The Youth Partial Hospitalization Program (YPHP) provides outpatient treatment and education for children and adolescents ages 7-17 who can benefit from active treatment in a therapeutic setting. Yellowstone Academy/Yellowstone Boys and Girls Ranch provide an accredited educational program. A psychiatrist from the PYTU provides Child-wise ACE's training in the community; and collaborates with YBGR and RiverStone Health Clinic at Orchard School to provide trauma informed care in an elementary school environment.

The Clinic recently added short term outpatient services for adults who are transitioning into community services. The Psychiatric Center Bridge Clinic has open appointments to provide psychiatric and medication follow-up services for patients who are waiting for an appointment with a provider in the community. The Behavioral Health Clinic (BHC) is available to individuals of all ages for outpatient psychiatric services that include medication assessment and management, psycho education, psychiatric consultation psychological evaluations and psychotherapy and community education.

A number of rural hospitals in Montana and Wyoming are affiliated with the Billings Clinic and psychiatric patients can be referred to the Clinic from those hospitals as needed. The Clinic estimates that approximately 18% of the individuals who come to the Emergency Department (ED) are referred to the Psychiatric Inpatient Unit for admission. The unit has a total of 44 beds, and the average length of stay is 4.7 days. Staff reports that the average length of stay is 36-72 hours for patients requiring acute psychiatric stabilization; geriatric patient stays can be 2 weeks or longer which establishes the average length of stay. It is not uncommon for patients to 'wait' to transfer from the ED into the PSD until a bed is available. During the time of the site inspection, several patients were waiting in ED beds until patients at the PSD were discharged.

BOV observed Clinic staff to be invested in providing excellent care and best patient outcomes. The department leadership is clearly dedicated to assuring the services provided at the Psychiatric program are the best possible. Staff expressed appreciation for the support they receive from management/leadership and their colleagues. Teamwork and strong team structure was evident at all levels.

Overall the PSD program is very good; staff is well-trained, well-prepared to provide excellent care, and leadership supports the staff to achieve best treatment outcomes.

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Standards for Site Inspections of Mental Health Services

Organizational Planning and Quality Improvement

The Billings Clinic provides inpatient services for adults (age 18 and older) and children/adolescents (up to age 18). Outpatient services for children/adolescents from age 7 to 17 are provided through the Youth Partial Hospitalization Program (YPHP). Adults receive short-term psychiatric medication follow up through the Psychiatric Center Bridge Clinic, and the Behavioral Health Clinic (BHC) provides outpatient psychiatric services for adults, children and adolescents.

The Psychiatric Services Department (PSD) at Billings Clinic has a strategic planning process that gathers information from patients and family members/guardians through satisfaction surveys and from staff through regularly scheduled staff meetings. The information gathered through these surveys is used to measure quality of care, direct strategic and organizational planning and identify training needs. For quality assurance purposes, data collected from surveys is tracked and reported to leadership during monthly meetings.

The Billings Clinic has a Quality Assurance/Quality Improvement Officer who is responsible for quality assurance hospital-wide. The PSD Director, Manager and Nurse Manager ensure on-going quality assurance for that department. One staff on the Psychiatric Unit is responsible for tracking data specific to the PATU/PYTU/YPHP and reporting that information to the leadership teams responsible for implementing the Strategic Plan and Department Objectives.

Rights, Responsibilities and Safety

Rights and Responsibilities

Patient rights and responsibilities are clearly outlined in PSD policies/procedures. This information is provided to patients in writing in the Patient Care Handbook and verbally when they are admitted to the PSD. Information about advocacy services available to patients through the Mental Health Ombudsman and the Mental Disabilities Board of Visitors is in the patient handbook and posted at each unit.

Children/adolescents on the PYTU receive this same patient rights and responsibilities information and it is provided to family members/guardians as well. Younger children could benefit if the rights/ responsibilities information offered for orientation to the unit was published using pictures and age appropriate language.

Safety

BOV was provided with policies/procedures in place at PSD to address the use of restraints/seclusion, and the guidelines used by Centers for Medicaid/Medicare Services (CMS) surveyors to evaluate hospital restraint and seclusion interventions. The policy/procedure describes elements for the use of special treatment procedures that involve behavior control, mechanical restraints, locked and unlocked seclusion or isolation, time out, etc., and establishes that the procedures are:

- clinically justified
- properly monitored
- implemented only when other less restrictive measures have failed, and
- implemented only to the least extent necessary to protect the safety and health of the affected individual or others in the immediate environment.

BOV inspected seclusion areas, interviewed PSD staff and reviewed patient charts during the inspection visit. The team observed that the interventions used on the unit meet established guidelines for restraint and seclusion.

Policy/procedures are in place to implement the requirements of 53-21-107, MCA, for detecting, reporting, investigating, determining the validity of, and resolving allegations of abuse and neglect of patients at the PSD.

During the inspection, BOV observed PSD staff responding to an outburst by a patient that could be described as aggressive or difficult. Staff demonstrated calm demeanor, with a skillful and safe response to the situation. Staff interactions were respectful and the patient was treated with dignity. After the situation was calm staff interviewed reported that the individual staff involved met to debrief the incident and evaluate the staff response. The patient and staff involved received immediate therapeutic support.

Allegations of abuse/neglect of a patient by staff are rare at the PSD. In the past three years, just one incident was reported and confirmed. That allegation was investigated according to policy/procedure, the staff member involved was suspended/employment terminated, the patient received therapeutic support during the interview process, and the patient treatment plan was amended to reflect the therapeutic support provided. Some staff interviewed expressed confusion about whether or not an incident can be discussed with the patient and if so, by whom. Based on this possible staff confusion about addressing the therapeutic needs of the patient who reports abuse BOV recommends additional staff training.

Suggestion:

- Consider creating a handbook for young children containing information offered for orientation specific to PYTU patients that uses pictures and age appropriate language.

Recommendations:

- Assure that the Billings Clinic PSD complies with the reporting requirements of 53-21-107, MCA.
- Expand the training module specific to addressing the staff/leadership role of reporting allegations of abuse/neglect. Staff will benefit by knowing how to support patients from a therapeutic and legal perspective after a report of abuse/neglect has been filed.

Individual, Family Members/Guardians Participation

Individual charts reviewed contained information about communicating with family members/guardians about individual treatment, and how they will be involved with treatment and support for their child or adult family member. Family members/guardians of children/adolescents in the PYTU and YPHP programs are included in family therapy and are actively involved in treatment for their family members. Involvement occurs less frequently for those adults served on the PATU, but family members/guardians are invited to participate as approved by the patient.

Communication between the YPHP and family members/guardians occurs daily through the use of an YPHP Daily Report. The report contains information for family members/ guardians about the child/adolescent's progress each day toward attaining the goals outlined in the treatment plan. Family members/guardians return the Daily Report the following day with information about the child/adolescent's progress at home. This daily report form appears to be a very effective communication tool.

Patients and family members/guardians participate in satisfaction surveys regularly and the data is used as a part of the PSD quality assurance process. Patients have the opportunity to comment on their satisfaction with services during the time they are receiving services through the inpatient programs and when they leave the PSD.

The PSD has policies/procedures in place that describe the process for engaging family members/guardians and patients in treatment and treatment planning.

Overall, the PSD has an excellent process for communicating with patients and their families and for using information gathered through patient surveys to support the quality improvement/assurance processes.

Cultural Effectiveness

PSD staff interviewed demonstrated knowledge about cultural, ethnic, social, historical, military service and spiritual issues relevant to the mental health treatment of individual patients served. Training is provided each year that addresses diversity and cultural sensitivity. Treatment plans reviewed by BOV included evidence that cultural and individual strengths are identified and addressed as the treatment plan is developed.

Billings Clinic has analyzed the cultural needs of the service area and collaborates with Native American Behavioral Health Agencies in eastern Montana and has participated with the Fort Peck Suicide Prevention Task Force to address suicide prevention strategies in the Fort Peck community.

Staff reports that training specific to military service member culture is not provided and the cultural needs of veterans are not specifically addressed.

Suggestion:

- Consider accessing the training and information available through the Substance Abuse and Mental Health Services Administration Service Members, Veterans, and their Families Technical Assistance Center (SAMHSA SMVF TA¹) to train PSD staff about military service member culture for patients who are veterans.

Staff Competence, Training, Supervision, and Relationships with Individuals

Competence and Training

Billings Clinic defines optimum knowledge and competence expectations of all hospital staff and for the PSD expectations specific to working with people with serious disabling mental illnesses (SDMI) and emotional disturbances for every staff position providing services to patients at the inpatient, outpatient, BHC and Bridge Clinic programs.

PSD has a clear policy outlining time frames for new employee training and evaluation. The new hire curriculum is well defined; orientation begins with hospital wide training, continues on the psychiatric units with supervision and training from a preceptor for several weeks. Staff providing direct care to individual in the inpatient program receives extensive training before being evaluated for competencies and working directly with patients on the units.

Mandatory annual education programs for the past year included topics addressing clinic diversity and sensitivity, use of restraints, general safety, patient rights, medication management, mandatory reporting of allegations of abuse/neglect and other topics specific to mental health. The main hospital library and hospital

¹SAMHSA SMVF TA
<http://beta.samhsa.gov/smvf-ta-center>

librarian provide educational updates for weekly “huddles” and webinar trainings. Grand Rounds also provide training opportunities.

Supervisors are accountable for monitoring the way staff address and treat individuals and to ensure that individuals receive effective treatment as described in treatment plans. PAD leadership participates in morning and afternoon rounds where staff training and patient support is provided. Staff interviewed reported that their supervisors mentor, provide in-the-moment training and are available to answer questions. New admissions are interviewed each morning to assess patient status, satisfaction with care/treatment and to address concerns.

Relationships with Individuals

Direct care staff was observed demonstrating proactive, assertive, supportive engagement with several patients.

During an incident with a patient who was confrontational, staff demonstrated safe, respectful engagement and calm, positive demeanor. Staff support was evident for the engaged staff and the client. The professional staff was on site and available to consult and assist. After the incident, staff debriefed as a group and discussed whether the incident might have been prevented. Policy/procedures for assuring staff and patient safety during an incident were employed and it appeared that the physical and emotional safety of staff members and other patients was protected.

Unit managers are required to visit the unit to observe staff/patient interactions at regular intervals. Direct care staff did not appear to be aware that this practice by managers is mandated by PSD leadership.

Suggestion:

- Educate direct care staff on manager ‘rounding’ practices and goals so they better understand and recognize leadership efforts for improving the quality of care provided at the PSD.

Treatment and Support

General

Treatment plans reviewed contained information specific to goals established by the multidisciplinary treatment team. The team includes the patient, nursing staff, physician/physician assistant, case manager, mental health worker, clinical coordinator, and chaplain. The team meets each morning Monday through Friday to review each patient’s plan of care and discharge plan. Patients review their treatment plan with unit staff two or more times per day during their stay to meet a PSD quality standard.

The BOV observed that a well-seasoned and competent team is in place to address the needs of the patients on the PYTU. Treatment plans were in place for each patient who was currently being served and the plans included a means to monitor treatment progress. Nursing staff assure that progress notes are included in patient charts. All staff observed appeared to have good mental health training and a desire to work with patients in need. A good system is in place for monitoring treatment goals and outcomes.

All therapists are licensed and serve a dual role as therapist/case manager. This dual role provides good consistency and benefits patients throughout their stay at PSD and the process for transitioning back into community services.

Billings Clinic has a Hospitalist service to respond to consult requests at the PSD. A nurse practitioner model is in place during nights and weekends to assure immediate access for patients who need a consultation.

The PSD has implemented a suicide screening tool for adults (SAD Persons Scale²) and has developed a suicide screening tool for children/adolescents (Pediatric Suicide Assessment) that is used hospital-wide.

Trauma Informed Care

Billings Clinic policies/procedures describe the way the PSD provides treatment and support that incorporates trauma informed care using the guidelines established by the SAMHSA-National Center for Trauma Informed Care³. The team observed that PSD leadership appears to assess the organization, treatment and services to assure that staff has a basic understanding of the effects of trauma on the lives of individuals seeking services. Staff training schedules included training specific to trauma/trauma informed care.

Evidence-Based Services/Co-Occurring Disorders

Patients receive treatment and support that incorporates SAMHSA-identified evidence-based practices, Dialectical Behavior Training (DBT), process groups, and the PSD is considering the addition of a Wellness Recovery Action Plan (WRAP) Program for the PATU to provide adults receiving treatment another tool to aid recovery.

Licensed Addictions Counselors (LAC) are not specifically assigned on the units at the PATU; treatment plans reviewed on the PATU included goals to address co-occurring disorders, although integrated treatment for co-occurring psychiatric and substance use disorders was not observed during the site inspection. Having an LAC specifically assigned on the unit to facilitate addictions placements as part of the admission assessment process and would be more consistent with the SAMHSA Principles for Recovery⁴.

Medication

Medication protocols are evidence-based and reflect internationally accepted medical standards. While the team was at the PSD, the Billings Clinic pharmacist notified the team that the department will have a pharmacist assigned to oversee medications. This pharmacist will assure that patients and staff are provided with understandable written and verbal information about the potential benefits, adverse effects, and costs related to the use of the prescribed medication.

Patients at PATU and PYTU have immediate access to a psychiatrist or mid-level practitioner when legitimate concerns or problems with prescription medications are reported by the nursing staff. Medication allergies, side effects, adverse reactions and abnormal movement disorders are well documented, monitored, and promptly treated.

Since the 2007 BOV site inspection, the PSD has implemented the use of an Omnicell Integrated Automation System⁵ for the department. Policies/procedures are in place for documenting and reporting medication errors, during the past year very few medication errors occurred/were reported. Staff interviewed reported that medication errors are not common. Although medication errors are rare, they are investigated; if the errors reflect a trend, education/training specific to those errors will occur.

² SAD Persons Scale

<http://www.currentpsychiatry.com/the-publication/past-issue-single-view/revised-sad-persons-helps-assess-suicide-risk/653ac03bd7a10fde29c7aa4aeba48a5b.html>

³ SAMHSA Trauma Informed Care and Trauma Services

www.samhsa.gov/nctic/trauma.asp

⁴ SAMHSA Principles of Recovery

http://partnersforrecovery.samhsa.gov/docs/Guiding_Principles_Whitepaper.pdf

⁵ Omnicell Solutions

<http://www.omnicell.com/>

Unused portions of medications and expired medications are returned to the Billings Clinic Pharmacy and are disposed of appropriately as described in hospital policy/procedure.

Grant monies are available to obtain medications for patients who are uninsured or underinsured and cannot afford those medications. When a patient at the PSD who is transitioning to another service provider is taking psychotropic medications, the case manager facilitates the seamless continuation of access to those medications by ensuring that:

- the patient has an appointment with the physician who will be assuming responsibility for psychotropic medication management
- as needed an appointment is made at the Bridge Clinic to follow-up until the patient can be seen by a prescriber in the community
- at discharge, patients have adequate enough medications in hand to carry them through to the next doctor appointment, and
- funding to purchase medication is established prior to discharge.

Access and Entry

When an individual presents at the ED who may be experiencing a psychiatric crisis, an assessment is conducted by the Psychiatric Assessment Team (PAC) which includes a Psychiatrist/Nurse Practitioner and licensed mental health professional to determine whether admission to the PSD is needed. When a patient is admitted to the PSD, patient history and initial nursing assessment is completed by nursing staff within two hours of admission. Psychiatric history and a physical examination will be completed within 24 hours of admission. The treatment planning process begins immediately.

A hospitalist or on-call psychiatrist is available for consultation on weekends and nights. Case managers/therapists are the family members/guardians contact and are responsible for coordinating patient care and family contact.

Nurses assigned to the ED receive CPI (Crisis Prevention Institute) training to address needs of individuals at the B-pod who are experiencing a psychiatric emergency. Several PSD staff interviewed noted that the addition of a psychiatric nurse in the B-pod of the ED could potentially benefit psychiatric patients as they transition through the ED into the PSD.

Suggestion:

- Consider the therapeutic benefits of the addition of a psychiatric nurse in the B-pod of the Emergency Department.

Continuity of Services through Transitions

The PSD has a good process for assuring smooth transitions from the inpatient programs to the outpatient programs at Billings Clinic and then into services in the community. The Bridge Clinic assures that adults have access to medication follow up between the time they leave the inpatient program and have an appointment with a service provider/psychiatrist in the community. Adults may not have significant participation by family members/guardians; staff is challenged to always make the commitment to identify individuals who can provide support/assistance to patients during discharge planning.

Children/Adolescents have access to the YPHP program at Billings Clinic. The excellent collaboration between a psychiatrist at the YPHP and programs in the schools in Billings eases the transition for children as they return to

the classroom and continue to receive follow up services. Family members/guardians are essential partners in discharge planning for children/adolescents.

A program using grant monies provides financial assistance to patients who are uninsured or underinsured to purchase medications.

Recommendations

1. Provide training specific to addressing the staff/leadership role of reporting allegations of abuse/neglect. Staff will benefit by knowing how to support patients from a therapeutic and legal perspective after a report of abuse/neglect has been filed.
2. Assure that the PSD complies with the reporting requirements of 53-21-107, MCA for reporting allegations of abuse/neglect to the BOV.



July 14, 2014

Alicia Pichette, Executive Director
Office of the Governor
Mental Disabilities Board of Visitors
State of Montana
PO Box 200804
Helena, MT 59620-0804

Dear Ms. Pichette:

Carol Christensen, Psychiatric Center Manager, and I received a copy of the draft report dated July 1, 2014 and letter outlining the process for response to the Board of Visitors recommendations related to the Billings Clinic Psychiatric Center site visit that occurred on May 15 and 16, 2014. We have developed an action plan related to those recommendations that will be outlined in this correspondence.

Thank you for the complimentary report regarding our facility and service lines. We were very impressed with the members of your team, their astute observations, and inquiries. We look forward to ongoing collaboration with the Board of Visitors. Please let me know if there are any questions or concerns regarding Billings Clinic Psychiatric Center's enclosed response.

Respectfully,

A handwritten signature in black ink, appearing to read "Lyle Seavy", written in a cursive style.

Lyle Seavy, Director PhD
Billings Clinic Psychiatric Services
2950 10th Ave North
Billings, MT 59101

Billings Clinic Psychiatric Center Response to 2014 BOV Site Visit Recommendations

Board of Visitor's Recommendation:

- 1. Provide training specific to address the staff/leadership role of reporting allegations of abuse/neglect. Staff will benefit by knowing how to support patients from a therapeutic and legal perspective after a report of abuse/neglect has been filed.**

Billings Clinic Response:

Billings Clinic Psychiatric Center Leadership will provide the following education to all staff employed at the Psychiatric Center:

- Provide information outlining statutory requirements and the BOV scope as denoted in Montana Code Annotated 53-21-107 and 53-21-104, as well as Billings Clinic Policy #PCGM-113, *Suspected Incidents of Abuse and Neglect*.
- Outline the roles and responsibilities of Psychiatric Center Administration, supervisory staff and patient care staff related to suspected incidents of abuse and/or neglect of a patient. This would include expectations related to internal reporting, investigation of alleged incidents and delegation of formal reporting duties to the BOV.
- Delineate plans to address the patient's therapeutic needs related to the incident and incorporate trauma informed care techniques. Identified needs will be incorporated into the patient's Plan of Care for the hospitalization.
- Identify department debriefing processes and provide education regarding protocols to maintain the employee's right to privacy in the investigation process.
- Enhance new employee orientation to include all above listed department processes related to abuse or neglect of a patient.
- Develop and implement the plan of action by September 2, 2014.

Board of Visitor's Recommendation:

- 2. Assure that the PSD complies with the reporting requirements of 53-21-107, MCA.**

Billings Clinic Response:

Billings Clinic Psychiatric Center Leadership will identify and define an internal process for clearly outlined roles and responsibilities within the department related to meeting the standards defined in Montana Code Annotated 53-21-107 in circumstances where the abuse and/or neglect of a patient is reported.

- Develop an algorithm that delineates the investigative and reported processes which will include adherence to statutory requirements and identified timelines.
- Develop and implement the plan of action by September 2, 2014.

Sources:

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- Montana Standards for Programs of Assertive Community Treatment (adapted in 2011 from National Program Standards for ACT Teams) by D. Allness & W. Knoedler, 2003.
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- American Psychological Association <http://www.apa.org/pubs/index.aspx>
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<http://montana.networkofcare.org/veterans>
- Service Members, Veterans, and their Families Technical Assistance Center (SMVF TA Center)
<http://www.samhsa.gov/militaryfamilies/tacenter/>