

Providence/St.
Patrick
Neurobehavioral
Medicine
Inpatient Unit

January 14-
15,
2016

Mental Disabilities Board of Visitors

OVERVIEW

Mental Health Facility reviewed:

Providence/St. Patrick
Neurobehavioral Medicine Inpatient Unit (NBMI)

Peter Snyder, Director

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

- 1) To learn about services provided by Neurobehavioral Medicine Inpatient Unit
- 2) To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Board of Visitors standards for services
- 3) To recognize excellent services
- 4) To make recommendations for improvement of services
- 5) To report to the Governor regarding the status of services

Site Review Team:

Board:

Jim Hajny
Amy Tipton
Tracy Perez

Consultant:

Susan Bodurtha

BOV Staff:

Janette Reget, LCSW
LuWaana Johnson

Review process:

- Interviews with NBMI staff and clients
- Observation of treatment activities
- Review written description of treatment programs
- Inspection of the physical plant at the NBMI
- Review treatment records, policies and procedures, organizational structure, allegations of abuse/neglect

Organizational Planning and Quality Improvement

Planning

Providence/St. Patrick offers acute psychiatric inpatient care on the Neurobehavioral Medicine Intake Unit (NBMI), with 30 inpatient beds, six adolescent beds, six intensive care beds (ICU) and 18 general care beds. Treatment is provided under the direction of psychiatrist and team consisting of Licensed Clinical Social Workers, Licensed Professional Counselors, nurses, occupational therapists, a pharmacist assigned specifically to that unit, and other health care professionals. All patients are screened by the Emergency Department prior to admission. Providence/St. Patrick now employs crisis response professionals 24 hours per day, 7 days per week. The Emergency Department no longer needs to wait for the Crisis Response Therapist in the community to respond to a mental health crisis.

The Urgent Mental Health Care clinic is an outpatient service for clients who are unable to get appointments with their regular providers in a timely manner after discharge from the inpatient unit. This clinic provides assessment, diagnosis, and treatment, including medication management and brief therapy interventions. Clients are referred to longer-term follow up care from community providers.

Providence/St. Patrick provides an Adolescent Partial Hospitalization Program, an outpatient program of 12-18 year olds with behavioral or emotional difficulties. Treatment is provided by child and adolescent psychiatrists, and includes assessment and evaluation, medication management, individual, family and group therapy, occupational therapy, nursing management, and academics. Academics are provided by homebound tutors employed by the Missoula County School District.

NBMI is now sending providers to the Missoula Health and Rehabilitation program in Missoula to provide psychiatric support for elderly residents. The program is actively using the jail diversion program and 14-day voluntary hospitalization to help divert admissions to Montana State Hospital. Statistics show that NBMI has reduced admissions to Montana State Hospital by 39%.

When the current director of NBMI arrived, he developed plans incrementally, starting with:

1. A 90-Day Plan—to clean everything up

2. An annual plan (detailed, added to every year)
3. A five-year objective plan (lofty)

Information for the Providence/St. Patrick strategic plan is developed with input from many sources: The Providence Board, Western Services Area Authority, Montana State Hospital, NAMI, community members, and patient satisfaction surveys (surveys average a 35% return). In the case of adolescents, the family/guardian is given the survey. Patient satisfaction scores average a plus or minus 70%.

NBMI shares the same Mission Statement and Core Values with Providence/St. Patrick T. The strategic plan is pertinent to the community served, and covers needs of the community. Some of the concerns were questions such as, “what should we be doing that needs to be done”; affordable housing; readily accessible medications; and identifying and addressing patterns in patient satisfaction surveys. The strategic plan, operational plan, and all other organizational plans are developed by Providence Center/St Patrick’s Hospital. The Neurobehavioral Medicine Inpatient Unit (NBMI) has additional strategic plans specific to NBMI.

Quality Improvement

Providence/St. Patrick has overall management of NBMI. Designated staff is accountable and responsible for the continuous quality improvement process, and the quality improvement tracking directly affects health and functional outcomes for patients. The Providence psychiatric leadership team determines what tracking their department needs. The quality improvement department of Providence/St. Patrick provides ongoing training and tracks training for all employees, including employees on the NBMI. Additionally, NBMI provides further training as part of orientation and ongoing and continuing education. Assigned trainings include training in suicide awareness, Crisis Prevention Intervention (CPI), violence de-escalation, and some recovery-based treatment training. Online training is provided through “Healthstream”, an online training program. These trainings include use of restraints, non-violent interventions, and basic life skills.

Rights, Responsibilities and Safety

Rights and Responsibilities

Upon admission all patients receive a copy of the patient handbook which contains a list of individual rights and responsibilities. At that time the admission nurse verbally explains the rights and responsibilities. In addition, during community

meeting each day the psychiatric technician ensures that each patient has a copy of the patient handbook and asks if anyone has questions. The handbook includes information on restricted items, safety/boundaries, medications, visiting hours, telephone hours and other information.

The handbook also provides information about the grievance procedures. However, this information is not included in the adolescent handbook. Providence/St. Patrick has a policy regarding patient complaint and grievance management, which includes a patient complaint form. There was no information in the patient handbook regarding the Mental Disabilities Board of Visitors or Disability Rights Montana as other options when filing a grievance.

Suggestion:

- 1) Include Patient Rights and Responsibilities in adolescent treatment handbook.

Recommendation:

- 1) Update grievance policies to include accurate contact information to patient handbook, including information about outside advocacy groups, Mental Disabilities Board of Visitors and Disability Rights Montana to offer patients other options when filing grievances. (Included in this report).

Safety

NBMI has been renovated to ensure safety for all patients. For example, the bathroom doors have been designed to decrease/eliminate means of suicide attempts. NBMI developed safety measures that reduce risk of harm, including removing cabinet doors, removing pictures with wires, securing cords and other potential ligatures, expanding access control for inpatient and the Adolescent Partial Hospitalization Program, and improving contraband monitoring. Safety precautions are apparent throughout the units. During new employee training, all new staff receives Non-Violent Restraint Training (NVRT), an all-day training taught by the head of security at Providence/St. Patrick. Debriefing of staff is done after all code grays, restraints/seclusion, and any other incidents such as abuse/neglect, seizures, or suicide attempts. Staff gathers into what is called a huddle to discuss the event, ways to improve staff response, and to determine if future staff training is needed.

All interviewed staff displayed concern when discussing abuse or neglect and the process to address it. Staff said they would talk to the client directly to better understand the concerns, and in the case of staff to patient abuse, staff stated they would report immediately to the director. The director then reports to Providence/St. Patrick's Risk Management Department, which conducts an investigation.

Efforts have been made to decrease use of restraints and seclusion over the last 5 years. In 2011, NBMI ended the year with an average of 7.2 restraint episodes per 1000 patient days. In 2014, the year ended with 4.9 restraint events per 1000 patient days. All staff is required to complete Non-violent Crisis Intervention Training annually.

Suggestion:

- 1) Review patient abuse/neglect reporting procedures with NBMI staff, in accordance with 53-21-107 M.C.A. (included with this report).

Individual, Family Members/Guardian Participation

Upon admission, the patient's family members are identified in the initial nursing and social work assessments. Family member/guardian is contacted on the adult unit if the patient has signed appropriate release forms. Family member/guardian, whenever possible, is contacted regarding patient history, and is included in treatment planning and discharge planning.

The family members/guardian of adolescent patients is involved in all treatment planning, provision, and discharge planning. The family is expected to be part of the treatment plan meeting, and family receives a copy of the adolescent patient's treatment plan.

NBMI makes good use of patient satisfaction surveys that include the admission process, condition of the unit, quality of meals, nursing care, and relationships with members of the treatment team, and program activities. The survey includes respect and courtesy to patients, visitors, and families. Personal issues regarding privacy, sensitivity to cultural, emotional, and spiritual needs are reviewed. Overall survey results indicate the highest marks in nursing care, information about

medications, and quality of food. In the past patients have come to hospital board meetings to present reviews of their experience on NBMI. There are community members on the hospital's board of directors.

Improvement can be made in the involvement of former patients and family members regarding changes at NBMI. This has been a national standard for a number of years. As with any service or product, the customer needs to be involved with evaluation and improvements. The unit does not have any recovery-based literature, books, posters or handouts. The hospital is often the first place an individual is introduced to the concept of recovery. The message that recovery is possible should be clear and delivered in a variety of ways. SAMHSA has a large body of literature that can be made available to patients. NAMI already provides a support group on NBMI every Saturday, and other organizations such as Mental Health America of Montana, Summit Independent Living Center and Montana's Peer Network can provide materials and education for staff regarding recovery. Peer support can be utilized through support groups or recovery story sharing, led by those in recovery and/ or former clients. Outcomes show that the involvement of people in recovery reduces re-hospitalization, improves lives, and provides a sense of hope.

Suggestions:

- 1) Seek input from former patients and family members when implementing changes at NBMI, either through an advisory board or surveys.

Recommendations:

- 1) Provide to patients on the unit updated literature about recovery, mental illnesses and treatment provided by SAMHSA and other sources. Invite former patients and persons in recovery to NBMI as peer support, to provide support groups, sharing stories, and messages of hope and wellness.
- 2) Include the patient in the initial treatment planning meeting in order to incorporate their goals for treatment. Whenever possible, the patient should be included in all aspects of treatment and discharge planning.

Cultural Effectiveness

Providence/St. Patrick includes a chapter entitled Cultural Competence in their literature. This chapter describes standards and goals for providing meaningful

services to people of all cultural backgrounds. This section states the need to provide culturally-appropriate intervention plans, utilize natural support systems and traditional healing practices, and conduct culturally-sensitive assessment.

Staff appeared to be genuinely interested in meeting the needs of patients, including cultural needs. Staff interviewed described client-centered practices that emphasized working with patients in an open, compassionate, and respectful manner. Some spoke of having an open and ongoing communication between themselves and patients in regard to their treatment experience. They also talked about how they make it a point to ask questions of the patient rather than assume they know their cultural preferences. Staff stated that they have taken it upon themselves to gain education on working with people of differing cultures. For example, one psych tech interviewed had stated that he had reached out to a facility that specialized in providing mental health care to transgender patients and provided this information to staff at Providence/St. Patrick.

Statistics regarding the cultural/ethnic breakdown of patients served at Providence/St. Patrick were not readily available. They were provided by administration upon request. Staff interviewed did not have this information.

All staff interviewed stated that the training they have received regarding cultural competency has been the training provided at the time of their initial orientation upon hiring. Staff stated that they had a representative from the Missoula Urban Indian Health Center visit their staff at which time there was an open conversation regarding serving Native American patients. Staff said that this was very helpful.

Treatment plans reviewed did not include culturally-appropriate intervention plans as stated in the Providence /St. Patrick standards of practice. It did appear that culture was considered in the course of discharge planning for patients. Some staff interviewed stated that patients are seen for a short period of time in this facility and this is why treatment agreements are similar amongst patients.

All staff interviewed showed great compassion and commitment to meeting the cultural needs of their patients. They were all highly qualified and highly educated individuals who appear to have brought a considerable amount of knowledge

regarding cultural sensitivity with them to their current positions at Providence/St. Patrick. Some spoke of classes they have taken at the University of Montana that have educated them in this regard. Others stated that they rely on their client-centered practice to meet the needs of patients of varying ethnicities and cultural backgrounds.

There are many resources in the Missoula community that could be utilized to provide cultural competency training to staff. One such resource is the National Native Children's Trauma Center at the University of Montana, with Meagan (Hopkins) Rides at the Door being the current Director. This program provides multiple trainings on Native American topics including historical loss and trauma. The Missoula Urban Indian Health Center is also a resource for cultural competency information and consultation. The University of Montana also has a program called Indians into Psychology which is an excellent resource for securing Native American PhD level Psychology Interns for practice in mental health programs. Lastly, Native American tribes may provide trainings/consultation upon request. For example, the Confederated Salish and Kootenai Tribal Health Program has cultural consultants available.

Recommendations:

- 1) Although Providence/St. Patrick makes a strong statement of commitment to meeting the cultural needs of their patients, it appears that there is little training provided that educates staff on just how to provide such service. It may benefit the program to produce regular reports regarding the ethnic and cultural backgrounds of patients being seen in their facility. This information could then be distributed to staff as a means of determining staff training needs. This information should include statistics related to all cultural backgrounds (military service background, religion, gender identity, etc.) as opposed to including only information regarding patient race.
- 2) Include information regarding patient cultural identity in intervention planning, specifically when developing treatment plans and discharge plans. Whenever possible, promote cultural differences as strength so as to support the empowerment of each patient, celebrate diversity, and encourage cultural connection.

Staff Competence, Training, Supervision, and Relationships with Individuals

Competence and Training

Staff competence, training, and supervision are an important part of NBMI. Most clinicians are licensed either as social workers or professional counselors.

Licensing of clinicians in training is encouraged, and supervision is provided.

NBMI employs a licensed, certified Occupational Therapist.

All nursing positions require graduation from an accredited nursing program, and all nurses must be licensed. A master's degree and three to five years' experience is preferred for the assistant nurse manager positions. Registered nurses are required to have prior psychiatric/substance abuse certification.

The psychiatric technicians are required to be either a certified nursing assistant (CNA) or an emergency medical technician (EMT), and have prior hospital experience.

Supervision

All interviewed staff is highly satisfied with the quality, level, and amount of supervision they receive. The director is innovative and networks with the community to provide quality care at NBMI, as well as to address the ongoing concerns of the community. Staff appreciates the administration's support and presence on the unit. The director, the nurse manager, or the lead social worker, attend community meeting on the unit, and are familiar with each patient and their goals. Staff state they feel supported and validated by their supervisors

Relationships with Individuals

The relationships between staff and patients appear to be professional and caring. Staff at the Adolescent Partial Hospitalization program is involved with family/guardian, and they form a support system with family/guardian. Interviewed patients report that they enjoy the staff they are working with, and each identified a favorite staff member. Staff involved themselves with patients on an individual and group basis. All interviewed staff showed great compassion and commitment to meeting the needs of their patients. Staff expressed concern and frustration regarding discharge planning and the difficulty finding services for discharged patients.

Treatment and Support

General

Treatment planning is completed by the treatment team; and is initiated within 24 hours of admission by nursing staff. The patient does not participate in initial treatment planning, and is asked to review and sign the treatment plan once it is completed. The treatment team includes the psychiatrist and/or psychiatric nurse practitioner or physician assistant, nursing staff, Occupational Therapist, Licensed Clinical Social Worker or Counselor, a dietician and pharmacist.

Discharge planning is part of the initial treatment plan. A safety plan is completed before discharge. With patient permission, the discharge and safety plan may be shared with specified family members or support. Discharge plans are coordinated by the assigned social worker, and include appointments with outpatient providers. Every effort is made to supply patients with necessary medications and a representative from the medical assistance program is available to help obtain medications.

Intakes and treatment planning with youth includes the guardian, family member, or outpatient provider. Individual, group and family therapy are provided along with utilization reviews and discharge planning. Staff is always present with youth who are in treatment.

Trauma Informed Care

Historically, there has not been a specific in-service regarding trauma informed care. An in-service presented by 1st Step regarding sexual assault will be presented in February. Providence/St. Patrick's corporate goals around compassion and respect are key elements in addressing the impact of a patient's personal trauma history. Patients are encouraged to work with their primary therapist on trauma issues. Coping skills groups and relaxation groups are provided on the unit.

Evidence-Based Services

NBMI provides group and individual therapy. The treatment model is based on Cognitive Behavior Therapy, which seems to work well with most patients, who mostly present with depression and anxiety. Therapy is focused on self-compassion, self-esteem and a strength-based approach.

Education

Academics on the Adolescent Partial Hospitalization Program are provided by homebound tutors who work for the Missoula School District.

Co-Occurring Psychiatric and Substance Use Disorders

Providence/St. Patrick does not have an inpatient substance use program. The nursing assessment uses three different screening tools for substance use, including the DAST, SBIRT, and the AUDIT. The CIWA is used if detox is necessary. Substance use evaluations are completed by an LCSW/LAC on staff to make referrals to other resources in Missoula. The Recovery Center is an in-patient substance use treatment facility in Missoula. Referrals are also made to Montana Chemical Dependency Center (MCDC) in Butte. AA meetings are held on NBMI on the weekends.

Crisis Response and Intervention Services

Providence/St. Patrick employs mental health professionals 24 hours per day, 7 days per week, to provide crisis intervention with persons presenting at the Emergency Department.

Medication

Psychiatrists and other psychiatric providers on NBMI do not utilize protocols, but records indicate evidence-based prescribing. The hospital is certified by JACHO and CMS. Medication storage and transport is regulated by the pharmacy. Medication administration is reviewed in committee.

NBMI has on staff a pharmacist who specializes in psychiatric medication. The pharmacist spends four hours per day reviewing medication regimes, participating in treatment teams and leading discussion with patients regarding medications. He gives written medication information to the patients from two different sources. He is involved in ordering metabolic panels, lipid panels and A1c to establish a metabolic baseline.

Prescribers strive to use the most effective medications with the least side effects, and are mindful of what the patient can afford, or what medications insurance companies will reimburse. If a patient requests a second opinion or a different prescriber, NBMI will use one of the hospital's outpatient psychiatrists.

There is specific patient event software for medication errors. The unit nurse will notify the prescriber if an error is made and receive necessary orders. The nurse supervisor notifies the hospital's risk management and pharmacy. There are hospital-wide protocols and a review committee that keeps statistics and trends regarding medication errors.

Access and Entry

Significant improvements have been made on NBMI under the current leadership. The community now has an area Mental Health Provider Meeting on a quarterly basis. Urgent Mental Health Care provides services for discharged patients who are unable to get appointments with their regular providers in a timely manner. Mental health professionals working with the Emergency Department can result in shorter waits at the Emergency Department. However, the BOV team felt the application for voluntary admission could be confusing to someone who is currently in crisis.

The physical plant itself is a barrier to access and entry. The layout of the facility lacks fluidity and accommodations for the staff and patients. The layout does not ensure confidentiality for patients, the large group room is drab, and with two doors and either end of the room, could result in violation of confidentiality. Despite efforts by staff to designate areas and boundaries, using colored tape on the floor near the nurse's station, patients could easily overhear staff discussion and conversation with each other or with other patients. The unit also lacks space for staff meetings, the meeting rooms are small, and there is limited space for "fresh air breaks". NBMI administration has done the best it could by opening up small outdoor patios, but the chances for outdoor exercise are limited by lack of space. The unit itself is uninviting and does not create a welcoming environment. One of the goals for the director of NBMI is to design and build a new facility that is safe and attractive.

Continuity of Services through Transitions

Discharge planning is the social worker's responsibility. According to interviewed staff, 25-30% of discharged patients are homeless or face housing challenges. NBMI has an open relationship with Poverello Center, the homeless program in Missoula. However, interviewed staff expresses concern about recidivism. Further concerns include problems working with the community mental health programs

and accessing necessary services. NBMI director is working closely with the community and mental health providers to open up more options for discharged patients.

Suggestion:

- 1) Provide an aftercare group for discharged patients. The group will allow those individuals to connect with peers and receive support from NBMI staff.

- 2) Track discharged patients, which may include a follow-up call regarding individual's access to services. Explore the problems discharged patients face and continue to address these through networking and community coalition.

SUGGESTIONS AND RECOMMENDATIONS

Suggestions:

- 1) Include Patient Rights and Responsibilities in adolescent treatment handbook.
- 2) Review patient abuse/neglect reporting procedures with NBMI staff, in accordance with 53-21-107 M.C.A. (included with this report).
- 3) Seek input from former patients and family members when implementing changes at NBMI, either through an advisory board or surveys.
- 4) Provide an aftercare group for discharged patients. The group will allow those individuals to connect with peers and receive support from NBMI staff.
- 5) Track discharged patients, which may include a follow-up call regarding individual's access to services. Explore the problems discharged patients face and continue to address these through networking and community coalition.

Recommendations:

- 1) Update grievance policies to include accurate contact information to patient handbook, including information about outside advocacy groups, Mental Disabilities Board of Visitors and Disability Rights Montana to offer patients other options when filing grievances. (Included in this report).
- 2) Provide to patients on the unit updated literature about recovery, mental illnesses and treatment provided by SAMHSA and other sources. Invite former patients and persons in recovery to NBMI as peer support, to provide support groups, sharing stories, and messages of hope and wellness.
- 3) Include the patient in the initial treatment planning meeting in order to incorporate their goals for treatment. Whenever possible, the patient should be included in all aspects of treatment and discharge planning.

- 4) Although Providence/St. Patrick makes a strong statement of commitment to meeting the cultural needs of their patients, it appears that there is little training provided that educates staff on just how to provide such service. It may benefit the program to produce regular reports regarding the ethnic and cultural backgrounds of patients being seen in their facility. This information could then be distributed to staff as a means of determining staff training needs. This information should include statistics related to all cultural backgrounds (military service background, religion, gender identity, etc.) as opposed to including only information regarding patient race.

- 5) Include information regarding patient cultural identity in intervention planning, specifically when developing treatment plans and discharge plans. Whenever possible, promote cultural differences as strength so as to support the empowerment of each patient, celebrate diversity, and encourage cultural connection.

BOV Suggestion/Recommendation	Action Plan	Outcomes
<p>Provide an aftercare group for discharged patients. The group will allow those individuals to connect with peers and receive support from NBMI staff.</p>	<p>Each patient, whenever appropriate, will be provided with a list of support and/or therapy groups such as depression support group, the Urgent Mental Health Clinic therapy Group, Winds of Change Recovery Mall, NAMI, AA, NA, AL anon, etc. will be documented into each patient After Visit Summary. This will give patients information on after-care groups in which they can attend which are most appropriate for their individual needs.</p> <p>Kate Wiltfong, Lead Social Worker, will continue to explore Peer support with providers from Winds of Change and other agencies. The opportunity for the Peer Support representative to provide an orientation/ introduction to the patients will be explored (this will be similar to the introduction the NAMI person does for the patients currently).</p>	
<p>Track discharged patients, which may include a follow-up call regarding individual's access to services. Explore the problems discharged patients face and continue to address these through networking and community coalition</p>	<p>Cassie Moran, Assistant Clinical Nurse Manager, will call each patient (with a list of scripted questions) within a week of discharge for follow-up care. This will be integrated into the patient discharge summary in which the DC planning staff documents patient information. Cassie will also do an EBP research on the ways to provide the most effective follow-up calls. A backup system will need to be developed and implemented for times Cassie is not available.</p>	
<p>Include Patient Rights and Responsibilities in adolescent treatment handbook.</p>	<p>The Administrative Assistant will contact Print Shop to update Admission Packet to include the Patient's Rights and Responsibilities in the Adolescent</p>	

	Handbook. This will provide a backup for the handout regarding this they are currently provided with during the admission process.	
BOV Suggestion/Recommendation	Action Plan	Outcomes
Review patient abuse/neglect reporting procedures with NBMI staff, in accordance with 53-21-107 M.C.A. (included with this report).	The Regional Director will review the recently revised policy on Patient abuse/neglect. Any additional changes or clarifications will be made. Once edited, a copy will be sent to all staff with verification process/ Attestation Form that staff has properly read and understand said document.	
Seek input from former patients and family members when implementing changes at NBMI, either through an advisory board or surveys.	Investigate the plans for patient involvement with the Psychiatric Services Value Stream with the feasibility of forming a more formal St. Patrick Psychiatric Services advisory/advocacy board with former patients and family members. A number of former patients and family members have already been identified.	
Update grievance policies to include accurate contact information to patient handbook, including information about outside advocacy groups, Mental Disabilities Board of Visitors and Disability Rights Montana to offer patients other options when filing grievances.	The Regional Director will review and update the grievance policy to include updated information on outside advocacy groups.	
Provide to patients on the unit updated literature about recovery, mental illnesses and treatment provided by SAMHSA and other sources. Invite former patients and persons in recovery to NBMI as peer support, to provide support groups, sharing stories, and messages of hope and wellness.	The Administrative Assistant will contact SAMHSA, NIMH, and other organizations to ask for updated information and brochures on recovery, mental illnesses and treatment. She will ensure that these brochures do not have any staples or other items which could be used for self-harm. The brochures will then be placed in accessible areas to	

	<p>patients and patients will be encouraged to utilize this material.</p> <p>In addition there will continue to be more in depth reading material related to self-help, understanding psychiatric disorders, and recovery. A formal handout could also be developed to educate patients about the section of the public library which has been expanded to include similar literature through a WSAA project.</p>	
<p>BOV Suggestion/Recommendation</p> <p>Action Plan</p>	<p>Action Plan</p>	<p>Outcomes</p>
<p>Include the patient in the initial treatment planning meeting in order to incorporate their goals for treatment. Whenever possible, the patient should be included in all aspects of treatment and discharge planning.</p>	<p>The Lead Social Worker will explore with other social work staff the possibility of having each patient meet with their social worker, nurse and possibly charge nurse to discuss their treatment plan and each treatment plan review. This will give the patient an opportunity to discuss potential goals and other areas that the staff at NBMI can help them with. The psychiatrists also during individual sessions discuss the treatment plan with each patient. This collective information and interactions will be discussed daily during treatment team meetings and subsequently documented in each patient's initial treatment plans and treatment plan reviews.</p>	
<p>Although Providence/St. Patrick makes a strong statement of commitment to meeting the cultural needs of their patients, it appears that there is little training provided that educates staff on just how to provide such service. It may benefit the program to produce regular reports regarding the ethnic and cultural backgrounds of patients being seen in their facility. This information could then be distributed to staff as a means of determining staff training</p>	<ul style="list-style-type: none"> ➤ Continue to refine the mechanism and systems to assess the patient's cultural strengths and needs and integrate this information into the patient's treatment plan. ➤ Track demographics through Value Stream to determine cultural diversities of patient population on NBMI. ➤ Utilize these results from Value stream to help develop a more focused and on-going cultural sensitivity training on a quarterly 	

<p>needs. This information should include statistics related to all cultural backgrounds (military service background, religion, gender identity, etc.) as opposed to including only information regarding patient race.</p>	<p>basis.</p> <ul style="list-style-type: none"> ➤ A RN and one of the Senior Mental Health Techs will be providing sensitivity training to new psych techs and potentially other staff, as a supplement to cultural competency new staff orientation module. 	
BOV Suggestion/Recommendation	Action Plan	Outcomes
<p>Include information regarding patient cultural identity in intervention planning, specifically when developing treatment plans and discharge plans. Whenever possible, promote cultural differences as strength so as to support the empowerment of each patient, celebrate diversity and encourage cultural connection.</p>	<p>Building on the information from Value Stream, cultural sensitivity training, and other efforts staff will help develop treatment plans based on patient’s diversity and cultural connections. The treatment plans will be periodically reviewed by the Clinical Nurse Manager or the Assistant Clinical Nurse Manager to explore whether or not there was a focus on cultural differences and strengths as well as plans related to cultural connection. This periodic review/ audit will collect information related to the effectiveness of the current practices or the need for additional training and/or oversight.</p>	

Respectfully Submitted by the Psychiatric Services Administrative Team:

Leanna Ross, Clinical Nurse Manager
Cassie Moran, Assistant Clinical Nurse Manager
Kate Wiltfong, Lead Social Worker
Dr. Robert Munjal, Associate Medical Director
Dr. Kary Aytes, Adolescent Medical Director
Dr. Laura Salyers, Psychiatric Services Section Chief and Chair of the Department of Psychiatry
Lorina Massey, Psychiatric Mental Health Nurse Practitioner
Beverly Jenson, Providence Psychiatric Group Nurse Manager
Peter Snyder, Regional Director of Psychiatric Services

