Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Saint Patrick Hospital Neurobehavioral Medicine Services

Missoula, Montana

December 10-11, 2009

Gene Haire

Gene Haire, Executive Director

TABLE OF CONTENTS

Mental Disabilities Board of Visitors
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OVERVIEW

Mental Health Facility reviewed :

Saint Patrick Hospital Neurobehavioral Medicine Services (NBM)
Missoula, Montana
Amy Alexander, LCSW - Director

Authority for review :

53-21-104, Montana Code Annotated, 2009

Purpose of review :

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

BOV review team :

Staff:	**Board:**	**Consultants**:
Gene Haire, Executive Director Craig Fitch, Legal Counsel	Sandra Mihelish	Bill Snell, Cultural Consultant Irene Walters, RN, Clinical Consultant Glenn Porte, Consumer Consultant

Review process :

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

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Planning and Quality Improvement	
Planning:	
Does NBM produce and regularly review a strategic plan?	Yes Strengths: ▪ NBM provided BOV with a Program Development Plan (PDP) for October 2008 - September 2009. ▪ The mission of NBM is to "become the Center of Excellence of Behavioral Health Services within the region". ▪ The format of the PDP defines Strategy-Tactic-Activity-Responsibility-Timeframe-Measurement-Completion – a very thorough and actionable format. ▪ NBM staff are optimistic about the planning format and process and hopeful that improvements will continue.
Is the strategic plan of NBM developed and reviewed through a process of consultation with staff, patients, patients' family members, key community stakeholders?	Strengths: ▪ NBM convenes a strategic planning session every quarter to which community stakeholders are invited. Observations: ▪ Input of patients and family members does not appear to be sought or incorporated into the development of the PDP. ▪ A number of staff expressed that they feel their input and suggestions for organizational improvement and planning are not given due consideration. Suggestions: ▪ Consider ways to more actively acknowledge and respond to the suggestions of staff: respond in writing to each staff person making a suggestion indicating that her/his suggestion was considered, whether the suggestion was implemented, and the rationale for implementing or not implementing the suggestion. ▪ As NBM continues it's planning process, consider the uncertainty that transitions present to staff; continue to maintain an open dialogue with all staff regarding changes; create a clear process for bringing staff concerns and recommendations to management; proactively address potential morale issues. ▪ Consider ways to more actively engage patients and family members in strategic planning.

Quality Improvement:	
Does NBM use a plan of continuous quality improvement to evaluate and improve all of its activities related to services to patients and patients' family members?	Yes Strengths: ▪ Diamond Healthcare Corporation (Diamond) was contracted to provide on-site quality improvement and management support NBM in June of 2008. Since then, the policy and procedure manual has been updated; quality standards are being established for training and reporting. ▪ NBM surveys adult patients and parents/guardians of adolescent patients. Observations: ▪ While NBM asks each adult patient and parents/guardians of adolescent patients to complete a satisfaction survey at time of discharge, it is unclear (1) whether the scope of the questionnaire or the size of the sample is adequate to form valid conclusions, and (2) whether the information collected is used effectively for service improvement. ▪ It does not appear that NBM seeks feedback from adult patients' family members. Suggestions: ▪ Consider ways to develop a more focused method for gathering and using feedback from patients and families for use in quality improvement. Considering the relative fragility of patients at time of discharge, it may be helpful to use a verbal interview format. ▪ Consider collecting data that would lead to better understanding of the relationship between patient needs and community service availability that could be used to address service gaps and reduce recidivism.
Are designated staff of NBM accountable and responsible for the continuous quality improvement process?	Yes - Program Director Suggestion: ▪ Consider establishing a dedicated quality improvement position. The role of this position could include interviewing patients and families, developing an advisory group and overseeing its work, functioning as the community liaison, and developing recommendations for specific quality improvement activities.
Is NBM able to demonstrate a process of continuous quality improvement that directly affects health and functional outcomes for individual patients?	Observations: ▪ It is unclear from the PDP whether NBM is able to demonstrate a process of continuous quality improvement relative to patients' clinical outcomes. It may be challenging to do so with patients who are in services for such short times.

Rights, Responsibilities, and Safety	
***Rights, Responsibilities*:**	
Does NBM define the rights and responsibilities of and provide verbal and written information about rights and responsibilities to patients and patients' family members?	Yes Strengths: ▪ NBM has developed a good packet of information that is given to patients and their families. ▪ Patient Rights are posted clearly in the milieu. ▪ Patients interviewed by BOV stated that they understood that they have rights and that they can seek assistance should advocacy be needed.
	Observations: ▪ The patient handbooks for both adolescents and adults have much helpful information, but no information about patient rights.
Does NBM actively promote patient access to independent advocacy services by: ▪ providing verbal and written information to patients and patients' family members? ▪ prominently displaying in all of its facilities posters and brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and Disability Rights Montana?	No Observations: ▪ Neither patients nor staff were able to verbalize knowledge of the Board of Visitors or specific information related to any advocacy group. ▪ BOV did not see literature or other information related to advocacy resources in the milieu. ▪ There is no information about advocacy services in the patient handbook.
Does NBM have an easily accessed, responsive, and fair complaint / grievance procedure for patients and patients' family members to follow?	Strengths: ▪ Patients described knowing how to start the complaint process. ▪ Nursing staff reported that patients do receive information at admission and throughout the stay about the complaint process. ▪ Staff interviewed reported that the grievance procedure is included in the treatment plan. Observations: ▪ The complaint resolution process is not described in the patient handbook. ▪ Knowledge of the complaint/grievance process appeared inconsistent among staff interviewed by BOV - staff knew ***of*** the process but knew little ***about*** it. Several staff did not know how/where to get complaint forms for patients. ▪ A number of staff did not seem to be aware of the difference between complaints/grievances and abuse/neglect allegations, or the respective difference in the procedure to address them.

At the time of entering services, does NBM provide to patients and patients' family members written and verbal information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?	No Recommendation 1: a) Revise the Patient Handbook so that it includes information about patient rights, advocacy services, and guidelines for filing and resolving grievances – including assistance available from the Mental Disabilities Board of Visitors. b) Develop and provide staff training about advocacy resources and the complaint/grievance process.
Safety:	
Does NBM protect patients from abuse, neglect, and exploitation by its staff or agents?	Yes Strengths: ▪ Staff receives training yearly; new staff receive on-the-job training from experienced staff before being assigned on the floor. Abuse, neglect, and exploitation is included in this training.
	▪ Staff appear to be vigilant. Supervisors are approachable when a staff member needs to report something, and staff report that administration is quick to act on issues that range from grievances to abuse/neglect ▪ Staff are able to articulate chain of command with regard to reporting of abuse or neglect perpetrated on patients by staff,
Has NBM fully implemented the requirements of §53-21-107, Montana Code Annotated (2009) with regard to reporting on and investigating allegations of abuse and neglect?	Strengths: ▪ The policy and procedure addressing allegations of abuse and neglect are excellent and include all requirements of §53-21-107, Montana Code Annotated (2009). Observations: ▪ Leadership and line staff do not appear to be conversant with this policy or the statutory requirements. Recommendation 2: Develop and provide information to all staff regarding reporting on and investigating allegations of abuse and neglect per NBM policy and requirements of §53-21-107, Montana Code Annotated (2009).
After an allegation of abuse, neglect, or exploitation of a patient by its staff or agents is determined to be substantiated, does NBM debrief all related circumstances – including all staff and supervisory actions or non-actions that could have contributed to the abuse, neglect, or exploitation – in order to decrease the potential for future recurrence?	NBM has not reported allegations of patient abuse or neglect since the last BOV site review in 2004. Strength: ▪ Staff interviewed reported that in the event of an "incident", meetings were held to discuss the event to determine whether training might be needed.

Are staff of NBM trained to understand and to skillfully and safely respond to aggressive and other difficult patient behaviors?	Yes Strengths: ▪ Staff receives training in verbal and physical interventions per The Crisis Prevention Institute[1] on hire and annually; new staff receive shadow training before being assigned on the floor. New staff do not intervene in aggressive and other difficult patient behaviors without training. ▪ The seclusion/restraint policy does a good job of defining minimum knowledge and competency expectations for interacting with patients before and during seclusion/restraint events.
Does NBM give patients access to staff of their own gender?	Yes Observations: ▪ There are more female staff than male, which makes the gender-specific availability more difficult, but a patient can request and work with a staff person of their own gender. Each shift has at least one male nurse assigned in the event a male patient makes the request.
Is NBM use of special treatment procedures that involve behavior control, mechanical restraints, locked and unlocked seclusion or isolation, and time out: ▪ clinically justified? ▪ properly monitored? ▪ implemented only when other less restrictive measures have failed? ▪ implemented only to the least extent necessary to protect the safety and health of the affected individual or others in the immediate environment? ▪	Yes Strengths: ▪ The NBM policy and procedure addressing the use of restraint/and seclusion for violent/self destructive behavior is clear and very detailed. ▪ Staff report that training is ongoing and the policies and procedures are updated regularly. ▪ Staff members stated that behavioral interventions are effectively used to reduce the use of restraints. ▪ NBM collects and analyzes its performance in the use of special treatment procedures.
Does NBM debrief events involving special treatment procedures, emergency medications, aggression by patients against other patients or staff, and patient self-harm; retrospectively analyze how such events could have been prevented; and support staff and patients during and after such events?	Strengths: ▪ There appears to be a high level of awareness and diligence among clinical staff regarding treatment of patients and processing of “incidents”. Observations: ▪ Debriefing is not included in the Restraint/Seclusion decision-making and process flow chart, It is not clear whether special procedure debriefing sessions occur after every incident, or if they do, whether debriefing sessions always include direct care staff.

Patient / Family Member Participation	
Does NBM proactively identify patients' family members and describe the parameters for communication with them regarding patients' treatment and families' involvement in treatment and support?	Observations: ▪ Staff interviewed indicated that most NBM patients don't have family members who either are interested or are involved, but if there are interested families, they are included with patient permission. ▪ While there is a clear agreement among NBM staff that family involvement can be critical to patients' success, it appears that conversations about family involvement are left to patients to initiate. ▪ Senior staff expressed that engagement with family members should be a higher priority. ▪ There is no good place for families to go with their family members when they come to visit at the hospital. Suggestion: ▪ Consider developing policies and practices that establish a more proactive and consistent approach to identifying and engaging families in patients' treatment. ▪ Consider ways to provide space that is more conducive to private family visits.
Do NBM assessments, treatment planning sessions, and treatment reviews proactively include the participation of patients and – with consent - patients' family members?	Strengths: ▪ Staff interviewed all noted that policy and training emphasize family involvement and that family members are included for adolescents and - with permission - for adults. ▪ NBM conducts weekly treatment reviews with patients. ▪ Parents or guardians of adolescent patients are involved. Observations: ▪ The general feeling - and in many cases, the reality - is that adult patients are so ill and in such distress when they are first admitted, it is difficult for them to be actively involved in treatment planning, and they aren't in the hospital long enough to reach that level of participation. ▪ One adult patient reported that she had been in the hospital for a month, that she had signed off on the treatment plan for a few weeks, but really had no input, until the last week or so. ▪ As noted above, family members of adult patients are involved if a patient initiates the interest, but NBM does not proactively explore the possibility of interested family members. ▪ The staff also noted that while they prefer for families to be involved, often the patients/patients are homeless and/or have no family. The hospital does consider a case manager to be "family" for the purposes of coordinating care after discharge.
When diagnoses are made, does NBM provide patients and – with consent - patients' family members with information on the diagnosis, options for treatment, and possible prognoses?	Yes Strengths: ▪ NBM provides information on medications and side effects to patients. ▪ The social workers work with the patients on the treatment options after discharge. ▪ A Patient and Family Education Guide is available. There is also an information sheet on suicide and safety plans.

	Observations: ▪ See observations above for family involvement in this area. Suggestion: ▪ Make brochures available to families about the NAMI Family to Family program available in the Missoula Community.
Does NBM proactively provide patients, and – with consent - patients' family members a copy of the treatment plan?	Yes Strengths: ▪ Treatment plans are reviewed daily with patients. Observations: ▪ See observations above for family involvement in this area.
Does NBM promote, encourage, and provide opportunities for patient and family member participation in the operation of its services? Examples: ▪ participation in developing the strategic plan and plan for continuous quality improvement? ▪ advisory groups? ▪ participation in public meetings? ▪ interviews and selection of prospective staff? ▪ peer and staff education and training? ▪ family and patient peer support? Does the service have written descriptions of these activities?	No Suggestion: ▪ Consider ways to promote, encourage, and provide opportunities for patient and family member participation in the operation of NBM services.
Does NBM promote, encourage, and provide opportunities for patient and family member participation in the evaluation of its services? Examples: ▪ patient and family feedback about 'customer service' ▪ patient and family feedback about the effectiveness of communication with patients and patients' family members ▪ patient and family involvement in measurement of their own health and functional outcomes Does NBM have written descriptions of these activities?	Strengths: ▪ NBM asks patients to complete a satisfaction survey at time of discharge. Observations: ▪ See observations above for family involvement in this area. Suggestion: ▪ Consider surveying family members about their opinions of NBM services.

Cultural Effectiveness	
Does NBM have a Cultural Effectiveness Plan – developed with the assistance of recognized experts - that specifically emphasizes working with American Indian people and that includes defined steps for its integration at every level of organizational planning?	No Strengths: ▪ The NBM organizational culture supports cultural sensitivity. Observations: ▪ During the entrance discussion, NBM staff expressed interest in cultural issues, and appeared motivated to develop cultural effectiveness as a standard of care. ▪ Though NBM staff appeared candid and comfortable discussing areas in which they would like to see improvement to ensure a culturally effective program. Recommendation 3: Develop a Cultural Effectiveness Plan that specifically emphasizes working with American Indian people and that includes defined steps for its integration at every level of organizational planning. Suggestions for Implementation of Recommendation 3: ▪ Establish a staff committee to begin the process of developing a Cultural Effectiveness Plan. ▪ Work with the University of Montana[2] and the Missoula Indian Center[3] to identify recognized experts who could assist in developing a plan, and assist in other aspects of increasing cultural effectiveness. ▪ Recruit American Indians and other 'people of color' to serve on the Saint Patrick Hospital Board of Directors.
Does NBM define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to its patients and patients' families, with a specific emphasis on American Indian people?	No Strengths: ▪ The PDP provides an opportunity for NBM leadership to develop culturally relevant policies, expectations for staff knowledge, training requirements, communication forums, and other structures that would enhance cultural effectiveness. ▪ NBM has developed good awareness of and sensitivity to working with people who are lesbian, gay, bisexual, and transgender. ▪ There is a significant degree of diversity among NBM staff.
	Observations: ▪ It appears that being "culturally sensitive" is left up to the predilection of each employee. ▪ Position descriptions and performance appraisals do not address cultural knowledge or application of this knowledge in working with patients. Suggestions: ▪ Define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of all NBM patients, with a specific emphasis on American Indian people. ▪ Consider incorporating expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues into all NBM position descriptions and performance appraisals.

Does NBM provide staff training conducted by recognized experts that enables staff to meet defined expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to its patients and patients' families, with a specific emphasis on American Indian people?	No Strengths: ▪ During new staff orientation, NBM staff receive limited training that addresses cultural issues regarding American Indians and other ethnic groups. ▪ Professional enrichment training with a cultural component is conducted annually. Observations: ▪ Services that are respectful of and responsive to the beliefs, practices, and cultural and linguistic needs of patients from diverse backgrounds can enhance clinical outcomes. Recommendation 4: Develop and provide training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all NBM patients, with a specific emphasis on American Indians. Suggestions for Implementation of Recommendation 4: ▪ Assess all NBM staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to its patients and patients' families - from top leadership to line staff - to establish a baseline for designing cultural training for staff. ▪ Develop a library of resource material on cultural issues, which could be incorporated into staff training. ▪ Attend local cultural events to gain personal insight into the American Indian culture first hand. ▪ Establish cross-training agreements with the Confederated Salish/Kootenai Tribes. ▪ Approach the American Indian clubs at the University of Montana[4] for Indian students to present on ideas for working with Indian patients. ▪ Consider sending staff to the annual Native American Child and Family Conference held in Montana each year[5], and the annual National Indian Child and Family Conference in Billings.
Do NBM treatment plans take into account individually-identified cultural issues, and are they developed by a culturally competent clinician or in consultation with such a clinician?	Strengths: ▪ Assessment/treatment planning documents specifically prompt for "language and cultural issues". ▪ All staff interviewed emphasized the importance of individualized treatment which implies incorporation of an individualized cultural component of treatment. Observations: ▪ NBM tends to defer to patients for initiating discussion of needs or concerns related to cultural issues. Suggestions: ▪ Consider ways to increase staff awareness of the "two worlds" challenge American Indians face[6] when interacting with any mainstream human services. ▪ Develop relationships with American Indian clinicians; ask for help in developing treatment plans that take into account individually-identified cultural issues.

	▪ Consider using the "Wellbriety" approach[7] as an option for American Indian patients. ▪ Consider using the System of Care Cultural Services Matrix developed by In-Care Network[8]. This tool includes the primary diagnoses used for youth, comparing conventional interventions and American Indian-oriented interventions - and can be adapted for adults. ▪ Revise intake format to include prompts for issues specific to cultural issues[9].
Has NBM developed links with other service providers / organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural/racial/ethnic groups in the community, with a specific emphasis on American Indian people?	Strengths: ▪ NBM refers patients to tribal health programs or to tribal social workers post discharge when appropriate. Suggestions: ▪ Further explore and initiate collaboration with organizations that can be drawn on to enrich services: Pretty Shield Foundation[10], Hopa Mountain[11], Tribal Social Services, White Bison Inc, Montana Wyoming Tribal Leaders Council[12], and Tribal Colleges[13]. ▪ Develop a formal, ongoing working relationship with the Missoula Indian Center.
Does NBM have a plan for recruitment, retention, and promotion of staff from cultural/racial/ethnic backgrounds representative of the community served with a specific emphasis on American Indian people?	No Strengths: ▪ There is a desire by NBM leaders to recruit qualified ethnic staff with a particular interest in hiring and retaining American Indians. Suggestions: ▪ Consider participating in the University of Montana 'career day' events to identify and recruit ethnic/American Indian individuals who are qualified for position openings. ▪ Work with the Missoula Indian Center to identify potential employees. ▪ When advertising for vacant staff positions at NBM, consider including the phrase "qualified American Indians and other ethnic minorities are encouraged to apply". ▪ Contact the Indian Health Services Area Office[14] for potential graduates who are looking for employment with a mental health provider.
With regard to its own staff, does NBM monitor and address issues associated with cultural / ethnic / religious / racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of American Indian people?	Yes Strengths: ▪ Relevant ethical standards are strictly adhered to; any issues regarding misunderstandings related to cultural, ethnic, religious, and racial prejudice are addressed as they arise. ▪ Position descriptions describe expectations that all individuals are treated with respect and dignity. Suggestion: ▪ Consider developing a section in employee performance evaluation that assesses cultural / ethnic / religious / racial prejudice and misunderstanding.

Does NBM analyze the cultural / ethnic / religious / racial demographics of its catchment area with a specific emphasis on American Indian people?	No Strengths: ▪ The PDP includes a database that will allow NBM to correlate census, referral, and patient demographic data, and will facilitate the collection of additional information regarding cultural, ethnic, and racial demographics as well as currently-collected data on religious preference. ▪ The PDP includes an expanded effort to extend NBM services to the Polson area. Suggestion: ▪ Implement PDP plans for development of methods to measure the number of American Indians and other minorities served - as well as those potentially in need of but not receiving services - in the NBM catchment area.

Staff Competence, Training, Supervision, and Relationships with Patients

Competence and Training:

Does NBM define optimum knowledge and competence expectations specific to working with people with mental illnesses for each staff position providing services to patients?	Strengths: ▪ All position descriptions are exceptionally detailed and thorough. ▪ Clinical staff position descriptions imply expectations specific to working with people with mental illnesses by requiring pertinent licensure, and by requiring abilities such as the ability to conduct mental status exams. ▪ All registered nurse positions (Director of Nursing, Clinical Nurse Manager, Registered Nurse) include recommendation for ANA psychiatric/mental health certification. ▪ NBM uses a “competencies checklist” for nursing department staff that includes “knowledge of most frequently admitted diagnoses....”. Observations: ▪ Knowledge and competence expectations specific to working with people with mental illnesses are not defined for direct care staff (Health Care Assistant, Licensed Practical Nurse). ▪ Each line staff interviewed identified the need for more knowledge about specific mental illnesses and methods for working with people with mental illnesses. Suggestion: ▪ Consider requiring ANA psychiatric/mental health certification for all registered nurse positions.

Does NBM have a written training curriculum for new staff focused on achieving optimum knowledge and competence expectations specific to working with people with mental illnesses? Does NBM train new staff in job-specific knowledge and competence prior to working with patients OR requires new staff to demonstrate defined optimum knowledge and competence specific to working with people with mental illnesses prior to working with patients?	Yes <u>Strengths:</u> ▪ NBM has an extensive list of mandatory training including seclusion/restraint, psychotropic medication, treatment planning, CPI certification, abuse and neglect, etc. ▪ There are a number of Diamond Healthcare Self Study Guides available online to staff including cultural competence, management of escalating behavior, milieu management, and working with [people who have] schizophrenia. <u>Observations:</u> ▪ The consensus among staff interviewed was that training specific to working with people with mental illnesses needs to be improved. ▪ Float staff who do not regularly work on NBM are not adequately oriented to working in this environment. <u>Suggestion:</u> ▪ Develop improved orientation for float staff who do not regularly work on NBM. <u>Recommendation 5:</u> a) Define optimum knowledge and competence expectations directly related to mental illnesses and working with people with mental illnesses; include knowledge and competencies related to specific illnesses and evidence-based practices. b) Based on optimum knowledge and competency expectations, develop a written training curriculum and provide training focused on achieving optimum knowledge and competency levels. This curriculum should focus on major mental illnesses and recovery.
Does NBM provide staff opportunities for ongoing training including NAMI-MT Provider Training, NAMI-MT Mental Illness Conference, Mental Health Association trainings, Department of Public Health and Human Services trainings, and professional conferences?	Yes <u>Strengths:</u> ▪ "Webinars" are utilized several times a year for training. ▪ Diamond Healthcare's educator comes to NBM quarterly and provides brief trainings for staff on topics of interest or concern. ▪ Staff has good access to training both mandatory and voluntary. <u>Suggestion:</u> ▪ Consider bringing the NAMI Provider Training into NBM for all staff.
Does NBM periodically assess current staff and identify and address knowledge and competence deficiencies?	Yes
Supervision:	
Does NBM train supervisors and hold them accountable for appropriately monitoring and overseeing the way patients are treated by line staff?	Yes

Does NBM train supervisors and hold them accountable for appropriately monitoring, overseeing, and ensuring that treatment and support is provided effectively to patients by line staff according to their responsibilities as defined in treatment plans?	Yes
Relationships with Patients:	
Do mental health service staff demonstrate respect for patients by incorporating the following qualities into the relationship with patients: ▪ active engagement? ▪ positive demeanor? ▪ empathy? ▪ calmness? ▪ validation of the desires of patients?	Yes Strengths: ▪ Staff observed were caring and compassionate. Patients were engaged in groups and in 1:1 interactions with staff. Suggestion: ▪ Explore the possibility of establishing one or more Peer Support Specialist positions.
Active Engagement with Patients:	
Do NBM direct care staff demonstrate proactive, assertive, supportive, engagement with patients?	Yes
Are NBM professional staff consistently present in all treatment environments interacting with direct care staff and patients teaching, modeling, and reinforcing healthy, constructive, respectful interactions?	Yes
Do NBM supervisors ensure that direct care staff spend their time with patients engaged in consistently positive, recovery-oriented incidental interactions?	Yes Strengths: ▪ Floor nurses manage milieu and appear to keep the unit running smoothly. Direct care staff were present and engaged with patients.

Treatment and Support

General Observations about physical plant:

- The space/opportunity for patients to get outdoors or to have regular physical activity in inadequate. Only the adolescent unit has any secure outdoor space, and this is a very narrow balcony about 15 feet long. This in not in compliance with 53-21-142(9), MCA. (This recommendation and corresponding recommendation below were made in 2004.)
- Several aspects of the ICU need attention. Though NBM staff do a good job of managing situations presented by physical space design challenges, redesign of the space to address the following should be seriously considered.
  - There is only one bathroom on the ICU; when there is an incident with one patient, the bathroom becomes inaccessible to other patients on the unit.
  - There is no separate "quiet room" on the ICU where a patient can be placed for safety or reduced sensory input; when such a space is needed, all other patients on the unit must be removed from the unit so that the entire ICU becomes a "quiet room"..
  - The ICU is used for both adult and adolescent patients; when both adults and adolescents are on the ICU, safety and supervision issues result.

Recommendation 6:
Develop outdoor space and staff supervision capability that enables patients to be "outdoors at regular and frequent intervals"[15].

General:	
Is a written treatment plan in place and being implemented for every patient receiving services from NBM?	Yes
Is a written discharge plan in place for every patient receiving services from NBM?	Yes <u>Strengths:</u> ▪ Discharge plans are initiated at admission.
For all new or returning patients, does NBM perform a thorough physical / medical examination or ensure that a thorough physical / medical examination has been performed within one year of the patient entering / re-entering the service? Does NBM link all patients to primary health services and ensure that patients have access to needed health care? Does NBM proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?	Yes <u>Strengths:</u> ▪ Patients are seen in the emergency room and medically cleared prior to admission to NBM. After patients are on the unit, they are seen and followed by a Nurse Practitioner or Physician Assistant for medical concerns.
Evidence-Based Services:	
Co-Occurring Psychiatric and Substance Use Disorders:	
Has NBM fully implemented the protocols established by AMDD for treatment of people who have co-occurring psychiatric and substance use disorders?	<u>Strengths:</u> ▪ NBM is aware of, interested in, and making efforts to move toward better integration of treatment for patients who have co-occurring psychiatric and substance use disorders.
	<u>Observations:</u> ▪ The understanding of and commitment to the principles of integrated treatment of people who have co-occurring psychiatric and substance use disorders appears inconsistent among NBM staff; operationally, the efforts appeared disjointed. ▪ Discharge planning for people who have co-occurring psychiatric and substance use disorders often involves referrals to separate mental health and chemical dependency providers. <u>Suggestion:</u> ▪ Incorporate plans to implement integrated treatment for people who have co-occurring psychiatric and substance use disorders into the PDP.
Medication:	
Is the medication prescription protocol evidence-based and reflect internationally accepted medical standards?	Yes
Is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with laws, regulations, and professional guidelines?	Yes

Are patients and – with consent - patients' family members provided with understandable information about the potential benefits, and adverse effects related to the use of medication?	Yes
Is "medication when required" (PRN) only used as a part of a documented continuum of strategies for safely alleviating the resident's distress and/or risk?	Yes
Does NBM ensure access for patients to the safest, most effective, and most appropriate medication and/or other technology?	Yes
Where appropriate, does NBM actively promote adherence to medication through negotiation and education?	Yes
Are medication allergies, side effects, adverse medication reactions, and abnormal movement disorders well documented, monitored, and promptly treated?	Yes
Are medication errors documented?	Yes
Is there a quality improvement process in place for assessing ways to decrease medication errors?	Yes
Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?	Yes
Are unused portions of medications and expired medications disposed of appropriately after expiration dates using – when resources are available - the protocols described in $SMAR_XT$ DISPOSAL$^{TM\ 16}$?	Yes
Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?	Yes
When a patient who is transitioning to another service provider is taking psychotropic medications, does NBM proactively facilitate the seamless continuation of access to those medications by ensuring that: (1) the patient has an appointment with the physician who will be taking over psychotropic medication management, (2) the patient has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the patient's medication funding is established prior to the transition?	Yes <u>Strengths:</u> ▪ NBM has a "transition" mid-level practitioner with prescriptive authority (APRN) who can see discharged patients during the time it takes to connect with community services and prescribers. This is a particular strength of NBM services and greatly contributes to treatment continuity.

Access and Entry	
Are NBM services convenient to the community and linked to primary medical care providers?	Yes
Does NBM inform the community of its availability, range of services, and process for establishing contact?	Yes

Is an appropriately qualified and experienced staff person available at all times - including after regular business hours - to assist patients to enter into mental health care?	Yes NBM can admit patients 24/7
Does NBM ensure that patients and patients' family members are able to, from the time of their first contact with NBM, identify and contact a single mental health professional responsible for coordinating their care?	Yes

Continuity of Services Through Transitions

General comment: NBM is highly committed to developing quality working relationships with other community providers and appears dedicated to continuing to improve those relationships for the benefit of all patients.

Does NBM review the outcomes of treatment and support as well as ongoing follow-up arrangements with each patient and - with consent - patients' family members prior to their exit from the service?	Yes
Does NBM provide patients and their patients' family members with information on the range of relevant services and supports available in the community when they exit from the service?	Yes Strengths: ▪ Discharge planning begins at admission; NBM provides good support for patients transitioning to the next level of services.
When a patient is transitioning to another service provider, does NBM proactively facilitate involvement by that service provider in transition planning?	Yes Strengths: ▪ The APRN and Social Workers work closely with the Winds of Change Mental Health Center and WMMHC when patients are referred to these agencies following discharge.
Does NBM ensure that patients referred to other service providers have established contact following exit from NBM?	No Observations: ▪ It does not appear that NBM does anything to ensure that patients referred to other service providers have established contact post discharge. ▪ It also does not appear that providers to whom discharged patients have been referred by NBM do anything to ensure that patients come to the appointments that have been scheduled post discharge.
	Suggestion: ▪ Collect and analyze data on admissions to identify readmissions for which previous discharge plans were not completed. ▪ Reach out to community providers to establish a protocol to ensure that post discharge follow-up plans are completed.

If a patient ***was not*** receiving community mental health services prior to an inpatient admission, does NBM assume primary responsibility for continuity of care between inpatient treatment and community-based treatment?	Yes <u>Strengths:</u> ▪ NBM has developed a sub-acute outpatient service component for discharged patients who are waiting for openings in community outpatient programs. ▪ NBM has a "transition" mid-level practitioner with prescriptive authority who can see discharged patients during the time it takes to connect with community services and prescribers. **<u>These are both particular strengths of NBM services and have greatly contributed to treatment continuity.</u>**

STATUS OF IMPLEMENTATION OF 2004 RECOMMENDATIONS

1) Develop outdoor space and staff supervision capability that enables patients to be "outdoors at regular and frequent intervals".

   2009 Status:
   This recommendation was reiterated in 2009. See NBM response to Recommendation #6 below.

2) Reassess the role of the APRN and redouble efforts to fully incorporate her knowledge, skills, and abilities into the treatment protocol.

   2009 Status:
   The APRN position was eliminated in 2004.

3) St. Patrick Hospital Mental Health Unit staff and Western Montana Mental Health Center staff should come to an agreement about the Mental Health Services Plan application process so that there is good treatment continuity and treatment access (including access to medications) when a patient is transitioning from the hospital to the mental health center.

4) The St. Patrick Mental Health Unit Director and Social Workers should meet with the new Western Montana Mental Health Center – Missoula Director of Adult Services (Mel Mason - 360-9260 ; mmason@wmmhc.org) to identify communication problem areas and to establish communication protocol that will ensure that treatment for consumers transitioning between services proceeds in a smooth, continuous, integrated manner.

   2009 Status – Recommendations 3 and 4:

   Since 2004, Saint Patrick psychiatric services have gone through significant organizational changes with its former director retiring, establishment of a contract with Diamond Health Care Corporation and two Diamond-employed behavioral health managers. It appears that the working relationship between NBM and Western Montana Mental Health Center is supportive of treatment continuity.

2009 RECOMMENDATIONS

1. a) Revise the Patient Handbook so that it includes information about patient rights, advocacy services, and guidelines for filing and resolving grievances – including assistance available from the Mental Disabilities Board of Visitors.
   b) Develop and provide staff training about advocacy resources and the complaint/grievance process.
2. Develop and provide information to all staff regarding reporting on and investigating allegations of abuse and neglect per NBM policy and requirements of §53-21-107, Montana Code Annotated (2009).
3. Develop a Cultural Effectiveness Plan that specifically emphasizes working with American Indian people and that includes defined steps for its integration at every level of organizational planning.
4. Develop and provide training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all NBM patients, with a specific emphasis on American Indians.
5. a) Define optimum knowledge and competence expectations directly related to mental illnesses and working with people with mental illnesses; include knowledge and competencies related to specific illnesses and evidence-based practices.
   b) Based on optimum knowledge and competency expectations, develop a written training curriculum and provide training focused on achieving optimum knowledge and competency levels. This curriculum should focus on major mental illnesses and recovery.
6. Develop outdoor space and staff supervision capability that enables patients to be “outdoors at regular and frequent intervals”

NBM RESPONSE

Recommendation 1:

a) Revise the Patient Handbook so that it includes information about patient rights, advocacy services, and guidelines for filing and resolving grievances – including assistance available from the Mental Disabilities Board of Visitors.

Response:

Patient Handbook revised. See attached.

b) Develop and provide staff training about advocacy resources and the complaint/grievance process.

Response:

Staff training on advocacy resources will be part of the agenda for the General Staff (Team) Meeting of May 12, 2010. In addition, this will be a topic of discussion in the social services section meeting in May.

Recommendation 2:

Develop and provide information to all staff regarding reporting on and investigating allegations of abuse and neglect per NBM policy and requirements regarding §53-21-107, Montana Code Annotated (2009).

Response:

Each staff member has received a copy of the following policies:

- ***Patient Abuse Occurring During Hospitalization***
- ***Abuse and Neglect, Identification and Reporting Upon Admission***

Staff signature on education log indicates review and understanding of the policies.
Further education on the reporting on and investigating of allegations of abuse and neglect will be part of the agenda for the General Staff (Team) Meeting of May 12, 2010 as well as in the social services section meeting in May.

Recommendation 3:

Develop a Cultural Effectiveness Plan that specifically emphasizes working with American Indian people and that includes defined steps for its integration at every level of organizational planning.

Response:

We have formed a Quality Team to draw up a plan to ensure compliance. Our first meeting is Wednesday, May 5, with the Hospital's Manager of Organizational Development. Attached please find the PI tool we will use to move through this process. Upon completion, we will forward the completed plan to the Board of Visitors.

Recommendation 4:

Develop and provide training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all NBM patients, with a specific emphasis on American Indians.

Response:

Please see above. The Quality Team will draw up the training program and include it in the overall Cultural Effectiveness Plan.

Recommendation 5:

a) Define optimum knowledge and competence expectations directly related to mental illnesses and working with people with mental illnesses; include knowledge and competencies related to specific illnesses and evidence-based practices.
b) Based on optimum knowledge and competency expectations, develop written training curriculum and provide training focused on achieving optimum knowledge and competency levels. This curriculum should focus on major mental illnesses and recovery.

Response: (BOV will not include the attachments described below in this report – they are available for review by contacting the BOV office.)

1. Knowledge and competency expectations are defined through the job description of each position upon

hire. There are specific expectations for all staff who work on the Neurobehavioral Medicine Unit related to mental illnesses and working with people with mental illnesses.

Attachment I: Job Descriptions

- ***Registered Nurse***
- ***Licensed Practical Nurse***
- ***Psychiatric Technician***
- ***Health Care Assistant (CNA)***
- ***Unit Secretary***
- ***Clinical Social Worker – Lead***
- ***Clinical Social Worker***

2. There are expectations for float staff who may work on the unit on a non-regular basis.

Attachment II:

- ***Policy: Float Staff Orientation***
- ***Neurobehavioral Medicine Float Guidelines***
- ***NBMI Float Staff Orientation Checklist***

3. There is a specific orientation for professional staff hired to work on the NBMI Unit.

Attachment III:

- ***New Employee Packet Set-up***
- ***RN Orientation Schedule – Sample***
- ***Initial Competency Assessment for RN***
- ***Department Orientation and Initial Assessment of Competency***
- ***Nursing Department Orientation Competencies Checklist – NBM Department***

4. There is an on-going training curriculum based on observation and assessment of needs. Inservice training will include topics related to mental illness, to include incidence and demographics; causes and risk factors; symptoms; functional impairment; interventions and assisting patients with their recovery plan.

Attachment IV:

- ***Educational Needs Assessment***
- ***Monthly Training Calendar with example hand-outs***
    - ***Milieu Management***
    - ***SBAR Communication specific to NBMI***
    - ***Psychotropic Medication***
    - ***Borderline Personality Case Study***
    - ***Accountability and Dependability values for all NBMI employees***
- ***Monthly Team (Staff) Meeting agendas with educational items outlined***
- ***Diamond Healthcare training modules which will be posted to hospital-wide HealthStream system. Topics include the following:***
    - ***Guidelines for Performing Observations and Precautions***
    - ***Treatment Planning****
    - ***Schizophrenia***
    - ***Concepts of Milieu Management – How to Manage the Village****
    - ***Management of Escalating Behavior***
    - ***Psychotropic Medication****
    - ***Suicide Assessment and Intervention***
    - ***Conducting Groups - The Whys and Hows of Successful Groups****
    - ***Seclusion and Restraint***
    - ***Search and Contraband***
    - ***Boundaries in the Workplace****

****Included as examples in this packet.***

Recommendation 6:

Develop outdoor space and staff supervision capability that enables patient to be "outdoors at regular and frequent intervals." §53-21-142(9) MCA

Response:

At the present time there are no plans to make major renovations to the 3rd Floor of the Providence Center. In addition, previous risk history precludes the unit from taking patients downstairs to street level for outside breaks. However, a renewed effort is being made to use the limited patio space to offer patients outside air on a regular basis. See attached policy.

ENDNOTES

[1] http://www.crisisprevention.com/
[2] University of Montana American Indian Resources : http://admissions.umt.edu/native_services.html
[3] http://missoulaindiancenter.org/
[4] http://admissions.umt.edu/native_student_clubs.html
[5] http://www.southwestconsortium.org/
[6] http://www.marshall.edu/jrcp/E6one_Portman.htm : "*When dealing with any group of Native American Indian clients, gaining an understanding of their level of acculturation is necessary. Acculturation for Native American Indians is not a positive aspect, because it is a reminder of forced assimilation, and the loss of traditions and values (Atkinson, Morten, 1998). It means conforming to the dominant culture, which goes against many Native American values and traditions. This conforming leaves many Native American Indians living in two worlds separated between their own ethnic communities and mainstream society, which creates an even bigger problem when seeking help (Moran, 1999). A study conducted to measure ethnic identity of 1,992 students representing 31 tribes and 55. 4% of the total Native American population reported on the 1980 census reported that ethnic identity is a critical component and has a large impact on psychological functioning in society (Moran, 1998). Having to live in two worlds causes Native people to be bi-cultural, which can be difficult. Although it can be helpful in some aspects such as education, it may cause confusion and rejection, because of the fear of leaving behind certain aspects of the Native American Indian culture (Atkinson, Morten, Sue, 1998; Weaver, 1999).*"
[7] http://www.whitebison.org/about-white-bison/about-white-bison.htm
[8] Cultural Services Matrix - http://healingnativenations.org/
[9] Adult Traditional Biopsychosocial Assessment :
http://www.ihs.gov/Cio/BH/documents/Biopsychosocial_Templates/Adult_Traditional_%20Biopsychosocial_%20Assessment.pdf
Child/Adolescent Traditional Biopsychosocial Assessment :
http://www.ihs.gov/Cio/BH/documents/Biopsychosocial_Templates/Child_Adol_Traditional_Biopsychosocial_Assessment.pdf
[10] Pretty Shield Foundation - 2906 2nd Ave N; Billings, MT 59101-2026; 406-259-4040
[11] http://www.hopamountain.org/
[12] http://www.mtwytlc.com/index.htm
[13] Salish Kootenai College http://www.skc.edu/ , Little Big Horn College http://www.lbhc.edu/ , Fort Peck Community College http://www.fpcc.edu/ , Fort Belknap College http://www.fbcc.edu/ , Chief Dull Knife College http://www.cdkc.edu/ , Blackfeet Community College http://www.bfcc.org/ , and Stone Child College http://www.stonechild.edu/ .
[14] Billings Area Indian Health Service - http://www.ihs.gov/FacilitiesServices/areaOffices/billings/
[15] 53-21-142(9), MCA
[16] http://www.smarxtdisposal.net/