

Inpatient
Behavioral
Health
Unit at St.
Peter's
Hospital

July 28 & 29

2011

A Site Review Report of the Services Provided at the Inpatient Behavioral Health Unit of St. Peter's Hospital in Helena, Montana. Services provided through PSI/Horizon Health Behavioral Health Services.

Mental
Disabilities
Board of
Visitors Site
Review

Overview

Mental Health Facility Reviewed:

Inpatient Behavioral Health Unit at St. Peter's Hospital
Helena, Montana
Dave Bryant, Program Director
Dr. Patricia Bowling, Medical Director
Deb Frizzell, Nurse Manager

Authority for the Review

Montana Code Annotated, 53-21-104

Purpose of the Review

1. To learn about the IBHU services at St. Peter's Hospital;
2. To assess the degree to which the services provided by the IBHU are humane, consistent with professional standards, and incorporate Board of Visitors Standards for mental health services;
3. To recognize the role of the IBHU services in the continuum of services for the Helena community;
4. To make recommendations to the IBHU for improvement of services based on the Standards; and,
5. To report to the Governor regarding the status of services provided by the IBHU at St. Peter's Hospital.

Site Review Team:

Staff:

Alicia Pichette
Craig Fitch
Leigh Ann Holmes

Board:

Sandra Mihelish
Patricia Harant

Consultants:

Jacki Ulishney, Pharm D
Pat Frawley, LCSW
Jack Hornby, MD

Review Process:

- Interviews with IBHU staff
- Observation of treatment activities
- Review of treatment plans
- Informal discussions with patients on the Unit
- Inspection of the physical plant
- Review of medication records
- Review intake and discharge process

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SUMMARY

The services provided at the Inpatient Behavioral Health Unit (IBHU) at St. Peter's Hospital are provided through Horizon Health Services¹. Horizon is a national company with home offices in Lewisville, Texas and has a presence in 40 states. The IBHU at St. Peter's is the only Horizon Health program in Montana. The Unit is a 23 bed unit that provides short-term behavioral health treatment to adults and geriatric patients. Adult services are provided to patients aged 18-60 and a Geropsychiatric program for those individuals over age 60.

The program opened in 2009 and almost from the beginning encountered a number of challenges. Immediately upon opening, the Hospital had difficulty recruiting the number of psychiatrists needed to fully staff the Unit. The original Program Director was on the job for only a short time, before leaving. An Interim Director came on board in late 2010 and was immediately faced with continued recruiting difficulties. When the Board of Visitors scheduled and notified the program at the Hospital about the site review, a new permanent Program Director had been on staff for only a couple of months. The Interim Director had recently been appointed to the position of Nurse Manager. The program being reviewed was a program in its infancy; in the process of being redesigned and refocused. Many staff members at the IBHU during the review were new to the program; with just 2 exceptions every staff person interviewed had been on the IBHU for less than 9 months, some of the staff was so new that in addition to participating in the site review, they were completing orientation training.

The Board of Visitors scheduled the site review under its statutory obligations and because of the number of concerns expressed by advocates, community stakeholders, consumers of mental health services and other mental health services in Helena, about access to services and adequacy of services provided at the IBHU. The site review team evaluated the program using the Mental Disabilities Board of Visitors Standards for Site Reviews of Mental Health Facilities. A comprehensive review was conducted; the team visited the IBHU for two days of observation, staff interviews and patient interviews. The findings of the site review with recommendations to achieve goals set by the standards are included in this report. Comments from the team noted program strengths as well as areas where the program may be improved. An area of true strength is the staff interaction with patients. Staff is engaged, respectful and fully committed to helping patients complete treatment objectives and return to the community.

One challenge faced by the IBHU at St. Peter's is a challenge shared community-wide – recruiting psychiatrists to serve the Helena/Lewis and Clark County area; comments from community stakeholders, advocates, and individuals who are seeking mental health services, consistently carry the same message – the mental health services in Helena are all feeling adverse affects because of this shortage.

¹ http://www.horizonhealth.com/bhs/index_bhs.php

QUESTIONS – STANDARDS

Organizational Planning and Quality Improvement

Planning:

Does the IBHU at St. Peter's have a Strategic Plan?

Strengths/Observations:

A fairly well thought out strategic plan, not created with the assistance of staff, patients or advocates in Helena. Although a bit short on details, the plan has a solid foundation. Values and Guiding Principles are well and clearly written, and appear to flow logically from the IBHU's statements of Vision and Mission. Good references to Minkoff² and Cline³, and a nod to a recovery model for services.

Suggestions:

The provision of mental health services is often perceived by community members as a community service. Therefore, the board suggests for the annual review of the document the IBHU begin now to engage key community members in a discussion about the community's perceived needs as they relate to the IBHU strategic plan and solicit input.

Is the strategic plan of the St. Peter's IBHU developed and reviewed through a process of consultation with staff, patients, family members, other appropriate service providers, and community stakeholders?

Strengths/Observations:

No, as above, this was a top/down planning process, completed by two senior staff members who did not involve the community or even all members of their own staff. The Board observed that the plan was newly created and hadn't really been implemented or reviewed yet by the staff at the Unit.

Suggestions:

Consider engaging, involving and providing education to the community during the coming year as the strategic plan is being implemented and draw from that collaboration as the plan evolves.

Does the St. Peter's IBHU have operational plans based on the strategic plans, which establish time frames and responsibilities for implementation of the objectives?

Strengths/Observations:

Time frames in the plan are vague; some of the objectives are generic and lacking specific information; and, responsibilities for two of the objectives are not assigned. While the plan is a good solid foundation, implementation is not clearly articulated. Training objectives in the plan lack detail and do not include timeframes for new and existing staff to meet competencies.

Suggestions:

Set specific time frames for the implementation of the plan; start dates, end dates; which staff is responsible to assure the objectives are implemented. The Board further suggests the IBHU measure the implementation of the objectives to determine whether the goal is being achieved then add into the plan, a strategy to revise the implementation if the goals are not met.

² Comprehensive Continuous Integrated System of Care (CCISC) - Psychopharmacology Practice Guidelines for Individuals with Co-occurring Psychiatric and Substance Use Disorders (COD). Kenneth Minkoff, MD

³ Changing the World: The Design and Implementation of Comprehensive Continuous Integrated Systems of Care for Individuals with Co-occurring Disorders by Kenneth Minkoff, MD and Christie A. Cline, MD.

Quality Improvement:

Does the St. Peter's IBHU have a quality improvement plan to evaluate and improve all of its activities related to services to patients and families?

Strengths/Observations:

The IBHU does have a Performance Improvement Plan newly drafted this year. The Program Director is responsible for implementing the plan, evaluating its effectiveness based on review of treatment plans, patient interviews and other sources of data collected at the Unit and compared to national benchmarking. The QI process includes patient surveys that appear to be completed before or at discharge. St. Peter's Hospital also has a QI plan/program that is an overlay to the PI at the IBHU.

Suggestions:

Link staff training to QI/PI to address areas identified by the plan as areas for additional knowledge to improve quality.

Are designated staff of the St. Peter's IBHU accountable and responsible for the continuous quality improvement process?

Strengths/Observations:

Again the QA/QI responsibility is with the Program Director; implemented and monitored by the Director of Nursing, (DON), Director of Social Services (DSS), and APRN. The team is new with some members who are new to the staff at the IBHU. All seem to be well acquainted with QA/QI processes and given time will have a process in place that all staff recognize and can follow. It is an added responsibility or maybe more accurately interwoven into the job duties of both the DON and the DSS. Position Descriptions for each of these positions contain CQI component that is measured for job performance. The DON and DSS will supervise training opportunities for staff, the QI responsibilities should not conflict with other duties assigned to these two positions. Staff interviewed expressed deep interest in having access to more training – in particular mentored training rather than online coursework.

Suggestions:

Continually monitor the implementation of the QI/PI during this year to assure the link between the quality benchmarks and training opportunities for staff at all levels.

Is the St. Peter's IBHU able to demonstrate a process of continuous quality improvement that directly affects health and functional outcomes for individual patients?

Strengths/Observations:

The plan appears to connect services offered to customer satisfaction/consumer's perceived outcomes, and treatment planning. Direct care staff interviewed did not seem to be familiar with CQI data collection and training link. The plan and the implementation of the plans objectives are still in preliminary stages. This area needs maturity before it will demonstrate effective quality improvement. Data collection will be key to evaluating the effectiveness of the IBHU CQI/PI Process.

Suggestions:

No suggestions.

Rights, Responsibilities, and Safety

Rights, Responsibilities:

Does the St. Peter's IBHU define the rights and responsibilities of and provide verbal and written information about rights and responsibilities to patients and family members?

Strengths/Observations:

At admission patients are given a Patient's Handbook that outlines patient rights; responsibilities; treatment planning objectives; invitations for family involvement in the treatment planning process and implementation; and, introduces the members of the treatment team. The IBHU as part of the St. Peter's Hospital has admission processes like those of the Hospital. The admission criteria for the IBHU are clearly articulated in the policy and procedures for the Unit. The Social Worker who has responsibility for admission/discharge planning are new in the position, however, during the team interviews she was very clear about the admission process and description of the explanation of rights and responsibilities provided to patients at the time of admission.

Suggestions:

No suggestions.

Does the St. Peter's IBHU actively promote patient access to independent advocacy services?

Strengths/Observations:

Verbal and written information is provided to the patient upon admission. The Patient's Handbook is comprehensive. Signs identifying independent advocacy services were posted in the hallways and in the 'lounge' area by the nurses' station. Brochures were available at the nurses' station. The Handbook also contained 2 pages of community resources information.

Suggestions:

No suggestions.

Does the St. Peter's IBHU have an easily accessed, responsive, and fair complaint / grievance procedure for patients and their family members to follow?

Strengths/Observations:

While many of the staff members interviewed suggested that the policy manual probably carried specific information to about the formal grievance process/procedure, they weren't sure. It was reported that there are few, if any, actual grievances because problems are generally solved before a situation rises to that point. Records provided to BOV indicate that three grievances have been filed in the past year all three were resolved to the patients' satisfaction. Staff indicated that the Program Director is accessible, interacts frequently with the patients, and very responsive to concerns by staff and patients.

Suggestions:

Strengthen training for new staff orientation and existing staff about the IBHU grievance procedure/process.

Does the St. Peter's IBHU provide to patients and their family members at the time of entering services written and verbal information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?

Strengths/Observations:

Signs were posted on both sides of the IBHU – both the adult side and the Geropsychiatric side of the Unit. Many of the staff interviewed were aware of the Board of Visitors and the services it provides.

Suggestions:

Continue to include information about advocacy services during new staff orientation and keep those posters and brochures prominently displayed.

Safety:

Does the St. Peter's IBHU protect patients from abuse, neglect, and exploitation by its staff or agents?

Strengths/Observations:

Although the policy and procedure manual for the IBHU has a clear policy for reporting suspected abuse or neglect, staff interviewed were unaware of a formal abuse/neglect policy or procedure. St. Peter's Hospital has a well defined Abuse/Neglect Policy that Many indicated that they thought it was probably in the policy manual but they had not read the manual. Staff appeared knowledgeable about what constitutes abuse and neglect and said that they would not hesitate to report abuse and they would report to their supervisor or to the Program Director.

Suggestions:

Strengthen training for new staff orientation and existing staff about the IBHU process/procedure and reporting requirements for suspected abuse and neglect incidents.

Has the St. Peter's IBHU fully implemented the requirements of 53-21-107, Montana Code Annotated (2011) with regard to reporting on and investigating allegations of abuse and neglect?

Strengths/Observations:

The administration appears to understand the reporting requirements and it is covered in policy. It was reported that only one incident of abuse/neglect has occurred since the Unit opened. The process for reporting incidents has the extra step of reporting to the hospital liaison in addition to the usual reporting requirements. Investigations are conducted by the Hospital through the process outlined by St. Peter's Hospital policy and state statute.

Suggestions:

No suggestions.

In investigations of allegations of abuse, neglect or exploitation of patients by its staff or agents, does the St. Peter's IBHU thoroughly analyze the events and actions that preceded the alleged abuse, neglect or exploitation – including actions and/or non-actions of its staff or agents?

Strengths/Observations:

Unable to determine for a few reasons – first of all, there are essentially no allegations. Therefore, there are no records to review. The policy contains limited procedures for investigation and references St. Peter's Hospital policy manual and state law.

Suggestions:

Review the IBHU the policy on A/N/E to assure that it includes an analysis as recommended in BOV standards.

After an allegation of abuse, neglect, or exploitation of a patient by its staff or agents is determined to be substantiated, does the St. Peter's IBHU 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?

Strengths/Observations:

There is no history of reportable incidents, policies; procedures and process have not been tested.

Suggestions:

Suggest the IBHU encourage increased awareness of the possibility that A/N/E can occur during regular training sessions and assure staff is prepared to respond appropriately.

Is staff of the St. Peter's IBHU trained to understand and to skillfully and safely respond to aggressive and other difficult patient behaviors?

Strengths/Observations:

The staff is trained in “**Secure™**”⁴ which is a system to respond to aggressive and difficult patients. “**Secure™**” appears to be very comprehensive with a primary focus on non-physical intervention. Staff reports that they feel very safe and well trained to manage difficult behaviors. It was reported that professional staff help are responsive when problems arise. Physical intervention is rarely needed as staff appears to have a great rapport with the patients. No staff injuries were reported. The staff/patient ratio is good and staff appears to be closely engaged in implementing treatment plans that might help deflect difficult/aggressive behaviors.

Suggestions:

Keep up the good work in this area.

Does the St. Peter's IBHU give patients access to staff of their own gender?

Strengths/Observations:

This is not a problem on the Unit. Staff is adequate in all shifts to address access.

Suggestions:

No suggestions.

⁴ PSI/Horizon Health Behavioral Health Services – <http://www.horizonhealth.com/>

Does St. Peter's IBHU's use special treatment procedures that involve behavior control, mechanical restraints, locked and unlocked seclusion or isolation, and time out?

Strengths/Observations:

There is a policy in place for restraint and seclusion and it appears to be very comprehensive. Use of these restrictive procedures is minimal. Reports indicate that the Seclusion Room on the Unit has never been used.

Suggestions:

Although use of these procedures is very limited, the review team suggests staff be routinely provided with in-service training on the policies and procedures regarding seclusion and restraint so if the need arises, staff can respond safely and appropriately.

Does the St. Peter's IBHU debrief events involving special treatment procedures, emergency medications, aggression by patients against other patients or staff, and patient self-harm; is there retrospective analysis of how such events could have been prevented; are staff and patients supported during and after such events?

Strengths/Observations:

Debriefing process is included in the policy/procedure. However since use of these restrictive procedures is minimal, data is not readily available.

Suggestions:

No suggestions.

Patient / Family Member Participation

Does the St. Peter's IBHU identify in the service record patients' family members and describe the parameters for communication with them regarding patients' treatment and for their involvement in treatment and support?

Strengths/Observations:

In the policy/procedure for admission, the Patient Handbook and through the staff interviews all indicate that family members are encouraged/invited to be involved in treatment planning and discharge planning. Family members have contact with the Social Worker.

Suggestions:

No suggestions.

Do the St. Peter's IBHU assessments, treatment planning sessions, and treatment reviews proactively include the participation of patients and – with consent - family members?

Strengths/Observations:

Staff interviewed indicated that a treatment plan is created during the first 24 hours after admission.

Timelines require that an RN conduct an examination to rule out health related issues including injuries during the first 8 hours after admission. Within 24 hours of admission, with the patient/ family members (as invited by the patient) participating in the process, a plan is created and within 72 hours the physician and treatment team implement the plan. At the time of admission family members are identified and invited to join the treatment planning process. Staff interviews suggest that the family can be actively engaged in the plan creation, a 'family' room is set aside for family to participate in treatment sessions if indicated in the plan as approved by the patient and treatment team. The Director of Social Services and psychiatrist do assure that the patient is included in the treatment planning process.

Suggestions:

No suggestions.

When a diagnosis is made, does the St. Peter's IBHU provide the patient and – with consent – family members with information on the diagnosis, options for treatment and possible

Strengths/Observations:

Interviews with staff and a review of the Patient Handbook indicate that since family members of patients are invited and included in the treatment planning process they will also have access to diagnosis, treatment options and information about mental illness. Treatment options continue to be a challenge in this community- every program in this community has expressed frustration over the past 2 years with the difficulties in recruiting psychiatrists to serve their clients. The IBHU has instituted a Telepsychiatry link to help their program address this shortage.

Suggestions:

No suggestions.

Does the St. Peter's IBHU proactively provide patients, and – with consent – family members a copy of the treatment plan?

Strengths/Observations:

Patients are routinely provided copies of the treatment plan and are expected to fully participate in the implementation. Most patients at the IBHU are there under a voluntary admission, If they choose not to participate in their treatment, they will most likely be discharged.

Suggestions:

Continue to assure that patients and families have an active role in treatment planning.

Does the St. Peter's IBHU review exit plans in collaboration with patients and – with consent - family members as part of each review of the individual service plan?

Strengths/Observations:

The Director of Social Services is responsible for reviewing the exit plans with patients and family members as approved by the patient; the DOSS is very conscientious about assuring that patients have a clear understanding about the discharge process and the discharge plan..

Suggestions:

No suggestions.

Does the St. Peter's IBHU promote, encourage, and provide opportunities for patient and family member participation in strategic plan process, quality improvement process, advisory groups, peer and staff education and training, family and patient peer support at St. Peter's IBHU?

Does the service have written descriptions of these activities?

Strengths/Observations:

The strategic planning process is carried out by IBHU staff approved by St. Peter's Hospital and complies with Horizon Health Services leadership. The process did not include advisory groups, patients or family members. IBHU does have a significant engagement in the Helena community both the Unit leadership and the Hospital Liaison to the Unit participate in regularly scheduled meetings involving the center for Mental Health, county health, law enforcement, County Commission, Rocky Mountain Development Council and other stake holders. This engagement is still evolving, however and many members of the community, including advocates and family members are still a bit uncertain about the services the IBHU provides and does not provide. Staff is selected using criteria established by either the Horizon Health leadership or that of Asana Health⁵ the agency that recruits medical staff for the Unit.

Suggestions:

Continued active engagement in community focus groups, advocacy groups and others to assure that the community at large does have a clear understanding of the mission/purpose of the IBHU and the role it plays in the community's continuum of services to individuals who have mental illness is suggested.

Does the St. Peter's IBHU promote, encourage, and provide opportunities for patient and family member participation in the evaluation of components of the St. Peter's IBHU services, patient satisfaction with services, effectiveness of communication with patients and families and that treatment outcomes are measured?

Does the IBHU have written descriptions of these activities?

Strengths/Observations:

The IBHU does have a process through its QI/PI process to collect information from patients upon discharge about the quality of services at the Unit and patient satisfaction with those services. Survey data was shared with the team but it only covered the past 5 months. The census during those months was small, resulting in a limited sample. This is one of the processes not fully established at the time of the site review, so revisiting the program in 6 months to a year should result in better information about patient satisfaction.

Suggestions:

No suggestions.

Cultural Effectiveness

Does the St. Peter's IBHU have a Cultural Effectiveness Plan – developed with the assistance of recognized experts - that includes defined steps for its integration at every level of organizational planning and that specifically emphasizes working with American Indian people?

Strengths/Observations:

⁵ <http://asanatelemedicine.com/asana.jsp>

While a plan specific to working with American Indian people is not currently in place, the current Program Director has done some excellent work in establishing contacts with specific people on each reservation in Montana who can offer input into specific cultural questions or issues. Cultural effectiveness is part of the training module, and the IBHU has a matrix/culture 'tool' for staff to follow. This matrix has been developed by Horizon Health Services for use across all the programs nationwide. Competencies specific to Native American culture or Montana Native American peoples is not evident. The current Program Director's experience in Alaska has given him an appreciation for the need to create cultural diversity training. He is committed to continuing to do outreach to the Tribal Nations in Montana for assistance with the creation of information. That being said, the IBHU reports that only two individuals admitted over the past year identified themselves as being Native American.

Suggestions:

Continue the good work begun to address cultural effectiveness at the IBHU.

Does the St. Peter's IBHU define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of the people served, with a specific emphasis on American Indian people?

Strengths/Observations:

Not that any member of the team could observe.

Suggestions:

Continue the work begun by the Program Director to create a Cultural/Diversity Effectiveness training program for new staff orientation and existing staff competencies.

Does the St. Peter's IBHU provide staff training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment of the people served, with a specific emphasis on American Indian people?

Strengths/Observations:

It hasn't yet, but information from staff indicates that this is an area of training that will be developed. The Program Director commented that the IBHU has started conducting training on cultural competency.

Suggestions:

No suggestions.

Do the St. Peter's IBHU's 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/Observations:

Part of the admission process includes gathering information to answer these questions. Treatment planning does address cultural/diversity needs. The IBHU does not contract with a culturally competent clinician, although the current Program Director, does have training to address cultural awareness for issues related to American Indian people, and has begun scheduling training with a qualified trainer. He has begun making contacts to secure a consultation with someone who has relevant cultural experience.

Suggestions:

Suggest that although this is a work in progress that the IBHU at St. Pete's continue work begun to assure staff at the Unit are culturally aware and cultural/diversity awareness training is available to staff.

Has the St. Peter's IBHU developed links with other service providers / organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural / ethnic / religious / racial groups in the community, with a specific emphasis on American Indian people?

Strengths/Observations:

This again is a process still being developed.

Suggestions:

Continue the work begun to assure these relationships are strengthened.

Does the St. Peter's IBHU 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?

Strengths/Observations:

Not at this time.

Suggestions:

Continue the work begun by the current Program Director to focus on updating a cultural diversity/awareness training program for the IBHU.

With regard to its own staff, does the leadership at St. Peter's IBHU 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?

Strengths/Observations:

Training is currently being established and it appears that this process will be implemented this year.

Suggestions:

No suggestions.

Does the St. Peter's IBHU assess the demographics of its catchment area and identify underserved cultural groups, with a specific emphasis on American Indian people?

Strengths/Observations:

Not at this time. The IBHU staff report that the number of American Indian people served at the Unit has been limited. New leadership at the Unit is aware that services should have cultural awareness.

Suggestions:

Consider evaluating the demographics of the Helena community and become more aware of the culture and diversity that exists in the catchment area.

Staff Competence, Training, Supervision, and Relationships with Patients

Competence and Training:

Does the St. Peter's IBHU define minimum knowledge and competence expectations specific to working with people with mental illnesses for each staff position providing services to patients?

Strengths/Observations:

Minimum knowledge and competence expectations are defined for all staff. Staff seem to work well with the patients and job satisfaction is high for both newly hired and the 2 "veteran" staff interviewed. Staff are very eager to learn and enthusiastic. Handouts of miscellaneous subjects are distributed, but staff do not view some of the training handouts as real training. They would like to have more information and training on mental illness diagnoses, symptoms, treatment, medication, side effects, etc. The Program Director indicated that Horizon has resources for staff development and training via webinars and teleconference. However, line staff indicated that they were not provided such opportunities. Staff does like the HealthStream⁶ training system used for general training for St. Peter's hospital.

Suggestions:

Consider incorporating more a verbal and visual approach to training about mental illness and psychiatric medications for direct care PA and CNA staff. Use your resources: the APRN seems very eager to provide training to the staff and would be an excellent resource. The Director of Social Services would be another excellent resource. If the pharmacy has students, this is a great opportunity for them to do an in-service. Students tend to go above and beyond when researching and presenting such material.

Does the St. Peter's IBHU have written training curricula for new staff focused on achieving optimum knowledge and competence expectations specific to working with people with mental illnesses for each position providing services to patients?

Strengths/Observations:

A written curriculum was provided to the site review team. Staff reported a pretty robust training schedule with St. Pete's for two weeks, then at the IBHU for training specific to the needs of the patients served on the Unit and then a week of OTJ shadowing staff for several days before being assigned to the Unit. In practical application the two week orientation can take longer based on the timing and schedule of the training modules. On the Unit training is available through mentoring and 'teachable moments' in addition to the job shadowing that takes place. This less formal approach seems to work because:

- the traveler nursing staff has long experience with behavioral health programs in other hospitals;
- the census at the IBHU is small and split between the Geropsychiatric and Adult patients served, so teachable moments are specific to individual patient needs; and,
- experienced staff was readily available to answer questions as they came up.

Suggestions:

Suggest that all staff be able to demonstrate a working knowledge of mental illness diagnoses, treatment, etc. Provide additional training specific to working with people with mental illness and provide it via means other than handouts. Utilize all resources available, including hospital and pharmacy staff and especially the APRN assigned to the IBHU.

⁶ <http://www.healthstream.com/products.aspx>

Does the St. Peter's IBHU 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?

Strengths/Observations:

The staff interactions with patients appear to be very good; while staff approach the patients appropriately, those interviewed said they have little memory of learning about specific mental illnesses. Staff must complete specific training, such as "**SECURE™**" before they are assigned duties to work with patients. "**SECURE™**" has specific competency as do the other training modules. Evaluations or performance appraisals to measure staff readiness to work with patients on the Unit do not appear to be part of the orientation/new staff training before being assigned to work directly with the patients.

Suggestions:

Continue working on a 'readiness' checklist to assure staff readiness to be assigned to patient care.

Does the St. Peter's IBHU 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?

Strengths/Observations:

The staff of the IBHU does receive training through "**SECURE™**" a training module from Horizon Health, with a few staff referencing a recent **WRAP®**⁷ training held at the Hospital, but not all staff were able to attend. Interviews with staff suggest that these types of training are not part of the new staff orientation/training or continuing education recommended to IBHU staff.

Suggestions:

No suggestions.

Does the St. Peter's IBHU periodically assess current staff and identify and address knowledge and competence deficiencies?

Strengths/Observations:

Yes. As above the performance evaluations appear to be thorough and excellent, some noted: "extensive, exhausting". Although assessments seem to be annual and most of the staff had not been at the IBHU for a year. The Program Director indicated that the performance appraisal instrument being used is in the process of being improved.

Suggestions:

No suggestions.

⁷ Wellness Recovery Action Plan ® <http://www.mentalhealthrecovery.com/>

Supervision:

Does the St. Peter's IBHU train supervisors and hold them accountable for appropriately monitoring and overseeing the way patients are treated by line staff?

Strengths/Observations:

The supervisory structure at the IBHU appears to be effective and uncomplicated. The Techs/CNAs report to the nurses on duty; nurses report to the Director of Nursing, who reports to the Program Director. Staff interviewed was pleased with their ability to address their direct supervisors or take any issue directly to the program director. Although it appears RNs do not receive training specific to supervisory responsibilities, they have the support of administration and seem to do a good job.

Suggestions:

Make supervisory training available to all who have supervisory responsibilities.

Does the St. Peter's IBHU 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?

Strengths/Observations:

The Psych Techs and CNAs are not engaged in creating the treatment plan; they are responsible for implementing specific tasks/objectives from the treatment plan as assigned by the RN's and Doctors. Additionally, the Psych Techs/CNAs document throughout the day including safety checks and 15 minute checks. While direct care (Techs and CNAs) staff may not be part of the creation of the treatment plan; they are a valuable component of patient care and treatment. Direct care staff will be more effective when they have the opportunity to know the interrelationship between treatment goals and the tasks they are assigned to carry out with patients. Techs and CNA's also have information they gather from constant interaction with the patients that should be useful to the team.

Suggestions:

Continue strengthening the reporting structure that includes and involves the direct care—Techs and CNA's—patient specific information as relates to implementation of each treatment plan to provide daily updates to the treatment team.

Relationships with Patients:

Do St. Peter's IBHU staff demonstrate respect for patients by actively engaging; demonstrating a positive demeanor; expressing empathy, and calmness; and, validating the wishes of the patients?

Strengths/Observations:

The IBHU received strongest/ highest marks from the site review team in this area of the standards. The staff creates a calm, positive, and proactive environment. A clear expectation that staff will be actively involved with patients and will meet the goals for patient satisfaction set by the hospital and IBHU administration is evident across the Unit. Both on the floor and in group sessions staff interactions with patients were courteous and respectful. Staff was active and upbeat and was observed offering patients validation of their feelings and perceptions, there were no observations of any actions that seemed inappropriate or that strayed outside of professional boundaries. All staff at all levels demonstrated competence in all areas and positive attitudes about their work, the unit, other staff and patients.

Suggestions:

Keep up the good work and reinforce all staff for the high quality care they are providing.

Active Engagement with Patients:

Does the St. Peter's IBHU direct care staff demonstrate proactive, assertive, supportive, engagement with patients in every applicable environment?

Strengths/Observations:

Yes, as noted above, while the patient is being served at IBHU the direct care staff is engaged and dedicated to patients' successful completion of treatment objectives and return to the community.

Suggestions:

No suggestions.

Is the St. Peter's IBHU professional staff consistently present in all treatment environments interacting with direct care staff and patients teaching, modeling, and reinforcing healthy, constructive, respectful interactions?

Strengths/Observations:

Techs and CNA's are fully engaged throughout the day. Social Workers spend time leading 'group' and RN's present medication education and with LPN's medication administration. All staff appears to be aware of the day's activities and which staff and patients will be involved. Staff at all levels appeared to be readily available to other staff and the patients. Staff reported feeling immensely supported by the nurses, psychiatrist, APRN and the social worker. What they were missing in training, they felt that the professional staff made up for through day to day hands on teaching. The staff all really appreciates the constant availability of the prescribers

Suggestions:

No suggestions.

Do the St. Peter's IBHU supervisors ensure that direct care staff spend their time with patients engaged in consistently positive, recovery-oriented incidental interactions?

Strengths/Observations:

The IBHU team is still taking shape; new staff was being introduced/oriented even while the site review was being conducted. Direct care staff and supervisors do spend most of each shift in direct contact with the patients on both sides of the Unit. Through interviews, members of the site review team noted the Tech's and CNA's loved their work and are readily open to more recovery oriented training – and the new Social Work Supervisor brings a recovery philosophy to the Unit.

Suggestions:

No suggestions.

Treatment and Support

General:

Is a written treatment plan in place and being implemented for every patient receiving service from the St. Peter's IBHU?

Strengths/Observations:

Yes, every patient has a treatment plan developed within very strict timelines (8 hours for an RN to conduct an examination to rule out health related issues including injuries) and with very strict team member participation. Within 24 hours of admission, with the patient/client participating in the process a plan is created and within 72 hours the physician and treatment team begin implementing the plan. The APRN receives excellent marks for better than average clinical documentation in the treatment plans. Members of the site review team noted that the treatment plans were detailed with significant documentation included and lead to the observation that the IBHU would benefit from an electronic record keeping system.

Suggestions:

Although access to EMR geared to behavioral health is limited, the IBHU would benefit from an electronic record-keeping system.

Is a written discharge plan in place for every patient receiving services from the St. Peter's IBHU?

Strengths/Observations:

Yes, discharge planning begins at admission and the treatment plan is created with objectives for discharge an important component. The newly recruited Director of Social Services is responsible for discharge planning and has (even though just one month on the job) already begun work dedicated to establishing good working relationships with resources in the Helena community. This is another instance of the dedication of this new team to improve the relationships between the IBHU and the community and is deserving of patience and encouragement.

Suggestions:

No suggestions.

For all new or returning patients, does the St. Peter's IBHU 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?

Strengths/Observations:

A written policy does exist and the RN is responsible for the initial examination that is followed up by an examination by the physician on the Unit. If admission occurs through the Emergency Department (ED), the patient has been 'medically cleared'. A collaborative relationship between the IBHU and community based medical providers in the sharing of medical records will benefit both the IBHU and community providers as patients transition between services. Communication is occurring and the relationships have strengthened since the Director of Social Services joined the staff at the IBHU.

Suggestions:

Continue forging stronger relationships between St. Pete's/IBHU and providers in the communities and establish a process for sharing information provider-to-provider.

Does the St. Peter's IBHU link all patients to primary health services and ensure that patients have access to needed health care?

Strengths/Observations:

The IBHU makes use of the hospitalist and refers back to community based Primary Care Providers, and IBHU policies and procedures for intake and discharge do include written protocols.

Suggestions:

No suggestions.

Does the St. Peter's IBHU proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?

Strengths/Observations:

Yes, the decision to admit an individual to the Unit is made by a physician – during the admission process each patient is evaluated by an RN for medical conditions. Once admitted a patient is seen by a physician within the first 24 hours.

Suggestions:

No suggestions.

Evidence-Based Services:

Does the St. Peter's IBHU provide treatment and support to adults that incorporates the following SAMHSA-identified evidence-based practices: Illness Management and Recovery, Assertive Community Treatment, Family Psychoeducation, Supported Employment, Integrated Treatment for Co-occurring psychiatric and substance use disorders?

Strengths/Observations:

The IBHU provides short term inpatient treatment, so services more appropriately provided in an outpatient setting (i.e. Supported employment or housing) won't be available at the Hospital and don't apply for this review. Other areas (i.e. Family Psychoeducation and IMR) that do apply are part of the treatment/discharge planning process as described in the interview with the Director of Social Services. Individuals with a primary substance use disorder are excluded from admission to the Unit.

Suggestions:

No suggestions.

Co-Occurring Psychiatric and Substance Use Disorders:

Has the St. Peter's IBHU fully implemented the protocols established by AMDD for treatment of people who have co-occurring psychiatric and substance use disorders?

Strengths/Observations:

The IBHU does not admit patients with a primary substance use disorder. Patients served at the IBHU are evaluated and assessed for co-occurring treatment needs. Horizon Health incorporates theories for co-occurring treatment. At this time staff includes an LCPC and a CAC.

Suggestions:

Consider providing information and education to the community to fully explain services provided at the IBHU to address co-occurring disorders.

Medication:

Is the medication prescription protocol evidence-based and reflect internationally accepted medical standards?

Strengths/Observations:

Through staff interviews (two Psychiatrists, a Nurse Practitioner, and the Director of Nursing) and chart reviews, it appears that general treatment rendered by all is sound, follows general standard of care for specifically defined problems and patients appear to have had positive responses generally speaking. The newly recruited Nurse Practitioner is young and inexperienced (though has great deal of nursing experience) but is very enthused and positive in her presentation and approaches. Psychiatrists on staff are experienced and appear to utilize good clinical skills; are bright, articulate and well spoken. Geropsychiatry is a specific area of interest and half of the Unit is dedicated to serving individuals who have those needs. No outlandish or inappropriate use of medication or other treatment modalities were observed.

For the most part, prescribing focused on medication stabilization. Different prescribers definitely have their favorites, but their choices are all substantiated. It is apparent that the prescribers do their best to obtain a full patient history in regards to which medications have been most effective individualized for each patient, but that information was difficult to determine by reading the charts. Patient history from outside facilities was usually limited to the facility from which they came.

Unfortunately, upon discharge, medication choices have the potential of being swayed toward medications with drug company vouchers or accessibility via medication assistance programs. These medications often are not the prescriber's first choice. This is an unfortunate, yet rather unavoidable situation.

St. Peter's IBHU does have a great advantage in having a psychiatrist who has an additional background in internal medicine; and who is prescribing very appropriately for additional medical illnesses the patients may have. This, in addition to the availability of the hospitalist service, helps improve the all-around quality for BHU patients.

Suggestions:

Consider strengthening the process of reviewing and including past medications and their effectiveness in the history to further substantiate medication choices.

Is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with laws, regulations, and professional guidelines?

Strengths/Observations:

Medication orders are entered, filled and delivered to the unit by the hospital pharmacy. Most medications are available in the Omnicell[®], which is essentially a medication dispenser requiring a sign-in and active medication order for the patient. Medications not in the Omnicell[®] are delivered to patient specific bins in a locked medication room. A medication refrigerator is available if needed and any controlled substances not in the Omnicell[®] are in a locked box in the med room that requires a code for access.

Medications are administered by appropriately licensed personnel, either an RN or LPN, and a bar code system is used leading to less potential for medication errors. If able, the adults line up at the desk to receive medications. Geriatrics often receive medications in their room or at meal time.

⁸ <http://www.omnicell.com/Pages/Home.aspx>

Suggestions:

Suggest more privacy for patients when receiving medications, however, if questions arise, the RN takes the patient aside and discusses concerns privately. It is a good thing, and should be continued, to have the patients get up out of bed and out of their rooms to receive their medications.

Are patients and – with consent - family members provided with understandable written and verbal information about the potential benefits, adverse effects, and costs related to the use of medication?

Strengths/Observations:

The IBHU received high marks in this area of the standards from the site review team. Team members identified this area to be strength of this staff who provide both and try to avail themselves to patients who are capable of understanding information or their families and answer what questions asked. The new Director of Social Services also seems very sensitive to the needs of families. If patients have questions about their medications, RNs and prescribers are usually readily available. The medication may also be brought up on the computer and a patient information sheet can be printed. One of the groups run by an RN is a medication group where such concerns may also be discussed.

Suggestions:

Do not forget to utilize the pharmacy and pharmacy staff. If the patient has a question that the RN is unsure of and the prescriber is not currently on the floor, call a pharmacist.

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?

Strengths/Observations:

It seemed apparent to the reviewer that (PRN) medications are used infrequently and appropriately (standard of care). No inappropriate use of PRN's was observed. In general, PRNs are written with parameters. Staff are directed to try other things such as deep breathing, talking and other forms of de-escalation techniques first. This process must be documented in nursing notes. The computer system for medication administration forces documentation as to why a PRN was given for certain medications.

Suggestions:

No suggestions.

Does the St. Peter's IBHU ensure access for patients to the safest, most effective, and most appropriate medication and/or other technology?

Strengths/Observations:

It did not seem that any formulary restrictions inhibited patients from receiving the medications prescribed. The barcode administration is a good use of technology to avoid patients getting the incorrect medications. I suspect that as with the rest of the hospital, part of pharmacy's responsibility is to monitor for potential drug/disease state interactions upon order entry of medications. At this point in time, all pharmacy order entry systems are set up with flags for drug interactions that the pharmacist must see and approve before completing order entry. As mentioned above, generally the selection and use of medication is sound and present day state of arts so to speak. Largest concern is not the selection and use but rather will this be available to the patients on discharge due to cost, availability, and paucity of follow up services.

Suggestions:

No suggestions.

Does the IBHU acknowledge and facilitate patients' right to seek opinions and/or treatments from other qualified prescribers and promote continuity of care by working effectively with other prescribers?

Strengths/Observations:

This is an area that should be explored over time and revisited in the future. Medical staff say they invite and welcome second opinions or inclusion of other psychiatrists, however for this to occur, the physician must have privileges at St. Peter's per hospital policy. This lack of access to other physicians was not identified in patient surveys as an issue. This circumstance could pose a potential for limiting a patient's ability to choose an outside physician for a second opinion. Again Helena has experienced difficulties, not just at St. Peter's but community-wide recruiting psychiatrists to serve this area.

Suggestions:

No suggestions.

Where appropriate, does the St. Peter's IBHU actively promote adherence to medication through negotiation and education?

Strengths/Observations:

Team members report that they observed staff actively working with patients to promote adherence - they all appeared to do so. This education primarily occurs during the medication group run by an RN one focus of the group is to stress the importance of medication compliance. If the patient refuses such care as is deemed helpful or necessary and will not be persuaded AND truly needs this for any advancement in their care and progress AND is at risk without, then involuntary commitments are utilized and this seems reasonable.

The challenge for patients occurs upon discharge from the facility when adherence issues tend to be a problem mostly due to financial issues and high drug cost. Advocates and other providers report concerns about patients being discharged with expensive prescriptions and limited access to financial assistance to pay for the medications. The strength of the treatment team approach to encouraging patients to actively participate in their treatment plan is a very good way to assure that the right level of negotiation and education for medication adherence is in place for patients.

Suggestions:

No suggestions.

Wherever possible, does the St. Peter's IBHU not withdraw support or deny access to other treatment and support programs on the basis of patients' decisions not to take medication?

Strengths/Observations:

Once a patient is admitted, medical recommendations are provided and medication discussions and negotiations take place; the majority of patients are voluntary admissions and tend to accept medications. Severely ill patients refusing medications may receive an involuntary admission to the IBHU. There were no indications that the IBHU would withdraw support without making sure the patient is going to a more appropriate facility, such as at the state hospital. If meds are refused and patient is not viewed as gravely ill or a danger, understandably discharge planning begins and patient is discharged soon after to appropriate outpatient services.

Suggestions:

No suggestions.

For new patients, is there timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication prescription within a time period that does not, by its delay, exacerbate illness or prolong absence of necessary medication treatment?

Strengths/Observations:

Yes. Coverage on the Unit is well planned and followed with no apparent lapses; psychiatrist availability via telemedicine offers very convenient coverage, consultative possibilities, and weekend needed coverage. Patients are seen within the first 24 hrs of admission or sooner depending on time of day of the admission and seriousness of the problem. After admission, patients are seen daily and through the weekend. When an individual is admitted to the Medical floor of the Hospital, and a psychiatric consultation is requested, this too is done promptly and arrangements are made for disposition including admission to the IBHU if needed. A psychiatrist or mid-level practitioner is always available for new admissions. IBHU policy requires the patient to be seen within 24hours, but in reality they are seen much sooner within 6-8 hours. If the psychiatrist who provides Telepsychiatry coverage is on call and he is out of town, new admissions are seen via telemedicine. It was reported to the team that the main delay for many patients to see a psychiatric prescriber is the time spent at the ED waiting for the determination that an evaluation is needed.

Suggestions:

No suggestions.

For current patients, does the St. Peter's IBHU provide regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address patients' questions / concerns?

Strengths/Observations:

Yes. All patients are seen on a daily basis whether in person or via Telemedicine.

Suggestions:

No suggestions.

When legitimate concerns or problems arise with prescriptions, do patients have immediate access to a psychiatrist or mid-level practitioner?

Strengths/Observations:

As with any inpatient psychiatric care, a chain of command exists with the psychiatrist available; one will be called if medically necessary; and someone is on call 24-7 for nights and weekends.

Suggestions:

No suggestions.

Are medication allergies, side effects, adverse medication reactions, and abnormal movement disorders well documented, monitored, and promptly treated?

Strengths/Observations:

All are well documented in the charts, and nursing notes. AIMS testing is done regularly with a form in the chart to refer back to. Psychiatric techs are consistently with the patients and are very good at reporting anything new (that might be a reaction to medication) to their supervising RN. The responsibility of documentation relies on the RN. The psych techs are not required to document anything they might see unusual about the patients. Side effects are treated promptly as the physician is always readily available for consult. The psychiatrists on the Unit are cognizant of these issues and respond quickly to patient needs as indicated in chart reviews. Documentation of the side effect/allergy and how it was treated is usually mentioned the prescriber's progress note.

Suggestions:

Consider adding a simple, documentation process so techs/direct care staff can report any unusual occurrences to the supervising RN in writing.

Are patients taking antipsychotic medication monitored according to the consensus guidelines of the American Diabetes Association and American Psychiatric Association?

Strengths/Observations:

During a review of patient charts, it was noted that all patients underwent extensive lab work and AIMS assessments were performed on patients receiving antipsychotics. Further monitoring is generally not required unless the patient is in the facility for a longer period of time. One of hospitalists at St. Peter's generally does physical exams and orders any additional testing that appears appropriate. Dr. Bowling is an internist as well as psychiatrist and is acutely aware of medical concerns. It was unclear to the team if nutritional/dietary consultations are utilized when indicated (i.e. DM pts).

Suggestions:

No suggestions.

Are medication errors documented?

Strengths/Observations:

Yes. The IBHU is part of St. Peter's Hospital and as such will fall under the policies and procedures in place. The new employee orientation training provided by both St. Peter's Hospital and at the IBHU is extensive and the training schedule would indicate that nursing staff has received this training. However, one RN interviewed was actually involved in medication error while the nurse noted uncertainty about the process, when the error occurred the nurse immediately informed the MD; paperwork was completed and the cause of the error was immediately addressed.

Suggestions:

Consider reviewing the medication error reporting process with staff during orientation training then on a regular schedule at least annually.

Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?

Strengths/Observations:

Yes. Prescribers dictate good progress notes that clearly document and explanations supporting the rationale for medication changes are clear and easily found in the patient's chart.

Suggestions:

No suggestions.

Is there a clear procedure for the use of medication samples?

Strengths/Observations:

Samples have not been allowed at the Hospital or on the IBHU, because the Pharmacy is not licensed as a dispensing pharmacy. The reality for patients discharged from the IBHU is the wait to access public mental health services in the Helena community can be 2 months. The Medical Director at the IBHU has been working with the Pharmacy at the offices of St. Peter's Medical Group on Broadway. This Pharmacy is a dispensing pharmacy and can have samples. The Medical Director has proposed a locked box at the Pharmacy to keep samples for IBHU patients who are being discharged. Until that solution is available, the Medical Director continues to issue vouchers to patients as they are being discharged to help with access to medications after discharge.

Suggestions:

Continue working toward a solution that will benefit those patients who may have difficulty accessing needed medications after discharge.

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

Strengths/Observations:

Medication disposal is the responsibility of the Hospital Pharmacy and follows St. Peter's policy.

Suggestions:

No suggestions.

Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?

Strengths/Observations:

Yes, the IBHU has a well documented rationale. The team suggests that it is unnecessary to explain efficacy or side effects on every use of emergency medication unless problems arise! This process is very similar to the PRN process. Prescribers order emergency medications as needed; one RN interviewed noted that in the past year emergency medications had been used on only about 6 occasions.

Suggestions:

No suggestions.

Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?

Strengths/Observations:

Yes. The general philosophy on the Unit is to avoid usage unless the patient is at risk or might be a risk to others in the hospital; there is a well defined philosophy. Documentation of usage was complete in the charts reviewed. Patients at the IBHU are primarily voluntary admissions; involuntary medications don't apply. In the rare occasion that involuntary status is required, the Unit will go through the court/IMRB.

Suggestions:

No suggestions.

Are there procedures in place for obtaining medications for uninsured or underinsured patients?

Strengths/Observations:

Obtaining medications for uninsured and underinsured is a problem not unique to this facility. Vouchers for meds are used (usually up to 30 days); occasionally the Hospital foundation might be helpful. Samples are not available through the Hospital. Medication choices are made on the basis of efficacy and cost. Unfortunately these choices can be in contrast to one another occasionally. Realistically, the work of the medical staff on the unit is to facilitate improvement at the safest and fastest possible rate to ease pain and suffering for the patient; and also to control costs of ongoing hospital care. This is a balancing act.

Patients always receive the medications prescribed to them while in the Unit. Staff interviewed reported that the IBHU accepts patients despite their ability to pay. Upon discharge, the social workers are tasked

with finding ways for patients to get their prescriptions filled along with other continuity of services.

Suggestions:

No suggestions.

When a patient who is transitioning to another service provider is taking psychotropic medications, does the St. Peter's IBHU 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?

Strengths/Observations:

(1) This is the responsibility of the social worker completing the discharge planning for the patient. (2) IBHU cannot send the patients out with medications due to Hospital policy and samples are not allowed in the facility. The IBHU can only send patients out with a prescription and any vouchers the Unit may have available. Staff interviewed report that when a patient is discharged, the facility that will provide services gets a copy of this Rx; this will inform that agency of medication changes made in the IBHU. (3) Discharge planning does include attempts to assist patients to receive financial assistance for prescriptions, but still the community reports that patients end up without the ability to pay for medications.

Suggestions:

Consider using the process already being created to establish a collaborative community for addressing other service area concerns (access to services, access to crisis response, access to psychiatrists, etc) to address this issue and help patients find financial assistance to afford medications.

Access and Entry

Is the St. Peter's IBHU convenient to the community and linked to primary medical care providers?

Does the St. Peter's IBHU inform the community of its availability, range of services, and process for establishing contact?

Strengths/Observations:

Yes, the IBHU is convenient to the community and is linked to primary medical care providers. The community is aware of the availability and range of services. However, advocates and other stakeholders do express frustration that the IBHU has not adequately described the services it does provide. Interviews with other service providers in the community, advocates and stakeholders shared disappointment that IBHU has a policy of "accepting for care, treatment and services only those patients whose identified care, treatment and services it can meet."

Suggestions:

The team suggested the IBHU continue efforts to provide the community with information about the IBHU, and the treatment and services it can provide.

For new patients, is there timely access to psychiatric assessment and service plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress?

Strengths/Observations:

Yes, once the physician has accepted a patient for admission to the IBHU assessments are completed by policy within 24 hours, although in charts reviewed the time reported was 6-8 hours. An RN conducts a

medical assessment and the treatment team begins developing a treatment plan within 24 hours or as soon after as the patient is able to participate in the process.

Suggestions:

No suggestions.

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?

Strengths/Observations:

Pre-admission screening is completed by a clinically competent mental health professional using standardized assessment tools. Assessments may be done at the ED by Director of Social Services, the psychiatrist or the APRN. The decision to admit an individual to the IBHU is always made by a psychiatrist or licensed physician based on the physician's sole clinical judgment.

Suggestions:

No suggestions.

Does the St. Peter's IBHU ensure that patients and their family members are able to, from the time of their first contact with the St. Peter's IBHU, identify and contact a single mental health professional responsible for coordinating their care?

Strengths/Observations:

Yes, the Director of Social Services and/or the social worker is the contact person. Advocates in the Helena community reported that in the past families did have confusion about who and how to contact a patient at the IBHU. The new Director of Social Services is the primary contact with families, and though at the IBHU for a short time had already begun repairing this concern, by assuring that family members have received an explanation about the Hospital/IBHU patient confidentiality protections. The patient provides the privacy code to individuals who may visit, families must be made aware that without patient consent, the IBHU will not share personal information.

Suggestions:

Continue the work begun by the Director of Social Services to assure that patients and their family members fully understand the IBHU patient confidentiality protections.

Does the St. Peter's IBHU have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability, and for commencing initial assessments and services accordingly?

Strengths/Observations:

Yes, the IBHU has a well defined system to prioritize referrals according to risk, urgency, distress, dysfunction and disability. Initial assessments are done before admission and intake for admission is clearly identified in the IBHU policy and procedure documents. The Unit is clear about which services it can and cannot provide.

Suggestions:

Consider creating an informational document in addition to the information available in the Patient Handbook to explain the IBHU intake process in general terms to the families and individuals seeking admission to the Unit. For example an explanation that a medical clearance is necessary, laboratory tests may be needed while the individual is waiting in the ED and if possible this explanation should include an estimated timeline for all of this to happen.

Continuity of Services Through Transitions

St. Peter's IBHU does not provide services to children/adolescents – transition planning for individuals served at the Unit is focused on adult services and Geropsychiatric services to the elderly.

Does the St. Peter's IBHU review the outcomes of treatment and support as well as ongoing follow-up arrangements with each patient and - with consent - family members prior to their exit from the service?

Strengths/Observations:

The Director of Social Services work described a very thorough and impressive process for planning discharges and following up with patients and/or community providers to ensure a smooth transition. The assumption for the geriatric population is almost universally that they will return to the nursing home setting. With regard to the remaining adult population the social worker has primary responsibility for transitioning to the appropriate community resources. Those decisions are made by staff, the patient and his/her family, and (intended) the accepting community resource.

Community stakeholders are justifiably hesitant to give the IBHU good marks yet for the newly instituted process, but reports since early summer indicate that improvement in the consistency which admission /discharge criteria are being applied since the new Program Director, Director of Nursing and Director of Social Services have come to the IBHU.

The site review team is prepared to exercise patience with this new team and will continue to monitor the progress the Unit makes repairing the relationships in the community.

Suggestions:

No suggestions.

Does the St. Peter's IBHU provide patients and their family members with information on the range of relevant services and supports available in the community when they exit from the service?

Strengths/Observations:

Resources are discussed at time of discharge; a list is available and is offered to patient/family. Staff also reports that information provided is intended to identify a full range of programs and services in the community that are most suited to the needs of each individual patient.

AMA patients are offered same referral information and efforts as other patients and are handled through legal holds if staff believes an ongoing risk exists. This appears to be handled properly.

Suggestions:

The Director of Social Services is currently working with the resources in this community and across the state; this process holds promise for continued improvement.

When a patient is transitioning to a service provider in the community, does the St. Peter's IBHU proactively facilitate involvement by that service provider in transition planning?

Strengths/Observations:

The Director of Social Services described a very thorough and impressive process for planning discharges and following up with patients and/or community providers to ensure a smooth transition. This was confirmed to a limited degree through comments by medical professionals in the community who

note the recent contacts with the Director have been appreciated; provided clear information about the needs of the patient who was transitioning; and, further that the IBHU provided sufficient time to allow for the transfer of care. Both the Director of Social Services and the psychiatrist related instances of Dr. to Dr. contacts during the course of discharge planning, so it does occur.

Present efforts and plans appear to be heading in positive direction regarding transitioning. Efforts are being made to develop a cooperative relationship with many referral agencies/individual, psychiatrists in area are limited making contact and referral a challenge. The mental health center locally is in flux and has paucity of professionals to meet the needs in this community. The IBHU and the unit has only a limited number of psychiatrists on staff who can work within hosp. So choices are limited.

Suggestions:

The Board suggests that the leadership at the IBHU to remain engaged with stakeholders here in Helena to help this community collaborate on a solution to the difficulties the area has experienced to recruit and retain psychiatrists.

Does the St. Peter's IBHU ensure that patients referred to other service providers have established contact following exit from the St. Peter's IBHU?

Strengths/Observations:

The site review team received reports of patients returning to the ED because a patient had exhausted the prescription; needed a refill and had no other place to go. This obviously could be reflective of outpatient errors or poor anticipation; could be patient generated or could be example of transitioning problem between the Unit and referral source.

The referral/discharge/medication issue with this "new" unit and staff is one that is 'under construction' – the leadership at the Unit recognizes the importance of clarifying and coordinating potential referral options/sources; working diligently to bring about smooth transitioning to these sources; and assuring that no patient is 'lost' during the transition.

Suggestions:

Continue the work initiated by the Director of Social Services to assure patient access to a prescriber and refills of medication after discharge should be closely monitored through collaboration with the community-based services to assure a complete transition.

If a patient was receiving community mental health services prior to an inpatient or residential treatment admission, does the community mental health center assume primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment?

Strengths/Observations:

Based on interviews with the Director of Social Services, it appears that the IBHU takes primary responsibility for all discharge planning and coordination, whether the patient has been a client of the Center for Mental Health or not. The IBHU takes responsibility for ensuring a smooth transition and continuity of services. It was also apparent that coordination between the treatment team in the community and the team at the IBHU was not consistent. As in other areas of the standards, the relationship between the IBHU and the Helena community is a work in progress and while improvements are being noted by consumers and advocates in the community.

Suggestions:

Continue working toward much better relationships in this community.

If a patient was *not* receiving community mental health services prior to an inpatient or residential treatment admission, does St. Peter's IBHU assume primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment?

Strengths/Observations:

Reports from community stakeholders and advocates indicate that this process was in the past not as smooth as it could have been. New staff and new leadership at the IBHU are working toward much better relationships. Recent steps in the right direction represent improvement over previous practices.

Suggestions:

The team offers strong support for continuing these improvements and strengthening relationships community-wide.

RECOMMENDATIONS

1. Actively engage in community focus groups, advocacy groups and others to assure that the community-at-large has a clear understanding of the mission/purpose of the IBHU and the role it plays in the community's continuum of services to individuals who have mental illness.
2. Identify individuals who have expertise and knowledge in cultural, ethnic, social, historical and spiritual issues relevant to American Indian people with mental illnesses. Consult regularly with these experts to plan, develop and implement policies and procedures to create training opportunities for staff.
3. Define optimum knowledge and competence expectations directly related to mental illnesses and working with people with mental illness; include knowledge and competencies related to specific illnesses and evidence-based practices.
 - a. Develop a training curriculum for new staff focused on major mental illness and deliver it via a means other than printed handouts.
 - b. Formalize the 'teachable moment' context currently in place for training direct care staff.
4. Engage in a dialogue with specific community members who have a stake in the process as it evolves to ensure that the admission/discharge criteria for the IBHU is clearly understood by advocates, families and individuals who may need the services of the Unit. The IBHU leadership has a challenge before them to adequately and accurately communicate to the community; service providers, human service agencies, law enforcement and the public, exactly which services the Unit is prepared to provide. The community still does not accept that the IBHU is not an acute stabilization program; many people still believe that the IBHU can and should be accepting more acutely ill patients.
5. Make sure that IBHU has a cogent admission/discharge policy that professionals who provide mental health services are aware of and understand during an admission referral process. Consider identifying a staff person who will conduct a follow-up inquiry with the community based service provider or family at a set time after discharge.



St. Peter's Hospital

Behavioral Health Unit

2475 Broadway • Helena, Montana 59601 • Phone: (406) 442-2480 • www.stpetes.org

October 19, 2011

Office of the Governor
Mental Disabilities Board of Visitors
Alicia Pichette, Interim Executive Director
P.O. Box 200804
Helena, Montana 59620-0804

Dear Alicia,

This letter is my written response to the recommendations set forth in the Board of Visitors (BOV) site review report of St Peter's Hospital Behavioral Health Unit (BHU), issued September 19, 2011.

1. Recommendation: Actively engage in community focus groups, advocacy groups and others to assure that the community-at-large has a clear understanding of the mission/purpose of the IBHU and the role it plays in the community's continuum of services to individuals who have mental illness.

Response: The BHU has hired a fulltime Community Education Manager (Michael Ell, MBA) and activity of this type is one of his primary duties. As examples of his efforts, Michael attended the Local Advisory Council meeting this month, will be attending NAMI meetings frequently, and has been actively responding to opportunities to provide education regarding the BHU. The Program Director, Nurse Manager and Director of Social Services attend and participate in various community meetings and events as they are held. As these opportunities present, BHU staff discuss and explain our mission, purpose, and role in the continuum of care available to individuals and their families dealing with mental illness, not only in Helena, but also state-wide (the BHU is the only dedicated, in-patient, geriatric, acute psychiatric care program in the state of Montana).

2. Recommendation: Identify individuals who have expertise and knowledge in cultural, ethnic, social, historical and spiritual issues relevant to American Indian people with mental illnesses. Consult regularly with these experts to plan, develop and implement policies and procedures to created training opportunities for staff.

Response: The BHU is continuing a process begun several months ago to improve our staffs' awareness of, understanding of, and responsiveness to patients whose ethnicities and cultures differ from that of the descendents of the (primarily) Northern European peoples regularly admitted to the BHU. Contacts are to be made with the Montana Office of Indian Affairs and with individual tribal representatives to better establish points of

contact than currently exist, in order to be able to more readily access tribally specific information regarding their cultural, ethnic, social, historical and spiritual beliefs for staff training.

3. Recommendation: Define optimum knowledge and competence expectations directly related to mental illnesses and working with people with mental illness; include knowledge and competencies related to specific illnesses and evidence-based practices.

Response: The BHU makes every effort to utilize “gold standard” treatment approaches for the illnesses which present on the unit. However, individual response to any and all treatment approaches for any specific mental illness is highly variable; what works well for many patients may not work, or may make the illness worse, for one or two others. BHU staff receives monthly in-service trainings on the major mental illnesses encountered on the unit.

a. Develop a training curriculum for new staff focused on major mental illness and deliver it via a means other than printed handouts.

b. Formalize the “teachable moment” context currently in place for training direct care staff.

Response: A training curriculum for psychiatric technicians has recently been developed by Horizon Health; it is a Power-Point presentation with lecture, and is designed for psych techs and CNAs to gain increased knowledge of the mental illnesses and behaviors they encounter when working with the geriatric population. Successfully completing the course earns them an in-house certificate. I have reviewed this training module, and am very impressed with it; we will be adopting it as part of our standard training of all new employees in the near future. Additionally, training modules for staff on the major mental illnesses in the adult patient population are being developed.

4. Recommendation: Engage in a dialogue with specific community members who have a stake in the process as it evolves to ensure that the admission/discharge criteria for the IBHU is clearly understood by advocates, families and individuals who may need the services of the Unit. The IBHU leadership has a challenge before them to adequately and accurately communicate to the community; service providers, human service agencies, law enforcement and the public, exactly which services the Unit is prepared to provide. The community still does not accept that the IBHU is not an acute stabilization program; many people still believe that the IBHU can and should be accepting more acutely ill patients.

Response: This issue has been steadily, repeatedly and accurately addressed. Our effort to provide cogent, clear information about the BHU, its admitting and discharge policies, and its treatment approach is ongoing and will always be ongoing. Our admitting criteria, including patients’ acuity level and diagnoses, regarding who we can accept and treat has been discussed with many providers and community members during the last nine months, and will be discussed with them and with others, many more times.

See response to first BOV recommendation, above.

5. Recommendation: Make sure that IBHU has a cogent admission/discharge policy that professionals who provide mental health services are aware of and understand during an admission referral process. Consider identifying a staff person who will conduct a follow-up inquiry with the community based service provider or family at a set time after discharge.

The BHU has provided consistent and clear information regarding the admission and discharge criteria of the unit. (Also, see response to recommendation number 4, above.) Our admission and discharge criteria are informed by written policies and procedures, which are used to guide our patient admitting and discharge. Community based providers and patients' families are contacted to participate in and assist with discharge planning; they are contacted again prior to discharge with an update regarding the patient's progress, post discharge needs and current medications.

The CEM (see response to BOV recommendation number 1) follows up with both referring and receiving providers, as well as patients' families, shortly after patients are discharged. This is a regular, ongoing process, and the information collected is used to improve our ability to connect with the providers and families of our patients.

Should you or other BOV members have any additional questions, please feel free to contact me directly.

Sincerely,



David Bryant, MSW
Program Director III
Behavioral Health Unit
St Peter's Hospital
2475 Broadway
Helena, MT 59601