Crisis Stabilization Unit
Behavioral Health Quality Review
Final Assessment Report

The Georgia Collaborative ASO	**Provider Name:**
	Gateway Behavioral Health Services; GAC000453
	Location of Review:
	121 Burgess Road, Brunswick Georgia, 31523
	Regions of Operation:
	5
	Date Range of Review:
	December 5-9, 2016

Quality Assessors: Dorian Milam RN, CPHQ; Brownie Childs, MSN, RN; Jerald Carter, MPA		
Records Reviewed: 15	**Provider Tier Level:** 1	
CSU Beds: 16	**Temporary Observation Beds: 0**	**Transitional Beds: 2**

The ASO Collaborative in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD) believes in easy access to high-quality care that leads to a life of recovery and independence for the people we serve. The Quality Division is dedicated to ensuring services provided are person-centered and include a commitment to wellness and recovery.

Individual's Perception of Care Number Interviewed: 5	Staff's Perception of Care Number Interviewed: 5
	
The Individual Interview is not calculated into the overall score.	The Staff Interview is not calculated into the overall score.

	Individual Interviews			Staff Interviews		
Focused Outcome Area	**Yes**	**No**	**NA**	**Yes**	**No**	**NA**
Choice	22	0	3	25	0	0
Person-Centered Practices	30	0	5	40	0	0
Whole Health	40	11	24	63	0	2
Safety	28	2	0	81	3	6
Rights	50	0	0	35	0	0
Community Life	18	0	2	25	0	0

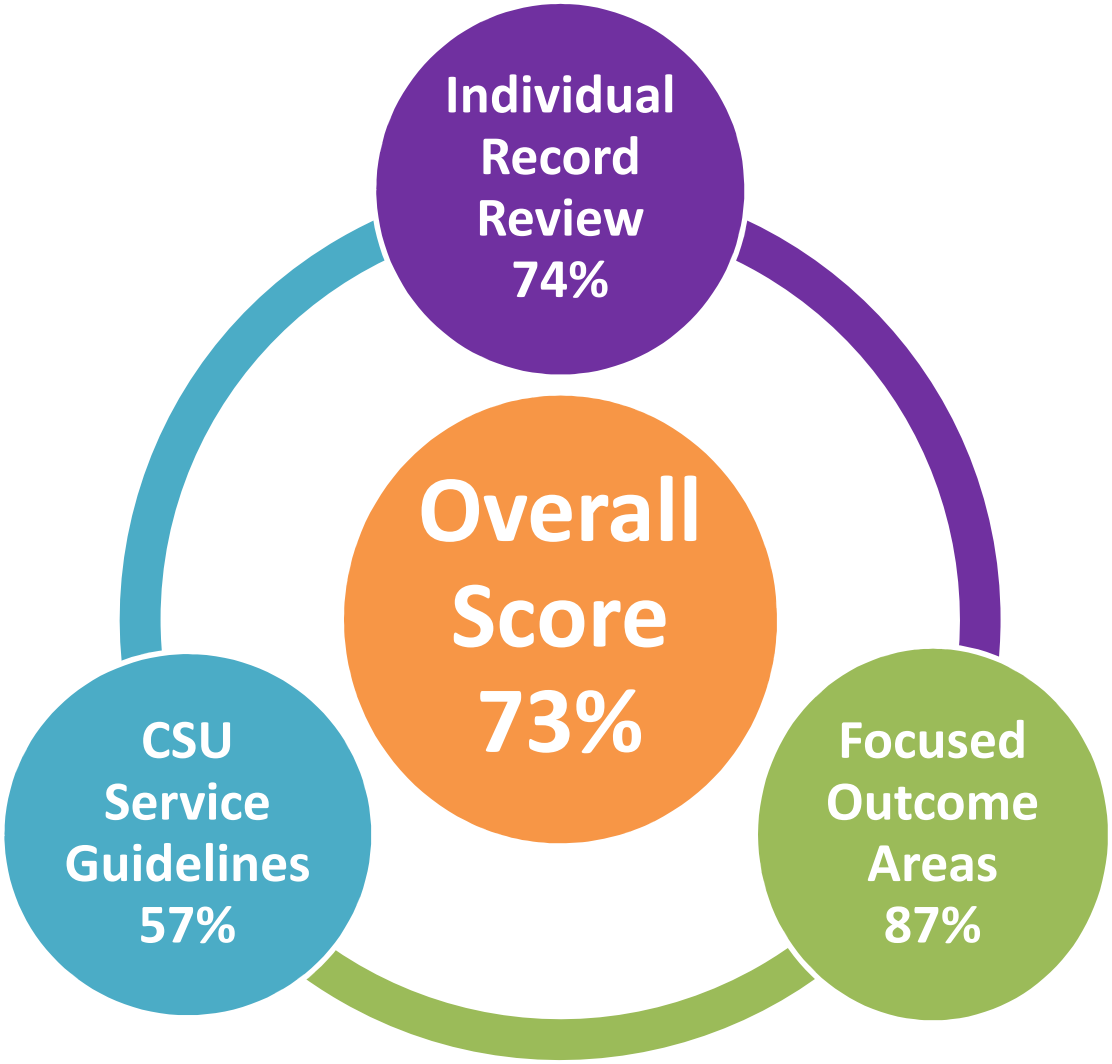
Individual Interview Observations:

- All five individuals interviewed reported they were satisfied with supports and services.
- All five individuals interviewed reported they felt supported in moving towards their goals and dreams.
- All five individuals interviewed reported they felt safe on the Crisis Stabilization Unit (CSU).
- All five individuals interviewed reported that they felt that they were treated with dignity and respect.
- The following were comments made by individuals on the CSU:
    - "I like the way the nurses listen to me. They show concern and have a really friendly environment.
    - “They have been really great here, really understanding, and willing to listen.”
    - “I feel very safe here, especially with the double locked doors.”
    - One individual was able to discuss her medications and stated the MD told her what they were for and what changes had been made. She talked about how she liked being a part of treatment team. “I look forward to that (treatment team) because I get more information.”
    - “Every day we wake up and they ask us what our goal is we are working on for the day.”

Staff Interview Observations:

- All five staff interviewed reported that they were aware of the CSU’s complaint and grievance policies.
- All five staff interviewed were aware of what constitutes abuse, neglect, and exploitation.
- All five staff interviewed reported that they had received training and were proficient in techniques to promote de-escalation during crisis situations.
- All five staff interviewed were aware of special diets for individuals.

- The following were comments made by staff on the CSU:
  - “I love to see people progress in treatment and turn their lives around.”
  - “We have some really great staff here on the CSU. We are all on the same page on how to help individuals who want to recover from their issues.”
  - “It’s a very interesting job, I enjoy helping kids when I can. We all work together as a team.”
  - “I absolutely love “Lakeside.” We are very close knit. There is an open door policy; all questions get answered. We believe in working hard and taking care of ourselves also.”
  - "We have problems getting people in short and long term treatment." "I hate to offer something that I can't get them into. We offer half way houses when it's appropriate but sometimes our resources are full and not available."
  - "I try to coordinate with ACT if it is a person they have been working with and get them to come over and talk with the person.”

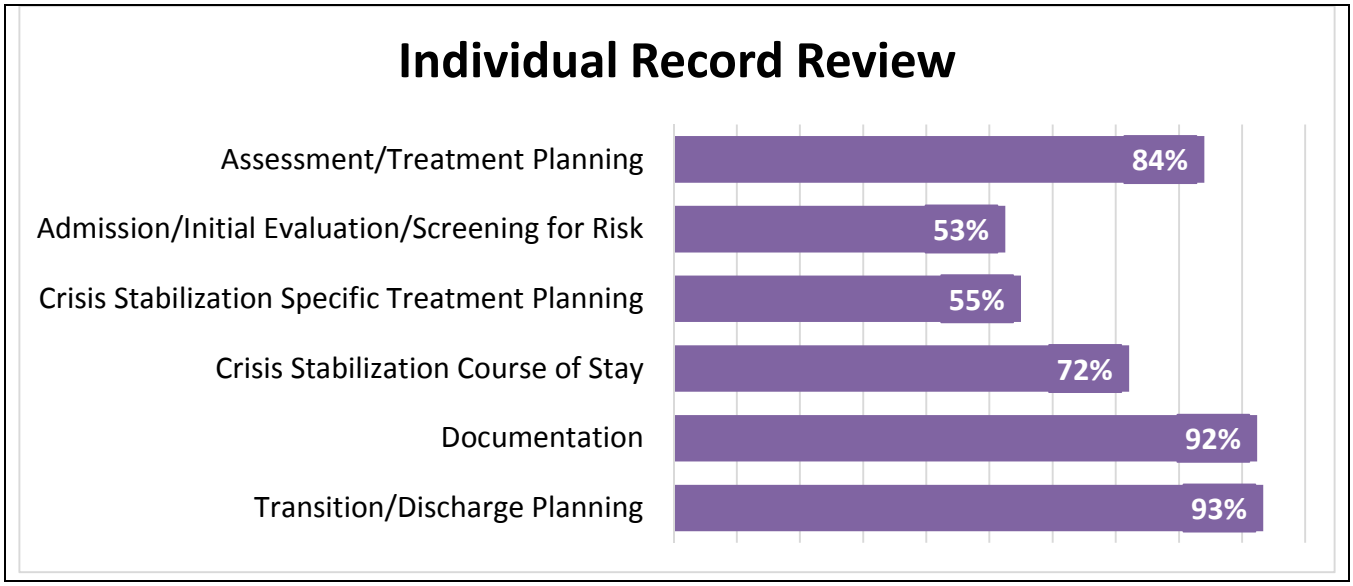


The overall score is calculated by averaging the three areas:

- Individual Record Review
- Focused Outcome Areas
- CSU Compliance with Service Guidelines

Each area accounts for one-third (33.33%) of the Overall Score.
Review questions are based on DBHDD and Medicaid requirements.

Previous Score	Overall	IRR	Service Guidelines	FOA
2/25/15	77%	73%	70%	88%
FY16 Statewide Average	83%	78%	82%	88%



*The individual category scores are an average of questions within the category and are for the agency's reference only.

Individual Record Review

74%

Strengths:

- All records contained documentation that individuals met admission criteria for crisis stabilization services.
- All records contained documentation that individuals were offered groups on the CSU as clinically necessary.
- In all records reviewed, progress notes consistently documented the individual's response to staff interventions.
- Initial Psychiatric Evaluations were performed on individuals being admitted and include the following sections: Presenting Illness, Psychiatric Treatment, Hospitalizations, Substance Abuse History, Social History, Legal History, Family History, Medical History as well as Diet and Education.
- Facility staff report that Assertive Community Treatment Team (ACT), as well as, Community Support Team (CST) meet with individuals already in their care prior to discharge to assist in discharge planning.

Opportunities for Growth:

Assessment/Treatment Planning/Billing Individual Record:

- Thirteen of 14 applicable records reviewed did not show evidence that co-occurring health conditions, in addition to the primary presenting conditions, were addressed and documented in the Individual Recovery Plan (IRP) or Nursing Care Plan (NCP). For example, one individual had been admitted for substance abuse disorder and was noted on her assessment as suffering from chronic pain. This individual had been abusing pain medications leading to her admission. Her issue of chronic pain was not addressed in her IRP.

	A second individual was noted in her assessment as suffering from seizure disorder which was not addressed in her IRP. Another individual had been assessed as having Hepatitis which was not addressed in the IRP. This is a recurring issue and was noted on the last review.
	Admission/Initial Evaluations/Screening for Risk:
	• Fourteen of 15 records reviewed did not contain documentation of a Comprehensive Nursing Assessment being completed upon admission and including all of the following areas of concern:
	  ○ Suicide Risk
	  ○ Safety Issues
	  ○ Flight Risk (the majority of missing documentation)
	• Four of ten records reviewed reflected documentation in physician progress note that the individual met ASAM level 3.7 to initiate a withdrawal protocol. However, documentation did not reflect an assessment which reflected how the individual met this criteria. This is a recurring issue and was noted on the last review
	Crisis Stabilization Specific Treatment Planning
	• Three of 15 records reviewed did not reflect verbal orders received by the nurse were signed by the physician or physician extender within 24 hours. For example, an individual was prescribed Ativan via telephone order on 09/29/2016 and not signed within 24 hours. Another individual's verbal order from 11/09/16 was never signed by the prescribing practitioner.
	• Fourteen of 15 records reviewed did not include specific safety issues on the individual's IRP as needed. For example, one individual was noted upon assessment as having Hepatitis C which was not addressed as a potential safety issue in her IRP. A second individual, admitted on a 1013 did not have potential flight risk noted in her IRP. Another individual, admitted as a result of having written a suicide note, did not have suicide precautions/risks included in his IRP. This is a recurring issue and was noted on the last review.
	• No records reviewed contained documentation which supported that each individual's plan of care was discussed by the treatment team every 72 hours. Agency staff report that meetings are held which include the individual, the prescribing practitioner, and the registered nurse on the CSU as well as support staff. A sign in sheet was noted in records attesting to this. It was noted, however, that this document gave no explanation as to what goals and objectives were discussed or what changes and updates were made to the IRP.
	• Eight of 15 records reviewed did not contain documentation supporting that each individual was present or offered to participate in his/her treatment team meetings. This is a recurring issue and was noted on the last review.
	Crisis Stabilization Course of Stay
	• Thirteen of 14 applicable records reviewed did not contain documentation that co-occurring disorders were assessed and addressed simultaneously, if applicable.

	For example, one individual had tested positive for THC upon admission, this positive drug screen was noted but not addressed in his IRP. A second individual was noted as having Hypertension during her initial assessment, this diagnosis was not addressed in her IRP. Another individual was noted as having Cirrhosis, Hypertension as well as Hepatitis, none of which were addressed in her IRP. This is a recurring issue and was noted on the last review. **Documentation** • Four of 15 records reviewed did not contain documentation by the Registered Nurse (RN) at least once per day. One individual did not have any nursing notes on 9/14/16 which was her date of admission. Nursing notes were found on 9/16 and 9/17 which were by the Licensed Practical Nurse (LPN) not the RN on the unit. Another individual's record contained no documentation of nursing notes by either the RN or LPN on 9/25 or 9/26. **Non Scored Items** • Eleven of 14 applicable records reviewed did not contain documentation of follow-up and connection to continuing care after discharge. There is no formal process for follow up after discharge from the CSU. If an individual is referred internally to Gateway then CSU staff may check within the Electronic Medical Record (EMR) to determine if the person kept their appointment. For outside the agency referrals, the discharge planner reports that the referral agency is called to see if the person kept their appointment but this is not documented in the individual's record. This is a recurring issue and was noted on the last review. • Two individuals had been readmitted to the CSU within 30 days of a previous discharge. A Community Transition Plan was present within the records of both individuals. • Five of 15 records reviewed did not contain a minimum set of vital signs every eight hours; however, the Provider reported that vital signs are taken every eight hours while awake. This is a recurring issue and was noted on the last review.

Focused Outcome Areas

87%

Strengths:

- All records reviewed contained documentation indicating that each individual being served was provided with options of supports and services.
- All records reviewed contained evidence of transition planning being occurring throughout service delivery which involved the individual, family and other supports and included specific objectives to be met prior to decreasing the intensity of service or discharge.
- All records reviewed included a Safety/Crisis plan as applicable. These were generally individualized and thorough and included warning signs, internal coping skills, people and social settings that provide distractions and a list, with contact information, of social contacts as well as staff members that individuals might contact in the event of a crisis.
- A Human Rights Advocate is designated for individuals on the CSU.
- Medication consent forms, signed by the practitioner and the individual being served were present in all records reviewed.

Opportunities for Growth:

Person Centered Practices:

- Three of 15 records did not contain documentation that the individual being served was receiving individualized services. For example, one individual's IRP had the name of another individual within it.
- Two of 15 records did not contain documentation that the individual being served was an active participant in the planning and receiving of services.

	For example, the goal "I want to feel better AND reduce incidents of coming to the CSU" was seen in multiple records reviewed. This is a recurring issue and was noted on the last review. • Six of 10 applicable records reviewed did not contain documentation that the individual's plan was reassessed based upon changing needs, circumstances and/or response by the individual. For example, an individual who had a diagnosis of diabetes and was on sliding scale insulin, did not have his IRP updated to reflect this. Updating the plan as issues arise during the course of stay was a recurring issue and noted on the last review. **Whole Health** • Four of 14 applicable records reviewed did not contain documentation of ongoing assessments to determine external referrals for health services, supports and treatment. • Three of 14 applicable records reviewed did not contain evidence of communication with external referral sources to determine the results of testing and treatment. • Six of 10 applicable records reviewed did not contain documentation that individual's current medical conditions were assessed, monitored and recorded. Examples include individuals with Hypertension, Diabetes, Hepatitis C and chronic pain issues which were not addressed on their IRPs. • Five of 12 applicable records reviewed did not contain documentation of safeguards being utilized for medications known to have a substantial risk or undesirable effects. One individual was prescribed Seroquel without having an Abnormal Involuntary Movement Scale (AIMS) assessment performed. **Rights** • Two of 15 records reviewed did not reflect rights and responsibilities being reviewed by the individual at the onset of services. • Two of 15 records reviewed did not include rights and responsibilities as evidenced by a signature on the notification by the individual. • Three of 15 records reviewed did not include documentation reflecting that HIPAA privacy and security rules were specifically reviewed with individuals being served.

CSU Compliance with Service Guidelines

Program Offerings

1	The Crisis Stabilization Unit (CSU) meets all staffing requirements: a. Physician or staff member under Physician b. Full time Nursing Administrator is an RN c. RN present in facility at all times d. Staff to Individual ratio is based on acuity level e. Licensed or credentialed staff present to provide Individual, Group and Family Therapy	No
2	Child and Adolescent: There is at a minimum of (3) staff present within the C&A CSU including the charge nurse at all times. (If the charge nurse is an APRN, then he/she may not simultaneously serve as the accessible physician during the same shift.)	Yes
3	Child and Adolescent: Staff to Individual ratio is no more than (4) Individuals to every (1) staff (including the charge nurse.)	Yes
4	Child and Adolescent: Staffing demonstrates the ratio of nursing staff to individual's increases on the basis of the clinical care needs of the individual, including required levels of observation for high risk individuals.	Yes
5	Provider adheres to their policy which define requirements and procedures for timely notification to prescribing professional regarding drug reactions, medication problems, medication errors and refusal of medications.	Yes
6	There are protocols for handling of licit and illicit drugs brought into the service setting. This includes confiscating, reporting, documenting, educating, and appropriate discarding of the substances. The provider adheres to said protocols.	No
7	Provider is adhering to their current policy and procedure for safe storage of medications.	No
8	Provider adheres to their Infection Control Plan.	Yes
9	Provider adheres to their Seclusion and Restraint procedures.	No
10	Provider adheres to their procedures for monitoring of therapeutic blood levels, if required by the medication, such as Blood Glucose testing, Dilantin blood levels and Depakote blood levels; kidney or liver function tests.	No
11	Individuals who are Deaf, Deaf-Blind, and Hard of Hearing Policies and procedures are present for adherence to Required Components of Crisis Service Plans for Provision of Crisis Services to Individuals who are Deaf, Deaf-Blind, and Hard of Hearing.	No
12	NON-SCORED: The agency has an identified Model or Curriculum for SU treatment on the CSU.	Yes

Staff Training

13	The agency has a physician who is either on site or available twenty-four (24) hours a day by telephone with 3.7-WM.	Yes
14	If the CSU physician(s) is/are not a psychiatrist there is one available for consultation.	Yes
15	Does the agency have an Addictionologist on staff in the CSU or access to one for consultation?	Yes
16	NON-SCORED: Child and Adolescent: Does the C&A CSU provide services under the direction of a psychiatrist with training or experience in working with children and youth?	Yes

# Yes	# No	# NA	SCORE
8	6	0	57%

CSU Compliance with Service Guidelines

Strengths:

- None noted during this review.

Opportunities for Growth:

- The Adult CSU does not have licensed staff available who can provide Brief Individual, Group and Family Counseling. The Child and Adolescent CSU does have licensed staff who can provide counseling services.
- The CSU does not currently have a policy in place for the handling and disposal of licit and illicit drugs or contraband brought into the facility. The Adult CSU does have a procedure for disposing of medication which was recently initiated and consists of putting medication in a solution to dissolve the medication. This system is called the RX Destroyer Pharmaceutical Disposal System. This procedure does not include the basic requirement of 2 people to witness the disposal however.
    - Medication Protocols: On tour of the facility assessors noted two bins of medications that were from individuals that had already left the facility or had been confiscated upon admission and/or the physician did not approve for the individual to have upon discharge. Policies and Procedures regarding medication did not address this issue. The Agency reported Pharmacy changes in vendor impacted disposal of medications.
- The door to the Narcotics Cabinet on the Adult Unit was noted as being unlocked during the tour of the CSU, medications were being stored along with food items, and the temperature of the medication refrigerator was noted as being at 50 degrees. The agency did not provide a policy regarding the safe storage of medications.
- The Seclusion and Restraint Policy in use by the facility states that data collected regarding seclusions and restraints is to be submitted to the Risk Management Committee for evaluation and recommendations. Minutes from this meeting did not provide documentation that seclusions and restraints were being discussed in any detail, only the number of incidents was reported in the minutes.
- The CSU does not currently have a policy in place for the monitoring of therapeutic blood levels of medications. The agency provided assessors with a procedural document that was not specific to protocols of medications requiring therapeutic blood level monitoring. This is a recurring issue and was noted on the last review.
- The agency has not incorporated DBHDD's policy effective 10/1/2015 for Provider Procedures for Referral and reporting of Individuals who are Deaf, Deaf-Blind and Hard of Hearing 15-111. This is a recurring issue and was noted on the last review.

Additional Comments on Practices

Practices/Concerns beyond the general scope of the review were discovered by the Quality Assessors that may have the potential to impact service delivery, quality of care, or may represent a risk for the provider. The following practices or concerns were noted during the review:

Strengths:

- The Child and Adolescent CSU has a closet with donated clothes that can be provided to individuals being served who are in need of clothing.
- Individuals on both the adult and child/adolescent CSU are provided seven days of medications as well as a 21 day prescription of medications upon discharge.

Opportunities for Growth:

- Although a claims review of billed units was not part of this review, the following items may pose a risk to the provider:
  - Verbal orders received by nurses were not consistently signed by the prescribing practitioner with 24 hours.
  - Documentation does not reflect status of the individual by an RN a minimum of every 24 hours.
- One individual was noted on the front of his medical record as being allergic to Haldol, this medication was given to this individual while on the CSU.
- The CSU employs neither a CAC I or CAC II on the unit (not a requirement but best practice).
- The CSU employs neither a CPS nor a CPRP on the unit (not a requirement but best practice).
- During the tour of the CSU, the small day room was noted as having an unpleasant odor.
- The CSU is not equipped with a crash cart, the CSU does have an Automated External Defibrillator (AED) on the unit. Staff utilize the 911 system and report a response time of less than five minutes.
- A daily group schedule was not posted on the CSU during the tour of the facility.
- The CSU does not employ security guards, security cameras are utilized throughout the facility.
- Male and female individuals are not separated by wings on the CSU.
- Two rooms for individuals being served consist of three beds.
- It was noted during the tour of the medication room that medications are bubble packed but not individual specific. Stock medication is signed out to an individual when medication is prescribed. Staff report there is no med count of non-narcotic medications. Staff were unclear as to what procedure to follow in disposals of refused medications.
- Vital signs were not recorded on all Nursing Assessments.

Technical Assistance Recommendations

Providers are reminded of the responsibility to maintain internal processes which ensure immediate and permanent corrective actions on issues identified during the quality review process. DBHDD may request corrective action plans (CAPs) as quality review findings warrant as well as review agencies' internal documentation regarding corrective actions and ongoing quality assurance and quality improvement.

Individual Record Review
Assessment/Treatment Planning/Billing Individual Record Review
Ensure co-occurring health conditions, to include MH/IDD/SA/Medical/Physical, in addition to the primary presenting condition, have been assessed, addressed, coordinated, and documented if applicable in the Individual Recovery Plan (IRP) or Nursing Care Plan (NCP).
Admission/Initial Evaluation/Screening for Risk
Ensure on admission, there is a comprehensive Nursing Assessment to include review of symptoms. In addition the assessment addresses but not limited to: suicide/risk, safety, flight risk, and infectious disease.
Ensure a bio-psychosocial assessment is present within 72 hours of admission and all required components are present.
Ensure Individual meets ASAM Admission Criteria for Medically Monitored Residential Withdrawal Management.
Crisis Stabilization Specific Treatment Planning
Ensure all verbal orders received by the nurse are signed by the physician or physician extender within 24 hours. .
Ensure the NCP or IRP addresses the following safety issue(s), Suicide Risk, Fall Risk, and Flight Risk.
Ensure the individual's plan of care is discussed a minimum of once every 72 hours with the treatment team.
Ensure the individual was present or offered to participate in his/her plan of care discussion during treatment team.
Crisis Stabilization Course of Stay
Ensure documentation reflects co-occurring disorders are addressed and treated simultaneously.
Documentation
Ensure there is documentation at least once per day by an RN as to the status of the Individual.
Non-Scored
Ensure there is evidence in the medical record of follow-up and connection to continuing care.
Ensure there is a minimum set of Vital Signs every 8 hours.

Compliance with Service Guidelines
Program Offerings
Ensure Crisis Stabilization Program meets all staffing requirements.
Ensure the Crisis Stabilization Program adheres to protocols for handling of licit and illicit drugs brought into the service setting.
Ensure the Crisis Stabilization Program adheres to the policy and procedure for safe storage of medications.
Ensure the Crisis Stabilization Program adheres to the seclusion and restraint procedures.
Ensure the Crisis Stabilization Program adheres to procedures for monitoring of therapeutic blood levels required by medication specifically institute a policy for the monitoring of therapeutic blood levels of medications.
Ensure the Crisis Stabilization Program adheres to Deaf, Deaf-Blind, and Hard of Hearing policies and procedures.
Focused Outcome Areas
Person Centered
Ensure documentation demonstrates the Individual is receiving individualized services.
Ensure documentation demonstrates the Individual is an active participant (has a voice) in the planning and receiving of services.
Ensure documentation demonstrates the individual is an active participant n modifying the plan and/or services.
Ensure documentation demonstrates the plan is assessed based upon any changing needs, circumstances and/or response by the Individual.
Whole Health
Ensure documentation demonstrates ongoing assessment to determine external referrals for health services, supports and treatment.
Ensure documentation demonstrates evidence of communication with external referral sources to determine the results of testing and treatment.
Ensure documentation supports current medical conditions are assessed, monitored and recorded.
Ensure there are documented safeguards utilized for medications which are known to have substantial risk or undesirable effects that have been identified (e.g. lab testing, AIMS, assessments, etc.)
Rights
Ensure the Individuals are informed about their rights and responsibilities at the onset of services, supports, and treatment.
Ensure all Individuals are informed about their rights and responsibilities evidenced by the Individual's or legal guardian signature on notification.
Ensure documentation indicates HIPAA Privacy and Security Rules (as outlined in 45CFR, Parts 160 and 164) are specifically reviewed with the Individuals.