The Georgia Collaborative ASO

GAC000028

Crisis Stabilization Unit Quality Review
Final Assessment Report
THE BRADLEY CENTER OF ST. FRANCIS HOSPITAL

Location of Review: 2000 16th Avenue, Columbus, GA 31901		
Names of Quality Assessors: Helen Rohrich, RN; Natalee Fritsch, LPC; Dorian Milam, RN,CPHQ		
Regions of Operation: 6	**Date Range of Review:** 11/27/2018 - 11/29/2018	
Records Reviewed: 15	**CSU Type:** BHCC	
CSU Beds: 24	**Temporary Observation Beds:** 6	**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 Interviews Conducted: 5	**Staff Interviews Conducted:** 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**
Whole Health	38	10	27	57	0	8
Safety	30	0	0	88	0	2
Rights	50	0	0	35	0	0
Choice	25	0	0	25	0	0
Person Centered Practices	33	0	2	40	0	0
Community	18	1	1	25	0	0

Individual Interview:

- All five individuals interviewed reported they felt safe when receiving services at this agency, that they were treated with respect and dignity by staff, were provided with advocacy resources to help support learning rights and self-advocacy, and that they understood that changes to goals/supports and services could be made.
- The following were comments made by individuals:
  - "I plan on getting back into construction once I discharge. The staff have helped me to better understand my issues."
  - "I will be going to the Veterans Administration (VA) after discharge for follow-up care for my Post Traumatic Stress Disorder (PTSD)."
  - "I am a Certified Peer Specialist; I hope to get back to working full time soon."
  - "I am hoping to work for Blue Cross once I discharge."
  - "The staff are really easy to talk to; they really try to understand what I am going through."

Staff Interview:

- All five staff members interviewed reported they were aware of what constitutes abuse, neglect and exploitation, were aware of suicide risk assessments and knew the protocol to follow if warning signs were identified, were aware of the right of individuals to refuse treatment, services or supports without retaliation, and were aware of what to do if the person expressed dissatisfaction with supports or services.
- The following were comments made by staff members:
  - "One of our strengths is the caring attitude of the staff. I really try to make a difference for individuals on the Crisis Stabilization Unit (CSU)."
  - "We can make referrals to Mercy Medical for assistance with physical health aftercare needs."
  - "I run an average of six groups a day on topics such as community group (we go over individual rights and responsibilities, open forum (topics of the day), music therapy and learning about mental illness.)"
  - "I make sure that each individual gets a follow-up appointment, I also work as a community liaison to help build better rapport with outside facilities."
  - "I feel we do a very good job at stabilizing individuals and getting them started in their recovery process."

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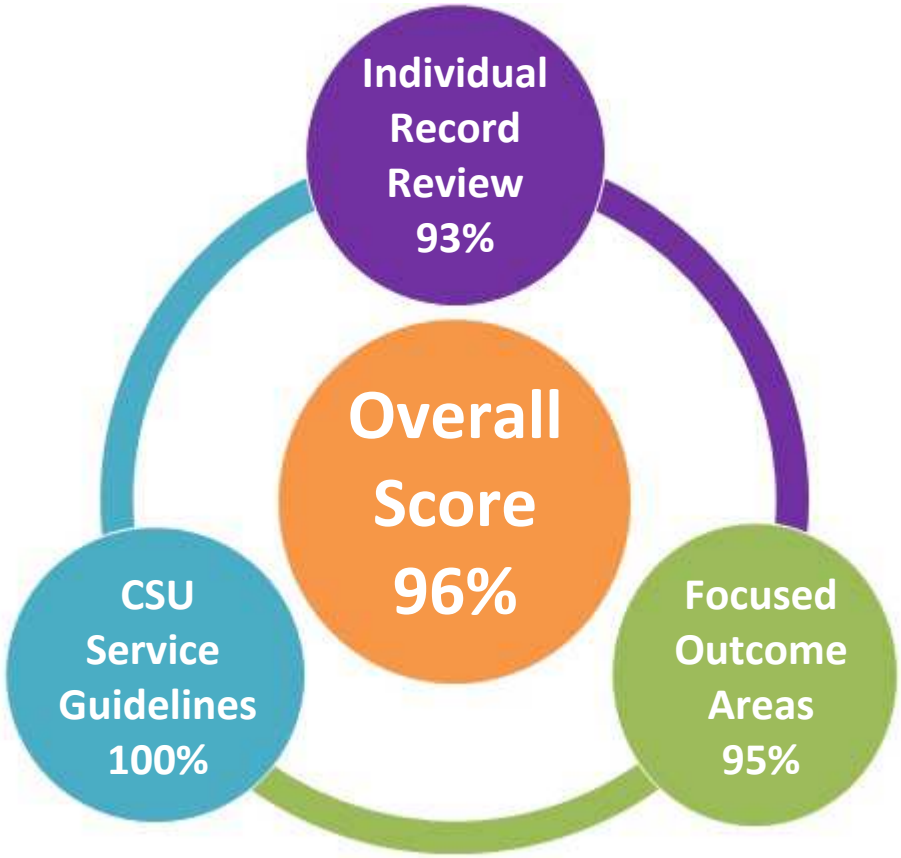
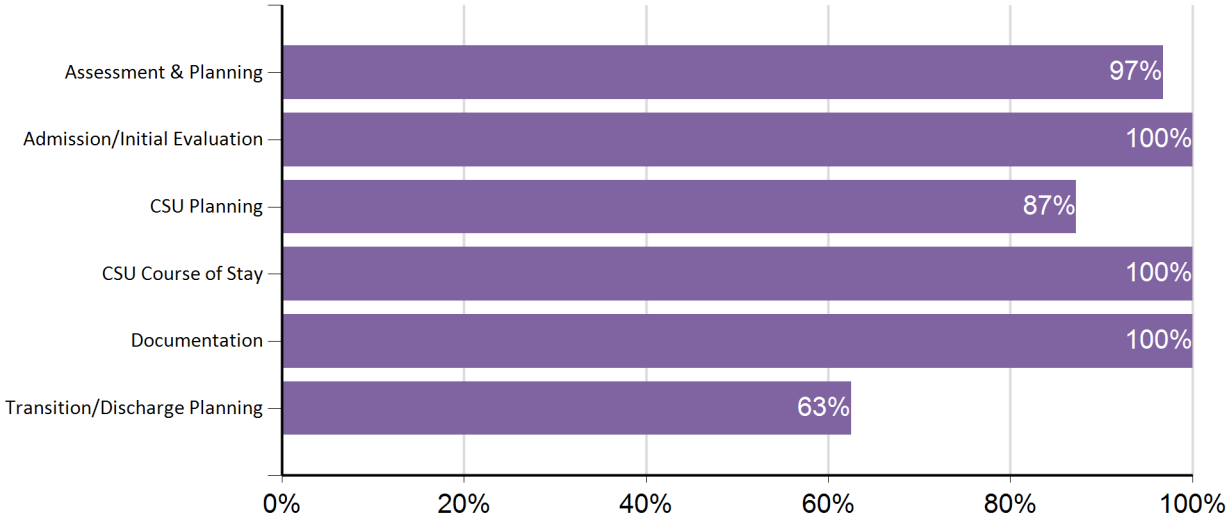


	Overall Score	IRR	Service Guidelines	FOA
Review Date: 11/08/2017	98%	95%	100%	98%
Review Date: 05/23/2017	92%	89%	89%	97%
FY18 Statewide Average	88%	83%	91%	91%

The Overall Score is calculated by averaging the three areas: Individual Record Review, Focused Outcome Areas, and CSU Compliance with Service Guidelines. Each area accounts for one-third of (33.33%) of the Overall Score. Review questions are based on DBHDD and Medicaid requirements.

Individual Record Review



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

Individual Record Review: 93%

Strengths and Improvements

Admission/Initial Evaluation

- Nursing Assessments were thorough and detailed to include a fall risk assessment, diabetes management, domestic violence history, Braden Skin Scale Assessment, review of systems, etc.
- A comprehensive suicide risk assessment was completed on all individuals at the time of admission onto the CSU. In addition, every 12 hours the Columbia Suicide Severity Rating Scale (CSSRS) was completed on all individuals on the unit regardless of history or present suicidal ideation. Every individual was also ordered 15-minute observation checks at the time of intake and increased as needed per individual.

Non-Scored

- Upon discharge, individuals were provided a reconciled medication list which indicated the time that the next dose of medication was due.

Opportunities for Growth

Assessment and Treatment Planning

- Three of 13 applicable records reviewed did not demonstrate that co-occurring issues were addressed within the Individualized Recovery Plan (IRP). For example,
    - An individual was assessed with cocaine and methamphetamine use as well as depression and anxiety that was not included on the IRP.
    - Another individual was assessed with paranoia and hallucinations which were not included on the IRP.
    - Lastly, another individual with presenting problems of methamphetamine dependence and hypertension did not have these behaviors and symptoms addressed on the IRP.
    - This is an issue identified in the previous CSUQR 11-2017.

CSU Planning

- Six of 13 applicable records reviewed did not have documented evidence that verbal orders were signed by the prescriber within 24 hours. Examples included verbal orders taken by the Registered Nurse (RN) and not signed by the prescriber within 24 hours as well as two instances of verbal orders not being signed by the provider at all.
- This is an issue identified in the previous CSUQR 11-2017.

Transition/Discharge Planning

- In 12 of 15 records, documentation did not reflect that a discharge summary was entered into the ASO ProviderConnect batch system within 48 hours of discharge. Examples included, one individual was discharged on 8/27/2018 and the discharge summary was not entered until 10/19/2018. Another individual's discharge summary was entered 67 days after his discharge.

Non-Scored

- Ten of 13 applicable records reviewed did not contain evidence of follow-up care after discharge. The provider reported that follow-up calls were kept in a binder and calls were noted as being placed in some records, but not in all records reviewed.
- This is an issue identified in the last two CSUQR 5-2017 and 11-2017.

Focused Outcome Areas

Focused Outcome Areas: 95%

Strengths and Improvements

Safety

- The provider had several safety measures. Examples included:
  - The CSU had a policy and procedure on "Elopement Management." All staff wear a badge that only allows access into the computer system. This was a preventative measure for elopement by individuals who may attempt to take a staff members badge. Also, all staff members on the Crisis Stabilization Unit (CSU) wear a bracelet that allows access to open all doors on the unit.
  - The CSU implemented several safety measures such as a fingerprint login for the nursing staff to obtain medications and to enter the medication refrigerator. In order to enter the medication refrigerator, a medication has to be chosen for administration.
  - Fall Risk Assessments were completed on individuals identified as a possible fall risk (i.e., Edmondson Fall Risk Assessment, "Get Up and Go" Fall Risk Assessment). Individuals who were identified as a fall risk wore a yellow bracelet and yellow no-skid socks.

Choice

- The individuals were offered choices in several areas. Examples included:
  - Individuals have different meal options (i.e., catered lunch, salad or a sandwich).
  - The CSU offered the individuals on the unit at least three groups per day (i.e., "Orbits", nursing and therapeutic). In addition, interim groups such as Narcotics Anonymous (NA), Alcohol Anonymous (AA) and chaplain groups were offered throughout the week.

Opportunities for Growth

Safety

- Three out of 15 records reviewed did not have a signed consent for medications prescribed indicating the risk and benefits of all medications were discussed.
- Seven of 11 applicable records did not contain documentation that a safety plan was developed, as needed, that directs, in advance, the individual's desires/wishes/plans/objectives in the event of a crisis.

Person-Centered

- In two of seven applicable records, documentation did not demonstrate that the IRP was reassessed based upon any changing needs, circumstances and/or response by the individual. In one example, a detox regimen was added but the IRP was not updated to include goals and objectives related to the need for detox.

Compliance with CSU Service Guidelines

Program Offerings		
1	Adult CSU Staffing Requirements Met	Yes
2	C&A Minimum Staff Present	N/A
3	C&A Staff Ratio Met	N/A
4	C&A Nursing Staff Ratio increases based on need	N/A
5	Adherence to Medication Notification Policy	Yes
6	Protocols for Handling Licit and Illicit Drugs present	Yes
7	Adherence to Safe Storage of Medication Policy	Yes
8	Infection Control Plan Adherence	Yes
9	Seclusion & Restraint Policy Adherence	Yes
10	Therapeutic Blood Level Monitoring	Yes
11	Model/Curriculum for SU treatment (Non-scored)	Yes
Staff Training		
12	Physician Availability for 3.7-WM	Yes
13	Psychiatrist Available for Consultation	Yes
14	Access to Addictionologist	Yes
15	C&A Psychiatrist (Non-scored)	N/A

	# Yes	# No	# NA	SCORE
	10	0	3	100%

Compliance with Service Guidelines: 100%

Strengths and Improvements

Staff Training

- The provider has employed 10 licensed clinicians, one Certified Addiction Counselor (CAC I) and one CAC II who provide Individual Counseling, Family Counseling, discharge planning, and complete intakes. In addition, they have employed one Certified Peer Specialist (CPS) who assists with intakes.

Opportunities for Growth

- There were no other opportunities for growth noted during this 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 and Improvements

- Within the past year, the provider has formed a Community Collaboration Meeting with several partners in the community. The meetings are held once a month with the St. Francis Hospital staff, a representative from Region 6, New Horizons, American Work, Valley Healthcare, Mercy Med, Homeless Resource Network, and Beacon Health Options Clinical Department. The purpose of the meetings are to improve the transition of care coordination, readmission reduction, hand-off referral compliance, and resource identification.
- The provider had a policy and procedure for "Animal-Assisted Therapy." The CSU has a volunteer sheriff who provides animal-assisted therapy (i.e., St. Bernard dog that is deaf) to the individuals on the unit.
- The CSU has several partnerships and referral sources within the community. Examples included: Veterans Affairs (VA), The Family Center and Rally Point (i.e., veterans support), Narcotics Anonymous (NA) meetings, Cocaine Anonymous, Al-Anon meetings, National Alliance Mental Illness (NAMI) support groups, Celebrate Recovery, Grief Share groups, and Divorce Care groups.
- A hospitalist was available for consultative purposes to provide treatment to individuals with physical needs while on the CSU.
- All individuals over 40 years old were given an electrocardiogram (EKG).

Opportunities for Growth

- There were no other opportunities for growth noted during this review.

Quality Improvement 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.

The following are recommendations given as a result of the review:
Individual Record Review - Assessment and Planning
• 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 in the Individual Recovery Plan (IRP) or Nursing Care Plan (NCP).
Individual Record Review - CSU Planning
• Ensure all verbal orders received by the nurse are signed by the physician or physician extender within 24 hours.
Individual Record Review - Transition/Discharge Planning
• Ensure discharge summaries are entered into the ASO's ProviderConnect/batch system within 48 hours of discharge.
Individual Record Review - Non-Scored
• Ensure there is evidence in the medical record of follow-up and connection to continuing care.
Focused Outcome Areas - Whole Health
• Ensure there are documented safeguards utilized for medications which are known to have substantial risk or undesirable effects that have been identified.
Focused Outcome Areas - Safety
• Ensure documentation shows how providers work with each Individual to develop, document, and implement a safety/crisis plan as needed.
• Ensure individuals (or legal representative, guardian/parent of a minor) have been educated on the risk/benefits of all medications prescribed and there is a signed consent form that correlates to each medication.
Focused Outcome Areas - Person Centered
• Ensure plans are re-assessed and based upon any changing needs, circumstances and/or response by the individual.