

July Unity Center Plan of Correction Summary

Plan submitted to the *Oregon Health Authority* on August 20th, 2018

The following Plan of Correction is in response to the revisit survey related to #OR14992 conducted at the Unity Center for Behavioral Health 7/24/2018-7/30/2018. To ensure compliance, the following corrective actions will be implemented:

Provision of Care in a Safe Setting

Observation Plan/Patient Monitoring and Safety Rounding

- A revised patient monitoring process will be implemented.
- In-person observation and engaging patients during assigned patient observation checks will be the primary means of monitoring patients.
- Closed circuit video surveillance will only be utilized as an additional tool for unit safety. It will not be utilized in place of in-person monitoring.
- Upon admission, all patients will be placed on every 15-minute, in-person observation.
- Observation frequency level may be modified from every 15-minutes to hourly only after all the following conditions have been met:
 - The patient is admitted to an inpatient unit for at least 24 hours.
 - A licensed independent practitioner (LIP) completes two separate assessments.
 - Treatment team discusses an observation plan.
- The LIP will document the rationale to modify the level of observation in a LIP order.
- At any time, a registered nurse (RN) may immediately increase the level of observation based on medical or behavioral conditions that create a potential risk to patient safety.
- LH policy will be updated to reflect the revised patient observation process. Unity inpatient standards of care and scope of service policies will also be revised.
- Registered Nurses, Behavioral Health Therapists, Behavioral Health Assistants, Counseling and Therapy staff, and providers will receive education on the new patient monitoring policy and process by 9/11/2018.

Suicide Screening and Assessment and Suicide Precautions

- All patients presenting to the psychiatric emergency department (PES) and upon admission to inpatient units will be screened by an RN for the level of suicide risk using an evidence-based tool.

- Patients admitted to inpatient units will be re-screened twice daily for ongoing suicide risk.
- All patients presenting to the psychiatric emergency department and upon admission to inpatient units will be assessed by an LIP for suicidal risk.
- Daily and with change of condition, LIPs will reassess patients and place/review/modify orders for patient observation and level of suicide precautions.
- Patients who are assessed as at risk of suicidal behavior while hospitalized will be observed at a minimum of every 15-minutes in-person, using 1:1 in-person observation.
- Frequency level of patient observation will be determined by individual patient behaviors, risk factors, and protective factors.
- As part of the safety plan for patients at risk for suicide while hospitalized, patients on suicide precautions may have patient activities or items restricted for further protection from self-harm.
- For patients exhibiting an increase in self-injurious thoughts or behavior and for those whose suicide risk screen indicates an increase in suicide risk, staff will initiate an increase in patient observation and notify the LIP.
- Decreasing patient observation level may only be done with documented LIP assessment and order.
- LH policy will be updated to reflect the revised screening, assessment, and intervention process for patients at risk for suicide.
- Suicide precaution order choices in the electronic health record (EHR) will be updated to be consistent with the revised patient observation and suicide precautions policy.
- Registered Nurses, Behavioral Health Therapists, Behavioral Health Assistants, Counseling and Therapy staff, and providers will receive education on the revised suicide precautions policy by 9/11/2018.

Patient Belongings

- A revised process for managing patient belongings will be implemented.
- During inpatient intake process, patients may select personal items to keep with them.
- All items selected by a patient will be inspected for safety and appropriateness and documented on the personal belongings form.
- Patients are limited to a maximum of 12 clothing items.
- All other patient belongings will be put into sealed bags and placed in secure belongings storage.
- If a patient requests a personal item from secure storage, staff will retrieve and inspect the item for safety and appropriateness before giving to the patient. Retrieval will be documented on the personal belongings form. This process will also apply to currently admitted patients.
- Legacy policy was revised to categorize potentially unsafe items into four categories: never allowed, used during group, used with staff supervision, and allowed unmonitored unless an extreme risk.
- Items used during group or requiring staff supervision will be secured unless in use by patients.
- Staff will assess patients twice a day for safety regarding items in the “unmonitored unless an extreme risk” category and document in the EHR changes to unsafe item management.

- Registered Nurses, Behavioral Health Therapists, Behavioral Health Assistants, and Clerical staff will receive education on the new patient belongings policy and process by 9/11/2018.

Environment of Care: Ligature Risks, Unsafe Items, and Blind Spots

- A comprehensive environmental risk assessment, including identification of ligature risks and unsafe items, was completed on 5/20/18 by nursing leadership for all areas where patients receive care and services.
- From 8/14/18 through 8/24/18, the Unity Vice President completed another comprehensive environmental risk assessment to identify additional ligature risks and unsafe items.
- On 8/24/2018, external subject matter experts from Oregon State Hospital visited Unity to tour all patient care areas to offer observations on the environment of care.
- The comprehensive risk assessment will be updated with additional environmental risks.
- To mitigate the risk associated with the camera blind spots, in-person observation and engagement of patients in the performance of assigned patient observation checks will be the primary means of monitoring patients. Closed circuit video surveillance will only be utilized as an additional tool for unit safety and not in place of in-person monitoring.
- Recliners in the PES calming rooms were removed and replaced with heavy chairs and ottomans that are ligature-resistant.
- Metal rings in seclusion rooms were removed and replaced with a round metal rod.
- All patient bathroom doors (with limited exception) were removed on 7/20/2018 and replaced with Velcro curtains.
- Bathroom doors were kept in place in all hardened rooms and three patient rooms on Unit 6 to meet care needs for patients with eating disorders.
- The curtains were assessed in April 2017 and reassessed on 7/20/2018 for safety. Unity Leadership Council and Director of Environmental Services determined these are safe and do not pose a suffocation risk.
- The Velcro consists of small strips to mitigate being used as a ligature. The Velcro mounting system was assessed to be low weight-bearing and cannot be used as a ligature point.
- For those patient rooms that have bathroom doors, the bathroom door will be locked at all times, and the patient will be supervised by staff when in use. If the patient is assessed to not be at risk for suicide while hospitalized, the bathroom door may be unlocked, and the patient will be observed every 15-minutes in-person.
- Hinges on the window access panels in all patient rooms will be filled with pick-proof caulk to eliminate the ligature risk by 8/31/2018.
- Cabinet doors will be removed on all patient belongings cabinets in patient rooms.
- The following items located within the patient cabinets will have ligature and other safety risks mitigated: internal shelf, vent, clock, and outlet. The shelf will be removed and used to cover the vent. The clocks will be covered with a protective case. The outlet inside the cabinet is a safety outlet and does not require further safety mitigation.
- The updated policy was posted to the Legacy intranet site, which explicitly states that there will always be two staff members present in the garden, and no staff will be alone in the garden while patients are using the garden.

- The garden environmental risk assessment was updated to include the emergency poles, gazebos, and basketball hoops. To mitigate the environmental risks in the garden, the staffing ratio is 1 staff for 5 patients, and a minimum of two staff members must be in the garden with patients at all times regardless of the number of patients. All patients that attend garden group must have an order from the LIP to attend.
- Linen carts were removed from general milieu and secured in non-patient care areas on 7/28/2018. Soiled linen hampers will be kept in a secure area when not in use.
- The coffee stirrers identified during the survey are thin black straws. The straws were reviewed by Unity Director of Patient Care Services and Unity Vice President and determined to be safe for patient use due to flexibility.

Response to Urgent and Emergency Medical Conditions

- All suction machines on Code M carts were enrolled in the Legacy preventive maintenance program.
- To ensure that equipment and supplies for urgent and emergent medical response are available, the Code M carts are checked daily to ensure required elements are present and unexpired.

Elopement and Communication Safety Devices

- To mitigate elopement risk, a revised patient monitoring process will be implemented. This process was outlined in “Observation Plan/Patient Monitoring and Safety Rounding” section of this document on page 1.
- Registered Nurses, Behavioral Health Therapists, Behavioral Health Assistants, Counseling and Therapy staff, providers, and contractors with direct patient contact will receive education on alertness to potential hazards and environmental risks by 9/11/2018.
- 30 additional Vocera’s (communication safety devices) were ordered on 8/20/2018.
- A revised Vocera inventory process will be instituted, which will include a check-in/check-out process to be conducted every shift to ensure that devices are returned and re-allocated.
- Nurse Manager/Assistant Nurse Manager will review the Vocera report to identify and follow-up on lost or misplaced devices.

Medication Administration

- Medication administration education was completed by all nurses by 7/26/2018.
- From 7/28/2018 through 8/14/2018, medication administrations were audited in real-time by a second RN observing the medication administration process.
- All nurses were educated on how to use the audit tool, which includes all steps required for safe medication administration.
- Any instances of non-compliance were analyzed using the Just Culture Algorithm and addressed with the staff member involved.
- New ICARE follow-up guidelines were developed to provide the Nurse Managers/Assistant Nurse Managers with additional guidance on what to include in their investigation of safety event reports on their units. The guidelines include a template for investigating distinct categories of safety event reports, including medication errors. Nurse Managers/Assistant Nurse Managers choose the appropriate category and template and input it into the ICARE

system to document findings from their investigation. The template includes sections to list contributing factors, patient condition/outcome, mitigation plan, and Just Culture findings.

Timely and Complete Investigation of Events

- Reeducation on safety event reporting (ICARE) was provided to all direct care staff, including Registered Nurses, Behavioral Health Assistants, Behavioral Health Therapists, Counseling and Therapy staff, Care Management staff, Security staff, and Contractors with direct patient contact. This education included what types of incidents and events that should be reported along with what constitutes abuse and neglect.
- New ICARE follow-up guidelines provide the Nurse Managers/Assistant Nurse Managers with additional guidance on what to include in their investigation of safety event reports.
- The guidelines include a template for investigating distinct categories of ICAREs, including ligature risks, elopements (attempted or actual), checking medications, medication errors, unsafe items, Code M (medical emergency), self-harm or suicide attempts, restraint and seclusion, abuse or assault allegations from patients (including neglect), falls, and abuse or assault allegations from staff. Nurse Managers/Assistant Nurse Managers verify that the appropriate event category is documented.
- The Nurse Managers/Assistant Nurse Managers input the follow-up template into the ICARE system along with the investigation findings. The template includes sections to list contributing factors, patient condition/outcome, mitigation plan, and Just Culture findings.
- Abuse and neglect allegations are investigated immediately.
- Response to abuse or neglect allegations includes these immediate steps:
 1. Ensure the patient is safe.
 2. Create an immediate safety plan.
 3. Notify leadership up through the chain of command.
 4. Document the alleged or suspected abuse or neglect.
 5. Investigate all allegations.
- Cases of abuse and neglect will be escalated to Risk Management for additional investigation per the department's established abuse investigation process.
- Senior leadership and risk management reviews investigation findings to determine if the allegation of abuse or neglect is substantiated. If the allegation is substantiated, mandatory reporting processes will be followed.
- After the investigation is complete, the Nurse Managers/Assistant Nurse Managers will document the outcome of the investigation and whether the allegation of abuse or neglect is substantiated.
- Communication was provided in-person and reiterated in writing to Nurse Managers and Assistant Nurse Managers reinforcing expectations for reviewing ICAREs along with a copy of the newly developed ICARE report guidelines with instructions for use.
- Part of the expectations included what constitutes a timely investigation and response to ICAREs. Managers are expected to initiate an investigation of their ICAREs within 72 hours of receipt and complete their investigation as soon as possible or no later than two weeks, depending on the severity and complexity of the case.

Restraint/Seclusion Assessment, Monitoring and Training

- Legacy's policy will be revised to include which role may complete every 2-hour assessments and every 15-minute monitoring for patients with violent or self-destructive behaviors. Additionally, the required elements of the every 2-hour nursing assessments will be specified in the policy.
- Legacy's policy will be updated to include a list of specific restraint types that are utilized at Unity. Unity does not use nonviolent restraints.
- The restraint and seclusion education and return demonstration will be updated to reflect the specific restraint types that are utilized at Unity.
- Registered Nurses, Behavioral Health Assistants, Behavioral Health Therapists, Counseling and Therapy staff, and Security staff will complete restraint/seclusion education, including restraint policy and all restraint types, by 9/11/2018.