

SITE REVIEW REPORT

**St. Patrick Hospital and Health Sciences
Center – Mental Health Unit**
Missoula, Montana

March 18, 19, 2004

Gene Haire

Gene Haire, Executive Director

May 20, 2004

Date

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INTRODUCTION

● **Mental Health Facility Reviewed**

St. Patrick Hospital Mental Health Unit
Missoula, Montana

Linda Bradford, RN - Director

● **Authority for Review**

Montana Codes Annotated, 53-21-104

● **Purpose of Review**

1. To assess the degree to which the services provided by the St. Patrick Hospital Mental Health Unit Program are humane, decent, comprehensive, and of high quality.
2. To recognize excellent services.
3. To make recommendations to St. Patrick Hospital Mental Health Unit for improvement of services.
4. To report to the director of the Department of Human Services and the Governor regarding the status of services provided by St. Patrick Hospital Mental Health Unit.

● **Review Team**

Board Members: Steve Cahill, L.C.S.W. - Chairman
Gay Moddrell

Staff: Gene Haire, Executive Director

Consultant: Irene Walters, R.N.
Carla Cobb, Pharm.D.

● **Services Reviewed**

- Treatment Units
- Nursing Services
- Psychiatrist services
- Occupational Therapy Services
- Medication Management
- Special Treatment Procedures

● **Catchment Area**

Primarily Missoula and surrounding areas, but admits patients from everywhere in Montana as well as out of state.

● **Review Process**

- Interviews with St. Patrick Hospital Mental Health Unit program staff
- Informal discussions with patients
- Review of treatment records
- Review of written descriptions of treatment programs
- Observation of treatment activities
- Inspection of physical plant

ASSESSMENT OF SERVICES

Overview of Services

Treatment Units (from St. Patrick Hospital [Mental Health Unit Program Description](#)): The program consists of three adult units and one adolescent unit. The three adult units provide differing levels of service intensity depending on patient needs following a treatment framework that stresses a step down approach. – from the locked 6-bed Intensive Care Unit that provides a high level of staff contact, camera monitoring in all areas, and specialized behavioral support for patients at the highest level of acuity and potential for self harm and/or aggressiveness – to the Intermediate Care Unit - to the General Adult Unit that focuses on preparing patients for return to community living.

Mental Health Intensive Care Unit:

- closed/locked area consisting of six rooms equipped as monitored and lockable security rooms
- seclusion room used primarily for adolescents requiring time out or seclusion
- separate nursing station
- patient access to all areas controlled by staff
- all areas camera monitored
- physical surroundings and staffing designed to provide intensive psychiatric care for patients who pose a serious risk of harm to self or others
- patients are included in various group therapies on the General Adult Unit as they are able
- goal is to move patients to the next lower level of restrictiveness as quickly as possible

Mental Health Intermediate Care Unit:

- restricted, but usually not locked area of the General Adult Unit
- more supervision and less stimulation for patients than the general area
- camera monitored
- intended for patients who are: an elopement risk, disoriented, confused, experiencing nocturnal agitation, in need of close medical monitoring, stepping down from the Mental Health Intensive Care Unit
- patients are expected to attend treatment programming on the General Adult Unit

General Adult Unit:

- designed to promote a sense of community/therapeutic milieu
- supports and confronts patients with the dynamics of the “real world”
- focus on adaptation to the community outside of the hospital
- addresses immediate emotional crises, emotional deficits, coping skills, and substance use problems

The service array at St. Patrick Hospital Mental Health Unit includes individual and family counseling, psychopharmacology, group therapy, occupational therapy, exercise, non-denominational spiritual support, psychoeducation, and living skills groups.

Staffing:

Psychiatrists

- One hospitalist who is the Medical Director of the Adult Unit
- One psychiatrist who is the Medical Director of the Adolescent Unit
- Four psychiatrists who have staff privileges on the Mental Health Unit

Nurses

- In a 24 hour period for the average daily census (14.6) St. Patrick Hospital Mental Health Unit schedules 10 RNs, 3 LPNs, and 3 Health Care Assistants.

Advance Practice Registered Nurse

- One Advance Practice Registered Nurse

Social Workers

- Three Licensed Clinical Social Workers

Occupational Therapists

- Two Registered Occupational Therapists

Pharmacists

- One Psychiatric Pharmacist is on the unit ½ time
- The University of Montana Pharmacy Practice program assigns a student intern to the unit. This intern and the Professor of Pharmacy Practice are on the unit regularly and participate actively as a resource for the staff.

Physical Environment / Administration

Strengths

- The unit is open and attractive, with generous space and light. Patient rooms are large and afford good privacy, while allowing for necessary observation and monitoring.
- The atmosphere is calming with a palpable sense that the experienced staff have a firm grasp on the dynamics of the milieu.
- The leadership of St. Patrick Hospital has shown a high degree of support for and commitment to the provision of high quality, community-based inpatient mental health care. Despite the obvious financial considerations, the staff of St. Patrick Hospital Mental Health Unit are able to keep patients on the unit for reasonable periods of time necessary for treatment.
- The unit has a low rate of admission/transfer to Montana State Hospital.
- The Director of the unit is an excellent leader who skillfully balances her extensive knowledge of nursing, talent for assertive but compassionate supervision, decision-making toughness, and the ability to manage a variety of strong personalities from different professional disciplines.

Areas Of Concern

- There is no adequate space or opportunity for patients to get outdoors or to have regular physical activity. Only the adolescent unit has any secure outdoor space, and this is a very narrow balcony about 15 feet long. This is not in compliance with 53-21-142(9), MCA.

Questions

- None

Suggestions

- None

Recommendations

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

¹ [53-21-142\(9\), MCA](#)

Nursing Services

Strengths

- All staff assigned to provide direct care to patients are licensed nurses, either Licensed Practical Nurses or Registered Nurses.
- Nursing staff are cross-trained to enable them to work with equal effectiveness in all sub-units.
- One nurse is an Advanced Practice Registered Nurse (APRN) with prescriptive authority.
- Excellent staff: patient ratio.
- Staff are highly skilled in establishing calm rapport with patients and foster mutual respect.
- The unit is fortunate to have an APRN. This person is able to provide an additional level of expertise to the patients and the team, and functions as an “extender” for psychiatric care.

Areas Of Concern

- It appears that the APRN's knowledge, skills, and abilities are not utilized sufficiently even though the psychiatrists' workload demands are excessive.

Questions

- None

Suggestions

- None

Recommendations

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

Psychiatric and other Clinical Services

Strengths

- The two psychiatrists provide the core clinical leadership, encourage active participation of all other clinicians, ensure close coordination of all disciplines, and are hands-on team members themselves.
- The Mental Health Unit is fortunate to have the services of a psychiatric pharmacist and the participation of the University of Montana Pharmacy Practice interns and professor. Research shows that clinical pharmacy services such as admission medication histories, in-service education, adverse medication reaction monitoring, medical rounds participation, and medication protocol management results in significant improvement in patient outcomes as well as reductions in medication costs, total cost of care, and length of stay.
- Social workers provide therapy and are the point people for communication with families, community providers, and for discharge planning.
- Occupational therapists conduct structured group therapy and group activities focusing on building positive self-esteem and learning positive alternatives for interpersonal and social interaction.

Areas Of Concern

- None

Questions

- None

Suggestions

- None

Recommendations

- None

Medication Management

Strengths

- Allergies and abbreviations not to be used are documented of the front of the chart.
- Rationale for medication changes is well documented in progress notes.
- Pyxis 2000 <http://www.pyxis.com/products/medstation2000.asp> medication dispensing system provides improved access to most medications while reducing the potential for medication errors.
- There is a well-organized and safe protocol for medication administration.
- Emergency medication use is avoided; non-pharmacological interventions are preferred.
- The Unit uses a computerized form for documenting adverse drug reactions and medication errors.
- A Psychiatric pharmacist works on the unit half time; there is excellent communication with the pharmacy to resolve medication errors in a timely manner.
- Informative medication education group is conducted three times weekly for adults, twice weekly for adolescents.
- The Unit uses a positive approach to overall health with smoking cessation and healthy nutrition encouraged; nutrition group occurs twice weekly.
- Medical needs are addressed on the unit by physician consultation.
- A several day supply of medications is provided to patients on discharge, depending on need.

Areas Of Concern

- There is some unnecessary recidivism that can be attributed to poor medication access by patients/consumers who are in the process of applying for MHSP funding at the time of discharge. St. Patrick Mental Health Unit staff report that they can complete the financial eligibility part of the MHSP application, but that WMMHC staff must fill out the clinical eligibility part at the first appointment with the center (community mental health centers are the only entities that have access to MHSP funds). There has been at least one instance of a patient in the application process running out of medications prior to the WMMHC appointment and needing to be rehospitalized for this reason.

Questions

- None

Suggestions

- Consider increased use of physician extenders such as physician assistants, nurse practitioners, and advanced practice pharmacists, to provide expanded services in the face of a psychiatrist shortage

- Physician extenders can be trained to provide many services under the supervision of a physician – patient assessment in the emergency department, psychiatric evaluations, consult liaison services, medication evaluations, etc.
- Develop information for staff and patients regarding drug-smoking interactions that may affect drug plasma concentrations once smoking is resumed in the outpatient setting
- Consider developing a city-wide effort to improve medication access for under- or uninsured patients, using resources such as pharmaceutical company indigent programs and federal drug-pricing programs through community health centers

Recommendations

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

Special Treatment Procedures

Strengths

- St. Patrick Hospital Mental Health Unit uses the Crisis Prevention Institute® system <http://www.crisisprevention.com/> to train staff for handling behavioral interventions with patients. The Director of St. Patrick Hospital Mental Health Unit is the CPI instructor who is certified in Non-Violent Crisis Intervention and Applied Physical Training. All staff must be trained in Non-Violent Crisis Intervention and recertified regularly in order to be employed on the Mental Health Unit.
- Nursing staff appear to manage all impending and actual physical interventions professionally and sensitively.
- The Mental Health Unit reviews each incident for policy compliance and for potential for improvement in staff technique.

Areas Of Concern

- None

Questions

- None

Suggestions

- None

Recommendations

- None

Staff Skills and Development / Team Communication / Supervision

Strengths

- Seven of the RN staff assigned to the Mental Health Unit are certified in Psychiatric / Mental Health Nursing per the American Nurses Credentialing Center <http://www.nursingworld.org/ancc/>.
- All staff must be trained in Non-Violent Crisis Intervention and recertified regularly in order to be employed on the Mental Health Unit.

- Staff receive an impressive variety of training throughout the year on a wide spectrum of psychiatric treatment topics.
- There is excellent communication and exchange of information and ideas during the daily case conferences in which all staff participate.
- The individual nursing staff and the shift teams BOV observed were professional, caring, well organized and well supervised.

Areas Of Concern

- None

Questions

- None

Suggestions

- None

Recommendations

- None

Charts / Treatment Plans

Strengths

- The Mental Health Unit is in the process of moving to a computerized charting system.
- Ongoing documentation by all staff is excellent – detailed, clear, connected to the treatment plans, continuous and coherent from shift to shift and day to day.
- Detailed, easy to understand psychiatrist notes.

Areas Of Concern

- The system for writing and updating treatment plans in place pending implementation of the new system noted above is awkward and confusing.

Questions

- None

Suggestions

- None

Recommendations

- None

Coordination with Community Agencies

Strengths

- In general, the Mental Health Unit appears to have a good working relationship with WMMHC.
- The hospitalist meets quarterly with the WMMHC Executive Director and key adult services managers.

- The Mental Health Unit works closely with other inpatient units statewide so that when one unit is full, consumers needing to be admitted can be “diverted” to another facility.

Areas Of Concern

- There appears to be some friction between the St. Patrick Mental Health Unit and WMMHC because the center’s psychiatrists choose not to have admitting privileges. This appears to place a large burden on the St. Patrick psychiatrists in handling “on call” duties.
- There is occasionally a disconnect between St. Patrick Mental Health Unit and WMMHC related to transitioning of patients applying for MHSP from the hospital to WMMHC services (see **Medication Management**).
- There appears to be room for improvement in the communication between St. Patrick Mental Health Unit and WMMHC psychiatrists when consumers from WMMHC are admitted to the Mental Health Unit.

Questions

- None

Suggestions

- None

Recommendations

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

Abuse / Neglect Reporting and Investigation

St. Patrick Hospital Mental Health Unit clearly takes the treatment of its patients very seriously. Staff interactions with patients observed by BOV were respectful and empowering. During the period for which BOV requested abuse and neglect allegation information (March 1, 2003 – February 28, 2004), there were no allegations of abuse or neglect.

RECOMMENDATIONS

- 1) Develop outdoor space and staff supervision capability that enables patients to be “outdoors at regular and frequent intervals”.
- 2) Reassess the role of the APRN and redouble efforts to fully incorporate her knowledge, skills, and abilities into the treatment protocol.
- 3) St. Patrick Hospital Mental Health Unit staff and WMMHC staff should come to an agreement about the MHSP application process so that there is good treatment continuity and treatment access (including medications) when a patient is transitioning from the hospital to the mental health center.
- 4) The St. Patrick Mental Health Unit Director and Social Workers should meet with the new WMMHC – Missoula Director of Adult Services (Mel Mason - [360-9260](tel:360-9260) ; mmason@wmmhc.org) to identify communication problem areas and to establish communication protocol that will ensure that treatment for consumers transitioning between services proceeds in a smooth, continuous, integrated manner.

AGENCY RESPONSE

5/20/2004

Gene Haire
Executive Director
Office of the Governor, State of Montana
Mental Disabilities Board of Visitors
P.O. Box 200804
Helena, Montana 59620-0804

Dear Gene and Board of Visitors:

We welcomed your recent visit to the Mental Health Unit at St. Patrick Hospital and Health Sciences Center in Missoula, Montana. We viewed your visit as an opportunity to share our unit/program, as well as, share our commitment to the care of emotionally and mentally ill patients in our community and the State of Montana. At the same time, we found this an opportunity to discover opportunities for improvement in our provision of services to this population.

The staff found your visit positive and helpful. There were many positive comments from those interviewed regarding the pleasantness and professionalism of yourself, the Board members and the Consultants.

This response is being prepared jointly by Linda Bradford, RN, Department Director, and Joyce Dombrowski, RN, Vice-President for Nursing and Patient Care Services.

The report of your site review has been shared with the Administrative Team of our facility.

Thank you for the supportive, positive comments that were included in the report. It makes all of us feel proud of the service that we provide for our patients, knowing that in any service there are opportunities for change and improvement. Below is our response to the Board of Visitors recommendations:

Physical Environment/Administration Area of Concern

There is no adequate space or opportunity for patients to get outdoors or to have regular physical activity. This is not in compliance with 53-21-142(9), MCA.

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

This deficiency has been and remains a concern for our patients and staff. We are aware that we are non-compliant with this portion of the code. The department director has brought this concern forward to administration multiple times. Capital finances have not been available to remodel the unit so that compliance could be recognized. The director has applied for assistance from donated funds twice in the past without success. In an effort to look at an alternative, we developed an accompaniment-outside walking program. We no longer are able to take our patients outside for accompanied walks due to the increasing suicidality of our patients. Also, our staffing does not safely support taking patients on walks.

Our hospital does support compliance with this code, not only because we are mandated to do so, but it also is the right thing to do for our patients. When patients have physical exercise it assists them to regain their usual state of wellness more quickly, plus encourages them to be more actively engaged in the other elements of the program. The Director of Facilities Engineering has been contacted with a request to contact a local architect to propose an enclosed outside activity area. This area could easily be developed adjacent to the Mental Health Unit above an existing roof. With the area adjacent to the unit, staff supervision is possible at all times. Since this area is visible from the interstate it must be esthetically pleasing and not appear as a prison confinement. The area needs to be enclosed on all sides, including the top, so that

safety of patients is maximized. We believe this area could provide a big enough space for basketball, volleyball, shuffleboard, tetherball, Yolf, mini-golf, adapted hockey, hopscotch, etc. We would also provide for a shade structure and picnic tables for relaxation. The proposed plan is expected soon and at that time it will be determined how to finance the project.

Nursing Services Area of Concern

It appears that the APRN's knowledge, skills, and abilities are not utilized sufficiently even though the psychiatrists' workload demands are excessive.

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

The role of the APRN has been assessed regularly and in great detail. It is the decision of the hospital to eliminate this position effective June 1, 2004.

Medication Management Area of Concern

There is some unnecessary recidivism that can be attributed to poor medication access by patients/consumers who are in the process of applying for MHSP funding at the time of discharge.

Recommendation: St. Patrick Hospital Mental Health Unit staff and WMMHC staff should come to an agreement about the MHSP application process so that there is good treatment continuity and treatment access (including medications) when a patient is transitioning from the hospital to the mental health center.

Gene Haire has assisted us in determining if an alternative method for MHSP applications is possible. Social service staff, the Director and Mel Mason are aware of the need to discuss this process. Each party has been contacted and will meet as soon as all parties have returned from vacation. With the assistance of our department pharmacist, we can develop information for staff and patients regarding drug-smoking interactions that may affect drug plasma concentrations once smoking is resumed in the outpatient setting. In an effort to support good preventive health, patients are given information regarding the benefits of smoking cessation at the time of discharge. We will work with the WMMHC and Partnership Healthcare to promote medication access for under or uninsured patients.

Charts/Treatment Plans Area of Concern

The system for writing and updating treatment plans in place pending implementation of the new computerized system is award and confusing.

The Mental Health Unit is slated to "go-live" with computerized documentation on June 15, 2004. This will be the first phase of computerized documentation. The second phase will be computerized care planning/treatment planning documentation. Hopefully, computerized care planning will be less awkward and confusing.

Coordination with Community Agencies Area of Concern

Friction and disconnect between St. Patrick Hospital and WMMHC because WMMHC psychiatrists choose not to maintain admitting privileges. This affects transition and medication management.

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

The Department Director and Social Services staff have already made contact with Mel Mason. Once all parties return from vacation we will meet to discuss the MHSP and medication issues. Also, the Department Director and Vice-President of Nursing and Patient Care Services have a

scheduled meeting with Mel Mason (May 26, 2004 at 1500) to discuss and problem solve issues from both sides so that care to our shared patients is smooth, continuous and integrated.

I trust we have responded adequately to the areas of concern and recommendation. You are welcome to contact either of us.

Respectfully submitted:

Linda L. Bradford, RN
Department Director

Joyce Dombrowski, RN
Vice-President Nursing and Patient Care Services