



MONTHLY REPORT # 2
CENTERS FOR MEDICARE AND MEDICAID SERVICES
COMPLIANCE

Presented to:

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I. Executive Summary

Much progress has been made over the past month toward meeting the target dates for the items outlined in the Action Plan dated November 18, 2011 (revised November 28, 2011). The transition in the CEO position has been smooth, demonstrating the support for and capabilities of the leadership team. The management team has taken ownership of the action plan, and the senior management team has a clear focus on the action plan as their principal initiative. Compass consultants are working more closely with management and are actively participating in senior management and routine management meetings.

Progress has been made in every area, although some delays have been encountered. The most significant impediment to progress is vacancies in key positions. Recruitment efforts are underway, but finding experienced people takes time.

In addition to work in the action plan, management and Compass have been working to develop a new model of nursing care on the units. This model increases the number of licensed staff who will focus on increasing treatment and therapy for patients and administering medications in a timely manner. The model also provides stronger unit management and will facilitate the implementation of the clinical changes that are in the plan. Approval has been obtained from the Office of Personnel Management to move forward with piloting implementation on three of the units (two Adult units and one Adolescent Unit).

II. Accomplishments

A. Management

- The senior team is working collaboratively on all issues that affect patient care and is meeting the action items outlined in the action plan. The CEO, CMO, and DON are taking a proactive role together in ensuring that patient care is improved throughout the hospital. They have worked closely with Compass staff to develop a new model of care—including the redesign of a functional nursing model to a team nursing model, the cost associated with doing this, and identifying the positions needed in order to pilot and implement the model in phases.
- The development of a management dashboard for monitoring daily operations is underway and will be fully implemented in February.

- Weekly management meetings are being held with all managers to keep them informed of progress with action items, expectations, and any issues. Senior management ensures that the action plan is an integral part of management activities.
- Recontracting for rehabilitation and radiology services is underway after needs were defined by the Medical Staff.
- Compliance with medication orders has shown drastic improvement. For the month of January, there were zero ambiguous orders related to PO/IM medications, and there were zero verbal orders that did not meet the new criteria established in the policy. During the first complete month of pharmacist review of after hour medication orders, a total of 67 patients' orders were reviewed. 88% of the orders were reviewed by a pharmacist prior to administration (with a goal of 100%), and 96% of those reviewed required no intervention. Beginning in February, variance reports are being completed for any order that is not reviewed by a pharmacist.
- Environment of Care rounds are being conducted and all Life Safety issues have been corrected. We will continue to monitor to assure sustained improvement.
- The 2012 Infection Prevention Plan has been implemented. Infection Control policies related to separation of patient and staff food and ice handling procedures have been approved and implemented. A database has been developed for logging and analyzing infection data, performance metrics have been established, and standardized reporting to the Infection Prevention Committee has begun.
- The Governing Authority has been reorganized to include a psychiatrist, an addiction specialist, and members of several other mental health-related boards. The Infection Prevention Plan and Risk Assessment, the Performance Improvement Plan, and the new policy for addressing patient complaints and grievances was reviewed and approved at the Governing Authority meeting on January 31, 2012.
- To better meet the needs of each individual patient, a multidisciplinary team has been meeting to revise treatment plans and treatment planning processes. A computerized treatment plan will be in place by the end of February. Computerization will make it easier for staff to update the treatment plan in response to clinical changes.
- The process of reviewing incidents, restraints, and seclusions, including reporting, and reviewing episodes with staff is actively being worked on. This priority should be brought to completion in the next two weeks.
- Key metrics for an operational and quality dashboard have been defined and standardized. Data is being collected to get a baseline. Monthly reporting will begin in March to track trends and identify opportunities. There has been a modification

of the existing database to facilitate required monitoring of the patient grievance process.

B. Medical Staff (and items assigned to Medical Director)

- Developed and implemented a medical staff monitoring process to be used for appraisal of privilege competence
- Implemented a process for after-hours pharmacist review of all new medication orders
- Implemented policies and procedures to comply with the Important Message from Medicare and termination of benefits.
- Initiated a study of ED use to identify potential preventable conditions
- Began developing several treatment protocols to standardize physician decision making in specific clinical conditions
- Acquisition of an automated medication management system is being processed through the procurement system.

C. Nursing Staff

- A new nursing model has been developed and approved and will be piloted on Adult Unit B in February. In the new model, large units will have two nursing teams, each led by an RN, instead of one RN for the entire unit. Additional Licensed Practical Nurses will be utilized between 7:00 a.m. and 11:00 p.m. to provide assistance with therapy and treatment and to ensure timely passing of medications.
- Along with new model of care, a nurse manager will be hired for each unit to decrease their span of control and give them responsibility to oversee daily operations for their unit. Currently, there are three managers for nine units, and with their current span of control, it is impossible for them to mentor staff and focus on quality. In addition, other layers of nursing management are being eliminated to allow for clear responsibility and accountability for the management of each unit.
- The benefits of the model are to:
 - Increase nursing resources to emphasize the provision of treatment and therapy and to provide more clinical supervision of non-licensed staff
 - Decrease the nurse-to-patient ratio

- Provide consistent planning and care for patients by eliminating agency help and decreasing extra help
 - Standardize roles throughout the nursing departments to decrease unnecessary variation
 - Increase collaboration between the Nursing Team and the Clinical Team / Interdisciplinary Team
- In order to ensure success of the team model, detailed education plans, communication plans, timelines, and metrics to measure success are being developed.
 - Nursing vacancies have decreased dramatically. Because the tracking of this indicator is recent, we cannot quantify the extent of improvement. Reducing vacancies reduces the use of agency nurses and enables ASH to more easily assure the competencies of nurse.

D. Patient Care

- The Patient Rights policy and brochure have been reviewed and updated and are awaiting legal review.
- The Advance Directives policy has been reviewed and updated and is awaiting legal review.
- The nursing model discussed above will enhance patient care because more therapy and treatment will be provided by licensed nursing personnel, and there will be improved collaboration within the interdisciplinary team.
- The multidisciplinary team formed to revise treatment plans and the treatment planning process has completed their work and will have a computerized plan in place by the end of February. The computerized system will make it easier to update treatment plans.
- Restraint and seclusion: Physical holds, mechanical restraints, and seclusion time in minutes continue the downward trend. The number of restraint and seclusion episodes in all categories continues to decline. Opportunities for improvement exist in discontinuing restraint or seclusion at the earliest possible time and with preventing situations that escalate to the need for restraint or seclusion. All episodes of restraint and seclusion are reviewed daily by Nursing Administration. Selected cases include a review of video of the episode. A significant number of these reviews have led to follow-up action by Nursing to correct practices associated with the use of restraint or seclusion. In addition, video review of selected cases with significant opportunity for organizational learning has begun with frontline staff.

- The Nursing-Pharmacy Medication Safety Team has been sanctioned by the Pharmacy and Therapeutics Committee, members have been identified, and the first meeting was held February 7, 2012.

III. Failures

Events and investigations are not consistently reported to senior management (and Compass staff). This practice is not deliberate, but rather the result of broken processes. The process for reporting events needs improvement, which is a work in progress. Reviewing these events with staff are teachable moments, but it will take time to overcome the past culture of blame and punishment. Previously mentioned changes in nursing unit structure and management will assist in implementing new processes for event reporting and review.

A process has been underway since November 2011 to review all employee files for completeness. Approximately 40- 50 files per month are reviewed. Although progress has been made from the initial audit, a significant number of documents are missing. Managers have been informed of what is missing and have supplied documents to HR for placement into employee files. However, senior managers have not been provided with a master list of deficiencies, which impedes their ability to ensure that all deficiencies are corrected. (It should be noted that a leadership change will occur in the HR department. The current interim HR director has resigned to take another position, and a new HR Director will start February 20, 2012.)

IV. Barriers/Challenges to Improvement

When the plan timeframes were developed, neither the CEO at the time, nor the consultants, were familiar with the external realities affecting the implementation of change in ASH. As a result, unexpected delays in getting approvals from outside the hospital were not adequately considered. We should note that this is not a criticism, merely an acknowledgement of working in a complex organization with external controls. Consequently, some of the timeframes have not been met, and it may not be realistic to anticipate completion within the previously specified timeframes.

Progress is also hampered by vacancies in key positions, such as Quality Director, Nursing Quality Director, Infection Preventionist, and staff to manage the patient complaints and grievances process. Efforts are underway to fill these positions, but recruitment of skilled and experienced personnel takes time. As a result of these staffing vacancies, Compass staff is helping to fill in with some of these tasks (for example, Compass consultant Amanda Brown, a certified infection preventionist, is overseeing routine infection control activities). Unfortunately, this diverts time from corrective action plan efforts.

V. Next Steps

- Hire nursing managers for each of the nursing units.
- Hire Quality Director, Nursing Quality Director, Infection Preventionist, and staff to manage the patient complaints and grievances process.
- Pilot the team nursing model on Unit B.
- Educate all nursing staff on the team model and all aspects of care and leadership that will be required in the new model.
- Improve the event-reporting and investigative process.
- Educate staff on new policies and plans:
 - QAPI
 - Infection Control
 - Complaints and Grievances
 - Advance Directives
 - Patient Rights
 - Maltreatment
- Restraint and Seclusion education should focus not just on the new policy, but emphasize prevention by altering the therapeutic milieu versus trying to control dangerous behaviors.
- Employee files must be brought into compliance with required documentation by the end of February. Senior management must receive a list of all delinquencies so they can ensure this is done.
- Implement data collection and analysis processes for performance metrics.