



May Unity Center Plan of Correction Summary

Plan submitted to the *Oregon Health Authority* June 21, 2018

Unity leadership is assigned as the responsible party on many of the corrective actions and will be responsible for overseeing implementation of plans of correction for all cited deficiencies.

Compliance will be achieved through:

- Implementation of the plans of corrections for patient rights
- Steps taken to ensure Quality Assurance and Performance Improvement (QAPI) integration for all plans
- Reeducation of Nursing staff to ensure compliance with supervision requirements
- Mitigation and monitoring plans to ensure the safety of the environment of care

Physical and Structural Hazards

The following actions were taken to address physical and structural hazards prior to the end of the survey on 5/21/18:

- Gaps in hand/grab bars in patient bathrooms were caulked.
- Safety suite door closures were removed.
- Plastic utensil dispensers were removed from dining areas on the inpatient units.
- Caulking of the ligature points at the top of the hinges on patient bathrooms doors was completed on 6/4/18.

Blind Spots

- All patient care areas will be assessed for blind spots when visualized via camera.
- Identified camera blind spots will be addressed by moving or adjusting the cameras and adding additional cameras where needed.
- For blind spots that cannot be mitigated, if a patient makes intentional use of blind spots, preventing staff monitoring, the provider or charge nurse will be notified and the need for constant observation will be discussed and implemented as needed.

Updated process regarding work orders

- Facilities staff completing work on patient care units will check in with the Charge RN prior to beginning the work and check out with the Charge RN prior to leaving.
- The process will now include determining whether the work completed poses a patient safety risk and implementing a mitigation plan as needed.
- Facilities and nursing staff will be educated on the new process.

Identification and Mitigation of Ligature Risks and Unsafe Items

- To mitigate the risk associated with seclusion room rings, patients observed using the physical environment to inflict self-harm will be continuously observed while in seclusion.

- Policy regarding personal belongings and unsafe items 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.
- Security management plan will be updated to include a process for conducting environmental risk assessments to identify potential ligature risks and unsafe items that a patient could use to harm themselves or others.
- Hazard Surveillance Rounds and Analyses will be updated to include ligature risks and unsafe items. These rounds are conducted quarterly.
- Environmental safety rounds began on 5/20/18. These rounds will be made twice a day.
- Environmental safety concerns and events will be added as a standing agenda item and reported at the leadership safety huddle.
- A comprehensive environmental risk assessment will be completed and reviewed on a quarterly basis.
- High risk issues identified during the leadership safety huddle and the quarterly environmental risk assessment will be reported up to the Unity Leadership Council for review and mitigation plan development.
- Documentation of patient safety with potentially unsafe items will be entered daily into the electronic health record.

Elopement Prevention and Patient Monitoring

- Legacy standards of care were updated to outline the new patient safety rounding process.
- Staff are required to conduct, at a minimum, hourly in-person checks.
- Between 2300-0700, staff are required to monitor location and status of patient every 30 minutes.
- Checks now include visualization of patient breathing and documentation of patient status.
- Updated policy requires a minimum of one staff member to accompany patients through the facility.
- Updated guideline requires a minimum of two staff members to accompany patients to the outdoor garden. For garden visits, there will be patient counts at defined points during the walk to and from the garden.
- Updated guidelines require open nurse's stations to be supervised by staff at all times and include more concise language around supervision in rooms.
- Updated guidelines add clarity to the definitions for patient behavior that requires increased observation versus behavior for which increased observation may be considered.

Response to Medical Emergencies

- Policy was revised to standardize the process and ensure consistency across the facility. This included developing more defined roles during a Code M as well as standardizing medical supplies brought to Code M's through implementation of an emergency cart on each unit.
- Policy will be updated to state that codes unique to a site will be addressed in a unique, site-specific policy.
- A Code M cart daily checklist was developed and implemented to ensure required supplies are in the cart and not expired. The checklist also requires staff to check that all blood glucose supplies are available, labeled appropriately, and not expired.
- A flowsheet for documenting response to patient medical emergencies (Code M) was implemented in the electronic health record.

Unsafe Items Brought to Patient Units

- Updated policy removes allowance for security personnel to carry pocket knives.

- Policy will be updated to allow security officers to carry pepper gel and handcuffs.
- A visitor card outlining expectations for visitors, including prohibited items and storage of personal belongings in lockers, will be developed and provided to visitors prior to entering the patient care area.

Staff Education: Care in a Safe Setting

- Unity staff with direct patient contact will be educated on identification of ligature risks and unsafe items in the environment, response to medical emergencies (Code M), and processes for patient monitoring and elopement prevention. This education will also be incorporated into staff orientation. Department education records will be reviewed annually for every staff member.
- All safety event reports related to ligature risk or unsafe items, attempted suicide or self-harm, patient elopements or attempted elopements will be investigated, and a mitigation plan will be implemented for any ongoing risks.
- Leadership Council minutes will be reviewed by the leadership team to ensure safety concerns flow from the safety huddle and quarterly comprehensive risk assessments and are addressed appropriately.
- All new or updated policies, procedures, and standards of care outlined above will be reviewed at a minimum of every three years unless otherwise specified.

Patient Rights: Free from Abuse/Harassment

- The scope of abuse investigations will be widened to include patient on patient incidences of abuse, and safety event reports will be monitored to ensure incidences of alleged or actual cases of abuse and neglect are appropriately addressed.
- Policy will be updated to include information regarding abuse allegations that involve patient on patient incidents. A link to the abuse investigation toolkit and reference to policy on managing grievances will also be added to the policy.
- Guidelines will be developed for investigating abuse allegations and actual cases of abuse involving patient on patient harm.
- Leadership and staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented.
- Policy will be reviewed at least every three years and with changes in regulatory guidelines.
- Employees and staff receive education on inappropriate behavior and abuse upon hire.

Patient Rights: Restraint or Seclusion

- Registered Nurses and providers will be reeducated on the restraint/seclusion order requirements.
- Staff who apply and/or monitor restraints and seclusion will be reeducated on the restraint/seclusion policy and standard of care.
- Charge RNs conduct real-time restraint/seclusion chart audits for all patients in restraint or seclusion each shift.
- Orientation and annual education on restraint/seclusion will be reviewed and revised to include types of restraints, how to use them and related first aid techniques.
- Restraint competency checklist will be revised to reflect training and demonstrated competency in the use of all types of restraints used in the hospital.
- All personnel files of staff persons that apply and/or monitor restraint and seclusion will be audited by 7/26/18 to ensure completion of restraint first aid training and presence of an up-to-date BLS certificate. Department education records will be reviewed annually for every staff member.

- Legacy’s policies for “Restraint and Seclusion for Patient Safety” and “Use of Restraint and Seclusion” will be reviewed at least every 3 years and with changes in regulatory guidelines.

Patient Rights

- Legacy’s policy “Patient Rights and Responsibilities” will be updated to include: “The patient has the right to be free from all forms of abuse and harassment.” The patient rights brochure will also be updated to include the same language.

Important Message from Medicare

- Policy will be updated to include the Patient Access department’s role in providing the admission Important Message From Medicare (IMM) and the Care Management department’s role in providing the discharge IMM.
- Unity Utilization Management staff, Social Work staff, and Care Coordination Specialists will be educated on the Legacy Care Management guideline “Delivery of the Important Message from Medicare”. This guideline provides detailed instructions on how to deliver the IMM form and provides instructions for accessing the most up-to-date form.
- Patient Access staff will be reeducated on the process for providing IMM forms to Medicare beneficiaries upon admission.
- The Care Management department runs a weekly report auditing IMM form compliance. The Director of Unity Services receives this report each week. If there are gaps, involved staff will identify and address gaps and root causes.
- Policies will be reviewed at least every three years and with changes in regulatory guidelines.

Patient Complaints and Grievances

- Policy will be reviewed and revised to include a grievance definition.
- Policy will be updated to include the process for managing lost patient belongings and cases where the lost belonging issue cannot be resolved prior to discharge. Patient Relations will treat patient belongings as grievances.
- Risk Management and Patient Relations staff will be reeducated on required elements of the written grievance notice.
- Staff with direct patient contact will be educated on grievance policy and process for escalating patient concerns received verbally or in writing.
- Education on complaints and grievances policy and process will be incorporated into staff orientation.
- A standard work confirmation process will be implemented to ensure grievance responses include all required elements.
- Patient Rights and Responsibilities policy will be updated to include: “The patient has the right to be free from all forms of abuse and harassment.”
- Policy will be updated to include information regarding abuse allegations that involve patient on patient incidents.
- Guidelines will be developed for investigating abuse allegations and actual cases of abuse involving patient on patient harm.
- Risk Management will review current processes and identify any gaps in system for responding to patient on patient abuse allegations. Risk Management staff will be reeducated on the process for responding to allegations and cases of abuse.
- Unit leadership and staff will be reeducated on safety event reporting. Employees and staff receive education on inappropriate behavior and abuse upon hire.

- Policy will be reviewed at least every three years and with changes in regulatory guidelines.

Advance Directive

- Staff will be reeducated and a plan will be implemented for auditing patient charts to assess compliance with advance directive requirements.
- Patient Access staff and Registered Nurses will be reeducated on policy and procedure for asking if patients have an advance directive and offering information on advance directives if the patient does not have one.
- Education on advance directives will be incorporated into staff orientation.
- Policy will be reviewed at least every three years and with changes in regulatory guidelines.

Patient Rights: Care in Safe Setting

- Policies, procedures and processes will be revised or developed to ensure patients receive care in a safe setting. These will include processes for identifying and mitigating ligature risks and unsafe items in the environment, monitoring patients in-person and more frequently based on assessed risk, transporting patients through the facility, and responding to patient medical emergencies.

RN Supervision of Nursing Care

- The standards of care will be revised to include criteria for conducting nursing assessments and taking patient vital signs. This will include daily head-to-toe physical assessments, including skin checks.
- A new process for rehab orders was implemented on 6/4/18. Orders for the rehab department are now routed directly to the department through the electronic health record. The timeframe expectations for implementing the orders will match the expectations for medical units within the organization.
- Nursing staff will be educated on assessment and care of wounds and required documentation.
- Nursing staff will be reeducated on patient assessment content, documentation expectations and frequency.
- Nursing staff will be reeducated on patient supervision and monitoring, including when patients are engaging in high-risk activities.
- Nursing staff will be reeducated on documentation and practice expectations as they relate to following provider orders.
- Nursing staff will be reeducated on development and documentation of nursing care plans to ensure they are reviewed and updated to reflect patient care needs.
- Nursing staff will be reeducated on the restraint/seclusion policy, which include criteria for restraint application and restraint/seclusion order requirements.
- Registered Nurses receive training on wound care, restraint/seclusion, assessment content, documentation expectations and frequency, patient supervision and monitoring, including when patients are engaging in high-risks activities as part of their on-boarding process.
- Rehab orders have been integrated into the daily workflow for the rehab department through implementation of the new automated process.

Preparation and Administration of Drugs

- Guidelines will be developed to help guide staff and providers on knowing when to implement “cheeking” precautions. Precautions will be implemented based on patient history and clinician judgement and communicated via nursing communication orders.

- Safety event reports related to patients “cheeking” medications will be investigated. This will include electronic health record review to determine whether the patient has a history of this behavior and whether “cheeking” precautions were implemented for the patient.
- Registered nurses will be reeducated on policies and procedures related to medication order, specifically what constitutes a complete order and following the order. They will also be reeducation on medication administration practices.
- Providers will be reeducated on policies and procedures related to medication ordering, specifically what constitutes a complete medication order.
- Legacy policy will be reviewed at least every three years and with changes in regulatory guidelines.