



Plan of Correction Summary October 19, 2018

The following corrective actions were implemented by October 19, 2018 unless otherwise indicated:

1. Ligature risks and unsafe items in the environment of care

- To mitigate the ligature risks, the scale is in line of sight of the triage nurse's station, which is staffed at all times.
- To mitigate the ligature risks, the gurney located in the PES seclusion rooms, is kept in a secure room and is only used to restrain patients.
- The risk assessment and mitigation plan for medical beds and shower chairs will be updated to include the Psychiatric Emergency Service (PES).
- The window access panels were removed to eliminate the ligature risk associated with the hinges and replaced with a fixed panel made of plexiglass.
- The gaps at the top of the bathroom door hinges in rooms identified during the survey were caulked. Caulking was also applied to gaps in the grab bars to eliminate ligature risks.
- To ensure that gaps are recognized and eliminated in a timely manner, all seclusion room and patient bathroom hand rails have been added to the environmental safety rounding form, which is completed twice daily. Facilities will be contacted to address any issues.
- The three identified bathroom doors were removed as of October 19, 2018.
- For those patient rooms that have bathroom doors, those doors will be locked at all times, and the patient will be supervised by staff when in use.
- Facilities personnel will do an environment of care check on each patient room after a patient is discharged, which will include checking for ligature risks and any other safety concerns.
- Issues identified during the leadership safety huddle and/or safety event reports (ICAREs) will be added to the action plan template.
- A comprehensive environmental risk assessment will be completed on a quarterly basis and specific education on ligature risks, unsafe items, and blind spots in the environment of care will be covered in the Unity staff and LIP orientation and annual education.

2. Patient protection from self-harm and unsafe items

- The Risk Manager will review any incomplete ICAREs bi-weekly and determine next steps.
- RNs, BHAs, BHTs, Counseling and Therapy staff, Care Management staff, Safety and Security staff, LIPs and contractors with direct patient contact will be reeducated on safety event reporting in the ICARE system and the types of incidents and events that should be reported and identification of cases of abuse and neglect.
- ICAREs that involve ligature risks, elopements, checking medications, medication errors, unsafe items, self-harm or suicide attempts, abuse or assault allegations from patients or staff or falls, but are not categorized as such, will be duplicated within the ICARE system and categorized to match the incident/event.
- ICARE follow-up guidelines were amended to include a section to document an immediate response, date/time of investigation start, and the outcome.
- Nurse Managers and Assistant Nurse Managers received education on investigation documentation.
- RNs, BHTs, and BHAs will be reeducated to keep linens secure when transporting including closure of the dirty linen hamper lid during transport.
- RNs, BHTs, BHAs, and LIPs will be reeducated about writing utensils and writing utensil supervision. Long writing utensils will not be left unattended and will only be used during direct supervision or group. For patients with writing utensil restrictions, patients will only use long writing utensils and/or bendy pens with direct supervision.
- RNs, BHTs, BHAs, and Counseling and Therapy staff will be reeducated on observation expectations and situational awareness. Areas of focus to include: secure medical equipment when not in use and ensuring observation includes monitoring for attempting to rip clothing, disassemble pens, and remove staples or tape from items made in group.
- RNs, BHTs, and BHAs will be reeducated regarding process of a room search including that the search is thorough and comprehensive, covering all of the patient's items (clothes, toiletries, books etc.) as well as areas or items within the patient's room that may be used to conceal items (such as mattress, bedside table, bedding, pillows, bathrooms, paper towel dispensers, etc.).
- Staff may use the Vocera broadcast function to call a group when there is a need for multiple staff to respond. Additionally, staff may use the call light within the patient room to call for help or use the call light within the patient room bathrooms to which will alarm as a staff emergency call. RNs, BHTs, BHAs, LIPs, and Security Officers will be reeducated on communication options including Vocera broadcast option and call lights within the patient room.
- Abuse and neglect allegations are investigated immediately. An immediate safety plan is developed to mitigate potential or actual harm and to prevent re-occurrence.

- Response to abuse or neglect allegations includes assessing the patient, ensuring the patient is safe, creating an immediate safety plan, notifying leadership, and document the alleged or suspected abuse or neglect.
- Cases of abuse and neglect will be escalated to Risk Management for additional investigation. Investigation findings are reviewed by senior leadership and risk management to determine if the allegation 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 investigation outcome and whether the allegation is substantiated.
- Going forward, all direct care staff will receive education on safety event reporting, including the types of incidents and events that should be reported, and identifying cases of abuse and neglect.

3. Systems for elopement prevention

- An enhancement request has been submitted to the electronic health record system to allow staff to “flag” patients who pose a risk of elopement. This is known as an elopement flag. Once created, the elopement flag will be placed in electronic health record of patients at high-risk for elopement or patients with previous elopement attempts. This action is yet to be completed.
- To mitigate elopement risk, the implementation of a revised patient monitoring process was completed. In-person observation and engaging patients during observation checks will be used.
- RNs, BHTs, BHAs, and Security Officers will be reeducated on elopement prevention and environmental awareness, including ensuring all doors are locked when leaving a secured area (e.g.: locking seclusion room doors).
- Upon admission, all patients will be observed in-person every 15-minutes. Observation frequency level may be modified only after the following conditions have been met: Patient admitted to an inpatient unit for at least 24 hours, two separate assessments by a licensed independent practitioner (LIP), and treatment team has discussed an observation plan. The LIP will document the rationale to modify the level of observation and the current level of observation in the LIP order. At any time, a registered nurse (RN) may immediately increase the level of observation.
- To mitigate elopement risk during visits to the garden, patient counts are conducted at defined points during the walk to and from the garden.
- The staffing ratio for visits to the garden are 1 staff for every 5 patients. A minimum of two staff members must be in the garden with patients at all times. All patients that attend garden group must have an order from the LIP.
- To mitigate elopement risk, a minimum of one staff must accompany patients through the facility upon admission.

- Upon discharge, a minimum of one staff must accompany patients out of secure areas.
- To prevent elopement, all staff and service providers with badge access will ensure doors are clear of patients before opening and observe the area near the door until it is completely closed.
- Attempted or near miss elopements will be written up as a case study and shared with staff.

4. Systems for patient observation and monitoring

- To ensure patients are monitored per the ordered observation level, the Charge Nurse will review patient observation level orders every shift and compare with actual level of monitoring and associated documentation.
- A notes section will be added to 15 minute/1:1 observation form for staff to document the time and date of any changes in observation level. Documentation of changes in observation level will be incorporated into the monitoring plan.
- For patients exhibiting an increase in self-injurious thoughts or behavior or an increase in suicide risk, the Registered Nurse may increase to every 15-minute in-person observation or 1:1 patient observation and notify the LIP. Upon change in condition, the LIP will assess and determine risk level. Decreasing patient observation level may only be accomplished with documented LIP assessment and order.
- Registered Nurses received education on the LIP notification target time-frame of 60-minutes.
- Patient observation and monitoring will be done in-person. Standard safety monitoring in the PES includes staff presence in the milieu and every 15-minute, in-person observation for all patients. Observation frequency level may be modified from every 15-minutes to hourly purposeful rounding, only after all the following conditions have been met: patient admitted to an inpatient unit for at least 24 hours, 2 separate assessments by a licensed independent practitioner (LIP), and treatment team discussion of observation plan.
- The LIP will document the rationale to modify the level of observation. The level of observation will be documented by 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.
- RNs, BHTs, and BHAs, will be reeducated on use of the observation form, including standards of practice (i.e. error correction, legibility). The education will also include information on the revised process for using the notes section to indicate any changes in patient observation level.

5. Investigation of and response to patient incidents/events

Please refer to corrective action plans detailed under Item #2, *Patient protection from self-harm and unsafe items*.