

A115 CONDITION | PATIENT RIGHTS

PLAN OF CORRECTION

To ensure compliance with Tag A115, the following corrective actions will be implemented by 10/19/2018 unless otherwise indicated.

1. LIGATURE RISKS AND UNSAFE ITEMS IN THE ENVIRONMENT OF CARE

Refer to corrective action plans detailed under Tag A144, Item 1.

2. PATIENT PROTECTION FROM UNSAFE ITEMS

Refer to corrective action plans detailed under Tag A144, Item 2.

3. SYSTEMS FOR ELOPEMENT PREVENTION

Refer to corrective action plans detailed under Tag A144, Item 3.

4. SYSTEMS FOR PATIENT OBSERVATION AND MONITORING

Refer to corrective action plans detailed under Tag A144, Item 4.

5. INVESTIGATION OF AND RESPONSE TO PATIENT INCIDENTS/EVENTS

Refer to corrective action plans detailed under Tag A145.

A144 STANDARD | PATIENT RIGHTS: CARE IN SAFE SETTING

PLAN OF CORRECTION

To ensure compliance with Tag A144, the following corrective actions will be implemented by 10/19/2018 unless otherwise indicated.

1. LIGATURE RISKS AND UNSAFE ITEMS IN THE ENVIRONMENT OF CARE

PROCEDURE/PROCESS FOR IMPLEMENTATION

The comprehensive environmental risk assessment will be updated to include the scale in PES. To mitigate the ligature risks on the scale, the scale is in line of sight of the triage nurse's station, which is staffed at all times.

Responsible: Unity Vice President

The comprehensive environmental risk assessment will be updated to include the gurney in the seclusion rooms in the PES. To mitigate the ligature risks on the gurney, the gurney is kept in a secure room, and the gurney is only used to restrain patients. Patients are monitored a minimum of every 15 minutes while in restraints. The gurney in the PES is not the same as the beds that were in the hardened rooms.

Responsible Party: Unity Vice President

The risk assessment and mitigation plan for medical beds (entry #70 on the comprehensive environmental risk assessment) will be updated to include the PES.

Responsible Party: Unity Vice President

The risk assessment and mitigation plan for shower chairs (entry #72 on the comprehensive environmental risk assessment) will be updated to include the PES.

Responsible Party: Unity Vice President

The window access panels on all windows, including patient rooms and common areas, will be removed to eliminate the ligature risk associated with the hinges and replaced with a fixed panel made of plexiglass.

Responsible Party: Unity Vice President

The comprehensive environmental risk assessment will be updated to include the gaps at the top of the bathroom door. The gaps at the top of the bathroom door hinges in rooms 603, 608, and 620 were caulked on 10/4/2018 to eliminate the ligature risk.

The comprehensive environmental risk assessment will be updated to include the gaps in the grab bars identified during the survey (rooms P118, P158, P158A, P159, P162, P163, and S225). All gaps were caulked on 10/4/2018.

To ensure that gaps are recognized and eliminated in a timely manner, all seclusion room bathroom hand rails and all patient bathroom hand rails will be added to the environmental safety rounding form. The environmental safety rounds are done twice daily. Facilities will be contacted to address any issues.

Responsible Party: Unity Vice President

For those patient rooms that have bathroom doors (201, 202, 203, 204, 205, 501, 502, 521, 522, 601, 602, 603, 608, 620), the bathroom door will be locked at all times, and the patient will be supervised by staff when in use. The bathroom door in room 603 will be added to the comprehensive environmental risk assessment. Entries #28 and #110 on the risk assessment will be consolidated and updated to accurately reflect the mitigation for bathroom doors in patient rooms: Bathroom doors will be locked at all times, and the patients will be supervised by staff when in use.

Responsible Party: Unity Vice President

MONITORING AND TRACKING PROCEDURES

Facilities personnel will do an environment of care check on each patient room after a patient is discharged. The review will include checking for ligature risks and any other safety concerns.

Responsible Party: Unity Vice President

Environment of care issues identified during the leadership safety huddle and/or safety event reports (ICAREs) will be added to the action plan template. Action items will be reviewed by the Environment of Care workgroup and will be added to the environmental risk assessment along with a mitigation plan.

Responsible Party: Unity Vice President

QAPI INTEGRATION

Legacy's Hazard Surveillance Rounds and Analyses tool includes ligature risks and unsafe items. These rounds are conducted quarterly.

Responsible Party: Environment of Care Manager

Environmental safety rounds to identify potential ligature risks and unsafe items began on 5/20/18 in accordance with revised policy #902.3107. Nursing staff conduct environmental safety rounds twice a day in all areas where patients receive care and services.

Responsible Party: Unity Director of Patient Care Services

A comprehensive environmental risk assessment will be completed on a quarterly basis for all areas where patients receive care and services by unit leadership or designee.

Responsible Party: Unity Vice President

Education on ligature risks, unsafe items, and blind spots in the environment of care will be included in the Unity staff and LIP orientation and annual education for Registered Nurses, Behavioral Health Therapists, Behavioral Health Assistants, Counseling and Therapy staff, contractors with direct patient contact, safety and security officers, and LIPs.

Responsible Party: Unity Vice President

2. SYSTEMS FOR PATIENT PROTECTION FROM UNSAFE ITEMS

PROCEDURE/PROCESS FOR IMPLEMENTATION

To ensure all incidents/events are incorporated into the ICARE system, the Risk Manager will review any incomplete ICAREs bi-weekly and determine next steps.

Responsible Party: Manager of Risk Management

Registered Nurses, Behavioral Health Assistants, Behavioral Health Therapists, 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.

Responsible Party: Unity Director of Patient Care Services

To ensure all incidents/events are categorized in a manner that accurately identifies the type of incident/event, ICAREs that involve ligature risks, elopements (attempted or actual), cheeking medications, medication errors, unsafe items, self-harm or suicide attempts, abuse or assault allegations from patients (including neglect), falls, and abuse or assault allegations from staff but are not categorized as such will be duplicated within the ICARE system. The duplicate will be categorized to match the incident/event.

Responsible Party: Unity Director of Patient Care Services

On 10/15/2018, the ICARE follow-up guidelines were amended to include a section to document an immediate response, date/time of beginning of the investigation, and the outcome of whether potential abuse or neglect was substantiated.

Responsible Party: Unity Director of Patient Care Services

Nurse Managers and Assistant Nurse Managers will be educated by 10/19/2018 on investigation documentation including the following: date/time and content of video reviewed, harm level designation including psychological harm, patient observation level, patient injury related to event includes location and assessment of injury, LIP notification, and dates of any actions taken.

Responsible Party: Unity Director of Patient Care Services

Abuse and neglect allegations are investigated immediately. The immediate safety plan is developed in conjunction with leadership to mitigate potential or actual harm and to prevent reoccurrence. The immediate safety plan and patient assessment are documented concurrently in the electronic health record. The immediate response actions will be documented within the ICARE system within 72 hours. Response to abuse or neglect allegations includes these immediate steps: assess the patient, ensure the patient is safe, creation of an immediate safety plan to prevent reoccurrence of incident/event, notification of leadership up through chain of command, and documentation of the alleged or suspected abuse or neglect. Cases of abuse and neglect will be escalated to Risk Management for additional investigation per the department's established abuse investigation process. Investigation findings are reviewed by senior leadership and risk management. This group determines 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.

Responsible Party: Manager of Risk Management

RNs, BHTs, and BHAs will be reeducated to keep linens secure when transporting including closure of the dirty linen hamper lid during transport

Responsible Party: Unity Director of Patient Care Services

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.

Responsible Party: Unity Director of Patient Care Services

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 patients 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.).

Responsible Party: Unity Director of Patient Care Services

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.

Responsible Party: Unity Director of Patient Care Services

MONITORING AND TRACKING PROCEDURES

Upon acceptance of the Plan of Correction, 100% of ICAREs will be audited each week for 6 weeks to ensure all elements of the ICAREs are completed and allegations and cases of abuse or neglect are investigated and documented per standard process.

Compliance is defined as all documentation elements being completed within required timeframes (partial compliance is considered non-compliant). During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Weekly monitoring will continue until 95% compliance is achieved for 6 consecutive weeks.

Once the compliance goal for the weekly audit is achieved, 20 ICAREs will be audited each week for 12 weeks to ensure all elements of the ICAREs are completed and allegations and cases of abuse or neglect are investigated and documented per standard process. Compliance is defined as all documentation elements being completed within required timeframes (partial compliance is considered non-compliant). During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Weekly monitoring will continue until 95% compliance is achieved for 6 consecutive weeks.

Once the compliance goal for the weekly audit is achieved, 30 ICAREs will be audited each month for 3 months to ensure all elements of the ICAREs are completed and allegations and cases of abuse or neglect are investigated and documented per standard process. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Monthly monitoring will continue until 95% compliance is achieved for 6 consecutive weeks.

Responsible Party: Unity Director of Patient Care services

QAPI INTEGRATION

Upon hire and annually thereafter, 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 receive education 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.

Responsible Party: Unity Vice President

Education on ligature risks, unsafe items, and blind spots in the environment of care is included in the Unity staff and LIP orientation and annual education for Registered Nurses, Behavioral Health Therapists, Behavioral Health Assistants, Counseling and Therapy staff, Safety and Security Staff, contractors with direct patient contact, and LIPs.

Responsible Party: Unity Vice President

Training on investigation of ICAREs is included in the Unity orientation and annual education for Nurse Managers and Assistant Nurse Managers.

Responsible Party: Unity Director of Patient Care Services

Once the compliance goal for the monthly ICARE audit is achieved, to ensure sustainment of the ICARE and abuse or neglect investigation processes, the Unity Director of Patient Care Services will conduct ongoing audits of 30 ICAREs per quarter. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee.

Responsible Party: Unity Director of Patient Care Services

3. SYSTEMS FOR ELOPEMENT PREVENTION

PROCEDURE/PROCESS FOR IMPLEMENTATION

Patients with previous elopements attempts or at high risk for elopement will be discussed at shift hand-off.

Responsible Party: Unity Director of Patient Care Services

To mitigate elopement risk, a revised patient monitoring process was implemented on 9/10/2018. In-person observation and engagement of patients in the performance of assigned patient observation checks will be the means of monitoring patients. Upon admission, patients will be placed on every 15-minute, in-person observation. Observation frequency level may be modified from every 15-minutes to hourly purposeful rounding only after 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.

Responsible Party: Unity Vice President

To mitigate elopement risk during garden visits, there are patient counts at defined points during the walk to and from 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 number of patients. All patients that attend garden group must have an order from the LIP to attend. The correct version of LH policy #902.5111 "Counseling and Therapy Therapeutic Guideline" was posted to the Legacy intranet site on 7/30/2018. This version 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.

Responsible Party: Unity Vice President

To mitigate elopement risk, per LH policy #902.3200 "Safe Transportation of Patient and Prevention of Elopement", 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 the secure areas. Adolescent patients will be escorted to lobby and outside of the building by parent/guardian/secure transport. In the absence of parent/guardian/secure transport, adolescent patients will be escorted by at least one staff member. To prevent elopement, all staff and service providers with badge access will ensure doors are clear of patients prior to opening and observe the area near the door until it is completely closed.

Responsible Party: Unity Vice President

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).

Responsible Party: Unity Director of Patient Care Services

Attempted or near miss elopements will be written up as a case study and shared with staff.

Responsible Party: Unity Director of Patient Care Services

MONITORING AND TRACKING PROCEDURES

Upon acceptance of the plan of correction, 10 elopement audits per unit per week will be conducted by the Nurse Managers/Assistant Nurse Managers or delegate. The audits will involve selecting a staff member and observing them while entering or exiting through a locked door. Compliance is defined as staff ensuring the door is clear of patients prior to opening and then staying until the door is completely closed. If the staff member does not follow the appropriate process, just-in-time education will be provided to staff on elopement prevention. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Weekly monitoring will continue until 95% compliance is achieved for 6 consecutive weeks.

Once the weekly compliance goal is achieved, 30 elopement audits per unit per month will be conducted by the Nurse Managers/Assistant Nurse Managers or delegate. Compliance is defined as staff ensuring the door is clear of patients prior to opening and then staying until the door is completely closed. If the staff member does not follow the appropriate process, just-in-

time education will be provided to staff on elopement prevention. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Monthly monitoring will continue until 95% compliance is achieved for 6 consecutive weeks.

Responsible Party: Unity Director of Patient Care Services

Beginning 9/24/2018, elopement drills will be conducted once per month per shift. Elopement drills will be unannounced. These drills will be witnessed, documented, and evaluated to ensure compliance with elopement prevention policy. Compliance is defined as staff following all elopement prevention policy elements (partial compliance is considered non-compliant). During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Monthly monitoring will continue until 95% compliance is achieved for 3 consecutive months.

Responsible Party: Unity Director of Patient Care Services

QAPI INTEGRATION

LH policy #902.5201 "Routine and Special Observation for Patient Safety" will be reviewed at least every three years and with changes in regulatory guidelines.

LH policy #902.3200 "Safe Transportation of Patient and Prevention of Elopement" will be reviewed at least every three years and with changes in regulatory guidelines.

Once the compliance goal for the monthly elopement audits is achieved, to ensure long-term, continued compliance with the elopement prevention policy, 30 elopement audits will be conducted per unit per quarter. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee.

Once the compliance goal for the monthly elopement drills is achieved, to ensure long-term, continued compliance with the elopement prevention policy, elopement drills will be conducted once per quarter per shift. Elopement drills will be unannounced. These drills will be witnessed, documented, and evaluated to ensure compliance with elopement prevention policy. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee.

Education on alertness to potential hazards and environmental risks is included in the Unity orientation and annual education for Registered Nurses, Behavioral Health Therapists, Behavioral Health Assistants, Counseling and Therapy staff, contractors with direct patient contact, safety and security officers, and LIPs.

4. SYSTEMS FOR PATIENT OBSERVATION AND MONITORING

PROCEDURE/PROCESS FOR IMPLEMENTATION

For clarification, patient 99 was mistakenly put on hourly observation prior to the patient observation conditions being fully 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), as outlined in LH policy #902.5201 "Routine and Special Observation for Patient Safety". On 10/2/2018 from 10:05 through 16:45, the patient was monitored hourly instead of every 15 minutes; this mistake was caught and correct on 10/2/2018 at 16:45.

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.

Responsible Party: Unity Director of Patient Care Services

A notes section will be added to the every 15 minute/1:1 observation form for staff to document the time and date of any changes in observation level. Compliance with completion of patient observation forms is part of the monitoring plan approved in the last plan of correction and included in the monitoring/tracking section below. Documentation of changes in observation level on the form will be incorporated into the monitoring plan.

Responsible Party: Unity Director of patient Care Services

For patients exhibiting an increase in self-injurious thoughts or behavior and for those whose suicide risk screen indicate an increase in suicide risk from the previous screening, the Registered Nurse will initiate an increase to every 15-minute in-person observation or 1:1 patient observation and notify the LIP within a target of 60 minutes. Upon change in condition, the LIP will assess and determine risk level. Decreasing patient observation level may only be done with documented LIP assessment and order.

Registered Nurses will receive education on the LIP notification target timeframe of 60 minutes by 10/19/2018. Compliance with LIP notification is part of the suicide risk screen monitoring plan approved in the last plan of correction and included in the monitoring/tracking section below. The audit will be updated with the new 60 minute time-frame.

Responsible Party: Unity Director of Patient Care Services

A revised patient monitoring process was implemented on 9/10/2018. 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. This standard is applied from PES admission to discharge.

Upon admission to the inpatient units, all patients will be placed on every 15-minute, in-person observation. 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.

Responsible Party: Unity Vice President

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.

Responsible Party: Unity Director of Patient Care Services

MONITORING AND TRACKING PROCEDURES

Beginning on 9/24/2018, all admitted patients will be audited daily for 12 weeks to assess compliance with the patient observation process and documentation. Compliance is defined as all documentation elements being completed within required timeframes (partial compliance is considered non-compliant). During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Daily monitoring will continue until 95% compliance is achieved for 6 consecutive weeks.

Once the compliance goal for the daily audit is achieved, 10 patient charts per unit will be audited each week for 12 weeks to assess compliance with the patient observation process and documentation. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared

with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Weekly monitoring will continue until 95% compliance is achieved for 6 consecutive weeks.

Once the compliance goal for the weekly audit is achieved, 30 patient charts per unit will be audited each month for 3 months to assess compliance with the patient observation process and documentation. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Monthly monitoring will continue until 95% compliance is achieved for 3 consecutive months.

Responsible Party: Unity Director of Patient Care services

Beginning on 9/24/2018, all admitted patients will be audited daily for 12 weeks to assess compliance with documentation of observation level modification process (patient admitted for 24 hours or greater, 2 separate assessments by an LIP, and treatment team discussion of observation plan). Compliance is defined as all documentation elements being completed within required timeframes (partial compliance is considered non-compliant). During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all LIPs to prevent recurrence. LIP behavior issues that contributed to noncompliance will be addressed with the individual LIP. Daily monitoring will continue until 95% compliance is achieved for 6 consecutive weeks.

Once the compliance goal for the daily audit is achieved, 10 patient charts per unit will be audited each week for 12 weeks to assess compliance with documentation of observation level modification process. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all LIPs to prevent recurrence. LIP behavior issues that contributed to noncompliance will be addressed with the individual LIP. Weekly monitoring will continue until 95% compliance is achieved for 6 consecutive weeks.

Once the compliance goal for the weekly audit is achieved, 30 patient charts per unit will be audited each month for 3 months to assess compliance with documentation of observation level modification process. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all LIPs to prevent recurrence. LIP behavior issues that contributed to noncompliance will be addressed with the individual LIP. Monthly monitoring will continue until 95% compliance is achieved for 3 consecutive months.

Responsible Party: Unity Chief Medical Officer

Upon acceptance of the plan of correction, 10 patient charts per unit will be audited each week for 12 weeks to assess compliance with LIP notification of an increase in suicide risk from the previous screen within 60 minutes. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Weekly monitoring will continue until 95% compliance is achieved for 6 consecutive weeks.

Once the compliance goal for the weekly audit is achieved, 30 patient charts per unit will be audited each month for 3 months to assess compliance with LIP notification of an increase in suicide risk from the previous screen within 60 minutes. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Monthly monitoring will continue until 95% compliance is achieved for 3 consecutive months.

Responsible Party: Unity Director of Patient Care services

Beginning on 9/24/2018, all admitted patients will be audited daily for 12 weeks to assess compliance with documentation of suicide risk screening. Compliance is defined as all documentation elements being completed within required time frames (partial compliance is considered non-compliant). During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent

recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Daily monitoring will continue until 95% compliance is achieved for 6 consecutive weeks.

Once the compliance goal for the daily audit is achieved, 10 patient charts per unit will be audited each week for 12 weeks to assess compliance with documentation of suicide risk screening. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Weekly monitoring will continue until 95% compliance is achieved for 6 consecutive weeks.

Once the compliance goal for the weekly audit is achieved, 30 patient charts per unit will be audited each month for 3 months to assess compliance with documentation of suicide risk screening. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee. Monthly monitoring will continue until 95% compliance is achieved for 3 consecutive months.

Responsible Party: Unity Director of Patient Care services

QAPI INTEGRATION

LH policy #902.5201 "Routine and Special Observation for Patient Safety" will be reviewed at least every three years and with changes in regulatory guidelines.

Education on patient monitoring policy and process is included in the Unity orientation and annual education for Registered Nurses, Behavioral Health Therapists, Behavioral Health Assistants, Counseling and Therapy staff, and LIPs.

Once the compliance goal for the monthly audit is achieved, to ensure long-term, continued compliance with the patient observation process and documentation is achieved, the Nurse Managers/Assistant Nurse Managers will conduct ongoing audits of 30 charts per unit per quarter. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee.

Responsible Party: Unity Director of Patient Care Services

Once the compliance goal for the monthly audit is achieved, to ensure long-term, continued compliance with the documentation of observation level modification process is achieved, the Medical Directors will conduct ongoing audits of 30 charts per unit per quarter. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all LIPs to prevent recurrence. LIP behavior issues that contributed to noncompliance will be addressed with the individual LIP.

Responsible Party: Unity Chief Medical Officer

Once the compliance goal for the monthly audit is achieved, to ensure long-term, continued compliance with documentation of suicide risk screening is achieved, the Nurse Managers/Assistant Nurse Managers will conduct ongoing audits of 30 charts per unit per quarter. During all monitoring, any instances of noncompliance will be analyzed using the Just Culture Algorithm. System design issues that contributed to noncompliance will be addressed and shared with all staff to prevent recurrence. Employee behavior issues that contributed to noncompliance will be addressed with the individual employee.

Responsible Party: Unity Director of Patient Care Services

A145 STANDARD | PATIENT RIGHTS: FREE FROM ABUSE/HARASSMENT

PLAN OF CORRECTION

To ensure compliance with Tag A145, the following corrective actions will be implemented by 10/19/2018 unless otherwise indicated.

Please refer to corrective action plans detailed under Tag A144, Item 2.

A395 STANDARD | RN SUPERVISION OF NURSING CARE

PLAN OF CORRECTION

To ensure compliance with Tag A395, the following corrective actions will be implemented by 10/19/2018 unless otherwise indicated.

Please refer to corrective action plans at Tag A115 along with the corrective actions referred to below.

1. PATIENT PROTECTION FROM UNSAFE ITEMS

Refer to corrective action plans detailed under Tag A144, Item 2.

2. SYSTEMS FOR ELOPEMENT PREVENTION

Refer to corrective action plans detailed under Tag A144, Item 3.

3. SYSTEMS FOR PATIENT OBSERVATION AND MONITORING

Refer to corrective action plans detailed under Tag A144, Item 4.

4. INVESTIGATION OF AND RESPONSE TO PATIENT INCIDENTS/EVENTS

Refer to corrective action plans detailed under Tag A145.

A701 STANDARD | MAINTENANCE OF PHYSICAL PLANT

PLAN OF CORRECTION

To ensure compliance with Tag A701, the following corrective actions will be implemented by 10/19/2018 unless otherwise indicated.

Please refer to corrective action plans at Tag A115 along with the corrective actions referred to below.

1. LIGATURE RISKS AND UNSAFE ITEMS IN THE ENVIRONMENT OF CARE

Refer to corrective action plans detailed under Tag A144, Item 1.

2. PATIENT PROTECTION FROM UNSAFE ITEMS

Refer to corrective action plans detailed under Tag A144, Item 2.

3. ELOPEMENT PREVENTION

Refer to corrective action plans detailed under Tag A144, Item 3.