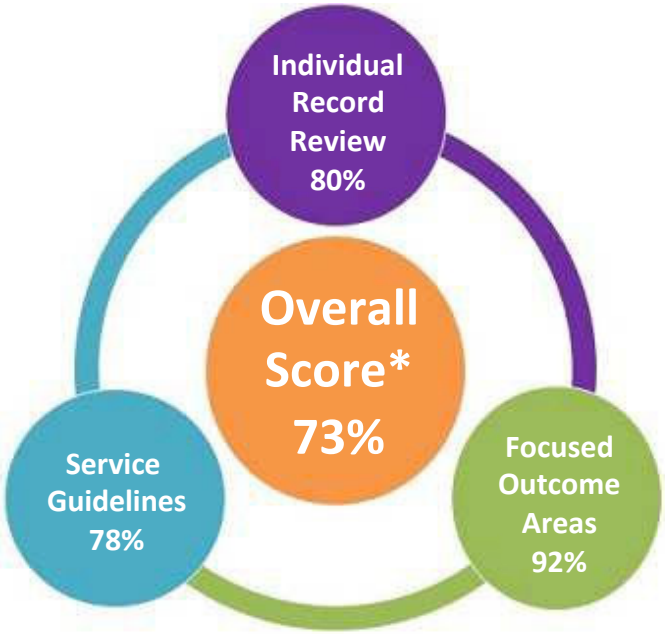
The Georgia Collaborative ASO

McIntosh Trail CSB

Crisis Stabilization Unit Quality Review Final Assessment

Address: 1209 Greenbelt Dr. Griffin GA 30223		
Assessors: Helen Rohrich, RN; Natalee Fritsch, LPC; Edna Bryant, MSN, RN		
Review Date Range: 12/9/2019 - 12/12/2019	**CSU Type:** BHCC	**CSU Beds:** 24
Records Reviewed: 15	**Temp Obs Beds:** 6	**Transitional Beds:** 0

The ASO Collaborative in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD) believes in easy access to high-quality care that leads to a life of recovery and independence for the people we serve. The Quality Division is dedicated to ensuring services provided are person-centered and include a commitment to wellness and recovery.



	Overall Score	IRR	Service Guidelines	FOA
Review Date: 06/18/2019	78%	69%	70%	96%
Review Date: 06/18/2018	99%	98%	100%	99%
FY19 Statewide Average	87%	79%	89%	93%

*The Overall Score is calculated by averaging the three areas: Individual Record Review, Focused Outcome Areas, and CSU Compliance with Service Guidelines. Each area accounts for one-third of (33.33%) of the Overall Score. Review questions are based on DBHDD and Medicaid requirements. Additionally, a reduction to the Overall score may have occurred due to Quality Risk Items. Please refer to page two for details.

Quality Risk Items

During Quality Reviews, items may be identified that could indicate significant risk to the individuals served, the provider agency, or to the Statewide provider network. At the direction of DBHDD, the Overall score (if applicable) is reduced in 2% increments for each risk item, with a maximum of 10% reduction total. The reductions in scoring are detailed below if Quality Risk Items were identified during this review. For a complete list of Quality Risk Items, please refer to Provider Handbook on The Georgia Collaborative website. The GA Collaborative ASO Provider Handbook

Original Overall Score	**83%**
Amount to Deduct from Overall Score	**10%**
Final Overall Score	**73%**
Quality Risk Item(s) *2% each (maximum 10%)*	Five or more repeat Quality Improvement Recommendations within the Individual Record Review and Focused Outcome Areas from previous review.
	At least one repeat Quality Improvement Recommendation within Service Guidelines.
	When an individual is discharged to a homeless shelter, documentation does not support alternatives were explored in three or more records.
	Medication errors in at least one record.
	The RN did not document the status of the individual every 24 hours in three or more records.
	A discharge summary was not entered into the ASO ProviderConnect/Batch system within 48 hours of individual's discharge from CSU in three or more records.

- During this Crisis Stabilization Unit Quality Review (CSUQR), there were eight repeat Quality Recommendations within the Individual Record Review from the previous review in 6/2019.
- There was one repeat Quality Recommendation in the Service Guidelines from the previous CSUQR in 6/2019. The provider was not adhering to the procedures for monitoring therapeutic blood levels, as blood glucose levels were not documented when giving sliding scale Insulin.
- There were three records, where the individual was discharged to a homeless shelter, and there was no documentation that alternatives were explored.
- Two individual's Medication Administration Records (MARs) lacked staff initials, therefore, it was unclear whether or not the individuals received the medication as prescribed or if there was a missed dose. As a result, these were identified as medication errors. Additionally, there were no medication incident reports to document these medication errors.
- The Registered Nurse (RN) did not document the status of the individual every 24 hours in three records reviewed.
- A discharge summary was not entered into the ASO ProviderCONNECT/batch system within 48 hours of discharge within 14 records.

Summary of Significant Review Findings

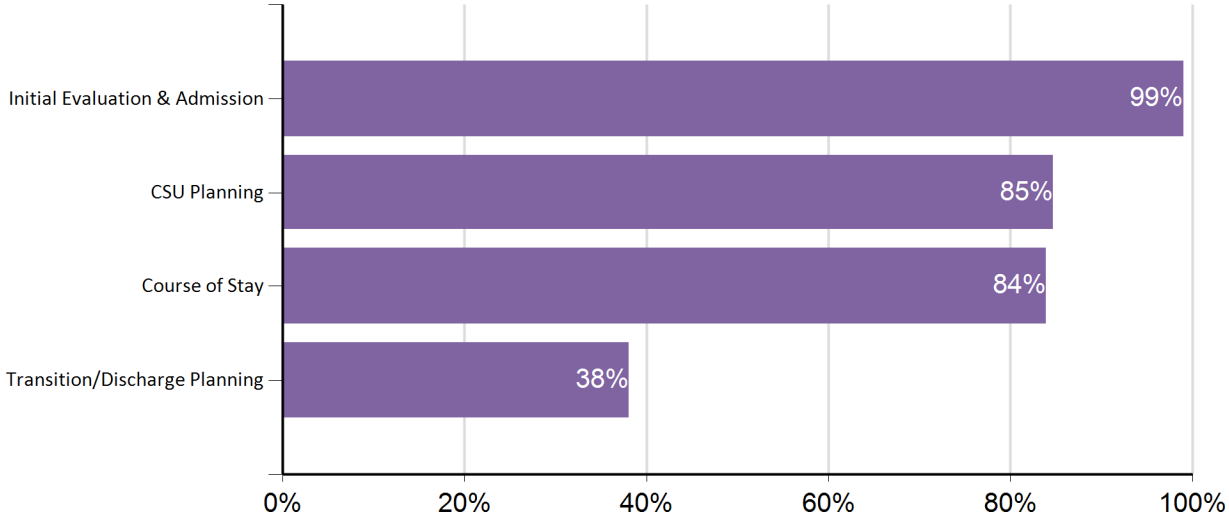
Strengths and Improvements:

- Health Service Technicians (HSTs) completed a shift progress note that included and described interactions with individuals, as well as, a description of how the individual leaves the Crisis Stabilization Unit (CSU).
- A Suicide/Homicide Precaution, Elopement Observation Monitoring sheet was documented every hour by the health technician.
- Lab results were reviewed and initialed by the prescribing practitioner.
- Group progress notes documented and supported the use of the Matrix Model for substance abuse.

Opportunities for Improvement:

- MARs demonstrated that medications were not always given as ordered and that the unsigned doses were not reported as medication errors. In addition, signatures were not always legible and/or did not include staff credentials.
- Discharge summaries were not uploaded to the ASO ProviderCONNECT/batch system within 48 hours of discharge.
- Verbal orders were not signed by the prescriber within 24 hours.

Individual Record Review



The individual category scores are an average of questions within the category and are for the agency's reference only.

Individual Record Review: 80%

Strengths and Improvements

- Fourteen of 15 records contained a Comprehensive Nursing Assessment. This is an improvement since the previous CSUQR in 6/2019.
- Daily nursing progress notes included a flight risk, risk for infectious disease, and a fall risk.

Opportunities for Growth

CSU Planning

- Three records lacked a CSU Individualized Recovery Plan (IRP).
- The IRP did not address the individual's safety issues in three of 13 applicable records.
  - Two records lacked a CSU IRP. There was an IRP for the Crisis Service Center (CSC) and/or Temporary Observation (temp obs), and outpatient services only.
  - One record did not address an individual's flight risk on the IRP.
- In three of 11 applicable records, co-occurring health conditions were not documented on the IRP. All of these were due to the record not containing a CSU IRP.

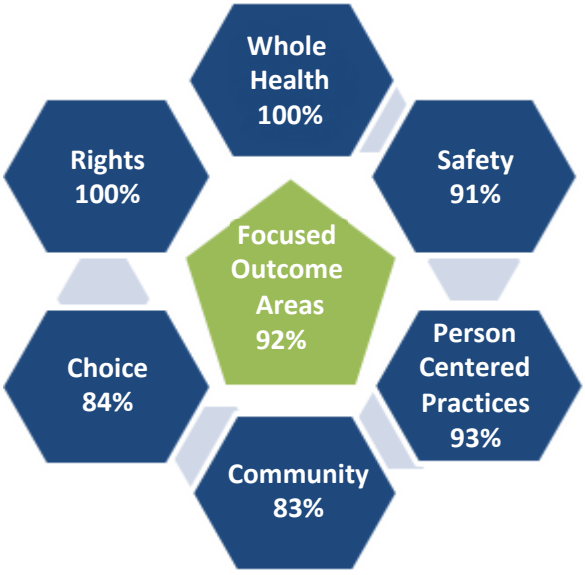
Course of Stay

- Six of nine applicable records contained verbal orders that were not signed and dated by the prescriber within 24 hours. For example, verbal orders were not signed or dated by the prescriber. Additionally, some signatures were illegible.
- The MARs did not contain all required criteria in nine of 15 records. For example,
  - Two individual's MARs lacked staff initials, therefore, it was unclear whether or not the individuals received the medication as prescribed or if there was a missed dose. As a result, these were identified as medication errors. These medication errors were not reported according to the agency's Medication Error Policy.
  - Signatures on the MAR legend were not always legible and did not include credentials.
  - Signatures, credentials, and initials were missing on the legend for one record.
- In three of 15 records, documentation did not demonstrate that an RN had documented the status of each individual once per day.

Transition/Discharge

- The discharge plan lacked specific step-down service/activity/supports to meet the individual's needs in 12 of 15 records reviewed. For example, the step-down service was documented as "Non-intensive outpatient services or independent living."
- A discharge summary was not entered into the ASO ProviderCONNECT/batch system within 48 hours of discharge within 14 of 15 records. In all instances, the discharge summary had not been entered into the ASO Provider CONNECT/batch system at all.
- In all three applicable records, an individual was discharged to a homeless shelter and documentation did not demonstrate that alternatives were discussed.
- In seven of 15 records, documentation lacked evidence of follow-up and connection to continuing care post-discharge.

Focused Outcome Areas



Focused Outcome Areas: 92%

Strengths and Improvements

- All 15 records, documentation demonstrated that safeguards had been utilized for medications known to have substantial risk or undesirable effects.

Opportunities for Growth

Safety

- Four of 15 records did not contain a medication consent form signed by the individual and the prescriber as being educated on the risks and benefits of all medications prescribed.
  - Two medication consent forms were not signed by the individuals.
  - Another record did not document Zyprexa and Trazadone on the medication consent form.
  - One medication consent form did not document Cogentin and Remeron.

Choice

- Three of six applicable records did not explore barriers for individuals identified as being homeless at the time of admission.

Community Life

- Three records did not demonstrate that an informed choice drove the selection of housing options for two individuals identified as homeless upon admission.
- Documentation did not support that three individuals were assisted with setting goals for specific environments where they wish to live, learn, work, and/or socialize. These individuals did not have CSU IRPs.

Service Guidelines

Program Offerings				
1	Adult CSU Staffing Requirements Met			Yes
2	C&A Minimum Staff Present			N/A
3	C&A Staff Ratio Met			N/A
4	C&A Nursing Staff Ratio increases based on need			N/A
5	Adherence to Medication Notification Policy			No
6	Protocols for Handling Licit and Illicit Drugs present			Yes
7	Adherence to Safe Storage of Medication Policy			Yes
8	Infection Control Plan Adherence			Yes
9	Seclusion & Restraint Policy Adherence			Yes
10	Therapeutic Blood Level Monitoring			No
11	Model/Curriculum for SU treatment (Non-scored)			Yes
Staff Training				
12	Physician Availability for 3.7-WM			Yes
13	Psychiatrist Available for Consultation			Yes
14	Access to Addictionologist			N/A
15	C&A Psychiatrist (Non-scored)			N/A
	# Yes	**# No**	**# NA**	**SCORE**
	7	**2**	**4**	**78%**

Service Guidelines: 78%

Strengths and Improvements

- Documentation demonstrated that the handling of licit and illicit drugs policy was being followed.
- The Safe Storage of Medication Policy was being followed as documentation of refrigerator temperatures were within the 36 to 41 degrees Fahrenheit.
- The agency's Seclusion and Restraint Policy was revised to include reporting the instance to the Medical Director immediately and no later than the following business day. The instance is documented in the individual's record. Debriefing with the individual occurs as soon as possible after the episode of seclusion or restraint. Debriefing for staff involved in the episode of seclusion or restraint is provided as soon as possible following the episode.

Opportunities for Growth

Adherence to Medication Notification Policy

- Per the McIntosh Trail CSB Pine Woods Behavioral Health Crisis Center (BHCC) Policy No. 4022, Medication Administration Record, "Each Medication Administration Record (MAR) has a legend that clarifies: Identity of authorized staff, initials using full signatures and title, and reasons that medication may not be given, is held or otherwise not received by the individual." In addition, McIntosh Trail CSB Pine Woods Behavioral Health Crisis Center Policy No. 4073, Medication Errors, "All medication errors will be reported to the Pine Woods BHCC Program Director. The McIntosh Trail CSB Medical Director and/or pharmacist will evaluate errors and report to the pharmacy depending on the circumstance/nature of the error."
    - Two records indicated medication errors that were not reported per policy. Each instance was a record with multiple errors:
        - There were staff initials missing for sliding scale Insulin, therefore, it was unknown if the medication was a missed dosage. In addition, it was unknown if the blood glucose level was performed and in accordance with the sliding scale dosage if medication was administered.
        - The MAR did not document the name of the Insulin, the amount of Insulin given, the route the Insulin was given, the location where the Insulin was given, or the blood glucose level.
        - A non-billable progress note within one record indicated a documentation error on 9/22/2019 for the blood glucose level. Per the Licensed Practical Nurse (LPN), the blood glucose level documented was 349; however, at some point the blood sugar level was identified to be at 148. There was no further documentation regarding the units of Insulin administered to the individual and/or if it was the correct number of units administered per the sliding scale Insulin in relation to the correct blood glucose level.

Therapeutic Blood Monitoring

- MARs indicated that blood glucose levels were not monitored before meals and at bedtime as ordered for two individuals. Documentation on the MAR did not always indicate the blood glucose level for sliding scale Insulin.

Additional Comments on Practices

Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

During the tour of the CSU, assessors noted the following:

- The CSU has four private rooms.
- The seclusion and restraint room has a bathroom. In addition, this room has a place to connect a water hose to clean the room and a drain in the floor.
- The agency employs male and female staff and has a minimum of two security staff at all times.
- There were 24 security cameras throughout the CSU that were monitored from the nurses station and the security office.
- The agency has two Automated Electronic Defibrillators (AEDs).
- The agency utilizes 911 for medical emergencies.
- The meals were prepared and cooked at the facility.
- The Department of Health food score was posted and was 100%.
- The CSU appeared clean and was odor-free.
- Alcohol Anonymous (AA) provides a group once per week on the unit.

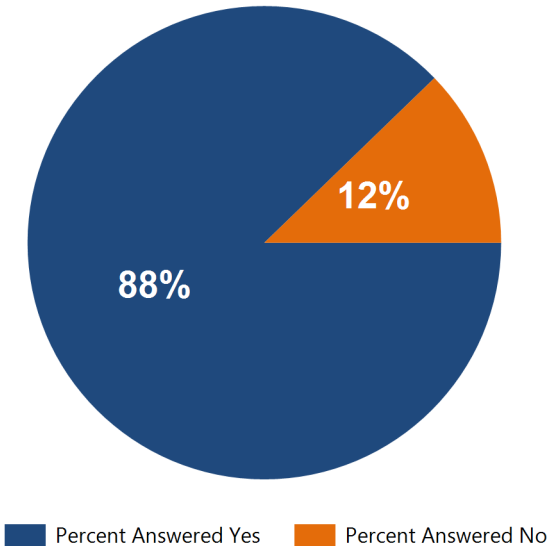
During the CSUQR, five records from the Crisis Service Center (CSC) were reviewed. At this time, the CSC review is not included in the overall score. Please refer to CSC table at end of this report for complete details.

- The CSU operates 24 hours a day, seven days a week.
    - During regular working hours from 7am-7pm the CSC was staffed with a triage nurse, clinician, Nurse Practitioner, and a security guard.
    - All individuals who present to the CSC during these hours were seen (in this order) by the nurse, clinician, and Nurse Practitioner.
    - If the individual is not admitted to temporary observation or the CSU, the clinician refers the individual to outpatient services, as needed.
    - After 7pm, the nurse triages the individual and calls the Nurse Practitioner, as needed.
- All individuals were assessed by an appropriately-licensed/practitioner within 24-hours, contained documentation of disposition of care and documented attempts to de-escalate the crisis.
- There were no verbal orders documented in this review that required sign off within 24-hours.
- None of the five individuals reviewed were referred to a homeless shelter.
- All records reviewed contained a Columbia-Suicide Severity Rating Scale (C-SSRS) completed during the CSC episode of care.
    - The C-SSRS was embedded into the Comprehensive Nursing Assessment and also completed when the individual was admitted onto the CSU.
- One record lacked documentation to support the individual was informed of their Health Insurance Portability Accountability Act (HIPAA) Privacy and Security rules during the CSC episode of care.

Individual Interviews

Individual Interviews Conducted: 5

Individual Interviews are not calculated into the Overall Score



- "These ladies have been wonderful. I was up coughing all night. She checked on me at least 13 times and brought me Robitussin."
- "I like the food."
- "I like the group sessions."
- "[Staff name], she encouraged me a lot on the phone when I was shopping around for a place."
- "They are respectful."
- "They are good people."
- "I have not wanted alcohol at all being here, so the medication works."
- "The rooms and showers are nice. The den could have some more chairs."
- "There's no outside time. We went outside for like five minutes. Other than that we have not had any outdoor time. I think it should be more frequent."
- "There are two groups per day and none offered on the weekends. I just watch television all day on Sunday."
- Two individuals said they have been in the CSU since Wednesday and have not talked to a staff member about goals or a treatment plan.

Quality Improvement Recommendations

Providers are reminded of the responsibility to maintain internal processes which ensure immediate and permanent corrective actions on issues identified during the quality review process. DBHDD may request corrective action plans (CAPs) as quality review findings warrant. Please refer to the comments documentated in each section above for specific information pertaining to the recommendations below.

Recommendations: Current and Prior Review
Individual Record Review - CSU Planning • Ensure the NCP or IRP addresses the following safety issues including, but not limited to: falls, suicide precautions, flight risk, and infectious/contagious precautions. • Ensure co-occurring health conditions (to include MH/IDD/SA/Medical/Physical, in addition to the primary presenting condition) have been assessed, addressed, coordinated, and documented in the Individual Recovery Plan (IRP) or Nursing Care Plan (NCP).
Individual Record Review - Course of Stay • Ensure each Individual's MAR has a legend that clarifies: Identity of authorized staff initials using full signature and title and reasons that a medication may be not given, is held, or otherwise not received by the Individual. • Ensure there is documentation at least once per day by an RN as to the status of the individual.
Individual Record Review - Transition/Discharge Planning • Ensure discharge plans include specific step-down service/activity/supports to meet individualized needs. • Ensure discharge summaries are entered into the ASO's ProviderConnect/batch system within 48 hours of discharge. • Ensure there is evidence in the medical record of follow-up and connection to continuing care.
Focused Outcome Areas - Safety • Ensure individuals (or legal representative, guardian/parent of a minor) have been educated on the risk/benefits of all medications prescribed and there is a signed consent form that correlates to each medication.
Compliance with Service Guidelines - Crisis Stabilization Services • Ensure the Crisis Stabilization Program adheres to procedures for monitoring of therapeutic blood levels required by medication.

Recommendations: Current Review
Individual Record Review - Course of Stay • Ensure all verbal orders received by the nurse are signed by the physician or physician extender within 24 hours.
Individual Record Review - Transition/Discharge Planning • Ensure documentation reflects the alternatives explored for each individual discharged to a homeless shelter.
Focused Outcome Areas - Choice • Ensure that, when barriers are identified, documentation demonstrates alternatives are explored.
Focused Outcome Areas - Community Life • Ensure there is documentation which reflects that informed choice drives the selection of any housing option. • Ensure individuals are assisted with identifying after care placement where they wish to live, learn, work, and/or socialize.

Compliance with Service Guidelines - Crisis Stabilization Services

- Ensure the Crisis Stabilization Program adheres to their policy which defines requirements and procedures for timely notification to prescribing professional regarding drug reactions, medication problems, medications errors and refusal of medications.

The Georgia Collaborative ASO

Crisis Service Center Quality Review Results

Provider:	**McIntosh Trail CSB**	**GAC#**	GAC000497
Assessors:	Helen Rohrich, Natalee Fritsch, Brownie Bryant		
Date of Review:	12/9/2019	**Records:**	**5**

Overall Service Guideline Question

1	**There is evidence of service availability and operation 24 hours a day, 7 days a week.**	**Yes**

Crisis Service Center Individual Record Review

		Percent Yes
1	**Individual was assessed for suicide risk using age-sensitive Columbia Suicide Severity Rating Scale (C-SSRS).**	**100%**
2	**All verbal orders were signed within 24 hours.**	**N/A**
3	**Documentation of attempts to de-escalate the crisis are contained within the medical record.**	**100%**
4	**An assessment/evaluation was completed by an appropriately-licensed practitioner, within 24 hours as clinically necessary.**	**100%**
5	**Documentation includes summary of findings and disposition of care.**	**100%**
6	**If individual was referred or discharged to a homeless shelter, documentation reflects alternatives were explored. Including outreach to any of the following (if available): PATH team, HUM Navigator, housing outreach coordinator, or regional office.**	**N/A**
7	**The individual was informed about his/her rights and responsibilities at the onset of services, supports, and treatment using language accessible and understandable to the individual.**	**100%**
8	**Documentation indicated that HIPAA Privacy and Security Rules (as outlined in 45 CFR Parts 160 and 164) were specifically reviewed with the individual.**	**80%**

Crisis Service Center results are not included in the calculation of the CSUQR Overall score. Additional information regarding Crisis Service Center Review results can be found within the "Additional Comments" section in the CSUQR Exit Conference.