

River Edge Behavioral Health Center

Crisis Stabilization Unit Quality Review Final Assessment

Address: 3575 Fulton Mill Road, Macon, GA, 31217

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Review Date Range: 3/20/2023 - 3/23/2023

CSU Type: BHCC/ Child & Adolescent

CSU Beds: 46

Records Reviewed: 20

Temp Obs Beds: 9

Transitional Beds: 0

The Georgia Collaborative ASO, in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD), believes in accessible, high-quality care that leads to a life of recovery and independence. The provider should note any recommendations as an opportunity for quality improvement activities. The review is intended to measure the quality of your organization's systems and practices in adherence to DBHDD policies and standards. The Overall Score is calculated by averaging the categories below.



	Overall Score	IRR	Service Guidelines	FOA
Review Date: 03/14/2023	91%	84%	94%	95%
Review Date: 04/12/2021	85%	81%	83%	92%
FY22 Statewide Average	84%	80%	79%	92%

Note: The FY22 Statewide Averages represent the mean of scores for all reviewed providers.

Summary of Significant Review Findings

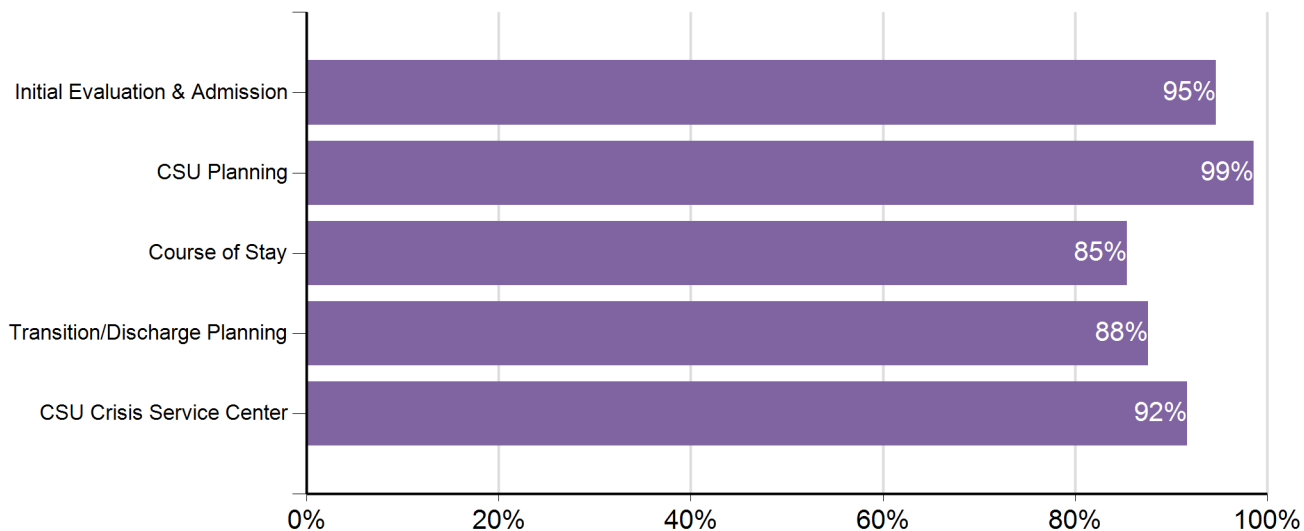
Strengths and Improvements:

- A multidisciplinary treatment team was held every day to discuss the progress of the individuals. The individuals participated in treatment team every 72 hours.
- The treatment team meeting notes included a summary of progress, inquired of any issues with medications, asked the individual what coping skills would be used when returning home, and any plan of care changes.
- The "Discharge Planning Initial Assessment" provided information pertaining to the individual's housing, if a Need of Supportive Housing Survey (NSH) was applicable or if there was a need for a Case Management (CM) referral, if the individual is already receiving behavioral health services, and any barriers to obtaining medications or labs.
- Group progress notes in the adult records were detailed, individualized, and provided documentation of progress towards identified goals on the Individualized Resiliency/Recovery Plan (IRP).
- One child and adolescent (C&A) record who was involved with the foster care system had documentation of the Division of Family and Child Services (DFCS) guardian's participation and timely completion of the necessary legal paperwork.

Opportunities for Improvement:

- Medication errors for missed doses of medications were not documented and reported per the medication notification policy.
- Medications were being stored in a refrigerator that also housed food and beverages.
- The Columbia Suicide Severity Rating Scale (C-SSRS) Lifetime/Recent ratings did not coincide with the individuals' histories, presenting circumstances, and comment boxes did not contain a narrative for questions scored "yes".
- Verbal orders were not being signed within 24 hours by the prescriber.
- Medication administration records (MARs) lacked all required criteria.
- Documentation lacked evidence of follow-up and connection to continuing care with the individual or guardian.
- Documentation lacked collaboration between the provider and the aftercare provider for those individuals assessed with a high suicide risk.

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: 91%

Strengths and Improvements

The following are noted improvements from the previous Crisis Stabilization Unit Quality Review (CSUQR) in 03/2022:

- All of the 15 CSU records reviewed contained documentation of consideration of psychiatric medications, the individual's ability to access and afford medication post-discharge, how the medication will be obtained after the five-day supply was exhausted, and how any associated lab work will be accessed and funded.
- The majority of records included a discharge summary that was entered into the ASO's ProviderConnect/batch system within the required time.
- In all four applicable adult records who were identified as being homeless, had a Need of Supportive Housing (NSH) survey completed and referral for necessary residential supports.

The following are continued strengths from the previous CSUQR in 03/2022:

- All records included a comprehensive nursing assessment that was completed within one hour of admission.
- In all 15 CSU records reviewed, the IRPs were developed with the individual at admission.

Opportunities for Growth

Initial Evaluation & Admission

- While all records reviewed utilized the C-SSRS Lifetime/Recent to assess for suicide risk, there were four of 15 records (three adult and one C&A) in which several issues were noted:
 - Two adult records had the C-SSRS Lifetime/Recent completed; however, the "yes" responses lacked any comments or details surrounding all of the "lifetime" and "past one month" questions.
 - One adult record reflected a history of suicidality, but all of the "lifetime" questions were scored "no".
 - Documentation in one C&A record reflected admission for suicidal ideations; however, all of the "past one month" questions were scored "no".

Course of Stay

- Verbal orders were not signed within 24 hours in two adult records and two C&A records by the prescriber. This is a continued opportunity for improvement that was noted on the last CSUQR in 03/2022. Examples included:
 - One adult record documented verbal orders for admission that were given on 12/13/2022; however, they were not signed by the physician extender until 12/17/2022.
 - Another adult record documented verbal orders for admission and verbal orders for medications that were given on 12/22/2022; however, the physician extender did not sign them until 12/27/2022.
 - One C&A record documented verbal orders for discharge that were signed two days later.
 - Verbal orders for admission on 12/21/2022 for one C&A record were not signed by the physician extender.
- In four adult records, MARs lacked all required criteria. This is a continued opportunity for improvement that was noted on the last CSUQR in 03/2022. In reviewing the MARs, there were several issues noted:
 - Two adult records had four medication errors. See Service Guidelines for details.
 - The initials, signatures, and credentials of staff administering medication noted on the MAR legend were illegible.
 - Several medications were documented on the MAR as not being administered but the legend did not indicate a reason.

Transition/Discharge Planning

- Documentation lacked evidence of follow-up and connection to continuing care with the individual or guardian in four adult records and four C&A records. This is a continued opportunity for improvement that was noted on the last CSUQRs in 04/2021 and 03/2022.
- Documentation lacked collaboration between the CSU staff and the aftercare provider to include: individual's safety plan, who will follow-up with individual and when it will occur, and that the individual's chart was flagged for high suicide risk upon discharge in four of eight applicable adult records. This is a continued opportunity for improvement that was noted on the last CSUQRs in 04/2021 and 03/2022.

Crisis Service Center (CSC):

All CSC records reviewed were from the Baldwin location in Milledgeville.

- While all records reviewed utilized the C-SSRS Lifetime/Recent to assess for suicide risk, two of the five records lacked a C-SSRS Lifetime/Recent completed upon admission and one record had a C-SSRS that was incomplete.
 - One individual record did not have a C-SSRS Lifetime/Recent in the record.
 - One record had the C-SSRS Lifetime/Recent completed; however, the "yes" responses lacked any comments or details surrounding all of the "lifetime" and "past one month" questions.

Focused Outcome Areas



Focused Outcome Areas: 96%

Strengths and Improvements

- Baseline Abnormal Involuntary Movement Scales (AIMS) were completed upon admission by the physician or physician extender.
- Twenty-four hour chart checks were being conducted and documented within the records.

The following are continued strengths from the previous CSUQR in 03/2022:

- Laboratory results were present within the record with the staff member's initials and date of the reviewed results.
- The majority of records included a crisis safety plan that was completed upon admission.
- All records included documentation that the individual or guardian had signed formal acknowledgement of rights and responsibilities at the onset of services, supports, and treatment.

Opportunities for Growth

Whole Health

- Documentation did not support that individuals were referred to Case Management and other health services when indicated in one of three adult applicable records. This is a continued opportunity for improvement that was noted on the last CSUQR in 03/2022. For example, one individual had several medical issues to include migraines and chronic hip pain. Additionally, the individual had dental and vision related to issues. The individual would have benefited from a primary care physician (PCP) appointment and referral for dental and vision services.

Service Guidelines

1	Adult CSU Staffing Requirements Met	Yes
2	The Crisis Service Center staffing requirements met.	N/A
3	C&A staff requirements met.	Yes
4	The CSU has policies and procedures for identifying and managing individuals at high risk of suicide or intentional self-harm.	Yes

5	Program offerings for the CSU is designed to meet the biopsychosocial stabilization needs of each individual, and a medical and clinical leadership team annually approves the therapeutic content of the program (group therapy/training, individual therapy/training, education support, etc.) This annual review is documented by signature and date of review and by participating leadership.	Yes		
6	Adherence to Medication Notification Policy	No		
7	Protocols for Handling Licit and Illicit Drugs present	Yes		
8	Adherence to Safe Storage of Medication Policy	No		
9	Infection Control Plan Adherence	Yes		
10	Seclusion & Restraint Policy Adherence	Yes		
11	Therapeutic Blood Level Monitoring	Yes		
12	Physician Availability for 3.7-WM	Yes		
13	All staff credentialing criteria are met.	Yes		
14	Psychiatrist Available for Consultation	Yes		
	# Yes	# No	# NA	SCORE
	11	2	1	85%

Service Guidelines: 85%

Strengths and Improvements

- The provider's committee meeting minutes were thorough and detailed. The meeting minutes tracked and trended medication variances, infection control issues, emergency safety interventions, etc.
- The temperature logs for the medication refrigerator included daily documentation and temperatures that were within the range outlined in the agency's policy which was aligned with the parameters defined in the Department of Behavioral Health and Developmental Disabilities (DBHDD) Provider Manual.
- The blood glucose monitor log reflected consistent control checks every Monday for accuracy as defined in the agency's policy.
- Five staff members' personnel records were reviewed for credentialing and the records contained all required Standard Training Requirements (STRs).

Opportunities for Growth

Adherence to Medication Notification Policy

- During this CSUQR, two adult records contained four medication errors. None of these were identified as medication errors; therefore, the Incident Reports were not completed per policy and procedure.
 - One adult individual was ordered to receive a Librium detox protocol; however, on day three documentation did not indicate the individual was administered the medications as ordered. There were three doses of Librium 50mg that lacked staff initials for the administration of the medications. There was no further explanation documented.
 - One adult individual's MAR lacked staff initials for the administration of Depakote 500mg on 12/18/2022.
- Per Policy CSU-50, Reduction of Preventable Medication Errors: "2. All medication errors will be reported to the prescriber. 3. An Incident Report will be completed on all medication errors. The Incident Report will be submitted to the REBH Risk Manager and Pharmacist for review. 4. Medication errors will be discussed as part of the Recovery Center Quality Improvement Committee, REBH Risk Management meetings, Safety Committee, and Pharmacy and Therapeutics Committee in order to track and trend all medication errors."
 - None of the aforementioned medication errors were identified by staff; therefore, the medication errors were not reported to the prescriber, an Incident Report was not completed, and the medication errors were not discussed in any of the meetings for tracking and trending.

Adherence to Safe Storage of Medication Policy

- During the tour, it was noted that food and beverages were being stored in the medication refrigerators.
 - The C&A unit had applesauce and pudding stored in the medication refrigerator along with tuberculosis (TB) testing solution.
 - The male and female adult unit had ensure and gatorade housed in the medication refrigerators.
- Per DBHDD Policy Stat CSU: Management of Refrigerators Outside of Food Service Areas, 03-633: "Medications are not stored in refrigerators used for food."
 - Food and beverages should not be stored with medications to prevent cross contamination.
 - The agency policy related to safe storage of medication should be updated to reflect food and beverages are not to be stored with medications.

Crisis Stabilization Unit Site Visit Observations

During the tour of the CSC at the Baldwin location (stand alone CSC) assessors noted the following:

- There were a total of four beds with four reclining chairs.
- Bedrooms had art on the wall as well as covering the lights on the ceiling. The room was outfitted with a large chair and ottoman and a viewing window within the door. The bathrooms contained breakaway curtains.
- Observation was provided for 23 hours with a large television on the wall, table and chairs, etc.
- There were two security guards present on day shift and one on night shift.
- There were four security cameras with convex mirrors located at the ends of hallways.
- The medication room contained stocked medications at all times in a locked drawer. The provider has its own pharmacy that supplies medications. The medication refrigerator contained a thermometer that reflected 40 degrees Fahrenheit. The glucometer utilized by the CSU staff was reportedly housed on the adjoining behavioral health outpatient wing.

During the tour of the Behavioral Health Crisis Center (BHCC) assessors noted the following:

- The Macon CSC & Temporary Observation (four beds, five recliners) were temporarily closed during the tour due to staffing issues.
- The building had 90 cameras. Each nurses station and nurse administrator had access to the cameras. There were three security officers on staff at all times. In addition, convex mirrors were present throughout all the units.
- Emergency food supply was well organized for all of the units. Items were labeled with expiration dates.
- Within the seclusion and restraint room there was an emergency water lever, and a separate bathroom.
- All hinges on the doors were ligature-resistant.
- Cleaning personnel were reportedly present daily.
- The medication room was spacious, with a Pyxis medication dispenser. The provider has an on-site pharmacy.
- The nurses' station was organized and clean and had an automated external defibrillator (AED).

During the tour of the Adult CSU wing assessors noted the following:

- The adult wing contained 30 beds (15 each for males and females) with a current census of 20.
- The quiet room was outfitted with a calming wall mural, chairs, and doors that swing both ways.
- Multiple group rooms were available for staff to utilize.
- The outdoor area had a courtyard with a partial covering.
- The nursing stations on the female and male units were adjacent to one another.

During the tour of the C&A CSU wing assessors noted the following:

- There was one room utilized for a classroom and one room utilized for a group room.
- The individuals are engaged in activities off the unit for up to six hours daily.
- The quiet room had a peaceful ocean mural with chairs.
- The common area contained weighted rocking chairs and additional calming wall murals.
- There were reportedly 16 beds with a current census of nine. The bedrooms contained bolted furniture and colorful wall murals. The bedrooms were clean with break away shower curtains.
- The dining room was outfitted with chess/checkers on tabletops.
- There was an open-air playground with climbing equipment, and a basketball hoop. Individuals utilized this area three times per day under staff supervision.

Additional Comments on Practices

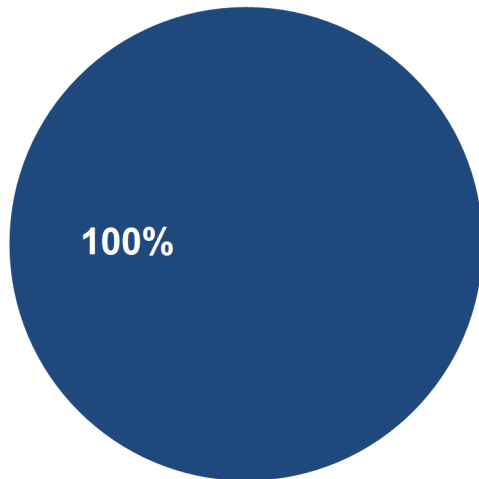
Additional strengths and concerns beyond the general scope of the review were discovered by reviewers. Additional issues/practice concerns may have the potential to impact service delivery, quality of care, or may represent a risk to the provider.

- The BHCC was opened on October 2020. The CSC and Temporary Observation opened November 2021 and closed approximately January 2022. Since the opening, the CSC and Temporary Observation have remained closed due to staffing. The CSC and Temporary Observation does not meet the standard for having a fully licensed staff on site at all times. Since the CSC and Temporary Observation were closed due to staffing, this did not affect scoring in Service Guidelines.
 - Two fully licensed clinicians were scheduled to be on site Monday through Saturday.
- The therapeutic content had been reviewed for the fiscal year 2023 and was updated since the fiscal year for 2022; however, the signatures did not have dates listed on the document.

Individual Interviews

Individual Interviews Conducted: 3

Individual Interviews are not calculated into the Overall Score



■ Percent Answered Yes

- Three adult individuals were interviewed during this CSUQR. When asked, "What are some things this agency does exceptionally well?" Comments from individuals included:
 - "The staff are good with communication. They make you comfortable while you are here. They take all the precautions to make you feel safe."
 - "Treatment team works with you about where you want to go at discharge if it's either outpatient or long term treatment. I'm very appreciative of the staff here that have worked with me. River Edge is all I have and I am very appreciative."
 - "I love the food here. I think I've gained a couple of pounds since I've been here."
 - "The groups are helpful. They teach us about positive and negative thoughts."
 - "Groups are inclusive and staff are very nice. They encourage us to go to group. Groups have taught me how to cope and take care of myself. I feel comfortable and safe here. The food is good here and they have a variety."

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 documented in each section above for specific information pertaining to the recommendations below.

Recommendations: Current and Prior Review

Individual Record Review - Initial Evaluation & Admission

- Ensure all individuals are assessed for suicide risk at intake (and as needed thereafter) using age-sensitive C-SSRS tools.

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.
- 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.

Individual Record Review - Transition/Discharge Planning

- Ensure there is evidence in the medical record of follow-up and connection to continuing care.
- Ensure documentation supports that CSU staff have documented collaboration with the aftercare provider.

Individual Record Review - Crisis Service Center

- Ensure individuals are assessed for suicide risk using the age-sensitive Columbia Suicide Severity Rating Scale (C-SSRS).

Focused Outcome Areas - Whole Health

- Ensure documentation supports referrals are made when to Case Management and other health services when indicated.

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.

Recommendations: Current Review

Individual Record Review - Course of Stay

- Ensure there is documentation at least once per day by an RN as to the status of the individual.