

Improvements / Accomplishments Since 10/2014

Nursing & Medical Services

- Oversight of patient's physical health issues: additional MD who now supervises other medical specialists. These physicians collaborate with the psychiatrists to address the patient's physical well-being in addition to the psychiatric issues. Previously psychiatrists were responsible for physical issues too.
- Established the Coordinated Care Clinic (provides oversight and treatment for all patients with identified chronic care concerns – e.g., diabetes)
- Unit Care Clinics (ensures a medical review each day of patient medical issues noted or reported by nursing)
- Nursing Care Guidelines & Standing Orders were implemented to provide evidenced based, consistent approaches for the Nurses to follow when assessing or treating medical concerns raised by patients
- A more stringent medical review process was implemented for admissions in which the patient is noted or believed to have serious medical concerns – one of the general practitioner/internal medicine physicians on staff must review and approve of the patient's medical stability prior to approving the admission (to ensure that patients do not present for specialized psychiatric care until their medical condition(s) have been adequately stabilized)
- Initiated daily "Utilization Management" phone conferences on which the nurse manager and chief physician participate, to provide ongoing oversight of medical and/or behavioral concerns
- Defined the process for nurse managers to be actively on the units, ensuring that all aspects of patient care are being provided appropriately, with report-out requirements to the DON
- Retrained nurses on the "charge nurse" concept and their responsibility in assigning and overseeing the activities of the MHDDTs
- Increase in the number of managers to oversee nursing care.
- Nurse Managers and educators participating in investigative process.
- Increase in the number of escorts to assist nursing so as not to have nursing staff off the unit as often
- Recruitment of nursing staff has been consistent and ongoing, including the recent hiring of an individual trained at the Masters of Nursing level to serve as the Director of Nursing

Hospital Leadership

- Formation of a hospital leadership comprised of at least 50% clinical leaders.
- Formation of Executive decision making committees.
- Leadership present after regular business hours and holidays to help support the staff.
- Addition of Program Managers to assist with management of the units.
- Support from Health Information Consultant on a contract basis. Recruitment of permanent, qualified Health Information Manager

Behavioral Health

- Revised the provision of group therapies so they occur in more private alcoves or group rooms (eliminated “day hall” groups unless it is a leisure activity appropriate to that environment)
- Established a process to ensure that patients are seen daily by behavioral health staff
- Oversight measures were implemented to ensure that the interdisciplinary team meets as appropriate and that the psychiatrist is an integral part of each meeting
- Social Services revised their initial and ongoing assessment to ensure that discharge planning is provided throughout a patient’s stay at the hospital
- Rewrote templates for psychology/clinical therapy individual progress notes to illustrate greater detail about mental status and progress
- Expanded the templates for clinical group notes providing more information about patient progress and symptom presentation
- Redefined the role of peer support services – refocused this on individual contact with the patients as opposed to provision of groups

Environment

- Addressing environmental hazards (e.g.. outlets, screws, lighting fixtures) that could be addressed without major renovation
- Enhancing Safety Team and the Environment of Care Committee to approve requests for new furnishings / items for use in patient care areas.
- Replacing worn furnishings that posed an infection control risk.
- Revised cleanliness standards/infection control processes (trash pickup, storage of trash, dirty linens, laundering process, etc.)
- Renovation of A-Building to remove ligature risks.
- Many environmental changes throughout the rest of the hospital (replaced the drinking fountains, changed the beds, door handles, weighted furniture, made all restrooms without bathtubs “ligature resistant”, changed out screws to “tamper resistant”, removed numerous outlets, secured locking plates for outlets, replaced hospital beds with safer hospital beds, etc.)
- Daily, weekly and monthly rounds to identify environmental risks / needs.
- Identified Infection Control Officer and supported education which has increased infection control efforts

Security

- Purchased and trained staff on the use of “personal safety alarms”
- Assigning a non-Security dispatcher to increase the number of Safety and Security Officers available to respond to emergencies. (Need to seek permanent positions)
- Addition of six (6) Safety and Security Officers for evening and night shifts to increase patrol of units and available response team.
- Instituted proactive safety & security drills
- Increased the number of security staff on evening and overnight shifts
- Implemented the use of the V-RISK-10 (Violence Risk Screening-10) as part of the triage process to better plan for early interventions for patients presenting with violent behavior prior to admission
- Initiated an “after-the-fact” review for all incidents in which restraint or seclusion were used (including the use of information from the video cameras)
- Safety & Security Staff completed walk-throughs of the unit to assist with milieu management and to ensure that safety rounds were being done correctly.

Pharmacy

- New pharmacy computer program to replace outdated / unsupported program.
- Recruitment of pharmacists