



ACTIONS TAKEN AT OSAWATOMIE STATE HOSPITAL TO CORRECT DEFICIENCIES AND ENSURE COMPLIANCE

For purposes of application for CMS certification, a summary of corrective actions taken to now comply with those Hospital Conditions of Participation and Special Conditions of Participation for Psychiatric Hospitals that were deficient at the time of decertification is documented below. The actions listed are overarching and by no means exhaustive.

§482.23 NURSING SERVICES

The hospital now ensures an organized Nursing Service that provides a 24-hour nursing services. The services are furnished and supervised by a Registered Nurse.

1. The hospital immediately began a successful, concentrated and full-scale effort to recruit new and retain existing Registered Nurses, resulting in a fully staffed nursing service, including but not limited to:
 - a. Increasing the RN-to-patient ratio to a minimum of 1:15 at all times.
 - b. Revising the nurse staffing pattern and supervision by adding experienced Nurse Manager/House Supervisor(s) 24/7.
 - c. Increasing RN salaries to an attractive, competitive rate.
 - d. Allowing flexible shifts and exploring additional benefits such as tuition reimbursement.
 - e. BHT salaries have also been raised to an attractive and competitive rate, and additional training provided to improve core competencies.
2. The hospital's Nursing Plan was reviewed, revised and implemented to now include a "Primary Nursing Care" model to improve supervision, quality and safety of nursing care.
 - a. Each RN is now assigned to a group of no more than 15 patients, along with 2 Behavioral Health Technicians (BHTs), each assigned to 7 or 8 of those 15¹.
 - b. Assignments are written and include "need-to-know" information related to the patient's care and needs, such as levels of observation and special precautions.
 - c. Breaks and other duties are organized as part of the written assignment.

¹ A psychiatrist and masters-level clinician are also assigned to the same 15 patients, allowing a "team" approach for continuity and a deeper therapeutic understanding of the patient.

- d. Clinical hand-off occurs at each shift change and other transition point, allowing an opportunity to hear report, share information, and for questions and answer related to patient care.
 - e. This approach allows each team to thoroughly know their small patient cohort; develop therapeutic alliance; more easily identify problems and concerns; and promotes communication and immediate action.
- 3. In addition to the core primary nursing care staffing plan, the hospital now staffs to acuity, including consideration of heightened levels of observation and special precautions, such as 1:1's and/or Line-of-Sight for potential harm to self or others, elopement or sexual acting out risks.
 - a. Additional staff are brought on to perform these heightened levels of observation and special precautions.
 - b. A "float" BHT has been added to all shifts, 24/7, to ensure immediate availability and coverage.
- 4. Nursing documentation tools and resources have been reviewed and revised to ensure they are comprehensive, consistent with CMS requirements, and policies have been revised accordingly.
- 5. Additional training has been provided to ensure RNs are specially qualified to perform face-to-face assessment in the event of seclusion and/or restraint.
- 6. Nursing staff have received training, including role play, on how to engage with patients in a therapeutic and friendly manner, for a safe and comforting milieu.

42 CFR §482.12 GOVERNING BODY

The Governing Body now ensures that it is effective in its oversight and responsibilities for the conduct of hospital operations by:

- a. Reviewing the effectiveness and efficiency of all organizational functions;
 - b. Ensuring that optimal treatment and support processes are occurring;
 - c. Identifying organizational systemic processes that might benefit from revisions in order to improve organizational performance;
 - d. Implementing improvement measures and evaluating their effectiveness.
- 2. The Governing Body engaged a nationally recognized, uniquely qualified, independent consultation team to conduct a comprehensive assessment of the Adair 60 bed acute unit, along with recommendations to achieve full compliance with CMS Hospital Conditions of Participation and Special Conditions of Participation for Psychiatric Hospitals.

- a. The Team was subsequently engaged to assist the Governing Body and hospital to implement those recommendations, assess their effectiveness, and monitor ongoing to ensure sustained compliance.
3. The Governing Body monitors the minutes of the COW meetings, Medical Staff Meetings, Executive Committee Meetings, along with quality data, indicators and other risk and safety metrics as part of their standing agenda.
4. New and revised policies and procedures, programming, staffing – including medical staff, budget and capital considerations, and other significant hospital operations matters are reviewed and approved by the Governing Body in support of the CMS compliance initiatives.

§482.13 PATIENT RIGHTS

The hospital now ensures that each patient's rights are promoted and protected.

In addition to comprehensive changes made to the physical environment, the following actions have been taken to ensure a safe environment and protection of patient rights.

1. All direct care staff have now been trained, with return demonstration of competency, in the nationally recognized Crisis Prevention Institute (CPI) methods of de-escalation and intervention.
 - a. This ensures a consistent and safe approach for patients who evidence escalation, aggression, violence or other actions that may cause harm to themselves or others.
 - b. CPI has also certified trainers among the staff, so that they may continue to provide training as part of onboarding new staff, and providing annual refresher training for existing staff.
 - c. As situations requiring de-escalation and intervention are high risk and/or problem prone, CPI trainers periodically hold "drills", in order to ensure that staff are competent and to provide "practice".
2. Patient Rights are now posted in patient areas, in addition to discussion and distribution of personal copies.
 - a. Staff have received remedial training on Patient Rights.
3. In order to ensure that patients are safe and protected, policies and procedures related to watchful oversight and precautions were comprehensively reviewed and revised, and all direct staff trained. This has enabled staff to not only provide the appropriate frequency and degree of observation, but also to have a consistent understanding of and tools for interventions aimed at the reason(s) the patient requires the observation level. Observation levels and Special Precautions are noted on each staff member's written patient assignment.
 - a. Levels of Observation now include:
 - Minimum 15 minute check for all patients

- Line-of-Sight for those patients requiring a heightened level of observation
 - 1:1 for patients who are assessed to be in immediate danger of harm to self or others
- b. Special Precautions now include:
- Suicide/Self Harm
 - Aggression/Assault
 - Elopement
 - Sexual Acting Out
 - Falls
4. Security Officers are now on-site 24/7 to assist with safety and security of patients and staff.
- a. Orientation and training for security officers includes CPI and education aimed at increasing awareness and understanding of the psychiatric population served.
 - b. Security officers search all patient belongings upon admission, before the patient enters the unit.
5. Patient complaints and grievances are now reviewed by the Risk Manager/QAPI Director. In addition to ensuring timely and complete investigation and resolution, they are now logged, aggregated, trended, analyzed and used for Performance Improvement.
- a. Phone numbers and information on where to call if a patient believes his rights have been violated, or to otherwise file a complaint, is now posted in large format near patient telephones.
 - b. A cordless phone is now made available for patient's to use when making private calls. An interview room with a window allows for privacy, but also safety as staff is able to observe as needed.

§482.21 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM

The hospital has developed, implemented, and maintains an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program.

1. The Performance Improvement and Risk Management Plans were reviewed by the Governing Body and revised to ensure that they reflect the complexity of the hospital's organization and services.
2. All departments and services are now involved in QAPI.
 - a. Departmental and hospital-wide performance improvement projects are prioritized based on high risk, problem prone areas for the prevention and reduction of medical errors and other adverse events, and to improve outcomes.
 - b. Quality indicators and metrics are measured and used to monitor safety, efficacy and quality of care.

3. The Hospital has established a Committee of the Whole (COW) incorporating leaders of QAPI, Safety, Infection Control, Risk Management, Pharmacy & Therapeutics and Executive Leadership including the Superintendent, Medical Director, Director of Nursing, Director of Social Services and others who attend on an ad hoc basis.
 - a. The COW was established in order to consolidate and facilitate identification of potential risk, quality and safety concerns; to enhance integration, collaboration and cross-communication; and to monitor data, efforts and outcomes.
 - b. The COW utilizes a standing agenda and minutes are reported to the Executive Committee, Medical Staff Committee, and Governing Body.
 - c. Performance Data is collected, tracked, trended and analyzed, and used for quality and performance improvement by the COW and its work-groups.
4. Performance Improvement Goals, Indicators and Data are now posted to allow staff to see the progress of their efforts, and to increase awareness of the QAPI activities hospital-wide.

482.41 PHYSICAL ENVIRONMENT

The hospital is now constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

1. The 60 bed Adair building was comprehensively renovated in an effort to diminish/eliminate ligature risks and other health and safety risks, by removal, replacement or modification, and in accordance with the 2015 Design for the Built Environment for Behavioral Health and other safety considerations, including but not limited to:
 - a. Door handles, hinges, and closures replaced;
 - b. Light fixtures replaced;
 - c. Shower heads and controls replaced;
 - d. Sink Faucets and controls replaced;
 - e. Containment of plumbing fixtures;
 - f. Soap and towel dispensers replaced;
 - g. Occlusion of live outlets in patient areas;
 - h. Vent and sprinkler head replacement;
 - i. Installation of solid ceilings;
 - j. Baseboard, handrail and chair-rail repair and/or in process of replacement;
 - k. Bed linens replaced with flat sheets only;
 - l. Patient gowns replaced with snap closures;
 - m. Tamper proof screws;
 - n. Mirrors replaced with stainless steel model;
 - o. Cords removed;
 - p. Patient telephone cords were shortened;
 - q. Beds and mattresses have been replaced with behavioral health safe models.

2. Nurse's stations were enlarged to provide confidential documentation areas near patients, without compromising confidentiality. This also provides a space for staff and physicians to immediately discuss patient care issues without leaving the unit.
3. Private interview rooms were added on the units to accommodate privacy for assessments and individual sessions with physicians, social workers, nurses and other disciplines as needed.
4. New furnishings and fixtures have been added to common areas, interview rooms, and assessment and intake areas.
 - a. All furnishings are been identified as safe for use in an acute psychiatric hospital setting by the Design for the Built Environment for Behavioral Health guide.
5. New signage for way-finding and identification of the Adair Acute Care Hospital front entrance was ordered and placed.
6. Housekeeping and maintenance staffing and schedules have been significantly increased to ensure cleanliness and upkeep.
7. Safety rounds are conducted each shift by unit staff, and throughout the week by Managers and Executives. Particular attention is paid to potential ligature points, items that may be used for self-harm or harm to others, contraband, and other items that might be dangerous.
 - a. Any deficiencies are immediately addressed.

§482.43 DISCHARGE PLANNING

The hospital now ensures a discharge planning process that applies to all patients and is specified in written policies and procedures.

1. The Screening Assessments upon admission of all inpatients include determining if they are at risk of adverse health/mental health consequences post-discharge, and/or have any early discharge needs that can be addressed immediately. For instance, unattended children at home or medical condition(s) requiring transfer or expedited appointments, etc.
2. Evaluation of the post-discharge needs of inpatients occurs as part of the Nursing and Psychosocial Assessments, Psychiatric Evaluation and History and Physical Examination.
3. The Discharge Plan is developed and documented within 72 hours of admission during the Comprehensive Multidisciplinary Treatment Planning process, with input from patient/family/guardian and any other collateral sources as needed.

4. Implementation of the discharge/transition plan begins as soon as the plan is developed, with input. Implementation efforts are recorded as Discharge Planning notes in the patient's medical record.
5. Changes in Discharge Plan are discussed and documented during the Multidisciplinary Treatment Plan Review/Update meetings which occur every 7 days or more often as indicated.
6. The Discharge Instructions format has been reviewed and revised to include all of the information needed for the patient to successfully follow through and transition smoothly to the next level of care and destination, and to avoid re-admission when possible.

§482.61 SPECIAL MEDICAL RECORD REQUIREMENTS FOR PSYCHIATRIC HOSPITALS

The hospital now ensures that the degree and intensity of the treatment provided to individuals who are furnished services is evidenced in the medical record.

1. Reprogramming of the electronic medical record has been undertaken to ensure that all templates and formats for documentation allow free-form narrative for individualized entries.
 - a. Picklists, check-boxes and pulled-forward entries have been eliminated and/or diminished where possible.
 - b. Interim, "down-time" paper forms are in use until reprogramming of all sections of the electronic record are complete.
 - c. The Multidisciplinary Treatment Plan has been completely revised, and is entirely narrative. It is now written during the Treatment Planning Team meeting, eliminates "jargon" and uses common, simple language so that it may be clearly understood by the patient/family and the staff assigned to that patient.
 - d. The Treatment Plan now includes:
 - Identifying data
 - Reason for Admission
 - DSM V Diagnoses
 - Strengths and Barriers
 - Discharge Plan
 - Problem(s) (Psychiatric/Substance Use/Medical)
 - Long Term Goal (by Discharge) for each Problem
 - Short Term Goals (Patient Objectives) for each Long Term Goal
 - Interventions, by Discipline, specifying Type, Amount, Frequency, Purpose and Person Responsible.
 - e. Treatment Planning Reviews/Updates are documented every 7 days, or sooner if Seclusion/Restraint occurs and/or if there is a significant change in the patient's needs and/or condition.

2. Assessment forms/formats have been revised to now include a section for conclusions/formulation and recommendations for treatment.
 - a. The Psychiatric Evaluation and History and Physical Examination Templates have been revised to include DSM V diagnoses and Preliminary Treatment Plans.
 - b. All Assessment and Evaluation Forms have been reviewed and revised to ensure that they include all required elements and conform to Current Procedural Terminology (CPT) requirements.

3. Comprehensive Education and Training was provided to the Medical Staff, including Medical Directors of both Psychiatry and Medicine, focused on the requirements of the Special Medical Records Requirements for Psychiatric Hospitals and physician documentation.
 - a. The Requirements were distributed and examples used to practice new templates.
 - b. Consultants and Medical Directors have rigorously audited physician documentation and required corrective action for any deficiencies.
 - c. Physicians whose documentation does not sufficiently improve will be referred to peer review and/or sanctioned.

4. Physician Progress Notes, Individual and Group Therapy Notes, and other documentation forms/formats have all been revised to now include space for narrative, and prompts for required elements.
 - a. Staff have received comprehensive training on individualized documentation, with particular emphasis on documentation of the specific intervention used (per the treatment plan) and the patient's response to that intervention, including quotes, to better reflect the degree and intensity of services provided.

5. A robust program of Active Treatment Modalities and Therapeutic Activities has been developed and implemented.
 - a. Active Treatment Modalities are individualized based on each patient's treatment plan, strengths and barriers; are provided by individuals who are qualified within their scope of practice to do so, and include:
 - Group and Individual Psychotherapies
 - Creative Expressive Therapies
 - Activity Therapies
 - Education & Training
 - Structured Activities
 - Psychiatric and Medical
 - b. Multiple therapeutic services occur simultaneously in order to ensure opportunities for all patients to be engaged in the modalities assigned by their treatment plan.
 - c. Patients who do not attend an assigned service are offered alternative services, and individual interventions. Non-attendance is addressed on a 1:1 basis and in Treatment Planning.

- d. Weekend schedules are the same as weekday schedules, with the exception of expanded visiting hours, in order to ensure that all patients have an optimal treatment experience.
6. The Medical Director, Director of Nursing, Director of Social Work, HIM Director and UR/UM Manager now conduct a qualitative and quantitative review of a sample of medical records weekly to ensure that documentation is fully compliant.
 - a. Results are tracked and trended and used for performance improvement.
 - b. Deficiencies are immediately addressed.

§482.62 SPECIAL STAFFING REQUIREMENTS FOR PSYCHIATRIC HOSPITALS

The hospital now has adequate numbers of qualified professional and supportive staff to evaluate patients, formulate written, individualized comprehensive treatment plans, provide active treatment measures and engage in discharge planning.

1. The Hospital has now employed full-time psychiatrists, onsite and on-call 24/7.
 - a. Psychiatrists complete a psychiatric evaluation for each patient within 24 hours of admission.
 - b. Each psychiatrist carries a reduced caseload of 15 inpatients.
 - c. Patients are now seen by their psychiatrist a minimum of 5 day per week, and on-call psychiatrists provide weekend and other coverage as needed.
 - d. Psychiatrists now attend, participate in and oversee Multidisciplinary Treatment Planning daily. New admissions Comprehensive Treatment Plans are completed within 3 days and reviewed every 7 days thereafter.
 - e. Each psychiatrist is paired with an RN, a clinical SW/Therapist, and two BHTs to provide care to their cohort of 15 patients.
 - f. The Medical Director is a psychiatrist who is on-site part-time and on-call.
2. The Hospital has now employed physicians for the medical needs of patients.
 - a. Physicians are now on the units daily with a consistent schedule, and on-call 24/7, to follow existing medical problems and those that arise during hospitalization.
 - b. Physicians complete a History and Physical Examination for each patient within 24 hours of admission.
 - The Charge RN enters new admissions onto a clipboard list each night for History and Physicals and adds any patients with medical problems for “sick call”.
 - The physician(s) pick up the clipboard when they arrive in the morning, prioritize the list based on acuity, and then see each patient.
 - If needs arrive during off-hours, the on-call physician is called to provide medical guidance and comes in to see the patient if indicated.
 - The physicians participate in treatment planning whenever possible.

3. The Department of Social Work has been re-organized to now include Therapeutic Activities as well as discharge planning.
 - a. The Director of Social Work is an LCSW, and is responsible for Social Services and the clinical supervision of all therapists and social workers providing psychotherapies, therapeutic activities, psychosocial assessments and discharge planning.
 - b. Social Work staffing has been increased to ensure adequate numbers and skill mix to provide assessment, participate in treatment planning, deliver group and individual active treatment modalities, meet with families and provide discharge/transition planning.
 - c. Individual social work staff members/primary therapists are assigned to a treatment team consisting of a psychiatrist, RN, 2 BHTs, and a specified caseload of 15 patients.
 - d. Active treatment modalities are now delivered by social work and other therapists 7 days per week, on day and evening shifts.
4. In addition to the actions outlined under Nursing Services, RNs provide active treatment to their cohort of 15 patients, and supervise their 2 BHTs and any additional BHTs who may be providing Line of Sight or 1:1 observation and special precautions.
 - a. RNs may provide medication education, problem solving, goals and wrap-up groups in addition to re-assessing each of their patients each shift.
5. Structured group and individual activities, for social interaction and treatment alternatives for patients who, due to their immediate condition, are not appropriate group therapy candidates, are offered by BHTs who are now trained by recreation and activities therapists in the delivery of such services.
6. A “float” BHT is scheduled 24/7 to provide relief while BHTs attend Treatment Planning, cover breaks, and care for patients placed on unscheduled 1:1s and Line of Sight until additional PRN staff arrive.