
ALBERT J. SOLNIT CHILDREN'S CENTER PRTF

✧ Independent Nursing Consultation ✧

Summary of Activities with Follow-Up Recommendations

September 11 – 13, 2018



Prepared by



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I. Overview

The focus of this three-day consultation was to provide input to Solnit South leadership on the structure, function, and role of nursing services at the program as they implement the recommendations of the CT Department of Health (DPH) related to nursing services. It is important to note that this consultation was not a required component of the Independent Consultant's consultation. It was completed voluntarily by Solnit South leadership and is intended to be used by them as they see appropriate within the context of their overall corrective action plan.

II. Summary of Consultation Activities, Findings, and Recommendations

September 11th

Reviewed and discussed CMS report and corrective action plan with Director of Nursing:

- Request for staffing assignment sheets for the last two weeks
- Request for the last two medical incident reports
- Request for documentation of the DON's review of admissions
- Request for documentation of administrative oversight visits on all three shifts
- Request for quality data for nursing documentation audits performed

Reviewed the following policies:

- Youth Care: Emergency Medical Care
- Assessment and Reassessment Procedures-PRTF
- Referral, Waitlist and Admission Procedure
- Medication Orders and Administration
- Treatment Planning Process
- Inspection of Emergency Medical Equipment Procedure

Review of the CMS Action Plan and Documentation

DPH directive is to appoint a free-floating RN supervisor on each shift whose primary responsibility is the assessment of the patient and the care provided by professional and non-professional staff. It is the directive of DPH to ensure 24-hour supervision is provided to ensure the care of the youth is executed appropriately.

Finding: These positions have not yet been filled. Jobs were approved for refill and were posted as of 9/10/18. Per the DON and HR Liaison, positions are expected to be filled and functioning by early to mid-

November. The Supervising Nurse: Quality Assurance Youth Care job description has been developed but does not include required experience as noted by DPH.

Recommendation: Add required experience to the job description for the Supervising Nurse: Quality Assurance Youth Care.

Finding: With the current reporting structure, Nursing does not appear to have the authority to perform oversight of care outside of what the head nurse performs him/herself. According to an organizational chart provided, the nursing staff have a dotted line to the Child Service Unit Supervisor. To my understanding, this is a non-licensed role that currently has a level of oversight of the PRTF. In addition, there is no oversight required to be provided by the RN's on the unit in regard to care provided by the unit staff. It is understood that the PRTF is primarily a clinically based program. However, the role of Nursing is significantly underutilized. Additionally, LPN's have been moved to a Child Service Worker (CSW) role and are not utilized to their full potential.

Recommendation: Consider revising the organizational structure to reflect an integrated approach to care and best utilization of the contributions of all disciplines. The following are some options for consideration that were discussed with the leadership team:

Option 1: Consider replacing the Operations personnel who are non-clinical, non-licensed staff with the free-floating RN Supervisor instead of creating another layer of oversight within the structure.

Option 2: As discussed: Would the establishment of a RN on each unit (provided they are given authority of oversight of milieu staff's delivery of care) be an acceptable plan of correction in lieu of the free-floating RN Supervisor? In addition, LPN's could function in a quality assurance/staff training role.

Review of Unit Staffing

Finding: According to the last two weeks of shift staffing sheets, at least one RN and three CSW positions were filled for each shift. No shifts reviewed were short of staff. A review of position control showed, based on the one RN coverage being required for each shift on each unit, the PRTF (two cottages) needs 8.4 full time equivalent (FTE) RN's. The current use of FTE's is the following:

PRTF staff - 4.6

PRTF Per Diem - 1.6

Acute float – 2.2

With the positions approved and posted, this will be resolved.

Review of Implementation of Action Plan Items

- N215: Six records reviewed included documentation of a RN assessment for each youth on each shift. The mental status changes identified were all followed by the RN notifying the MD of the change. Observation level changes reviewed in two records included documentation of constant observation while the youth was in the bathroom and/or bedrooms.
- N215: Each unit has emergency medical equipment and two O2 tanks per the plan of correction. Nursing staff was all knowledgeable of the use and location of these items.

Unit Tours Conducted on Quinnipiac and Lakota

Findings:

Quinnipiac: Emergency bag check sheet was not completed thoroughly.

Lakota:

- Emergency medications are not stored on each unit. Nurses have to walk to Quinnipiac for emergency medications.
- Kiwani emergency equipment log did not have 02 level documented on 9/1/18. Although this unit was closed, the emergency bag was taken to Lakota for daily check of supplies.
- Water pitcher in the medication refrigerator was last dated 9/1/18; contained water and was being used for medication pass.

Recommendations:

- Include an emergency medication bag for each unit.
- Audit for proper completion of emergency logs.
- Educate nursing staff on the cleaning and dating of the water pitchers from an infection control perspective.

Also, the medical emergency bags contain an adult size BP cuff but not a small adult or pediatric cuff.

Recommendation: Add a small adult or pediatric cuff to the emergency bag on each unit for patients who are small. Update the policy to reflect this change of inventory.

Lakota: Medical Records Review and Nurse Interview

Finding:

- Patient admitted 5/16/18 for suicidal ideation with urges and gestures. Patient had multiple hospitalizations for SI in the past. Patient has significant trauma history as well. Patient had an adenectomy and pyelonephritis during this admission. Nurse on the unit was a float from inpatient and was not aware of the patient's suicidal, trauma history or medical conditions listed above. After discussing the shift report process, it is evident the handoff communication is not consistently adequate for oncoming shifts. The current process is particularly inefficient for those who are not routine staff for the specific units.

Recommendations:

- Situation, Background, Actions, Responses (SBAR) communication should be used for hand off communication between shifts.
- Develop a shift report with required elements to be included such as date of admission, age, diagnosis, history of, medical conditions, new medications, level of observations, and precautions. An example of a nursing shift report was provided to the DON. The weekly clinical update report may also be a good resource for this process.

Findings:

- Treatment Plan Addendum (TPA) on 7/9/18 added strong suicidal ideation with the use of soft room, increase monitoring of mood, and increase in staff check-ins. This problem was not

discontinued per the TPA. However, in further review, a progress notes on 7/10/18 indicated this was no longer an active problem for this patient.

- Interdisciplinary Treatment Plan Review forms on 6/26, 7/24, and 8/17 did not include the CSW's input on the treatment plan update. The CSW section was left blank. Per the nursing staff, the CSW's would need to go back and complete this information before the record is closed. This is not a proper procedure for documentation 30-90 days after the fact.

September 12th

Quinnipiac: Medication Management Tracer with Observation of Medication Pass

Findings:

- In observing a mock medication pass, the RN was not able to determine which two patient identifiers should be utilized. Per the facility's Medication Administration policy, the photograph with the name and date of birth are appropriate.
- Consultant interviewed the RN and asked for a verbal explanation of the preparation and administration of insulin. The RN did not verbalize a two-nurse verification for drawing up insulin noted in the high alert process posted on the medication closet door.
- Glucometers are only being checked for normal controls and not high and low.
- Control medication count and process was accurate and appropriate.
- Emergency medication box was inventoried and no expired medications were noted.

Recommendations:

- Ensure all nurses are aware of the two-patient identifier process prior to passing medication.
- Implement a high and low control monitoring process for all glucometers in use.
- Review and update the waived testing policy to reflect this practice.

Nursing Process Review

Finding: During review of night shift nurse duties, a form titled Nursing Checklist was in the night shift checklist binder. According to the DON this form is a sign off to document that 24-hour chart checks were complete. In addition, the nurse redlines, times, dates and signs each patient record. This is a redundant process.

Recommendation: Remove the Nursing Checklist form from practice.

Quinnipiac: Medical Records Review and Nurse Interview

Finding: On 8/28, physician ordered "an estimate of intake ml's be documented each shift for 4 days". No documentation was available for 8/28, 8/29 and 8/30. In addition, 3rd shift did not document intake on 8/31 and 9/1.

Lakota: Medical Records Review

Finding:

- Interdisciplinary Treatment Plan Review was not completed in July by the CSW. A discussion with the CSUS revealed that there is an audit completed by the office assistant and the results

are sent to the CSUS. The CSUS then discussed this with the Lead CSW. However, there is no follow up to ensure these are completed timely.

Lakota: Tracer for Treatment Plan with Observation of Treatment Team Meeting

Findings:

- 6/26/18: Mederma gel treatment was ordered and was not added to the treatment plan.
- 6/26/18: Benzaclin gel treatment was ordered and was not added to the treatment plan.
- Nursing involvement in treatment team meeting was appropriate and medical problems were discussed. However, the treatment plan review does not include all medical problems on the medical treatment plan. Progress is not noted on the treatment plan review of active medical problems.
- Medical treatment plan interventions tend to be cookie cutter and many times are only individualized by adding the patient's name. Each patient with the same problem has identical interventions.
- Patient progress on goals needs to be documented in progress notes and treatment plan reviews. Documentations is currently minimal or not specific to goals. Describe interventions in greater detail including patient's response to treatment.

A tracer for change in conditions and consult follow through was completed in six active records. No findings in these areas were noted. Nursing staff was able to verbalize the consult ordering process and all consults reviewed were performed in a timely manner.

September 13th

Review of Nursing Assessments, Routine Processes and Staffing

Findings:

- Risk assessments completed on admission are sometimes confusing and do not indicate to the nurse a level of risk based on risk factors. This form is ineffective in determining level of risk. The nursing assessment is in a revision state to replace this with the Columbia Suicide Severity Rating Scale (C-SSRS) score based on a previous recommendation.
- Nursing admission process is organized and collaborative with the psychiatrist and pediatric providers. No opportunities for improvement to note in this area.
- Hand-off communication is not consistently effective, especially for float nursing staff.

Recommendations:

- Situation, Background, Actions, Responses (SBAR) communication should be used for hand off communication between shifts.
- Develop a shift report with required elements to be included such as date of admission, age, diagnosis, history of, medical conditions, new medications, level of observations, and precautions. An example of a nursing shift report was provided to the DON. The weekly clinical update report may also be a good resource for this process.

Training Files Review

Seven training files were reviewed for the following training and competencies related to the corrective action plan:

- Oxygen monitoring
- Oral suctioning
- Emergency procedures
- Emergency bag inspection
- Level of observation
- ABCD/CARE training
- DBT
- Suicide Prevention

Findings: None of the files showed evidence of all required training. The tracking mechanism (as discussed in another consultant's report) is unorganized. There is no one person managing and directing the execution of the training required by the corrective action plan. Per staff report, there is a plan in place to put training records in order with the assistance of additional resources. Also, training sessions are not well organized. This increases the stress on the Staff Development Department to ensure filing is complete and accurate. Training is occurring at various times with various different staff members.

Recommendations:

- Determine a date for training to be completed.
- Place loose filing in training records.
- Audit all files to determine a complete and accurate list of staff training needs.
- Schedule training weekly and schedule staff to attend those sessions. I have recommended to the DON that all training she is responsible for be tracked by using a staff roster and checking off each nurse as they complete the training modules. Once each nurse has completed all elements of training, a complete packet should be forwarded to the Staff Development Department for an audit of completion and timely filing and entry into the Learning Management System (LMS) and/or each individual file. In addition, a report of compliance should be calculated and reported to the Superintendent weekly.

At the close of the consultation, an Exit Conference was held with Solnit South Leadership to discuss overall impressions, findings and recommendations as well as strategies for addressing the issues identified.