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Responses to Issues Raised in the Report to the Court Master Regarding Riverview, Dated October 26, 2015

In 2014, Daniel Wathen, Court Master for the Bates v. State of Maine Consent Decree, asked Elizabeth Jones to conduct a review of Riverview Psychiatric Center to measure compliance with the provisions set forth in the Settlement Agreement. On November 3, 2014, Elizabeth Jones provided a report to Justice Wathen on her findings from the visit on October 8 & 9, 2014. Riverview Psychiatric Center developed a Plan of Work in response to the findings which was accepted by Justice Andrew Horton in a hearing of the Maine Superior Court on February 27, 2015.

When the Superior Court accepted the hospital's Plan of Work in February, 2015 there was an acknowledgement that the hospital was in the midst of a tremendous culture change and that many of the proposals were far reaching in scope and time. Justice Wathen stated that he would ask Elizabeth Jones to conduct a follow up review in September 2015 to measure progress toward compliance with the Plan of Work set forth by Riverview Psychiatric Center. The Department of Health and Human Services developed budget requests to support the proposed changes at Riverview. The Maine Legislature approved budget changes to support the work at Riverview with an effective date of July 1, 2015.

Elizabeth Jones returned for a follow-up visit on September 22, 23, & 24, 2015, less than three months after the date when the budget became available to the hospital. The report from Elizabeth Jones reports her impressions/findings on the Plan of Work set forth by the hospital. The Department does not fully concur with the findings from the Elizabeth Jones report about the progress being made at Riverview Psychiatric Center. There is always room for improvement and the leadership at the hospital is developing robust responses and programming to the findings enumerated in the report.

The hospital welcomes reviews of our progress toward becoming a Center of Excellence of Psychiatric Care. However, Riverview's problems will never truly be solved, and the hospital will always generate negative media attention, until a second facility is established that may house violent, not criminally responsible (NCR) and incompetent to stand trial (IST) patients.

1. Execution of response pertaining to treatment team meetings and to employment is unsatisfactory.

- Patients are engaged prior to their treatment team meeting by a staff member who is very familiar with them. Using a written guide they help the patient focus on how best to use their upcoming treatment meeting time. The hospital is developing further staff training on how to engage patients who are initially resistant to this approach.
- Treatment Team members do have discussions prior to the patient being involved in the meeting to focus on what maybe the next appropriate step in the class members care. When the patient joins the meeting the focus is engaging them in the discussion to see in what direction the treatment plan will head in.
- If the goals for the patient are good & appropriate it is ok for them to repeat as long as the interventions change to assist in continue progress towards achieving or maintaining the identified goal.
- Vocational employment continues to a primary focus for all patients who have court permission to work in the community as well as for patients who have the required level for various jobs at RPC. There has been a decrease in number of patients choosing to participate in this opportunity at RPC.

2. Execution of response pertaining to the inculcation of recovery oriented practice is unsatisfactory.

- Implementation of recovery oriented practice has led to a significant reduction in Hands on Holds, Restraints and Seclusions at the hospital.
- In September 2015, RPC had 8 minutes of restraints for every 1,000 hours of inpatient care. One newly admitted patient, who was very ill, accounted for all of these restraints. She has had no restraints in the past 2 weeks.
- In September 2015, RPC had 2.24 hours of seclusion per 1,000 hours of inpatient care. One patient accounted for more than half of these hours of seclusion.
- Riverview has initiated 12 new courses in recovery focused patient care for staff.
- 4 Clinical Case Conferences have focused on the Recovery Model and care.
- The hospital has a Recovery Training Specialist to provide training and services to staff.
- Riverview is a “trauma informed” hospital that works with patients who have experienced many types of trauma in their lives.
- At intake, all patients complete a questionnaire regarding trauma and history.
- During New Hire Orientation, all staff are trained in competencies regarding Trauma and Recovery in order to provide the most appropriate level of care.

3. Execution of response pertaining to design and implementation of case conferences regarding challenging class members is unsatisfactory.

- The hospital holds a clinical education conference every Thursday at noon. Staff from across all disciplines at the hospital are welcome to participate.
- 6 patient specific Clinical Case Conferences have been held since January (not the 1 noted in the Elizabeth Jones report).

- 4 Recovery Model specific Clinical Conferences have been held since January.
 - 4 Allied Health Clinical Case Conferences on Spirituality, Cultural Differences, Encountering the Other and Compassion Fatigue have been held since January.
 - The conferences include staff from all disciplines at Riverview and (when appropriate) participation from faculty at Geisel Medical School at Dartmouth College.
- 4. Execution of response pertaining to increased opportunities for class members on the forensic units is partly satisfactory in that forensic clients now have access to the treatment mall but the offerings on the treatment mall remain unsatisfactory.**
- Treatment mall groups change every thirteen weeks. Prior to the new schedule being developed group ideas are requested from patients at the community meetings held on the units.
 - Although specifically not identified with a Trauma label, Psychology and Social Work offer groups that focus on a variety of trauma issues. The titles of the groups are kept discreet to protect the patients in these groups from being stigmatized.
- 5. Response has been satisfactorily achieved with the merger of Lower Saco into the main hospital.**
- In 2013, the hospital was bifurcated in an effort to meet CMS requirements for certification. A decision was made in November 2014 that this separation interfered with the delivery of high quality services at the hospital.
 - Instead of operating two hospitals in one building (Lower Kennebec, Upper Kennebec, and Upper Saco were treated as one hospital with their own distinct staffing and policies and Lower Saco operated as a separate hospital within the same facility). Operating the hospital as it was originally conceived helps ensure that all patients have access to all services.
- 6. Execution of response pertaining to restrictive practices including access to outdoor areas is unsatisfactory.**
- Fresh Air Breaks PIT developed a new schedule to address opportunities for expanded time for units outside. New schedule was implemented in July, 2015. Each unit has 5 blocks of 15-30 minutes of FAB scheduled.
 - All units in which patients can get levels to walk on grounds offer at minimum 4 walking groups per week as part of programming. This does not include times when impromptu walks are offered when there is extra staff on the unit.
 - Lower Saco offers their SCU fitness groups on the unit outside weather permitting.
 - Treatment groups provide Equine Therapy, Pet Therapy, Trail Walking and Sports in the Community as part of the Mall schedule.
 - The hospital has developed an “Open Hospital” model which allows patients (with allowable privileges) to go outside on hospital grounds 3 times per day.
- 7. Execution of response pertaining to independent review of restrictive measures including MOAB practices is unsatisfactory.**
- In January 2014 RPC switched to the *Management of Aggressive Behavior* (MOAB) model.

- The program was evaluated in the summer and fall of 2015 to measure knowledge, ability and belief about the efficacy and fidelity of the training and implementation. A mixed methodology approach was used in the evaluation.
- *The first* part of the evaluation consisted of testing the competency of staff in demonstrating knowledge and ability of MOAB techniques.
 - The staff consistently were unable to demonstrate MOAB techniques
 - However they quite easily demonstrated NAPPI techniques.
 - **It is important to note:** The fact that staff reverted back to skills they had learned over many years of practice (NAPPI) is not unusual in this case. Through repetition and practice, motor skills become automatic. The brain in essence “hardwires” the skills into long-term memory. The key is to replace those “muscle memories” with new memories (skills) through the repetition and practice of new skills and/or techniques.
 - This process takes time.
 - Riverview is providing consistent on-going instruction by providing annual MOAB recertification training and skills drills to improve staff competency through opportunities to develop new muscle memories to replace those acquired through NAPPI training.
- *The second* part of the evaluation consisted on reviewing six videos of patient related events on the Lower Saco unit of the hospital. The reviewers determined that the staff consistently and correctly used MOAB approved techniques in all six incidents viewed. MOAB is used at a higher rate on the Lower Saco unit than any other area of the hospital.
- *The third* part of the evaluation consisted of a survey of employees. Fifty-four employees were interviewed using a seven question survey. Employees indicated a high degree of belief in the level of training they had received and that MOAB was an effective behavior management tool in managing patient behaviors in the hospital.

8. Execution of responses pertaining to independent review mandated by paragraph 188 of the Consent Decree is unsatisfactory. Execution of response pertaining to reporting on the use of restrictive practices pursuant to paragraph 189 is satisfactory and is indeed commendable.

Paragraph 188 The restraint and protective devices used at AMHI and the techniques used for placing individuals into restraint or seclusion shall be examined at least semi-annually by an independent consultant knowledgeable and experienced in the use of seclusion and restraint. No new type of device or technique may be introduced for use without such an examination. The consultant shall examine the devices and techniques to assure that they are safe and humane. Should the consultant find that any device or technique used at AMHI is unsafe or unnecessarily compromises a patient's comfort or dignity, AMHI shall immediately discontinue its use.

- The hospital reviews all seclusion and restraint events.
- The hospital has been recognized by The Joint Commission for its very low use of restraints over the past two years.

- There is a review of practices and devices every time there is a seclusion and restraint event at Riverview. The hospital used an outside consultant this year to review the MOAB program to ensure fidelity; the hospital also conducted an assessment of MOAB. The hospital did identify problems and a corrective action plan is being developed.
- The hospital did introduce a safety transport chair in the hospital this year which allows us to safely move patients between floors; safety transport chairs were reviewed by staff to determine which one best met the needs of patients and staff at the hospital. Industry standards were used to assure the safety of the chair and all care staff have been trained on its use.

Paragraph 189 Defendants shall prepare monthly reports on the use of seclusion, restraint and protective devices and shall submit copies to the master and counsel for the plaintiffs. These reports shall state the patient's name, age and sex; the reason for the order; the patient's unit; the name of the physician entering the order; the patient's principal diagnosis; whether seclusion, restraint or a protective device was ordered; the type of apparatus or device used, if applicable; and the time and duration of its use. The defendants shall analyze the data in terms of trends relating to rates of admission; census; units of use; physicians entering the orders; patients' diagnoses, age and sex; and other relevant variables.

- The hospital enhanced its already extensive reporting to satisfy the Court Master and Plaintiffs' Counsel needs on Paragraph 189.

9. Execution of response pertaining to adequacy of staffing is unsatisfactory.

- The challenge of appropriately staffing state-run psychiatric hospitals continues across the country. RPC is competing with the Veteran's Administration and two other hospitals with psychiatric units to recruit and retain the best staff.
- The hospital is working with the state hospitals in New Hampshire and Vermont on Patient Acuity Scales which will help inform staffing needs. This is a long term project and the hospital is not expecting immediate results of this study.
- Work continues in recruiting for all positions. New positions were funded in the last legislative session and are being filled. The hospital continues to be challenged by trained employees who leave for other state positions which are of less intensity.
- A recent change in the staffing model has been implemented and is an enormous step in moving toward unit based staffing. An overall of the staffing plan was completed in an effort to "even out" staff scheduling.
- The hospital has recently hired a new Director of Nursing who is addressing nursing staffing needs.

10. Execution of response pertaining to the use of "float" staff is unsatisfactory.

The Director of Nursing is currently reviewing staffing models to be used in the hospital. In 2015, the hospital will move to a unit-based staffing model to enhance the continuity of care for all patients. To make the staffing model effective the hospital has initiated:

- Restructured orientation for unit staff – The new plan is to have nurse educator work with the Staff Development office to have all staff receive full orientation before they work on any unit, in order to improve safety for patients and staff alike.

- Mentoring of new staff by experienced personnel – The Nurse Educator and Nurse Managers will implement a preceptorship program. We are seeking assistance from a sister hospital.
- Regular monitoring of new staff by the nursing education staff – Preceptorship program will be implemented based on an effective preceptor model, and employees who are preceptors will receive additional training and receive a differential in pay.
- Development of a skills based competency model before staff are assigned to acute units – Nursing will work with Staff Development and RN Managers to develop competencies relative to their hired positions.
- Riverview Psychiatric Center will be contracting with Applied Management Systems, Donna Watson-Dillon, to review staffing model vs census driven staffing model.
- As per Elizabeth Jones’ recommendation of January 2015, we should be utilizing the training budget of \$60,000 to improve staff competencies, which includes preceptorship of all staff.

11. Response pertaining to supplemental pay was delayed but other satisfactorily executed.

- Any adjustment to salary for a group of employees requires bargaining with the appropriate union. The increase for staff working on the lower, more acute units was negotiated with the bargaining unit as part of their current contract. The new contract did not take effect until 9/1/15.

12. Execution of response pertaining to staff discussions of means to reduce the pressures experienced by staff is unsatisfactory.

- It was identified that staff, specifically front line staff, face working in stressful and challenging environments due to the acuity of the patients at the hospital. In June, 2015 an Employee Assistance Program training was piloted for Lower Saco Mental Health Workers. Several Mental Health Workers were able to attend reported mixed thoughts on the usefulness of the information.
- RPC recognized that there are times when a violent event can result in employee physical and/or emotional trauma. In March 2015, RPC developed its own Employee Crisis Support Team to provide support to staff in need. The ECS Team respond to STAT calls and provide support via: restoring the functioning of the organizational structure; clarify the circumstances of the event; assess staff needs, demonstrate care and support, and plan for the immediate future.

13. Execution of response pertaining to qualifications of Mental Health Workers is unsatisfactory.

- The hospital is bound by the minimum requirements of the Bureau of Human Resources for state positions. Currently a Mental Health Worker position requires that the applicant have a high school diploma or equivalency as well as Certified Nursing Assistant or other approved training.
- The hospital is committed to move from a custodial care focused model to one that is focused on current evidence based practices of bio-psychosocial rehabilitation and recovery. This will necessitate a long term culture change at the hospital, one that is focused on specific skills which center around psychiatric treatment versus custodial care. The hospital believes this expansion into best practice care will require a continued focused on staff education and training.

- The hospital provides employees the ability to gain, develop and renew skills through: New Employee Orientation, Supplemental Training; Unit/Department Orientation and Training; Annual Mandatory Training; and In Services Training and Education.
- The Department worked with University of Maine, Augusta to submit a bill in the 2015 legislature to provide training to employees. The bill is being considered in the 2016 session.

14. Execution of response pertaining to the reporting of abuse is satisfactory and commendable.

- The hospital intensified its level of reporting starting in 2014.

15. Execution of response pertaining to consultation with staff and class members regarding abuse, neglect and exploitation is satisfactory.

- The hospital intensified its level of reporting starting in 2014.

16. Execution of response pertaining to timely reporting of abuse and neglect to Adult Protective Services, Licensing, Court Master, and Plaintiffs' counsel is satisfactory and commendable.

- The hospital intensified its level of reporting starting in 2014.