

REVIEW OF HEALTH SERVICES AND PHYSICAL
PROTECTION SYSTEMS OF FERGUS FALLS AND
FARIBAULT REGIONAL CENTERS

BY
COLUMBUS MEDICAL SERVICES, INC.
FOR
OFFICE OF THE MONITOR

FEBRUARY 1988

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M dical Services Inc.

**A SYSTEMS REVIEW
OF
ACUTE HEALTH SERVICES
AND
PROTECTION OF CLIENTS
FROM PHYSICAL HARM
AT
FERGUS FALLS REGIONAL TREATMENT CENTER
FERGUS FALLS, MN
AND
FARIBAULT REGIONAL CENTER
FARIBAULT, MN**

Submitted To:

**Richard A. Cohen
Office of the Monitor
Welsch Consent Decree
St. Paul, Minnesota**

By: Columbus Medical Services

FOREWARD

The Office of the Monitor retained Columbus Medical Services in July 1987 for assistance in evaluating medical issues, injury prevention and certain other matters at Faribault Regional Center and Fergus Falls Regional Treatment Center (hereinafter FRC and FFRTC, respectively). The selection of these two facilities was prompted in large part by the frequent incidence of serious injuries at both centers relative to other state facilities, alleged failures to initiate adequate preventative measures, and particularly at FFRTC, alleged delays in treating injuries. Moreover, an evaluation of physical therapy services and adaptive equipment at FRC by Lee Phillips, a physical therapy expert in developmental disabilities, also triggered concerns about medical services.

Columbus is headquartered in Pennsylvania, and is comprised of physicians, other health-care professionals, administrators, psychologists, and pharmacists experienced in services to persons with developmental disabilities. Columbus provides direct services exclusively to persons with developmental disabilities in such areas as acute medical care and administration of medication. It also has provided staff inservice, technical assistance, and evaluations in a number of states.

Two persons conducted the actual on-site reviews of FRC and FFRTC, one of whom is Columbus' Medical Director, Steve Parker, M.D. Dr. Parker is currently Director of the Developmental Assessment Clinic and Director of the Fellowship Training Program, Division of Developmental and Behavioral Pediatrics at Boston City Hospital and an Assistant Professor of Pediatrics at Boston University School of Medicine and a Clinical Instructor in Pediatrics at the Harvard Medical School. The other reviewer, Eric Zaharia, Ph.D., is a Special Educator and Psychologist and currently is the Director of Behavioral Services for the State of Colorado Division of Developmental Disabilities. His previous positions include Director of a 1000-bed state mental retardation facility in North Carolina, and between 1973-1976, he was Assistant Mental Retardation Program Director at Glacial Ridge Treatment Center in Willmar, Minnesota. Columbus' report is based not only on the findings of Drs. Parker and Zaharia, but the collaborative input of Columbus' overall interdisciplinary team.

While the report describes a number of serious problems in the care and habilitation provided to persons residing at FRC and FFRTC, Columbus was impressed with several important characteristics of these facilities, including the presence of a high degree of professionalism and motivation, certain components of the abuse and neglect investigation process, and emergency medical training for staff. Areas needing improvement at one, and

generally at both facilities, included medical record keeping and physician entries, need for more advocates, formal programming and staff interaction with residents, adaptive equipment, use of mechanical restraints, record checks on job applicants, physician medical practices, use of PRN's, nursing training in physical assessments, protocols for death reviews, accident and injury oversight, coordination of medical care, follow-up of acutely ill residents, and emergency drills.

This is the first report to be publicly issued since the Court approved the Negotiated Settlement in Welsch v. Gardebring, 4-72 Civil 451 N.D. Minn. August 1987. The Settlement superseded a Consent Decree which had been in effect from September 1980 through July 1987. The Consent Decree had provided for an Office of Monitor as does the Settlement, although some of the functions and responsibilities of the Office have changed. This report is issued pursuant to Section VIII B(6)(e) of the Settlement which requires the Monitor prior to publication, to allow the service provider or agency affected, 60 days to review and comment on the report. The Columbus report was forwarded to the Department and each facility in November 1987. On January 19, 1988, the combined response of FRC, FFRTC, and central office was received. It is attached as Appendix C. Appendix D is a summary prepared by this Office comparing the Columbus report with DHS' response and containing additional plans for follow-up action.

DHS concurred with most of the recommendations and set forth plans with varying degrees of specificity to carry them out. The forthrightness and action-oriented approach in much of the response seems to represent what Columbus saw in both facilities as a "sincere motivation . . . to deliver excellent care to clients." Columbus report, p. 3.

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INTRODUCTION

The following report details Columbus' evaluation of the systems by which individuals with mental retardation are protected from harm and acute medical services are delivered at the Fergus Falls Regional Treatment Center (FFRTC) and the Faribault Regional Center (FRC). After a discussion of the project methodology, areas of common strengths and weaknesses will be presented. The report will then discuss issues specific to each center and present recommendations when appropriate.

The level of analysis of this report was greatly enhanced by the cooperative spirit with which the facilities treated this project. The provision of requested materials before the visit and the easy accessibility and candor of the staff while on-site, allowed for wide-ranging and frank discussions. Resistance and resentment, often experienced in reviews such as this, were notably absent. This positive, cooperative spirit at the facilities bodes well for further efforts to improve client services.

While this report focuses primarily on areas of concern, it should not be construed as an indictment of care at the centers. On the contrary, there are many areas of excellence at each facility. The goal of many of our recommendations is to raise the quality of an already adequate practice rather than remediate a deficient one. It is with this constructive intent that we offer this report.

I. METHODOLOGY

A. Pre-Visit Data Collection

Before on-site visits, Columbus requested numerous data elements, standards and protocols, and other documents. These were supplied in a timely fashion by the centers and reviewed by Columbus before the visits. This phase allowed Columbus to become familiar with the centers and target areas to explore during the on-site visits. Documents reviewed are summarized in Appendix A.

B. On-Site Visits

The Columbus team was on-site at the Fergus Falls Regional Treatment Center (FFRTC) on August 11th and 12th, 1987, and the Faribault Regional Center (FRC) on September 3rd and 4th, 1987. Initially, Columbus met with appropriate administrative personnel, including the CEO and medical, nursing, and program directors to discuss the goals of the project and elicit their views as to problem areas.

Following a tour of the facilities, the remainder of the visits were spent engaging in interviews with appropriate staff (which included physicians, nurses, direct care staff, psychologists, advocates, and programming staff). Client records were reviewed and clinical observations of programs, medical practices and protection systems were conducted.

II. CONTENT AREAS COMMON TO FFRTC AND FRC

A. Strengths

1. Positive, motivated staff.

At both centers, Columbus was impressed with the sincere motivation of administration and staff to deliver excellent care to clients. The staff took pride in their accomplishments but were frank in their suggestions to improve care. A sense of professionalism was evidenced that allowed an openness to new ideas. This level of motivation and commitment among administration and staff creates an environment conducive to positive change. The talent and energies of the staff are the centers' greatest resources.

2. Structure of Abuse and Neglect Investigations.

At both FFRTC and FRC, the handling of abuse investigations for formally reported violations is excellent. Fact finding is well documented, written policies and procedures are known to staff, and employees work in a climate where reporting is encouraged. The attention of management to areas of subtle, unreported abuse or neglect will be addressed later in this report.

3. Emergency Medical Training for Staff.

The facilities are to be applauded for the excellent level of staff training in cardiopulmonary resuscitation (CPR), the Heimlich Maneuver, and first aid treatment.

All of the physicians and nurses have been recertified in the past year, as have approximately 70% of the direct care staff. Thus, it is unlikely for a client to require emergency treatment without a staff person only seconds away who is capable of rendering such potentially life-saving care.

B. Areas of Concern Common to FFRTC and FRC

1. Client Records

The system for client records at both facilities is archaic, confusing, and detrimental to interdisciplinary team communication. The file folders for the records are inadequate: prongs are a cumbersome and time consuming way to insert papers; the cardboard backings are prone to deterioration. There is a lack of coherent structure to the charts. Columbus' chart reviews were inhibited by the lack of logical divisions and sections to the chart. Important information is inserted along with extraneous data. Little effort is made to purge the charts. As a result, outdated materials take up inordinate space. There are no clear divisions of the data (e.g. a separate section for lab data and x-rays). The net result is a client record that inhibits access to information and undermines a key mode of interdisciplinary team communication.

RECOMMENDATION

II. B.1. - An overhaul of the system of charting is needed. Experienced records personnel should be engaged to devise a coherent system for organizing information into the chart and providing an adequate system of housing the charts. A system for maintenance and timely purging must also be created.

2. Future Advocacy Services.

Internal advocacy services are a critical element in any facility's system to protect clients from abuse. Aggressive internal advocacy for clients is the only internal vehicle for which the good of the client is the only consideration, and in which unreported abuse or neglect can be detected for administrators. Other facility staff, however well-intentioned, must weigh the clients' needs against other considerations, such as resource availability, public image, staff morale, etc. Advocacy services are in jeopardy at both centers.

At FFRTC, the advocate will be physically redeployed and further divide his time between chemical dependency, mental health, and mental retardation clients. Because clients with mental retardation are not as verbally demanding, their needs are more easily overlooked. Competitive and immediate demands by other groups result in their receiving a low priority, although the assurance of their rights is more complex and far more vulnerable to violation.

At FRC the redistribution of advocacy services will result in the advocate being also responsible for a large group of community-based clients. The responsibilities to the clients at FRC will be further diminished, while the competitive demands of additional clients will increase. The result will be a diminution of a key service in protecting clients' rights.

RECOMMENDATION

II. B.2. - While Columbus supports the external advocacy plan, at least one full-time internal advocate per facility should be assigned responsibility for the individuals with developmental disabilities at FFRTC and FRC.

3. "Engagingness" of Staff with Clients.

Staff attitudes demonstrating constructive informal interaction between staff and client are of primary importance; more important than paperwork or environmental maintenance. At both centers we observed staff working on documentation or involved in other tasks while clients were isolated and non-interactive. Constructive interactions between programming times (especially in the early morning, late afternoon, and pre-bedtime hours) are critical in fostering a positive social environment.

RECOMMENDATION

II. B.3. - Positive interactions between staff and clients during non-programming times must be fostered. A quality assurance monitoring system should be developed whereby supervisory and managerial staff go to client areas and audit staff-client interactions.

4. Adaptive Equipment.

Columbus wholeheartedly concurs with the conclusion of Karen McGowan's report. The use of adaptive equipment, especially individualized wheelchairs, does not reflect the state-of-the-art. Such equipment is critical for the prevention of further joint contractures, scoliosis, and gastroesophageal reflux. Many clients are still utilizing outdated adaptive equipment which, slowly but surely, impairs their functioning.

RECOMMENDATION

II. B.4. - The recommendations of Karen McGowan's report should be quickly addressed. For example, the installation of thermoplastic molding or foam-in-place technologies for wheelchair individualization should be explored. Relationships with outside consultants and/or provisions to install such equipment in-house should be given a high priority.

5. Mechanical Restraints.

In this area, the centers' written policies and procedures are adequate. Restraint usage is well documented and justified in the client records.

However, Columbus urges that the goal at the centers be to continue to reduce their programmatic usage. Emergency restraints are too readily available in some situations (e.g. attached to a client's bed or in the unit closet). The justification of "crisis intervention" can be too easily made. Some mechanical/protective restraints are perceived as chronic, essential, and inevitable by the staff.

RECOMMENDATION

II. B.5. - Targets for ongoing and continuous reduction in planned mechanical restraint programs should be established.

- Emergency restraints should be inventory controlled through central supply points.
- Authorized personnel (e.g. QMRP's) should pre-visit on-site to approve their emergency use.
- Medical or protective restraints should not be regarded as chronic by policy or in practice. All such restraint use should be periodically reviewed for ongoing reductions.

6. Employee Past Records.

The inability of the facilities to access police records for HST and other positions presents a potentially dangerous area of vulnerability to clients. It is likely that without such scrutiny, persons convicted of crimes, such as assault or abuse, may be hired to work at the centers.

RECOMMENDATION

II. B.6. - During orientation, new employees should be asked to consent to a review of any police records.

7. Physician Medication Practices.

Two common issues were observed in medication practices: a low priority to decrease multiple prescriptions for clients and little documentation to justify the use of certain medications. These issues are especially applicable to anticonvulsant and psychotropic medication practices. For example, a client with an intractable seizure disorder is often placed on three, four, or even five medications. Once taking a medication, there is rarely an attempt to discontinue it. Compounding the problem is a lack of justification for the additional medications, i.e., there is no data to show the client requires four, as opposed to one or two, antiseizure medications.

Similarly, the justifications for psychotropic medication use are often poorly documented. Especially in clients without a psychiatric diagnosis, such medications tend to become entrenched with little thought to tapering their dose. While the medication may be entirely necessary, there is no way to know this because the documentation is scanty and attempts to diminish or discontinue the drug have not been undertaken and/or recorded.

RECOMMENDATION

II. B.7. - Protocols should be developed to monitor the use of medications which include: documentation standards, objective methods to monitor the efficiency of the drugs, attempts to diminish or discontinue the drugs if no efficacy can be proven, and surveillance for drug side effects.

8. P.R.N. Orders.

Standing orders for dealing with acute client illnesses exist at the centers. Because of their lack of specificity, it is possible for clients not to be evaluated in a timely fashion by a physician. For example, the standing order of "Tylenol for fever" allows a nurse to symptomatically manage a persistent fever for days. This could result in a client with a more serious illness not receiving timely treatment.

RECOMMENDATION

II. B.8. - There should be very few standing orders. The facilities should review and amend current policies.

- Standing orders should be specific and include: communication of use to physicians, time limits on their use without physician evaluation, and appropriate situations for their utilization.

9. Nursing Training in Physical Assessment.

The nurse is typically the first to assess an acutely ill client. It is their responsibility to decide whether the client's illness warrants a physician evaluation. Underestimating the severity of illness and/or an inappropriate use of a standing order, can lead to delays in diagnosis. Thus, it is critical for nurses to possess state-of-the-art skills in physical assessment. There are, however, no mechanisms to ensure that these skills are regularly enhanced and updated. Available nursing continuing education programs usually do not address this area.

RECOMMENDATION

II. B.9. - Physical assessment skills for nurses should be updated on a yearly basis. Resources should be provided to ensure such a course is given by a professional experienced in the physical assessment of individuals with developmental disabilities.

10. Protocols for Death Reviews.

Following a client's death, the procedures for reviewing the death at the centers are variable. It is not standard to advocate that autopsies be performed in all cases. Consequently, the valuable function of using a

client's death to improve provider skills through its educative aspects is often lacking. Additionally, the state does not appear vigorous in pursuing its own analysis and investigations of cases in which the care delivery or cause of death may have been questionable.

RECOMMENDATION

II. B.10. - It should be the standard that autopsy exams are requested and advocated for in all client deaths.

- A formalized system for mortality reviews and case conferences should exist.

- A statewide quality assurance mechanism to evaluate client deaths should be instituted.

III. CONTENT AREAS SPECIFIC TO FERGUS FALLS REGIONAL TREATMENT CENTER.

A. Strengths

The administration and staff at FFRTC are committed to providing high quality care to the clients. Interdisciplinary relations appeared positive. Clients appeared well cared for and the living areas were clean. Attempts to improve the home-like atmosphere were ongoing. Most importantly, staff generally appeared to have a real interest and respect for the clients they served. They have a well-motivated desire to reduce the geographic isolation which makes input from outside professionals rare.

B. Areas of Concern

1. Policies and Procedures.

Formal agency rules governing staff behaviors are important to maximize clients' protection from harm. Many policies had not been recently updated, were not in accordance with state statutes, and/or did not reflect current practices (e.g. behavior management, IDT process).

RECOMMENDATION

III. B.1. - Annual reviews, updates, and revisions of FFRTC policies should occur.

- Staff should be inserviced following new or revised policies to ensure familiarity.

2. Habilitative Programming.

Client programming tended to be poorly coordinated among disciplines. The content did not always reflect newer, more innovative, and state-of-the-art practices.

RECOMMENDATION

III. B.2. - A comprehensive evaluation of programming standards, methodologies, and systems should be undertaken.

3. Direct Care Staffing.

Given the multi-handicapped nature of many of the clients at FFRTC, direct care staffing is marginal. If more sophisticated programs are to be instituted, and if positive reinforcement rather than intrusive behavior controls are to be utilized, improved staffing must occur.

RECOMMENDATION

III. B.3. - On overall direct care: client ratio of 1:1 should be achieved.

- On-duty assignments of 1:4 or better in the non-ambulatory and behaviorally disordered units should be achieved.

4. Accident/Injury Oversight.

The activities of the Safety Committee do not focus on longitudinal patterns of injury or on-site physical inspections. Clear documentation of reviews of incidents by persons in the chain-of-command is not clearly evidenced.

RECOMMENDATION

III. B.4. - The Committee should expand its oversight function to include patterns of injury and on-site inspections.

- Annual reduction targets for accidents and injuries should be set by management and monitoring mechanisms implemented which can identify unnecessary injuries.

- The report form should be revised to document chain-of-command review and comment.

- The State Central Office should establish central monitoring systems to identify longitudinal trends.

5. Coordination of Medical Care.

The current system of medical care delivery does not promote unified, cohesive, integrated, and well-planned care delivery. Yearly physical exams occur by an independent physician group, while episodic acute care and medication reviews are given by an on-site physician. This fragmentation of responsibility joins with the lack of documentation standards and the illogical, inefficient

charts, to create fragmented client care. For example, a client remained on multiple anti-hypertensive medications despite a normal blood pressure for years. It appeared that no one took primary responsibility for the client's care and the inertia of the status quo was perpetuated.

RECOMMENDATION

III. B.5. - A primary provider must have responsibility for coordinating and planning each client's medical care. This could be a physician or nurse practitioner. A critical element must be that this provider be given the time to review the client's care (not just provide exams) and relate appropriate input to the interdisciplinary team.

6. Following-Up of Acutely Ill Clients.

There are no standards for the frequency of follow-up by a physician after an evaluation for illness. Consequently, documentation of follow-up was often lacking.

RECOMMENDATION

III. B.6. - Standards for evaluation and follow-up of acute illnesses should be set with corresponding documentation standards.

7. Emergency Drills.

While well-trained in CPR, first aid, etc., no simulated emergencies occur at FFRTC. These "mock codes"

should be randomly called and staff response to the event (e.g. choking episode, cardiac arrest, prolonged seizure) evaluated. This serves to greatly enhance the responses of staff during a real emergency.

RECOMMENDATION

III. B.7. - Emergency drills should occur on all shifts on a regular basis.

- An emergency care committee should be responsible for evaluating the drills with a mechanism for feedback and improving staff responses.

IV. CONTENT AREAS SPECIFIC TO THE FARIBAULT REGIONAL CENTER

A. Strengths

Many positive aspects of client care at FRC were in evidence during Columbus' visit. Administrative and staff desire for excellence led to an openness to new ideas. The interdisciplinary teams appear to function well. Clients appeared well cared for and the living units well maintained. Staff were invariably familiar with the clients and their needs and projected a sense of concern about meeting these needs. A high degree of professionalism existed among the medical staff, exemplified by frequent team meetings with sharing of expertise, thoughtful discussions of client care, and scholarly research occurring on and off-site. Physicians were very available to staff and in no case did staff complain that a physician would not promptly respond to their requests. In general, a good standard of care already exists at FRC, which the recommendations in this report can help to improve.

B. Areas of Concern

1. Evaluation of Emergency Drills.

While emergency drills occur regularly at FRC, there is room for upgrading their quality. First, there is no physician involvement in the drills. Thus, their input is

not included nor their responses evaluated. Secondly, the instrument by which the drills are evaluated does not contain specific areas to be addressed (e.g., time of response, adequacy of communication, quality of treatment, etc.) Consequently, the evaluations are vague, non-specific, and not very constructive.

RECOMMENDATION

IV. B.1 - Physicians should become involved in emergency drills. Their responses should be evaluated and at least one physician involved in the evaluation.

- A new instrument for evaluation should be created and a mechanism for staff feedback formalized.

2. Physician Documentation Standards.

The frequency of physician notes were variable. In some cases, no physician notes were entered for prolonged periods of time after a client evaluation which required active follow-up. For example, a client with an active skin infection was not seen by his physician for fourteen days following diagnosis.

RECOMMENDATION

IV. B.2. - Documentation standards regarding the frequency and quality of physician entries to the chart should be established.

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APPENDIX A

DOCUMENTS REVIEWED

1. A/I Reports
2. A/I Review Committee Minutes
3. Death Reports
4. State Survey Reports
5. HCFA Survey Reports
6. Staffing Patterns & Distribution
7. Selected Policies and Procedures
8. Abuse Prevention Plans
9. Phillips Report 10/86
10. Cohen Report 5/86
11. McGowan Report 4/87
12. Population Demographics

APPENDIX B

REPORT ON FFRTC/FRC

SUMMARY OF RECOMMENDATIONS

II. COMMON RECOMMENDATIONS: FFRTC/FRC

II. B.1. - Client Records - An overhaul of the system of charting is needed. Experienced records personnel should be engaged to devise a coherent system for organizing information into the chart and providing an adequate system of housing the charts. A system for maintenance and timely purging must also be created.

II. B.2.- Future Advocacy Services - While Columbus supports the external advocacy plan, at least one full-time internal advocate per facility should be assigned responsibility for the individuals with developmental disabilities at FFRTC and FRC.

II. B.3. - Engagingness of Staff with Clients - Positive interactions between staff and clients during non-programming times must be fostered. A quality assurance monitoring system should be developed whereby supervisory and managerial staff go to client areas and audit staff-client interactions.

II. B.4. - Adaptive Equipment - The recommendations of Karen McGowan's report should be quickly addressed. For example, the installation of thermoplastic molding or foam-in-place technologies for wheelchair individualization should be explored. Relationships with outside consultants and/or provisions to install such equipment in-house should be given a high priority.

II. B.5. - Mechanical Restraints

- Targets for ongoing and continuous reduction in planned mechanical restraint programs should be established.

- Emergency restraints should be inventory controlled through central supply points.

- Authorized personnel (e.g. QMRP's) should pre-visit on-site to approve their emergency use.

- Medical or protective restraints should not be regarded as chronic by policy or in practice. All such restraint use should be periodically reviewed for ongoing reductions.

II. B.6. - Employee Past Records - During orientation, new employees should be asked to consent to a review of any police records.

II. B.7. - Physician Medication Practices - Protocols should be developed to monitor the use of medications which

include: documentation standards, objective methods to monitor the efficiency of the drugs, attempts to diminish or discontinue the drugs if no efficacy can be proven, and surveillance for drug side effects.

II. B.8. - P.R.N. Orders

- There should be very few standing orders.

The facilities should review and amend current policies.

- Standing orders should be specific and include: communication of use to physicians, time limits on their use without physician evaluation, and appropriate situations for their utilization.

II. B.9. - Nursing Training in Physical Assessment

- Physical assessment skills for nurses should be updated on a yearly basis. Resources should be provided to ensure such a course is given by a professional experienced in the physical assessment of individuals with developmental disabilities.

II. B.10. - Protocols for Death Reviews

- It should be the standard that autopsy exams are requested and advocated for in all client deaths.
- A formalized system for mortality reviews and case conferences should exist.
- A statewide quality assurance mechanism to evaluate client deaths should be instituted.

**III. CONTENT AREAS SPECIFIC TO FERGUS FALLS REGIONAL
TREATMENT CENTER**

III. B.1. - Policies and Procedures

- Annual reviews, updates, and revisions of FFRTC policies should occur.

- Staff should be inserviced following new or revised policies to ensure familiarity.

III. B.2. - Habilitative Programming - A comprehensive evaluation of programming standards, methodologies, and systems should be undertaken.

III. B.3. - Direct Care Staffing

- On overall direct care: client ratio of 1:1 should be achieved.

- On-duty assignments of 1:4 or better in the non-ambulatory and behaviorally disordered units should be achieved.

III. B.4. - Accident/Injury Oversight

- The Committee should expand its oversight function to include patterns of injury and on-site inspections.

- Annual reduction targets for accidents and injuries should be set by management and monitoring mechanisms implemented which can identify unnecessary injuries.

- The report form should be revised to document chain-of-command review and comment.

- The State Central Office should establish central monitoring systems to identify longitudinal trends.

III. B.5. - Coordination of Medical Care - A primary provider must have responsibility for coordinating and planning each client's medical care. This could be a physician or nurse practitioner. A critical element must be that this provider be given the time to review the client's care (not just provide exams) and relate appropriate input to the interdisciplinary team.

III. B.6. - Following-Up of Acutely Ill Clients - Standards for evaluation and follow-up of acute illnesses should be set with corresponding documentation standards.

III. B.7. - Emergency Drills

- Emergency drills should occur on all shifts on a regular basis.

- An emergency care committee should be responsible for evaluating the drills with a mechanism for feedback and improving staff responses.

IV. CONTENT AREAS SPECIFIC TO THE FARIBAULT REGIONAL CENTER

IV. B.1 - Evaluation of Emergency Drills

- Physicians should become involved in emergency drills. Their responses should be evaluated and at least one physician involved in the evaluation.

- A new instrument for evaluation should be created and a mechanism for staff feedback formalized.

IV. B.2. - Physician Documentation Standards - Documentation standards regarding the frequency and quality of physician entries to the chart should be established.



**STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES
444 LAFAYETTE ROAD
ST. PAUL, MINNESOTA 55155**

January 15, 1988

Mr. Richard Cohen
Office of the Monitor
Legal Education Center, Room 106
40 North Milton Street
St. Paul, MN 55104

Dear Mr. Cohen:

Please find enclosed the response to the Columbus Medical Services' Report, "A Systems Review of Acute Health Services and Protection of Clients from Physical Harm at Fergus Falls and Faribault Regional Centers."

If you have any questions concerning the response, please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Jane Delage".

Jane Delage, Director
Policy Coordination

JD/ej
enclosure

cc: Julie Brunner
Marie Gomez
Robert York
Ed Skarnulis
Marueen Bellis
Luther Granquist
William Saufferer
Elaine Timmer

AN EQUAL OPPORTUNITY EMPLOYER

A RESPONSE TO THE COLUMBUS MEDICAL SERVICES' REPORT, "A SYSTEMS REVIEW OF ACUTE HEALTH SERVICES AND PROTECTION OF CLIENTS FROM PHYSICAL HARM AT FERGUS FALLS AND FARIBAULT REGIONAL CENTERS".

The Department of Human Services is pleased to provide this response to the Columbus Report. It is the position of the Department that outside consultant evaluations provide important perspectives and feedback to existing systems and practices with the potential for service enhancement to persons receiving services.

In addition, consultant studies can provide external validation of the quality of these same systems and practices. The Fergus Falls and Faribault facilities are pleased to note the many strengths identified in the Columbus Report, including:

1. Positive, motivated staff on the part of administrative and line employees with a high degree of professionalism and receptivity to new ideas.
2. Structured abuse and neglect investigations in a working climate where reporting is encouraged and policies are well known to staff.
3. Excellent level of staff training in emergency medical care, including CPR, Heimlich Maneuver, and first aid treatment.

Indeed, the Columbus Report introduction states that: "While this report focuses primarily on areas of concern, it should not be construed as an indictment of care at the centers. On the contrary, there are many areas of excellence at each facility. The goal of many of our recommendations is to raise the quality of an already adequate practice rather than remediate a deficient one."

In keeping with the constructive intent of the Columbus Report, the Fergus Falls and Faribault Regional Centers have reviewed carefully and openly the concerns and recommendations of the Columbus Medical Services and have responded accordingly.

I. Columbus Recommendations for Concerns Common to FFRIC and FRC.

A. Client Records

RECOMMENDATION

An overhaul of the system of charting is needed. Experienced records personnel should be engaged to devise a coherent system for organizing information into the chart and providing an adequate system of housing the charts. A system for maintenance and timely purging must also be created.

Both facilities concur with the assessment regarding the existing client record system. The current record system is used at all eight regional centers. The Department has recognized the need for improved management information systems, including modernization and automation of the chart record system. At present, a project is underway in the Central Office Residential Facilities Division to design and implement such a system.

B. Future Advocacy Services

RECOMMENDATION

While Columbus supports the external advocacy plan, at least one full-time internal advocate per facility should be assigned responsibility for the individuals with developmental disabilities at FFRTC and FRC.

FFRTC and FRC continue to provide support to the assigned advocates and to receive advocacy services. In addition each of the facilities has in place policies and regulations which reflect strong commitments to advocacy services provided by additional means, including various review and oversight committees. A full-time, internal advocate for each facility has proven beneficial in the past but must be evaluated on a system-wide basis in the context of the newly created Ombudsman's Office.

C. "Engagingness" of Staff with Clients

RECOMMENDATION

Positive interactions between staff and clients during non-programming times must be fostered. A quality assurance monitoring system should be developed whereby supervisory and managerial staff go to client areas and audit staff-client interactions.

FFRTC: The prompting of staff by supervisors to positively interact with clients is an inherent responsibility of FFRTC supervisors. The obligation to foster and bring about improvement in the frequency and quality of staff interaction is on-going. The MR program has established and implemented a monitoring system of staff interaction which will audit staff-client interactions on a regular basis. The audit data is reviewed quarterly by the management group in their quality assurance meetings. An initial audit was done in 1987 and is now being revised to simplify the collection and broaden the times monitoring is to be done.

In addition to focusing responsibility and monitoring staff behavior, FFRTC is reviewing ways to adjust staff assignments and responsibilities so that more opportunity can be provided for resident interaction. One example of focused assignment is the designation by shift of one staff member whose responsibility it is to ensure that residents are engaged in meaningful activity whenever they are in the residential unit. The staff member is a leisure time activity leader. This

employee is not assigned other duties such as health care, personal grooming, etc. but solely to provide activities and foster interactions. This assignment is being tried and may be expanded if it proves to be efficient and effective.

FRC: FRC currently extends professional and supervisory staff routinely to provide direction/assistance during evening and weekend hours during the residential program. In addition the facility employs an Officer-of-the Day position who reviews the areas daily, completing a checklist which includes staff-client interactions. These forms are routed to the supervisor of the unit and the facilities Program Director for review and action.

Faribault's Quality Assurance system is designed to audit each work area semi-annually. Part of the review conducted by the disciplines includes a review of activities and interactions.

The facility is also in the process of implementing "Rhythm of Life" schedules for each individual client and their respective household. This system will be used to develop staff assignments based on client need/want and it also will involve intensive staff training and monitoring.

D. Adaptive Equipment

RECOMMENDATION

The recommendations of Karen McGowan's report should be quickly addressed. For example, the installation of thermoplastic molding or foam-in-place technologies for wheelchair individualization should be explored. Relationships with outside consultants and/or provisions to install such equipment in-house should be given a high priority.

FFRTC: The recommendations of the McGowan Report are being addressed. Through contract with the Gillette Hospital, effective July, 1987, orthotic and prosthetic evaluations are done on each client needing adaptive equipment. Evaluation clinics are held at minimum each six weeks at FFRTC, in which a habilitation team of FFRTC staff, Physical Therapy consultants, and Gillette staff review the habilitation equipment needs of each client. Results of these clinics, through December, 1987, are summarized below. The goal is to evaluate each client and provide the proper adapted equipment by July, 1988. As the report indicates, significant improvements have already been made for a large number of clients and the goal established appears achievable.

As of December 16, 1987, Gillette has had four 1 1/2 day clinics at the Fergus Falls Regional Treatment Center

1. 25 MR residents have had seating evaluations. Of these:
 - o 10 have been fit with new seating systems.

- o 8 have upcoming appointments to be evaluated at Gillette's C.P. Spine Clinic.
 - o 1 resident's current seating system was found acceptable.
 - o 3 residents' seating systems have been modified by George Wagstrom according to Gillette's recommendations as well as numerous small repairs.
 - o 3 residents have received chest straps.
 - o 1 resident received an anti-thrust seat.
 - o 13 seating systems have been modified or received additional adaptations/adjustments.
 - o 7 new seating systems have been rechecked after initial fitting.
 - o 1 resident was referred to Gillette for a communication and powered mobility evaluation and the staff is now working on switches for a powered driven wheelchair.
2. 1 MR resident's RSO has been modified.
 3. 4 MR residents have been evaluated for helmets or protective headgear. Of these:
 - o 2 helmets have been modified.
 - o 2 helmets will be ordered from DANMAR by FFRTC.
 - o 1 resident was fit with a new helmet.
 - o 1 resident was fit with a padded baseball cap.
 4. 8 MR residents have had lower extremity or foot evaluations. Of these:
 - o 4 residents were casted and have been fit with new AFOs or FOs.
 - o 1 resident has been referred to Gillette for an orthopedic consultation.
 - o 1 resident was fit with AFOs that had been previously casted at Gillette.
 - o 6 residents' AFOs or FOs have been modified.
 - o 2 residents' present FOs were adequate.
 - o 1 resident had outgrown her FOs and no longer needed them.
 5. Four one-hour inservices were presented on two topics. The first was attended by 28 FFRTC staff and the second by 11 staff.

FRC: The following describes activities taken by the facility to implement not only the recommendations provided by the Columbus Report, but also related activities to improve services to physically handicapped clients at FRC:

1. Organizational changes.
 - o Satellite PT clinic moved from Elm to Birch to provide better services to younger clients.
 - o FRC plans to open second Satellite PT clinic during 1988 pending equipment purchase.

- o Opened 3 COTA positions for residential units to function exclusively in a therapy role.

2. Recruitment Efforts.

- o FRC has placed ads in St. Paul & Minneapolis paper for the recruiting of PTs and OTs.
- o FRC placed ads in the OT and PT Bulletin - a National Newsletter which resulted in one phone call/no hires.
- o FRC placed ads at the Annual Minnesota Occupational Therapy State Conference.
- o OT Department Chair talked with Department Heads at the University of Minnesota and St. Catherine's College.
- o 90 individual recruitment letters were sent out to three schools in Wisconsin (University of Wisconsin, Madison, and Milwaukee branches).
- o Hired a former OT on a consultant contract basis to assist with wheelchair assessments.

3. Specialized Training.

- o Karen Green McGowan presented two separate workshops to the five residential units housing physically handicapped individuals.
- o Two OTs attended additional specialized training in Michigan sponsored by Karen Green McGowan.
- o PT and OT department incorporated all feasible recommendations from Lee Phillips review.
- o OTs and PT Department attended DHS sponsored APTA workshop.
- o OTs consulted with Judith Reisman, OT Consultant, at the University of Minnesota and on contract with Cambridge.
- o OTs attended Wheelchair Positioning Workshop by Sheryl Colangelo, PT from New York.
- o PT Department consulted with F. Johnson, a Respiratory Therapist in bronchial hygiene.
- o PT Department conducted Range of Motion inservices to COTAs.
- o PT Department instrumental in FRC Wellness Committee in providing training to staff in lifting, body mechanics, and active transfers.

4. Improved Services.

- o OT and PT Department fully implemented Center Regulation 3101 which includes a yearly total assessment of each resident's wheelchair needs with a six month follow-up review.
- o PT and OT Department working with Contour-U Seating System (Winkley Company) to evaluate special needs residents. Company is being used on a trial consultant basis and services will be expanded if the foam-molding design meets the needs of the residents. This is part of the process to follow-up on the Columbus Report advising use of thermoplastic molding or foam in place technologies.

E. Mechanical Restraints

RECOMMENDATION:

- o Targets for ongoing and continuous reduction in planned mechanical restraint programs should be established.
- o Emergency restraints should be inventory controlled through central supply points.
- o Authorized personnel (e.g. QMRP's) should pre-visit on-site to approve their emergency use.
- o Medical or protective restraints should not be regarded as chronic by policy or in practice. All such restraint use should be periodically reviewed by ongoing reductions.

FFRTC: The program has established a goal of no use of mechanical restraint for behavioral reasons. This no use policy was implemented in October of 1987. In behavioral emergencies, behavioral or supervisory staff are contacted to assist staff in controlling and redirecting the client into appropriate positive behavior through non-intrusive means. All restraints are stored off the unit and only available to authorized personnel.

The use of medical or protective restraints requires medical authorization and the authorization is limited to 24 hours. Evaluation is required by medical and nursing staff before authorization for further use can be ordered.

As a result, the use of mechanical restraint is presently controlled. Use is on an exception only basis and not perceived as chronic, essential, or inevitable by staff.

FRC: Faribault is currently revising its regulation regarding restraint use to be in compliance with DHS Rule 40. Use of restraint on an emergency or crisis will be expanded to include an inventory of restraint devices and control procedures for their use. The regulation will also require pre-visits before authorization by a qualified individual. Use of restraint devices for protective/medical reasons are evaluated no less than monthly by the unit medical personnel, quarterly by the team and annually, if necessary, by the facilities Program Director, Medical Director, and Human Rights Committee. The facility expects to update its policies and train staff by February, 1988. In addition, the Medical Director will audit medical restraint data prepared by the computer on a monthly basis, starting January 1, 1988.

F. Employee Past Records

RECOMMENDATION:

During orientation, new employees should be asked to consent to a review of any police records.

This concern is being addressed on a system-wide basis for all eight regional centers. Minnesota Statutes provide for background checks of prospective employees prior to offers of

employment. The procedural application for regional treatment center employees is undergoing development by the Department's Licensing Division.

G. Physician Medication Practices.

RECOMMENDATION

Protocols should be developed to monitor the use of medications which include: documentation standards, objective methods to monitor the efficiency of the drugs, attempts to diminish or discontinue the drugs if no efficacy can be proven, and surveillance for drug side effects.

FFRTC: The Columbus consultants did not thoroughly review this facility's monitoring practices of medication use. They did not consult with the Pharmacy Department during their visit and did not review the automated medication monitoring system that is currently in place. Therefore, we do not agree with their conclusions in total.

All clients on psychotropics are reviewed every 30 days by a Medication Monitoring Team consisting of the Pharmacist, M.D., R.N., Psychologist, Behavior Analyst, and unit staff. This team reviews behavioral data for the past 30 days and evaluates the efficiency of medication and behavior programs. The team advises the M.D. regarding the use of medications and documents the review. This same review process is done every 90 days for anyone on seizure control medications.

Our records do not show evidence of multiple use of psychotropic or anti-convulsant medications. Of all clients on psychotropic medications, no one is on four or five medications, only two receive more than one neuroleptic. Nine clients receive Lithium plus a psychotropic medication.

We concur with the recommendation that improvement in physician documentation is desirable. Standards have been promulgated to require improved documentation of prescriptions decisions.

The practice of challenging anti-convulsant medications must be carefully evaluated when a good control level has been found. It is standard practice to refer all clients for neurological consultation if seizure control problems are chronic or acute. Of 73 clients on seizure medication, only 11 clients are on more than three medications and two clients on four. These clients are being followed more frequently than every 90 days due to seizure control problems.

A monthly report of psychotropic medication use is provided to the medication monitoring personnel and management staff. This report serves to monitor progress of the team's activity. Trend data is being developed to more easily monitor the activity.

The protocol for drug side effects monitoring is being developed system-wide and will be in place by April, 1988.

FRC: One of the first medical staff priorities will be to review patients on polytherapy programs. The attention will be especially directed to review anticonvulsant and psychotropic medication.

To enhance such a review, Faribault Regional Center recently opened an "Epileptology" Consultation Clinic. The consultant will review, with the attending physician, all persons on more than one anti-epileptic drug.

FRC intends to hire a part-time doctor in pharmacy, who will get involved in reviewing the polypharmacy type of therapy and clients on psychotropics.

In cases in which polytherapy is the best treatment for a person, a comprehensive progress note will document, explain and chart such a need.

We have embarked for many years in a team process directed to decrease and to appropriately discontinue psychotropic drugs. So far, FRC has data to document a great success and positive outcome of the program. The process is continuous and developing with more reviewing, more assessments, more concern for the welfare of the client. At the same time, FRC has in effect a formal review system to prevent side-effects, adverse reactions and Tardive Dyskinesia.

In regard to psychotropic drug utilization, FRC has established very specific protocols governing their use. Specifics are outlined in relationship to the need for successive positive programming attempts, data based adjustments, guardian consent, the need for continued reduction attempts based upon objective determination criteria, maximum percentage of reductions and specific physiologic monitoring of side effects and Tardive Dyskinesia.

H. PRN Orders.

RECOMMENDATION:

- o There should be very few standing orders. The facilities should review and amend current policies.
- o Standing orders should be specific and include: communication of use to physicians, time limits on their use without physician evaluation, and appropriate situations for their utilization.

FFRIC: Standing orders have been reviewed by the Pharmacy and Therapeutics Committee and a new policy is being developed to limit the use of all standing orders and require documentation justifying the use of each standing order at the time it is enacted. In addition, PRN orders are limited by automatic stop dates and progress note justification requirements. These changes in practice essentially follow the consultants' recommendations and are to be implemented in January, 1988.

The current standing orders are only for headache, sunburn, menstrual distress, etc. and number eight areas.

FRC: Faribault Regional Center will review in 30 days all standing orders with the understanding that only a minimal number of such orders will be maintained. These orders will be written very specifically with very exact time limits on their use, and with timely Physician notification and involvement.

I. Nursing Training in Physical Assessment.

RECOMMENDATION:

Physical assessment skills for nurses should be updated on a yearly basis. Resources should be provided to ensure such a course is given by a professional experienced in the physical assessment of individuals with developmental disabilities.

FFRTC: The Staff Development Coordinator is attempting to develop and arrange physical assessment training for nurses. The goal is to provide such training by contracting with a nursing professional from an accredited nurses training program who has demonstrated skills and experience in physical assessment of individuals with developmental disabilities. The training will be offered during calendar year 1988.

FRC: An inservice will be provided for all R.N.'s regarding physical assessment in the upcoming year. Interest is being surveyed with other Regional Treatment Centers for a joint venture workshop. A Developmental Disability Center and a local University, who provides Advanced Life Support, are being considered as resources. Such training will be updated annually.

J. Protocols for Death Reviews.

RECOMMENDATION:

- o It should be the standard that autopsy exams are requested and advocated for in all client deaths.
- o A formalized system for mortality reviews and case conferences should exist.
- o A statewide quality assurance mechanism to evaluate client deaths should be instituted.

Effective February, 1988, Regional Treatment Centers, including FFRTC and FRC, will have a centrally prepared Regulation on Death Review and Reporting, which is very comprehensive and includes in-house and outside standards and procedures for reporting, reviewing, and assessing death and autopsies.

The facilities will follow "ad-literam" the new Regulation, which includes excellent updated standards for performing autopsies.

All deaths shall be reviewed by facility personnel and a written investigative report, including findings, conclusions and recommendations will be submitted to the Residential Facilities Program Management.

The facilities will review all deaths monthly. The review will consist of an examination of the medical record to evaluate the clinical appropriateness of diagnosis and treatment, an assessment of the circumstances surrounding the death, and any other conditions relevant to the death.

II. Columbus Recommendations for Concerns Specific to FFRTC.

A. Policies and Procedures.

RECOMMENDATION:

- o Annual reviews, updates, and revisions of FFRTC policies should occur.
- o Staff should be inserviced following new or revised policies to ensure familiarity.

At FFRTC a system of policy review and revision has been initiated as of January, 1988. All policies have been identified with a review due date and a staff member assigned as reviewer. A policy review meeting of the management staff will be held monthly to approve all reviewed policies and monitor the process. All policies will be written according to the Residential Facilities standard format. As reviews are completed or new policy is written, staff will be required to read and provide sign-off to ensure their familiarity with the policy.

B. Habilitative Programming.

RECOMMENDATION:

A comprehensive evaluation of programming standards, methodologies, and systems should be undertaken.

At FFRTC problems in coordination of client programming are being addressed by the management team. Problems in the QMRP function were identified as needing modification. We are currently planning to implement several changes in policy and procedure by April, 1988. These changes include:

1. Reducing the current team coordinator's caseload from 60 to 70 to a maximum of 16. This will focus responsibility for program development as well as coordination and review into a much more manageable workload and should cause improvements in program services. The coordination of services to clients across disciplines should be enhanced.
2. The interdisciplinary team procedures will be altered to provide all assessments to team members prior to team meetings and schedule team meetings at times and dates

where most staff can attend. These changes should strengthen interdisciplinary discussions and decisions.

3. Previously, not all services and activities were documented and reviewed by the team. Procedures are being developed to expand the team oversight on service goals - those activities that are not client training oriented but are staff goals for service, i.e., evaluation and replacement of adaptive equipment.

The agency is discussing alternatives for staff development in habilitative programming such as workshops, program consultants, peer reviews by other DHS facility staff, and site visits by FFRIC staff to other exemplary programs in other facilities.

C. Direct Care Staffing.

RECOMMENDATION:

- o An overall direct care: client ratio of 1:1 should be achieved.
- o On-duty assignments of 1:4 or better in the non-ambulatory and behaviorally disordered units should be achieved.

At FFRIC the current minimum on-duty assignment of 1:3 is maintained on the two day shifts. The overall staff to client ratio is approximately 1:.78. An improved staff ratio would enable improved implementation of sophisticated programs for challenging clients. It is the intention to improve staff to resident ratios as the facility population continues to decrease.

D. Accident/Injury Oversight.

RECOMMENDATION:

- o The Committee should expand its oversight function to include patterns of injury and on-site inspections.
- o Annual reduction targets for accidents and injuries should be set by management and monitoring mechanisms implemented which can identify unnecessary injuries.
- o The report form should be revised to document chain-of-command review and comment.
- o The State Central Office should establish central monitoring systems to identify longitudinal trends.

The consultants' recommendations are being reviewed by the Facility Safety Committee and the Safety Director, who has recently been hired. An automated data system is operational and monthly summary data is provided to unit supervisors and management staff. The Committee is also to be restructured to expand its oversight ability. The Safety Director will expand the facility's prevention program to address the reduction of accidents and injuries to clients. At present, all incidents/injuries are reviewed by supervisory and management staff: however, the forms do not document it. Changes in documentation, to more accurately reflect the supervisory oversight now provided, will be accomplished. The Department

of Human Services will establish a centralized monitoring system by June 1, 1988.

E. Coordination of Medical Care.

RECOMMENDATION:

A primary provider must have responsibility for coordinating and planning each client's medical care. This could be a physician or nurse practitioner. A critical element must be that this provider be given the time to review the client's care (not just provide exams) and relate appropriate input to the interdisciplinary team.

FFRTC will assign a full-time nurse practitioner to the coordination of medical care for its clients in early 1988. The position was recently recruited.

F. Following-up of Acutely Ill Clients.

RECOMMENDATION:

Standards for evaluation and follow-up of acute illnesses should be set with corresponding documentation standards.

At FFRTC the recommendation has been addressed by the establishment of a 24 hour time limit for physician follow-up evaluation of all clients with an acute illness or upon return from acute hospitalization. Documentation standards have also been established by the Medical Director obligating medical staff to provide written progress notes on evaluation and follow-ups.

G. Emergency Drills.

RECOMMENDATION:

- o Emergency drills should occur on all shifts on a regular basis.
- o An emergency care committee should be responsible for evaluating the drills with a mechanism for feedback and improving staff responses.

The development at FFRTC of revised emergency drill procedures will be completed in calendar year 1988. Priority for this assignment has been given to the Safety Committee and Safety Director.

III. Columbus Recommendations for Concerns Specific to FRC.

A. Evaluation of Emergency Drills.

RECOMMENDATION:

Physicians should become involved in emergency drills. Their responses should be evaluated and at least one physician involved in the evaluation. A new instrument for evaluation

should be created and a mechanism for staff feedback formalized.

Physician representatives will be added to Faribault Regional Center's current Emergency Care Committee. It will be the responsibility of this committee to modify the existing drills to include physicians, identify more objective criteria for assessment of drills, evaluate overall performance and/or need for change at six (6) month intervals and provide reports of same to appropriate department heads to effect change.

Specific modifications include:

- o Starting January 1, 1988, Unit Attending Physicians will become involved in their Unit Emergency Drills.
- o A new instrument to assess and evaluate the drills including R.N. and physician reactions, will be created and all feedback from all staff will be judged in comparison with national standard by a Health Services Emergency Care Committee, which will include two Senior R.N.'s and two Senior Physicians.
- o In 1988, two physicians will receive formalized Advanced Cardiac Life Support Training with regular re-certification.

B. Physician Documentation Standards.

RECOMMENDATION:

Documentation standards regarding the frequency and quality of physician entries should be established.

FRC will address this concern in the following manner:

1. Starting January, 1988, general documentation standards regarding the frequency and quality of Physician's Progress Notes will be established in such a way in which not to hamper professional individuality and personal experience and expertise.
2. For Medical Hospital patients, Progress Notes will be written at least:
 - a. For acutely ill - daily notes;
 - b. Subacutely ill - 2-3 times per week;
 - c. Convalescent - twice weekly.
3. For Unit clients, Progress Notes will be written at least
 - a. For acutely and sub-acutely ill - 2-3 times per week.
 - b. For chronically ill - at least monthly.

In addition, Progress Notes are and will be written for any medication and treatment change, receipt of any laboratory results and consultation reports, and for any pertinent information regarding side effects, adverse reaction, etc.

The Columbus Report has proven useful in providing insights to acute health services and protection of clients from physical harm at Fergus Falls and Faribault Regional Centers. Facility responses and intended follow-up activities have been carefully prepared in order to improve services in the identified areas. Both facilities concur with the Columbus Report finding of a "positive, cooperative spirit at the facilities [which] bodes well for further efforts to improve client services."

OFFICE OF THE MONITOREVALUATING THE QUALITY OF SERVICES
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SUMMARY COMPARING DHS' RESPONSE WITH COLUMBUS'
REPORT AND RECOMMENDATIONSI. STRENGTHS AND BEST PRACTICES AT FERGUS FALLS REGIONAL
TREATMENT CENTER AND FARIBAULT REGIONAL CENTER

The strengths Columbus identified are especially significant as they are the prerequisites for organizational improvements. The professionalism and openness with which staff greeted Columbus' suggestions is one such characteristic. Columbus also was impressed with the motivation and commitment on the part of the administration and staff at each facility to provide quality care.

II. ISSUES COMMON TO FFRTC AND FRC

A. Client Medical Records

- * Finding that the client medical records were out of date and detrimental to communication between team members, Columbus recommended that the records' systems be overhauled. Concurring with the recommendation and noting its applicability to the entire system of regional treatment centers, DHS, through its Residential Facilities Division, has begun designing a new system. No other specifics or timelines were given. This Office will check on the progress in May 1988.

B. Advocacy Services; Abuse and Neglect Investigations;
and Injuries

- * Columbus evaluated two aspects of abuse and neglect -- reporting and investigations. They did not examine the results and dispositions of the investigations. Focusing primarily on the problem of unreported abuse or neglect, Columbus recommended that advocacy services should be expanded. In the past, one internal advocate was responsible for all persons in the centers. At FFRTC, this included people with mental health and chemical dependency problems as well as persons with mental retardation. Each of the advocates is now employed by and accountable to the recently established Office of Ombudsman. With this change, the advocates have the added responsibility of covering all

such people in the community service delivery system as well. Neither Columbus nor this Office has any quarrel with the concept of external advocacy. Indeed, this Office agrees with the widely held view that fundamental ethical and professional considerations require that the advocate be accountable to an outside source. The issue here is one of numbers and where the advocate is located so that he may be able to carry out his functions and be responsive to all groups including persons with mental retardation who often are the least able to self advocate or procure an advocate.

- * DHS offered no solutions to these problems. The Office of Ombudsman which is an agency outside of DHS is seeking additional funds from the Legislature during the upcoming 1988 special session to fund two additional advocates. While this modest proposal may not be sufficient, in the long run, it seems like an appropriate request given that this office is just starting.

* * * * *

- * It was recommended that a Management Information System be instituted at FFRTC as well as in DHS' central office to improve their capability to identify and monitor long-term patterns of injury as well as to identify unnecessary injuries. Tracking injuries systematically is an important component in injury prevention. Columbus also recommended the establishment of injury reduction targets. The progress in meeting them could be systematically monitored.
- * It appears from DHS' response that FFRTC will restructure and expand the role of the safety committee, and they have already hired a Safety Director who will take charge of this area and carry out the recommendations. Few other specifics and timelines were provided as to how this would be accomplished, but this seems like an excellent initiative. DHS said that it will establish a centralized monitoring system out of the central office by June 1, 1988.
- * An additional monitoring check which had not yet been established when Columbus was doing its review is provided for under the Negotiated Settlement. Section VIII B(6)(d) provides that the Monitor, as one of his/her duties, is to investigate the circumstances surrounding injuries at regional treatment centers, the thoroughness of any investigations and the adequacy of follow-up action. While DHS concurs with the Columbus recommendations and their chief underlying rationale, injury prevention, a mutually agreeable system to report injuries to this Office has still not been worked out. It is therefore hoped that DHS will furnish reports to this Office as requested and in so doing, take advantage of this additional check on the system as provided for under the Settlement.

C. Staff/Client Interaction and Engagement

- * While Columbus focused primarily on medical and related issues, they observed clients who were continually unengaged by staff, inactive, and basically isolated. These consultants were not the first to comment on this phenomenon as the lack of staff-resident interaction and constructive activity remains and continues to be among the most deep-rooted problems facing these facilities. One of the reasons for this problem, at least at FFRTC, stems from the overall lack of adequate habilitation programming, which prompted Columbus to recommend that FFRTC undertake a comprehensive evaluation of program standards, methods and systems. As to the specific problem of staff-resident interaction at both facilities, it was recommended that a quality assurance monitoring system for supervision and monitoring of staff be developed to assist in staff-resident interactions.
- * FFRTC is in the process of establishing such a system; it is not clear whether it had begun this effort before Columbus' visit. They are also assigning one staff person on each unit the sole responsibility of providing activities and fostering interactions. In response to the recommendations regarding habilitation, FFRTC is also planning to implement several changes by April 1988, including reducing the interdisciplinary team's coordinator caseload from 60 to 70 to a maximum of 16.
- * FRC. DHS reported that FRC has several mechanisms in place addressing this issue. Considering the reports from Columbus and others (Licensing (1987), Richard Amado, Ph.D. (1987), Anne Donnellan, Ph.D. (1986)), one has to wonder whether these systems are adequate. However, their response contains two new initiatives. They are implementing a "rhythm of life" schedule for each client and will be making staff assignments and designing staff training based on client need and these schedules.
- * Although not mentioned in the response, DHS, under the Negotiated Settlement, will be undertaking IHP and field reviews of persons in the service delivery system including residents of the regional centers. This effort, along with similar audits undertaken by this Office, will hopefully provide not only another monitoring check but provide the basis for quality enhancement and improved programming including in actual day-to-day activity and interaction.

D. Adaptive Equipment

- * Echoing concerns expressed by others (Lee Phillips (1986), Karen McGowan (1987), Powell and Rainforth (1986)) regarding the need to prevent further joint contractures, scoliosis and other debilitating conditions amongst persons with severe physical handicaps, Columbus wholeheartedly concurred with

the conclusions and recommendations of the McGowan report. Although her report was on FFRTC, Columbus also found her recommendations applicable to FRC. This was also independently supported by the Lee Phillips' 1986 report on FRC, the recommendations from which FRC reportedly has begun implementing.

- * McGowan had made three recommendations regarding adaptive equipment. DHS responded comprehensively only to the one concerning wheelchair adaptations. This may be because Columbus used this one as an example.
- * As to the wheelchair adaptations, FFRTC has set July 1988 as the time by which they will provide adapted wheelchairs to all residents, and toward that end, have already evaluated 25 residents and have made changes for and referrals to all but one person, whose current wheelchair they have determined is acceptable.
- * The FRC portion of the response is not as outcome oriented. They reported that a regulation has been fully implemented requiring yearly assessments and semi-annual follow-ups of residents' wheelchair needs. However, results were not furnished. FRC has also begun working with Contour-U Seating Systems on improving adaptations to wheelchairs.
- * Beyond wheelchair adaptations, McGowan's recommendations included increased postural options through side lyers, prone devices, devices to support standing, etc. While these were not addressed in DHS' response, it should be getting attention as part of DHS' statewide efforts to improve physical therapy services at all regional centers. According to a January 1, 1988 report, the first of several semi-annual reports on this subject, DHS will be taking a number of steps which in all likelihood will have an impact on adaptive equipment issues. They include: improved staff training through modules, inservice and OJT; technical assistance in assessment and program planning; recruitment of physical therapists; and development of rehabilitation care standards. The Department's efforts on development of standards are especially welcomed. Considering the findings and recommendations of various consultants over the past several years, the need for standards is critical. Individual program and adaptive equipment decisions, by their nature, must be made based on individual needs, but as in all fields, a common set of principles and best practices exist which need to be followed in staff training and in program planning and implementation for each client. The Department is to be commended for taking this step. McGowan had made mention of this area and had specifically recommended that standards for the purchase and procurement and design of adaptive equipment be established. I assume that the rehabilitation care standards the Department has in mind will include adaptive equipment guidelines; if not, it is recommended that they do.

- * Another one of McGowan's recommendations was to include "position options and active movement programs and staff training programs." McGowan report, p. 13.
- * It has been the intention of this Office to retain consultants to do what would amount to be follow-up site visits on these issues in spring of 1988. Based on DHS' semi-annual report and their response to the Columbus report, this continues to seem like a suitable timeframe.

E. Mechanical Restraints

- * Columbus recommended that 1) reduction targets for restraint usage be established, 2) emergency restraints be inventoried and controlled through central points and not be used until authorized personnel provide on-site prior approval, and 3) medical or protective restraint should be considered short term or time limited.
- * FFRTC. On October 1, 1987 FFRTC discontinued the use of all mechanical restraints. For the past four years, FFRTC averaged between six to seven persons on restraint per month. Monitor's Final Review of Issues and Progress Under the Welsch Consent Decree, September 1987. Several of the individuals had been reported in restraint for nearly every month over this period as well as prior thereto. While manual holds and other milder forms of aversives may continue as well as the use of mechanical medical restraint, this represents an outstanding initiative on FFRTC's part. According to the response, even medical restraint will be limited to 24 hour periods unless renewed by the physician and nursing staff. Of the seven state institutions, only Willmar could claim this status up to this time.
- * FRC is in the process of revising its aversive and deprivation policy to conform to DHS Rule 40, and will incorporate the revisions recommended by Columbus. In addition the Medical Director will be reviewing medical restraint data on a monthly basis.

F. Employee Past Records

- * Responding to the recommendation that consent should be obtained from new employees so as to be able to ascertain and review any prior police records, DHS stated that the matter is being addressed on a statewide basis through the development of an employee application form.

G. Physician Medication Practices Especially as it Relates to Anticonvulsant and Psychotropic Medications

- * While there was some disagreement with the process Columbus used in evaluating this area and its resultant findings, there was concurrence that improvements would be desirable.
- * Columbus found inadequate written justification for the use, and frequently for the long-term use, of antiseizure and psychotropic (behavior altering drugs) medication. This was the case even for persons who were on 3 to 5 seizure medications of which 11 such cases exist at FFRTC according to the facility's own records.
- * FRC stated that the appropriate procedures are in place to regulate the use of psychotropic medication which Columbus may have overlooked. In any case both FFRTC and FRC will be making improvements in this area as follows:
 - FFRTC - 1) Issuance of standards requiring improved documentation for prescription decisions.
2) Improved information to monitor psychotropic trend use.
 - FRC - Spearheaded by a consultant on epileptic drugs and a part-time doctor in the pharmacy, a concerted effort will be made to review all persons on more than one anti-convulsant or psychotropic medication.
 - Applicable to all facilities, DHS will be instituting protocol reviews of psychotropic and anticonvulsant medication in April 1988 as provided for under the Negotiated Settlement.
- * FFRTC reported on several procedures in place aimed at the reduction or discontinuance of the use of drugs or drug dosages. FRC in particular made reference to a process that has been in place for years on which they have "data . . . [which] documents a great success and positive outcome of the program." While supporting data is not furnished in this response, in the Department's First Quarterly Summary of Psychotropic Medication Use in Regional Centers provided for under the Negotiated Settlement, figures are given which when compared with earlier data, do show a downward trend in the use of such medication.
- * At FRC and FFRTC the percent of persons on psychotropic medication as of December 31, 1987 was 18.4 and 21.1 percent respectively. A similar survey, five years earlier in December 1982, reported figures of 19.5 and 22.6 percent respectively. Sixth Report of the Monitor to the U.S. District Court, District of Minnesota, December 1986, p. 125, Figure 5. The numerical differences on their face do not appear to be dramatic; other variables would have to be examined to make a more definitive judgment as to whether or

not this downward trend does constitute a significant reduction. One area in which there has been significant improvement, judged against any standard has occurred at FFRTC where the average dosage of psychotropic medication was reduced by 31 percent from 431.7 to 298 average CPZ dose between December 1982 and December 1987. Id. At FRC during this same five-year period, the dosage amount remained approximately the same -- 325 in 1982 to 329 average CPZ dose in 1987.

- * As stated above, both facilities state they are committed to further reductions and have policies in place to implement that. Quarterly reports under the Negotiated Settlement will provide an easy statistical means to track the progress.

H. PRN Order for Acute Care Illness

- * Both facilities have essentially adopted Columbus' recommendations and have stated that implementation has or is about to commence. Standing orders have been reviewed and current policies have been amended, the effect of which has been and will continue to be to limit the number of standing orders. What orders will be permitted will be specific and include communication to physicians when being used, time limits on their use without physician evaluation, and appropriate situations for their utilization.

I. Nursing Training and Physical Assessment for Detection of Acute Illness

- * Columbus recommended that physical assessment skills for nurses should be updated on a yearly basis through training by experienced professionals in physical assessment of individuals with developmental disabilities. Neither facility was terribly specific as to their plans but both indicated that they will be providing training/in-service in 1988. FRC stated that they will update their training annually. FFRTC did not state their intention one way or another with respect to yearly training. It is recommended that their intentions be specified and included in policies and procedures.

J. Protocols for Death Reviews

- * It was recommended that 1) autopsy reviews be performed or at least urged in all resident deaths, 2) a formalized system for mortality reviews and case conferences be implemented and 3) a statewide quality assurance mechanism be put in place to evaluate resident deaths.

- * A welcomed development will be the issuance of a regulation in February by DHS which is supposed to contain comprehensive "standards and procedures in reporting, reviewing, and assessing deaths and autopsies". The regulation was not attached and therefore it cannot be determined whether it will meet the recommendations. A copy of the proposed regulation has been requested.
- * In reviewing the remainder of their response, it does not appear that a statewide quality assurance mechanism will be put in place although each facility is supposed to more systematically review its own deaths to evaluate the "clinical appropriateness of the diagnosis and treatment", and the circumstances surrounding and conditions relevant to the deaths.

K. Emergency Drills

- * Columbus reported that staff receive excellent training in emergency aid such as CPR; however it was recommended that simulated drills be implemented at FFRTC where they have not occurred in the past.
- * At FFRTC, DHS' response states that during 1988 they will be revising their emergency drill procedures.
- * At FRC where drills have been conducted, improvements were suggested as follows: 1) more physician involvement during the drills, 2) the development and use of an instrument to ensure that the key elements of the drill are evaluated with reports to lead staff.
- * At FRC, several excellent actions were outlined, including more physician involvement, a revised evaluation instrument and feedback mechanism.
- * It is strongly suggested that FRC share their efforts and work product with FFRTC and the other regional centers.

L. Policies and Procedures -- FFRTC

- * Columbus recommended that FFRTC review, update, and if necessary, revise its policies on an annual basis, followed by inservice with staff to ensure familiarity.
- * Effective January 1988, FFRTC is to have a system in place to ensure that policies are updated and monitored. Staff will be required to review new or revised policies, however, there is no provision for inservicing. While there will be a staff sign-off procedure, such a system may not be adequate to ensure the proper implementation of some policies.

M. Direct Care Staff -- FFRTC

- * Based on the fact that many of the individuals at FFRTC have challenging behaviors or multiple physical handicaps and considering the need for improved habilitation programming, Columbus recommended that staff be increased so that there is a ratio of at least 1:4 on duty in units housing persons who are non-ambulatory or who display challenging behaviors.
- * According to DHS' response, FFRTC already exceeds that standard on all units with a ratio of 1:3. This Office concurs that 1:4 is not enough. Columbus' recommendations on a quality assurance monitoring system, improved formal habilitative efforts and staff training may prove more valuable in this area.

N. Coordination of Medical Care -- FFRTC

- * It was recommended that a physician or nurse practitioner be assigned the responsibility for coordinating and planning each resident's medical care, including providing input to the interdisciplinary team (i.e., not just conducting physical exams).
- * FFRTC will assign a full-time nurse practitioner in early 1988 to carry out these responsibilities.

O. Physician Follow-up on Acutely Ill Residents -- FFRTC

- * FFRTC has addressed this area, by, among other things, establishing a 24-hour limitation on physician follow-up evaluations of residents who are ill and through standards to ensure frequent and regular documentation by physicians of their diagnoses in cases where active follow-up is needed.

P. Physician Documentation Standards -- FRC

- * As of January 1988, FRC has established protocols governing the intervals with which progress notes should be made by physicians, e.g., for acutely ill patients in the medical hospital - daily notes; for sub-acutely ill residents on regular units - 2-3 times per week.

Conclusion

I cannot help but comment that both Columbus and FRC, FFRTC and DHS have approached this evaluation in a most constructive, cooperative and professional manner. I look forward to monitoring the progress on the recommendations and hope they are carried out fully and as promptly as possible. I am sure that wish is shared by all personnel.



Richard A. Cohen, Monitor

February 3, 1988
Date