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DEJARNETTE CENTER
STAUNTON, VIRGINIA

PRIMARY INSPECTION FOLLOW-UP

OFFICE OF THE
INSPECTOR GENERAL

EXECUTIVE SUMMARY

This report summarizes the findings during a primary inspection that occurred at the DeJarnette Center on March 30, 2000.

The primary purpose of this inspection was to follow-up on findings of concern identified during either the primary inspection of the facility that occurred in July 1999 or the snapshot inspection during October 1999.

SUMMARY OF CURRENT FINDINGS

With the closing of Central State Hospital's adolescent program in July 1999, DeJarnette Center became the primary provider of publicly funded psychiatric services to children and adolescents in the Commonwealth. Recent closings of several private children and adolescent programs/hospitals have also had an impact on the facility.

The facility has hired a permanent facility director, William "Joe" Tuell, MSN. Mr. Tuell had been serving as the Director of Nursing at the facility prior to assuming this leadership position.

FINDINGS OF CONCERN

Finding 1.1: DeJarnette has experienced a recent increase in the use of mechanical restraints.

Finding 1.2: Limited coverage was available during the absence of the facility human rights advocate.

Finding 2.1: DeJarnette Center does not have a program of services for providing substance abuse treatment.

Finding 3.1: DeJarnette Center has been operating in this facility since 1996 without an occupancy permit.

FINDINGS OF MERIT

Finding 2.2: Treatment Plans, in the records reviewed, identified specific problems linked to precipitating problems as well as individualized strategies for intervention.

Finding 2.3: The facility has piloted a program for streamlining the treatment planning process through the use of an integrated summary.

Finding 2.4: The facility is preparing to implement a modified "treatment mall" for the patients.

Finding 4.1: A utilization review department has been created.

Finding 5.1: DeJarnette and the Central Office have made progress in the articulation of a clearer role for this facility.

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Facility:	DeJarnette Center
Date of Inspection:	Thursday, March 30, 2000
Time:	2:00 P.M. – 5:30 P.M.
Type of Inspection:	Primary Inspection Follow-up
Inspection Focus:	To review several findings of concern identified during 1999 inspections.

Information was obtained during the visit in the following manner: interviews were conducted with the Facility Director, William J. Tuell, MSN; the Program Director, Don Roe, Ph.D.; and the Director of Social Work, Barbara Shue, MSW. Materials compiled by the facility were provided to the OIG for review. Among these were materials for a presentation to DMHMRSAS regarding a review of the plan to increase DeJarnette's catchment area and a Memo drafted by Ms. Shue regarding concerns associated with the performance contract requirements and the facility., Four patient charts were reviewed.

The format for this report is different in that it provides information regarding previous findings in conjunction with the findings of this inspection. The original Primary Inspection Report contained eight categories that were reviewed. This report reviewed four areas and is organized as follows:

Part 1.) The Use of Seclusion and Restraint
Part 2.) Active Treatment
Part 3.) The Treatment Environment
Part 4.) Notable Administrative Projects.

Each section in this report organizes the information in the same manner. The area of review is identified followed by the previous finding(s). A brief summary of the background of the previous finding is provided. Current findings are then noted with recommendations resulting from this inspection.

PART 1 - THE USE OF SECLUSION AND RESTRAINT

Previous Finding 2.1- Primary inspection, 1999 ("DeJarnette has significantly reduced the use of seclusion and virtually eliminated the use of mechanical restraint over the last three years.")

Summary: It was noted during the primary inspection that the facility had significantly reduced the use of seclusion and virtually eliminated the use of "mechanical restraint" over the last three years.

Seclusion is the emergency placement of a child in a room with the door secured such that the child can not open it. There are two types of restraint: mechanical and physical. Mechanical restraint is the use of a devise designed for restricting or restraining movement where physical restraint involves the physical restriction of movement through the application of an approved technique. Many feel that restraints, which are the most restrictive intervention used by staff, should never be used unless there is a real and immediate threat of injury to the patient or others.

The reduction of seclusion and restraint (S/R) is an issue that has been an important area of focus for this facility as well as all other facilities in Virginia and throughout our nation. Multiple strategies have been used at DeJarnette to assist staff in understanding the rationale and goals behind this initiative.

Among the strategies used are:

1. on-going monitoring of S/R use
2. review by the Program Director of events of seclusion and/or restraint that are:
    - A.) Incidents over one hour
    - B.) Involve repeated incidents with any one child
    - C.) Involve multiple events on any one unit during a particular shift
    - D.) Each incident of the usage of mechanical restraints.

Since the last inspection, the facility has provided special in-service training for staff to enhance their understanding of the philosophy behind the reduction in the use of seclusion and restraint and to make them aware of the internal and external forces involved in this effort. Staff was challenged through role-playing and the use of a case study to identify alternative strategies for managing the patient, the environment and other variables in such a manner as to support the goal of reduction and possible elimination of seclusion and restraint.

Current Finding 1.1: DeJarnette has experienced a recent increase in the use of mechanical restraints.

Several recent incidents that resulted in the use of mechanical restraints were being reviewed by the facility. One aspect of the review process consisted of discussing the incidents with staff. Our review of one of the incidents in the clinical record, during this inspection, indicated that mechanical restraints were used over a period of six hours with an adolescent patient. The restraint device used in this case was a two-point ambulatory wrist restraint. The clinical justification for the use of the mechanical restraints was outlined in the record with the appropriate authorizations noted. Specific criteria for release were noted but the documentation of record did not support the continuation of restraints for this unusually long period of time. The documentation appeared to indicate

that restraints were maintained simply until the adolescent was ready for bed. Documentation should accurately depict the severity of the situation throughout the entire event.

Recommendation 1.1: Training in the form of direct supervision or in-service format should be instituted that emphasizes the need for documentation to correspond with the intensity and risks associated with the actual clinical picture.

Current Finding 1.2: Limited coverage was available during the absence of the facility human rights advocate.

The human rights advocate serves a vital role in providing oversight to the care received by the patients and in assisting them exercise their rights as defined by regulations. The internal advocate of this facility has been responsible for the collection and review of data regarding the use of seclusion and restraint. The advocate aids the individuals in working with potential rights violations and complaints. The advocate at Western State Hospital was assigned to provide coverage for this advocate, during the extended absence of the usual advocate at DeJarnette. It was stated that this coverage was limited to "emergency" situations. Recent retirement of the senior advocate at Western State Hospital has left a vacancy in coverage for that facility leaving the one advocate to provide coverage for both facilities. This is not adequate coverage for either of these populations.

Recommendation 1.2: OIG recommends coverage for the Central Office State Human Rights Director review advocate(s).

PART 2 - ACTIVE TREATMENT

A. SUBSTANCE ABUSE TREATMENT

Previous Finding 3.1 – primary inspection, 1999 ("DeJarnette serves a number of children with active substance abuse problems, but offers virtually no substance abuse treatment.")

Summary: During the initial primary inspection of the facility, the OIG identified a concern that even though DeJarnette Center serves a number of children with active substance abuse problems the facility offered virtually no substance abuse treatment. The response to this concern completed by the facility in October, 1999 indicated that an individual with SA credentials had been hired in a Human Services Care Worker Specialist position to provide substance abuse education and treatment to adolescents. In addition, the clinical staff was to work with the Management Team to develop a comprehensive program for integration into individual treatment plans by January 2000.

There was evidence of a program of substance abuse education groups being offered at the facility during the October, 1999 Snapshot Inspection. At that time, the groups were required for all adolescents. A program for Substance abuse treatment had not been developed. (Treatment of an identified substance abuse problem is distinct form simple education.)

The program of SA educational services was discontinued in December, 1999.

Current Finding 2.1: DeJarnette Center does not have a program of services for providing substance abuse treatment.

Background: Of the four adolescent charts randomly selected for review, three of the records revealed adolescents with significant active substance abuse. Two records had substance abuse identified as problems with specific interventions outlined on the patient's Master Treatment Plan. For example, one record identified that the adolescent would be included in a weekly nursing substance abuse education group, yet there was not any documentation to support that this had occurred. There was a reference made to a substance education group conducted by a human service care worker.

Substance abuse is a mitigating circumstance in the creation of the behaviors and situations that often result in admissions, as evident in the records reviewed. Interviews revealed that the facility plans on hiring an individual to provide this service. It will be critical that the facility hires an individual with demonstrated competency in conducting substance abuse treatment and general education. There are several "pre-treatment" or treatment models that would be appropriate for the current and projected lengths of stay for individuals served by the facility but again hiring a person or persons with competency in directing and developing a program of services would be essential.

Recommendation 2.1: DeJarnette Center finalizes plans for adding a formalized substance abuse treatment program. Educational groups alone are not sufficient. The individual hired to provide this service should have at a minimum several years of experience in working with adolescents and have a Master's Degree, supported by courses and supervision specific to substance abuse treatment. (A CSAC certification alone is not sufficient.)

B. TREATMENT PLANNING

Previous Finding 3.4 - Primary Inspection, ("Treatment Team members work well together, but time use is not efficient.")
Previous Finding 3.4 – Snapshot Inspection, ("Treatment plans continue to remain generic.")

Summary: A random sampling of records were reviewed during the Snapshot inspection of the facility in fall of 1999 recommended that the facility develop a mechanism for reviewing the process and content of treatment planning. Treatment plans of several

patients reviewed at that time were identical in language and content, particularly the intervention section. Identical strategies for intervention were prescribed for adolescents despite very different diagnoses. The documents as written made it extremely difficult to identify whether the specific and individualized needs of the patients were being met.

In response, the facility charged the Treatment Planning Subcommittee of the Clinical Staff with the responsibility to redesign the entire process of treatment planning and monitoring. This included streamlining the treatment planning process that was an area of concern during the primary inspection that occurred in 1999.

Current Finding 2.2: Treatment Plans, in the records reviewed, identified specific problems linked to precipitating problems as well as individualized strategies for intervention.

Background: A small sampling of clinical records were reviewed with a specific focus on the treatment plans. Efforts by the facility in developing plans specific to the individualized issues identified for each patient were evident in the plans reviewed. Problems identified in the plan included potential barriers to the patient's ability to reside in the community. An example of this type of problem would be aggressive behavior. Interventions were identified by discipline and linked to the problem being addressed. This finding represents significant improvement in the written treatment plans.

Recommendation 2.2: Continue efforts at developing effective individualized treatment plans that target issues resulting in hospitalization.

Finding 2.3: The facility has piloted a program for streamlining the treatment planning process through the use of an integrated summary.

Background: Interviews conducted revealed that changes have occurred that were designed to streamline the treatment planning process. Assessments completed by the various disciplines are to be completed and submitted to the team psychologist prior to the initial case staffing. The psychologist is responsible for compiling an integrated summary for presentation. Several integrated summaries were in the records reviewed. A team staffing was not observed.

Recommendation 2.3: Continue efforts at streamlining the treatment planning process.

C. PSYCHOSOCIAL REHABILITATION:

Previous Finding 3.2 – Primary Inspection, ("Activities and group programming schedules remain generic on DeJarnette Units".)

Summary: It was noted during the primary inspection that the facility did not have a well defined schedule of activities designed to promote individualized active treatment. Treatment at this facility has to accommodate requirements for school attendance. This leaves less time for other therapeutic activities to occur. A review of the schedule demonstrated that most of the activities were designed for entertainment as opposed to those that would specifically address the problems of this population that resulted in admission to the hospital. It was recommended that the facility sharpen the activities and group programming by developing facility-wide psychosocial programming that includes topics and skill building activities geared towards the needs of the population.

Current Finding 2.4: The facility is preparing to implement a modified "treatment mall" for the patients.

Background: Interviews revealed plans to implement a modified version of a "treatment mall" for this population before the end of this school year. A treatment mall is a set of treatments that can be offered to patients form different ward and units. The plans are to house the programs (groups) in the school during the summer months when school is not in session. As it is not the role of the school to provide primary mental health treatment, the continuation of this active treatment model in the evenings and on weekends during the school year will be a consideration. This effort will necessitate the involvement of professional staff in group programming during less traditional work hours. Several others facilities have been working with this model for a number of years and would have materials that would facilitate this planning at DeJarnette.

Recommendation 2.4: Collaborate with other facilities in the development of this plan and the continuation of the treatment mall throughout the year.

PART 3 - TREATMENT ENVIRONMENT

OCCUPANCY PERMIT

Previous Finding 4.1 – Primary Inspection, ("DeJarnette has been in the current new building since 1996 and it still does not have an occupancy permit".)

Summary: During the primary inspection, it was noted that the hospital did not have an occupancy permit despite the fact that the facility has been providing services to children since 1996. The delay is related to a fire safety violation.

Current Finding 3.1: DeJarnette Center has been operating in this facility since 1996 without an occupancy permit. Progress has been made, BUT this building still has no occupancy permit.

Background: The facility director related that approval to correct the violation was granted about a year ago but that there have been unforeseen delays in the successful completion of the project. According to information obtained during the interviews, the project was to be presented for bids within several days of this inspection. There is reportedly a timeframe of several months before necessary work will be completed allowing the facility to proceed with securing the permit. It is outrageous that this process has taken so long to resolve.

Recommendation 3.1: Obtain an occupancy permit so that this state building meets fire safety code.

PART 4 - NOTABLE ADMINISTRATIVE PROJECTS

Previous Finding 7.1 – Primary Inspection, (DeJarnette staff is developing a promising Utilization Review project involving projected length of stay for a given diagnosis".)

Summary: DeJarnette Center Clinical Review staff was developing a project regarding the average or anticipated length of stays (LOS) for each of the forty-nine common diagnoses treated at the facility. Lengths of stay beyond that parameter are referred for utilization review. This review would identify reasons for the extended LOS including a justification for continued stay.

Current Finding 4.1: A utilization review department has been created.

Background: Since the last inspection, the facility has been continuing with this project. As the facility continues to define its mission within the continuum of services for children and adolescents across the Commonwealth, this project has helped shape the facility's thinking on how to best serve this population. The facility anticipates services reflective of what is normally thought of as a more acute care setting in the future with projected decreased lengths of stay being around twenty-one days. The establishment of this project provides a framework for the continued examination of the utilization of bed-space and the nature of the care provided in this setting.

Recommendation 4.1: None.

PART 5 – FACILITY CHALLENGES

Previous Finding 8.3, Primary Inspection ("DeJarnette is currently without a clearly articulated mission regarding its niche in the spectrum of providers of public and private mental health services to children".)

Summary: At the time of the last inspection, there was uncertainty regarding the impact of the closure of the Central State adolescent unit. There was speculation that this would result in an increase in the total number of patients and the proportion of forensic patients. Currently the only other hospital in the state-funded system that serves adolescents is a small unit at Southwestern Mental Health Institute in Marion, Virginia. There were concerns regarding the direction for this facility. Ideas that were present at the time included: 1.)DeJarnette becoming primarily a forensic adolescent hospital, 2.) DeJarnette admitting a mixture of acute care and long term care and 3.) DeJarnette serving only longer term and often treatment resistant patients. The Inspector General recommended that DeJarnette and DMHMRSAS define a more clear understanding of the role of DeJarnette in the spectrum of care.

Current Finding 5.1: DeJarnette and the Central Office have made progress in the articulation of a clearer role for this facility.

Background: On March 16, 2000, a meeting was held between Central Office staff and DeJarnette leadership. Discussions centered on DeJarnette becoming a tertiary resource for children and adolescents who can not be quickly treated in an acute care unit. The number of forensic admissions did not increase with the closure of the Central State adolescent unit. DeJarnette is also developing ideas for outreach into the communities where these children are discharged.

Recommendation 5.1: Continue to create an identity as a quality resource for the care and treatment of children and adolescents.