

Pathways
Treatment
Center,
Kalispell
Montana

June 26,

2018

Site Inspection of Pathways Treatment Center
(Adult)

Mental Disabilities Board
of Visitors

OVERVIEW

Mental Health Facility reviewed:

Pathways Treatment Center (this inspection was limited to the provision of services to adults)
Kalispell, Montana

Facility Administrator: Leslie Nyman

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1. To learn about services provided by Pathways Treatment Center (Pathways).
2. To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Board of Visitors (BOV) standards for services.
3. To recognize excellent services.
4. To make recommendations for improvement of services.
5. To report to the Governor and the Montana Legislature regarding the status of services.

Site Review Team:

Board:

Daniel Laughlin, Board Chair

Consultant:

Sue Bodurtha, PMHCNS

BOV Staff:

Craig Fitch
LuWaana Johnson

Review process:

- Interviews with Pathways staff and clients.
- Observation of treatment activities.
- Review written description of treatment programs.
- Review treatment records, policies and procedures, organizational structure, treatment plans and planning and discharge plans and planning.

Introduction

Pathways Treatment Center (Pathways) in Kalispell, Montana, provides inpatient services for adult and adolescent clients who are experiencing acute mental health or substance abuse issues. The 40 bed facility is clean and aesthetically pleasing and is strategically located near Kalispell Regional Medical Center (KRMC) and the primary community mental health center.

The interior was clean and comfortable if a bit austere and institutional in some places. The exterior was well kept and inviting. The BOV team was impressed by the outdoor access that patients have at Pathways. The courtyards were spacious yet private.

KRMC staff were generous with their time and readily available to answer any question the BOV team asked.

Organizational Planning and Quality Improvement

KRMC uses a process of continuous quality improvement to evaluate and improve its activities related to servicing individuals, family members and guardians. The quality assurance division of KRMC oversees the quality improvement process at Pathways. The quality improvement process includes a number of surveys and audits (as one BOV team member wrote: “It appears as if the QI department stays awfully busy”). Two such examples that BOV believes are of particular interest given BOV’s statutory mandate to focus on the quality of the patient’s experience are the patient/family member satisfaction survey which has been a catalyst in changes that affect patient satisfaction, and the debriefing process with patient(s) and staff that occurs after a traumatic event anywhere within the Pathways facility.

Rights, Responsibilities and Safety

Upon admittance each patient receives a handbook that is clear and concise. The handbook has a list of patient rights and a number of other policy issues that deal with patient safety and rights. Also listed are the names and internal phone numbers of individual staff tasked with addressing any problem or complaint a patient might have. Not listed are the names and contacts of any independent advocacy services. In the event of a complaint grievance forms are readily available.

Pathways appears to place a high priority on patient safety. All staff receive the MANDT de – escalation training. During the BOV site inspection staff were always present and available in any area that patients were (except for patient bedrooms). In addition, the hospital has electronic surveillance in all areas that patients access and staff carry GPS tracked safety devices which they can use to summon help at any time.

Pathways has a policy and procedure that accurately reflects the requirements for recognizing, reporting, and investigating all incidents of abuse and neglect, consistent with the requirements of 53-21-107, M.C.A. The policy is noteworthy in that it distinguishes the staff responsibility for BOTH allegations that

might have occurred outside of the facility (mandatory reporting requirements to APS/CPS) as well as allegations that might occur within the facility – most facilities fail to accurately distinguish both of those responsibilities.

In the event of a patient emergency, Pathways has a detailed plan for the use of special treatment procedures that involve behavioral control, mechanical restraints and locked and unlocked seclusion or isolation. The medical supervisor is notified and the chain of command makes decisions and a doctor is always available in the event an emergency occurs after regular business hours. Prior to the use of any special procedures, staff are trained in, and expected to utilize less restrictive measures including, the use of suicide blankets, PRNs, and access to a calming/comfort room. As previously mentioned, both patients and staff are expected to de-brief any such incidents.

Staff Competence and Training

The BOV team was impressed by the amount of training and support Pathways has available for both newly hired staff and career employees. All new Pathways employees first receive three days of general training with the Kalispell Regional Medical Center new employees. They learn about the regulated new hire education required by law, safety, the different hospital codes, hospital policies and procedures, information about the specific units throughout the hospital, cardiopulmonary resuscitation (CPR), and begin learning the on-line charting program (Meditech). The rest of the week is devoted to an intensive orientation to Pathways and the treatment and care of clients with mental illness and substance issues.

On the second week of orientation, all new employees start working with seasoned staff as their mentor. This mentored phase of training is called the Married State Preceptor Model. Pathways has 11 to 12 preceptors (mentors who are seasoned, experienced staff). This training goes through three phases:

Phase 1 – New employee shadows the preceptor.

Phase 2 – New employee begins working with patients and the preceptor.

Phase 3 – New employee begins to do the job on his own and the preceptor is available to answer questions.

Nurses receive twelve weeks of New Employee Orientation mental health specialists receive six weeks of orientation and Supervisory training is done at the main hospital. All new employees receive two days MANDT training. All staff receives a refresher MANDT training every year.

Pathways ensures all staff have access to on-going education throughout their career at the facility. Healthstream is a training program for all staff to accesses on-line. Staff are scheduled, and required, to go through the trainings. In addition, staff provide in-house in-service trainings. “Diagnosis of the Week” is a weekly, educational newsletter put together by the nursing clinical educator. It is colorful, easy to read, topics are short and sweet and pertain to subjects of current interest.

Three community educational programs from the University of Montana do clinical rotations through Pathways: Paramedics (EMT), pharmacists, and psych students.

Treatment and Support

Treatment Plan

There is a multidisciplinary Treatment Plan (MDCP) in place for every patient hospitalized at Pathways. The MDCP process starts at the time of admission and addresses patient problems identified from the integrated summary which include reasons for admission, diagnosis, discharge plan and justification for continued stay. The MDCP is then reviewed and completed no later than the first clinical meeting. Each patient's progress is reviewed Monday through Friday by the treatment team members. According to policy the MDCP is reviewed and updated as necessary twice a week. The goals in the treatment plan are part of the computerized work list which an RN addresses per shift and documents accordingly. All new patients receive physical examination within 24 hrs which is documented in the patient's chart. PTC has access to medical consultants/specialists at KRMC if the need arises to evaluate and treat complicated medical conditions. Patients do have access to dental services if they are hospitalized for a prolonged period of time.

Discharge Planning

Pathways social workers start to formulate a discharge plan at admission. All members of the treatment team are potentially involved in discharge planning including community case managers and therapists. Families are routinely involved on the adolescent unit and when appropriate on the adult unit. Patients can be assisted with financial resources through KRMC with a program called "meds to beds". Appointments with a medical prescriber as well as psychiatric follow-up are made prior to discharge. If necessary, the patient can be set up with a new PCP upon discharge. The patient can also potentially be set up with one of the clinic psychiatrists upon discharge if the patient does not have a community psychiatric prescriber. Patients leave with a copy of the treatment plan which always includes a crisis plan listing emergency phone numbers. Pathways has a staff member dedicated to follow up with patients after discharge, has a systematic process for follow up and records those efforts. Pathways' follow up process is the best process that BOV has witnessed.

Evidence Based Services and Trauma Informed Care

PTC offers a wide range of educational classes for adolescents. They include anger management, art for relaxation, yoga, boundaries, bullying, communication, coping, defense mechanisms, distorted thinking, depression and medication education. Adult education includes life skills groups which are led by a therapist and are focused on diagnosis such as depression. Process groups are also offered. Adult programming also include addiction groups, recovery, med education, yoga, spirituality "Big Book", art therapy, movement education, Living Sober and "The Brain and Addiction". After an adult is discharged they can come back for ongoing support groups. There are no formal family education classes offered but they are referred to NAMI which is active in the Kalispell community. AA meetings are held at PTC. Families receive informal education through family meetings with the psychiatrist and social worker. Schedules on both the adolescent and adult side are comprehensive and ambitious. Staff have clearly been able to integrate treatment for patients with a dual diagnosis.

A patient's history of trauma can be found in the nursing, psychiatric or bio/psycho/social generated by the therapist or social worker. The treatment plan includes specific interventions to address trauma related issues. The facility does keep a record of ongoing yearly training that addresses trauma. Training focused on Trauma Informed Care was offered most recently 3/17 and 2/18 and Mandt training (Which does address trauma to a certain extent) was last offered in 5/18. Attendance records are available. As previously mentioned, Pathways does provide support and debriefing for patients and staff after a traumatic event within the facility.

Crisis Response and Intervention Services

Pathways operates 24/7 days a week with staff available to answer phone calls. Nursing staff generally initially receive the phone calls on the weekends and relay non-emergency calls to an intake coordinator. During the week crisis phone calls are handled by the intake coordinator who assess whether the person meets criteria for admission to the hospital on a voluntary basis. Children under 12 in need of hospitalization are most often admitted to Shodair Hospital in Helena, and elderly patients who cannot check in voluntarily will most often be admitted St. Peter's Hospital in Helena.

The number for the crisis line is available on the inpatient unit including the day room and nursing station. The crisis line number is always listed as part of the safety plan upon discharge. The hospital refers callers to appropriate service providers depending upon the specific crisis. If it is an acute crisis and safety is an issue the County Designated Mental Health Provider (CDMHP) will be contacted. The intake coordinator follows up on crisis line calls who have been referred to outside providers. The intake coordinator communicates with the CDMHPs and community mental health centers. The hospital often receives calls from other towns such as Libby, Browning and Polson.

Medications

Pathways Treatment Center is part of Kalispell Regional Hospital and follows all medication policies and procedures. The medication prescription protocol is evidence based, reliant on the latest technology and incorporates current medical standards.

Medications are prescribed by medical staff. The storage and transportation of medications is handled by hospital pharmacists and pharmacy technicians while medications are administered by licensed nursing staff. The PYXIS automatic dispensing machine is used at Pathways. PYXIS is a locked cabinet opened by a thumb print and stocked with over 200 medications. There are at least two patient identifiers whenever administering medications which has contributed to a significant decrease in medication errors.

Medication education occurs in several ways. There are medication groups several times a week conducted by the pharmacist or RN. Education is provided to family members during family meetings. The patient is provided with a medication list upon request. Nursing staff and psychiatrists provide individual medication education as needed.

Patients can seek out a second psychiatric opinion within Pathways as they have a number of psychiatrists. The psychiatrists meet daily Monday through Friday to discuss patient care and are available to consult in regard to difficult clinical cases. They also meet with their patients daily. The psychiatrists work with patients to take their medications utilizing education and negotiation. Emergency

medications are sometimes necessary as one time orders when patient safety is a concern. Involuntary routine medications cannot be ordered. It is not the policy of the hospital to withdraw support from a patient unwilling to take medications although hospitalization at Montana State Hospital may become necessary if patient's psychiatric condition deteriorates and involuntary medication needs to be considered.

Medical procedures and medication administration – along with all of the testing required meet current standards of practice and are clearly and appropriately documented in the charts. Medication errors are documented in an event reporting form. Medically relevant details are recorded in the patient's medical record. The nurse notifies the physician of the error. The incident report is reviewed by a team from KRMC in monthly meetings where patterns of medication errors are evaluated.

Pathways might want to consider having a staff member available to assist with obtaining psychiatric medication from pharmaceutical companies now that Medicaid is again in jeopardy.

One suggestion would be to support financially several staff every year to get some in-depth training outside the facility regarding trauma effects on patients and staff . For instance there is now a body of research regarding teaching yoga with patients who have experienced trauma.

Access, Entry and Continuity of Services Through Transitions

Most of the patients that find their way into the Pathways facility arrive through KRMC. Pathways is part of the KRMC complex and has a good working relationship with the main hospital which allows Pathways to get a thorough medical workup before being admitted to Pathways and ensures access to emergency medical services throughout a patients stay at Pathways if necessary. Once admitted, patients receive medical and psychiatric assessments within the first 24-48 hours.

Pathways utilizes licensed social workers as therapists. Thus the therapist is the main contact point for family member/guardian participation and discharges. The goal for each person admitted is to have two family contacts (in person or by phone) prior to discharge. The discharge planning process starts at the time of admission and utilizes the full spectrum of options available, depending on the patient's resources and willingness to participate. The method (previously mentioned above) by which Pathways systematically tracks patients after discharge is a model of excellence and should be replicated by every licensed mental health facility in Montana.

Recommendations

- Post advocacy information for the Board of Visitors, the Mental Health Ombudsman, and DRM in areas where patients congregate and in the visitor's waiting room.