

2014-2015 GRAND JURY REPORT

Riverside County Regional Medical Center Emergency Treatment Services/Inpatient Treatment Facility Arlington Campus

Background

The Riverside County Regional Medical Center Arlington Campus (Arlington Campus) consists of the Emergency Treatment Services (ETS) and Inpatient Treatment Facility (ITF). ETS is designed to treat 20 patients per day and is open 24 hours a day providing both voluntary and involuntary evaluations. ITF is a 77-bed, locked facility consisting of one 9-bed Adult Intensive Care Unit, two 28-bed General Adult Care units and one 12-bed Adolescent Care Unit.

Patients are brought in by a family member, ambulance, law enforcement, other community agencies or self-referral.

Methodology

- Tours of Arlington Campus
- Sworn and unsworn testimony provided by management personnel of the following:
 - Riverside County Department of Mental Health (RCDMH)
 - Riverside County Regional Medical Center (RCRMC)
 - Economic Development Agency (EDA)
 - Riverside County Information Technology (RCIT)
- Reviewed RCRMC Department of Psychiatry Policy and Procedure manual
- Reviewed Arlington Campus – Incident Report Log – 7/01/2014 through 12/31/2014

Findings

Pharmaceutical Incidents

1. The review of the incident report log disclosed several instances of pharmaceutical mishaps. Some examples are:
 - Wrong medications were sent home with the patient
 - Inventory disclosed missing or expired medications
 - Unauthorized person was granted access to the pharmacy room
 - Medication administered at the wrong time
 - Medication transcribed with the wrong dispensing frequency
 - Medication ordered but not transcribed or dispensed
 - Doctor transcribed medication to the wrong patient chart

ETS/ITF Arlington Campus

2. ETS/ITF Arlington Campus is inadequate:
 - The average patient load of 36-42 patients per day at ETS exceeds the 20 patients per day capacity the facility was designed to serve
 - Fire safety requires external doors to remain unlocked allowing patients held involuntarily the opportunity to leave the facility
 - There are not enough interview rooms for the current patient load
 - Nurses' stations are cramped
 - Medical equipment is antiquated
 - Computer systems are several generations behind current standards
 - The lack of wireless communication within the facility requires manual charting
 - No connectivity to RCRMC main campus servers prevents the consolidation of patient records compounding the opportunity for charting errors

The quagmire of EDA and the Office of Statewide Hospital Planning and Development (OSHPD) policies hinder any efforts to repair the facility.

ETS/ITF Policies and Procedure No. 15.1 – Death of Patient

3. Policy No.15.1 describes procedures to be followed upon the death of a patient. The policy as written is not clear.

Section 1 of Policy No. 15.1 prioritizes internal staff notification without suggesting that “911” be called to assess the patient.

Section 1-c indicates a call to the Coroner/Public Administration be made “when appropriate,” while Section 1-d indicates that the Coroner must **always** be notified.

Section 2 requires staff to call for an ambulance to transport the patient to an emergency room for pronouncing of death, but Section 1-d indicates that the Coroner’s office will pick up the body.

Section 3 requires a call to OneLegacy, an organ transplant facilitator, without regard to patient or family desires (see Attachment #1).

Policy No. 12.1 Levels of Observation

4. This policy is dated “3/12.” The policy is incomplete, consisting of pages “1 of 5,” “3 of 5” and “5 of 5” (see Attachment #2).

Policy No. 20.1

5. There are two policies numbered No. 20.1

One is dated “3/12” and titled “Therapeutic Groups (Process)” superseding Policy No. N8.03. This policy contains page “1 of 2,” but page 2 is missing.

The second policy has a revision date of “6/7/2013” and titled “EMERGENCY TREATMENT SERVICES (ETS) / INPATIENT TREATMENT FACILITY (ITF) DISCHARGE PROCEDURE” superseding Policy No. N12.05 (see Attachments #3 and #4).

Recommendations

**Riverside County Board of Supervisors
Riverside County Regional Medical Center – Chief Executive Officer
Riverside County Regional Medical Center – Arlington Campus –
Assistant Hospital Administrator**

Pharmaceutical Incidents

1. Hospital administration shall require ETS/ITF nursing and pharmacy staff to participate in ongoing training for the proper distribution of pharmaceuticals and the importance of pharmaceutical security.

ETS/ITF Arlington Campus

2. The Riverside County Board of Supervisors (BOS) shall “Fast Track” through EDA the scheduled repairs to the Arlington Campus while simultaneously negotiating with an experienced hospital construction firm to design and begin construction of a new facility.

ETS/ITF Policies and Procedure No.15.1 – Death of Patient

3. Policy No. 15.1 shall be rewritten:
 - Section 1 “Notify” shall state that “911” be called first
 - In accordance with Section 1-d the Coroner shall always be notified, therefore, Section 1-c is redundant and shall be removed
 - The responsibility to call OneLegacy shall be transferred to emergency room staff

Policy No. 12.1 Levels of Observation

4. Policy No. 12.1 shall be revised to include:
 - Policy shall be rewritten to be complete with full dates and all policy information included

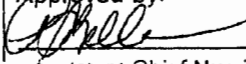
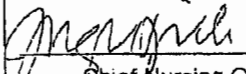
Policy No. 20.1

5. RCRMC shall make the following changes:

- Policy numbers shall be corrected to be unique
- Policy titled "Therapeutic Groups (Process)" shall be rewritten to be complete with full dates and all policy information included

Report Issued: 5/13/2015
Report Public: 5/15/2015
Response Due: 8/11/2015

**RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
DEPARTMENT OF PSYCHIATRY
POLICY**

Subject: DEATH OF PATIENT		Effective date:	Page 1 of 1
		Revised Date: 6/7/2013	Policy No. 15.1 Supersedes: Policy No. N13.01
Departments Consulted: Nursing Department	Reviewed & Approved by: Assistant Chief Nursing Officer Chief Nursing Officer	Approved by:  Assistant Chief Nursing Officer  Chief Nursing Officer	

POLICY AND PROCEDURE:

1. Notify:
 - a. Patient's doctor, who notifies family.
 - b. Assistant Hospital Administrator, Mental Health Services Manager, Assistant Chief Nursing Officer and respective Nursing Manager.
 - c. Coroner, Public Administration and other agencies when appropriate.
 - d. Since death is not expected in this facility, all deaths will be reported to the Coroner's office 275-1500. The Coroner's office will pick up the body.

2. Transportation of the patient:

Ambulance called to transport patient to Emergency room for pronouncing of death.

3. Contact One Legacy regarding patient death.

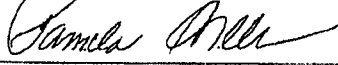
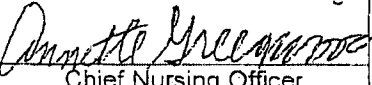
RESPONSIBILITY

Attending Psychiatrist
Nurse Manager
House Supervisor

Distribution: Department of Psychiatry Nursing

NT #1

**RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
DEPARTMENT OF PSYCHIATRY
POLICY**

Subject: Levels of Observation		First Issued: <p style="text-align: center;">3/12</p>	Page 1 of 5 Policy No. 12.1
		Revised Date:	Supersedes: P4.68, P4.70, P4.71
Departments Consulted: Nursing Department	Reviewed & Approved by: Assistant Director of Nursing Chief Nursing Officer	Approved by: <div style="text-align: center;">  Assistant Director of Nursing </div> <div style="text-align: center;">  Chief Nursing Officer </div>	

POLICY

It is the policy of the Riverside County Regional Medical Center (RCRMC) Inpatient Treatment Facility/Emergency Treatment Service (ITF/ETS) that each patient admitted will be evaluated for his/her potential to harm themselves or others. It is recognized that each patient admitted to the RCRMC ITF/ETS has some level of risk for harm to self or others. However, some patients have higher risk than others. In addition, a patient may require a higher level of nursing observation and intervention related to being at high risk for falls, extreme confusion, inability to provide for his/her basic care needs or other identified risk. As a result, each patient will be assessed for risk of harm to self or others or other safety concern, and the appropriate level of nursing observation will be assigned based on the patient need. All nursing staff providing direct patient care will be trained and competency certified for the nursing management of all levels of observation.

REFERENCE POLICIES

RCRMC Online policy #122, *Unauthorized Leave of Patients*

PROCEDURE

1. Assessment:
 - a. Every patient shall be assessed by an FTS psychiatrist and an appropriate level of observation shall be ordered.
 - b. Every patient admitted to the ETS and ITF shall be assessed by a registered nurse (RN) for the potential to harm self or others or other safety risk, such as risk for fall, ability to provide for basic care needs and level of confusion.
 - c. Every patient shall routinely be assessed for risk of harm to self or others, or other safety risk, a minimum of once each shift by a RN.
 - d. A patient not previously identified as at risk for harm to self or others, or other safety risk, shall be observed at the Routine Level of Observation. At any time a patient's behavior indicates a change or increased risk for harm to self or others or other safety risk, a risk assessment will be conducted by a RN or psychiatrist, and the appropriate level of nursing observation will be assigned based on the patient current need (see Levels of Observation below).
 - e. Any clinical staff member that observes patient behavior that indicates a risk for harm to self or others or other safety risk that poses an immediate threat to the safety of the patient or others may initiate continuous in-person observation pending patient assessment by a RN or psychiatrist.

Distribution: RCRMC Arlington Campus

and toileting needs without total assistance.

- (5) A patient that is incontinent and unable to communicate when he or she has toileting needs and is at eminent risk for skin breakdown.
- (6) A patient with a high potential for elopement or escape.
- (7) A patient with fire starting behaviors.
- (8) A sexually vulnerable patient or a sexually predatory patient.
- (9) A patient with significant medical conditions requiring special attention or management.
- (10) A patient with repeated assaultive behaviors.
- (11) Other safety issue as identified by a RN or psychiatrist.

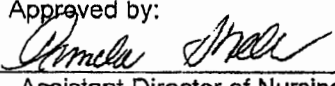
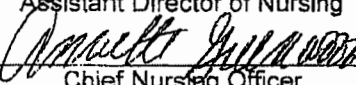
ii. Patient Care Management:

- (1) The RN or psychiatrist must complete a progress note as soon as possible to document the assessment and need for CTI, and a treatment plan initiated or updated to include the goals and interventions to be implemented.
- (2) The RN will notify a psychiatrist if MD evaluation is needed.
- (3) The treatment team must assess the patient as part of the daily interdisciplinary treatment process to determine the need for continuation of the CTI and need to modify the treatment plan. The psychiatrist's daily progress note must contain documentation of the treatment team's review of the CTI and any updates/amendments that were made to the treatment plan, and include specific recommendations to continue or discontinue the CTI.
- (4) A RN must complete a progress note documenting the CTI at least once every shift, or more frequently as needed based upon the patient's behavior.
- (5) Staff assigned to continuous direct patient observation for CTI shall:
 - (a) Maintain direct visualization of the patient at all times. If the patient uses the bathroom or shower, the door must be kept ajar so that there is sufficient visualization of the patient to maintain safety. The assigned staff should be at arms length from the patient at all times unless the patient is an immediate danger to others. If the patient is at risk for harm to others, a distance of up to 10 feet may be maintained, allowing the staff person reasonable movement from the patient to avoid injury should the patient become physically aggressive.
 - (b) Follow the patient plan of care as identified in the treatment plan and as directed by the RN assigned to the patient.
 - (c) Use of potentially dangerous objects, i.e. razors shall be monitored continuously. Consult with the assigned RN if the patient is at risk for harm to self or others.
 - (d) CTI assigned nursing staff should notify the assigned RN if there is a change in the patient's psychiatric behaviors or physical status (e.g., Highly agitated to suddenly calm, or vice versa; alert and oriented to suddenly confused; verbal to suddenly non-verbal/unable to speak).
 - (e) Assigned nursing staff must complete a progress note at least every two (2) hours documenting a description of the patient's behaviors/condition, the interventions utilized, and the patient response to the interventions utilized. If the assigned staff is a CNA, the charge nurse will delegate the documentation to an appropriate licensed nurse.

possible to document the assessment and need for SP, and a treatment plan initiated or updated to include the goals and interventions to be implemented.

- (2) If SP is initiated by a RN, the psychiatrist must be notified within one hour of initiation of SP.
 - (3) The psychiatrist will assess the patient and either order the SP or notify the nursing staff to discontinue the SP and advise regarding the appropriate level of observation needed.
 - (4) The treatment team must review SP as part of the daily interdisciplinary treatment process to determine the need for continuation of the SP and need to modify the treatment plan. The psychiatrist's daily progress note must contain documentation of the treatment team's assessment of the patient and any updates/amendments that were made to the treatment plan, and include specific recommendations to continue or discontinue the SP.
 - (5) Continuation of SP requires a new MD order every 24 hours.
 - (6) A RN must complete a progress note documenting the SP at least every 4 hours, or more frequently as needed based upon the patient's behavior.
 - (7) Staff assigned to continuous direct patient observation for SP shall:
 - (a) Maintain direct visualization of the patient at all times. If the patient uses the bathroom, the door must be kept ajar so that there is sufficient visualization of the patient to maintain safety. The assigned staff should be at arms length from the patient at all times unless the patient is an immediate danger to others.
 - (b) Follow the patient plan of care as identified in the treatment plan and as directed by the RN assigned to the patient.
 - (c) Use of potentially dangerous objects, i.e. razors shall not be allowed without authorization from the RN assigned to the patient. If permitted, the use must be monitored continuously.
 - (d) SP assigned nursing staff should notify the assigned RN of any self-injurious behaviors, or if there is a change in the patient's psychiatric behaviors or physical status (e.g., Highly agitated to suddenly calm, or vice versa; alert and oriented to suddenly confused; verbal to suddenly non-verbal/unable to speak).
 - (e) Assigned nursing staff must complete a progress note at least every two (2) hours documenting a description of the patient's behaviors/condition, the interventions utilized, and the patient response to the interventions utilized. If the assigned staff is a CNA, the charge nurse will delegate the documentation to an appropriate licensed nurse.
3. The psychiatrist will discontinue the Suicide Precautions when he or she determines that the patient outcome has been reached and the patient no longer requires SP. The psychiatrist/RN will make any amendments/updates to the treatment plan as needed

**RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
DEPARTMENT OF PSYCHIATRY
POLICY**

		Page 1	of 2
Subject: Therapeutic Groups (Process)	First Issued: 3/12	Policy No. 20.1	
	Revised Date:	Supersedes: N8.03	
Departments Consulted: Nursing Department	Reviewed & Approved by: Assistant Director of Nursing Chief Nursing Officer	Approved by:  Assistant Director of Nursing  Chief Nursing Officer	

POLICY

It is the policy of the Riverside County Regional Medical Center (RCRMC) Inpatient Treatment Facility/Emergency Treatment Service (ITF/ETS) that there is an established process for the development and coordination of Therapeutic Groups. The goal is to have a well-rounded treatment program that assists the patient post-discharge with the resources and skills necessary to achieve and maintain the highest level of function in the community. The core multi-disciplinary "Therapeutic Group" team will consist of nursing services, social services / case management, psychology, occupational / recreational therapy and pharmacy. Other disciplines will also participate as possible, e.g. rehabilitative services, patient rights and patient disability rights.

REFERENCE POLICIES

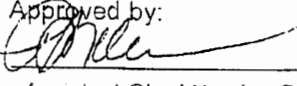
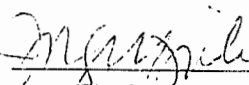
1. RCRMC Arlington ITF/ETS #12.1, *Levels of Observation*

THERAPEUTIC GROUP MODEL

1. The groupwork model used is the *Tidal Model*. The aims of the model are:
 - a. To share experiences of difficulty, distress and disability.
 - b. To obtain support from other group members.
 - c. View problems from a different perspective and learn from the experiences of others.
 - d. Experience helping others.
 - e. Sharing of information.
 - f. Exploring options for resolving problems.
 - g. Developing assertiveness, social skills and problem solving skills.
2. Within the model there are 3 types of Groups:
 - a. The Recovery Group:
 - i. Is focused on a set of questions that aim to generate simple reflection and informal conversation and helps people to identify their strengths – ideally it should be held in the morning when people often need a boost.
 - b. The Information Group:
 - i. Aims to demystify the language of psychiatry and develop the person's understanding of their illness, situation and treatment. Such sessions might include discussions on medication management, benefit information, illness education, self-help groups, housing issues etc.
 - c. The Solutions Group:
 - i. Supports and builds upon the one-to-one work and is focused upon bringing about and recognizing change. Ideally it should be held in the afternoon and allow people time to reflect and unwind afterwards. A separate information sheet provides further details about this group session.

Distribution: RCRMC Arlington Campus

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
DEPARTMENT OF PSYCHIATRY
POLICY

Subject: EMERGENCY TREATMENT SERVICES (ETS)/INPATIENT TREATMENT FACILITY (ITF) DISCHARGE PROCEDURE		Effective date	Page 1 of 3
		Revised Date: 6/7/2013	Policy No. 20 1 Supersedes: Policy No. N12 05
Departments Consulted: Nursing Department:	Reviewed & Approved by: Assistant Chief Nursing Officer Chief Nursing Officer	Approved by:  Assistant Chief Nursing Officer  Chief Nursing Officer	

POLICY:

Nursing will ensure that all items on the Discharge Checklist have been addressed. The Nurse will either initial (in the appropriate space on the form) as completed or mark "NA" (Not Applicable). The Discharge Checklist will be signed off by the Registered Nurse and the licensed nurse escorting the patient off the unit. The Admitting staff member will review the Discharge Checklist (provided by the escort nurse), and ensure all items have been addressed before finalizing the patient's discharge.

All discharges must be reviewed with the Duty Officer/House Supervisor by the Charge Nurse. The Duty Officer/House Supervisor will assist in coordinating the discharge as soon as possible.

ITF PROCEDURE:

1. Obtain doctor's discharge order as soon as possible after the decision was made to discharge the patient.
2. Forward a copy of the doctor's order for discharge medications, to the pharmacy.
3. Verify discharge plan. Complete one of the following:
 - a. Contact family/friend and re-verify actual time patient will be picked up.
 - b. Contact Hospital Transportation and obtain an estimated time that patient will be transported. Follow up as needed.
 - c. Verify that request for bus tickets or Greyhound voucher is in patient's chart.
4. If the patient is being discharged to him/herself but no specific placement has been identified, e.g., the patient is homeless and wishes to continue to be so, the Registered Nurse will verify that a Consent for Discharge and Transportation to a Non-Home Residence Location have been completed.
5. Check the 5150 Application to determine if law enforcement has indicated they are to be notified before the patient is discharged. If yes, contact the law enforcement agency indicated on the 5150 Application, and document in the Progress Note having done so, including the name of the person spoken with, telephone number and outcome of the conversation, including any pertinent quotes.

Distribution: Department of Psychiatry Nursing

- 6 A Firearms Prohibition must be completed and explained to the following patients if applicable.
- Patients admitted to ITF on 5150 for danger to self and/or others.
 - Patients in ITF on 5250 for danger to self, danger to others, and/or grave disability.
 - Patients in ITF on Temporary Conservatorship or permanent Conservatorship.

NOTE: Patients admitted to ITF voluntarily or 5150 as Gravely Disabled ONLY do not require a Firearms Prohibition.

- 7 Obtain discharge medications and patient's personal medications (if patient brought medications to the hospital with him)
- Compare medication bottles with the physician's discharge order.
 - Confirm medications are for the correct patient, correct medications, dosages, and frequency.
 - Confirm medication information sheets are included from pharmacy, and that information sheets are for the correct medication.
8. At time of discharge, complete the following:
- When other disciplines have completed their portions of the Aftercare Instructions, the Registered Nurse will sit with the patient and review and complete Aftercare Instructions with the patient ensuring confidentiality.
 - Ask the patient if she/he would like a designated person (e.g., family member, friend, significant other, etc.) to join the Registered Nurse and the patient, to hear the discharge instructions. Nursing staff will sit with the patient in the day room to discuss the aftercare instructions with the patient (and family/significant other if present) while maintaining patient confidentiality. (Obtain written consent from the patient as needed, and indicate so on the form). Aftercare Instructions will also include follow-up appointments and may include special dietary needs.
 - If the patient is under conservatorship, the Conservator must be notified of the pending discharge. Private Conservator's number should be in the chart or contact Riverside County Conservators Office at (951) 341-6440.
 - Have the patient verbalize understanding of instructions, and indicate so on the form.
 - Review possible food/drug interactions and give the Food and Drug pamphlet to the patient, and indicate so on the form.
 - Encourage patient compliance with the Aftercare Instructions.
 - Update Treatment Plan, resolving patient problem(s) which led to admission.
 - Provide the Patient with the Client Survey, and indicate so on the form. Ask the patient if they would be willing to complete the survey before they leave the unit or they can mail it in. (Does not apply to ETS patients)
 - Assist the patient in gathering all of his/her property from the patient's bedroom.
 - Assist the patient in gathering all of his/her property from the patient's locker.
 - The Registered Nurse will write the discharge note, and ensure the time of discharge and the time on the Safety Check sheet, coincide.

NOTE: Interpreter/Translation Services to be utilized as needed

6. A Firearms Prohibition must be completed and explained to the following patients, if applicable.
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