

2006-2007 GRAND JURY REPORT

Riverside County Regional Medical Center Mental Health Inpatient Treatment Facility and Emergency Treatment Services Department of Psychiatry

Background

The Riverside County Department of Psychiatry is a part of Riverside County Regional Medical Center (RCRMC) at 9990 County Farm Road, Riverside, California and is referred to as the Arlington Campus (AC). The AC includes Emergency Treatment Services (ETS) and Inpatient Treatment Facilities (ITF) in separate areas to render short-term and long-term services.

Prior to 1999, the Riverside County Department of Mental Health (RCDMH) managed the operation of the AC. In compliance with State and Federal Laws and Regulations, the operational management of the AC was transferred to RCRMC when the Riverside County Board of Supervisors (BOS) passed Resolution No. 99-188 on June 15, 1999. This operational realignment moved the responsibility for professional nursing staff to RCRMC and the Psychiatric/Medical staff remained with the RCDMH.

In order to facilitate these changes, there were three (3) interagency agreements created designating responsibility, financial understanding, and operation implementation.

SUBLEASE AGREEMENT

In addition to allowing RCRMC to lease the Riverside County Inpatient Treatment Facility from the RCDMH, the Inter-Agency Lease Agreement includes provisions for RCRMC to lease and/or purchase equipment from RCDMH and for RCRMC to assume all utility, maintenance, housekeeping, and similar expenses for the AC.

PROFESSIONAL SERVICES AGREEMENT

An Inter-Agency Professional Services Agreement represents the RCDMH psychiatric staff practicing at ITF/ETS. While this agreement does not represent a change in treatment, it does set forth the terms and conditions for the interaction of Mental Health's Psychiatrists

working with the RCRMC's staff at ITF/ETS. Such terms and conditions are needed so both organizations are in compliance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which establishes standards and requirements for licensure and certification.

PROVIDER/PAYOR AGREEMENT

RCRMC operates the general acute care hospital owned and operated by the County of Riverside to serve the medical needs of the County. RCRMC's state license includes ITF/ETS for psychiatric evaluation and treatment of patients with symptoms of mental illness. ITF/ETS has 77 acute care beds which forms an acute psychiatric care department. RCRMC sought to effect comprehensive inpatient care for patients with mental illnesses. Although ultimate responsibility for administration of the hospital lies with RCRMC, the Inter-Agency Payor Agreement establishes the specific responsibilities of RCRMC and RCDMH related to performance, admissions, clinical records, patient's rights, quality of care, transportation, cost reports, audits, financial terms, and reimbursement.

EMERGENCY TREATMENT SERVICES

The ETS specializes in psychiatric triaging, evaluating and treating mental illness, and emotional crisis. Some patients come in for care on their own, others are brought in by family, police, or concerned persons. Patients who come to ETS may receive treatment there and be discharged to return home with medication and referrals for outpatient treatment in the community. Some patients are transferred or referred to other mental health facilities, while others are admitted for further treatment to ITF.

INPATIENT TREATMENT FACILITY

The ITF is a locked acute psychiatric treatment hospital that utilizes the expertise of a multidisciplinary team to treat patients with mental and emotional problems. The facility is divided into 4 units: Unit A is a psychiatric intensive care unit, offering intensive care and constant monitoring for patients that require it. Units B and C are adult care units for patients who benefit from multidisciplinary treatment but do not require constant monitoring. Unit D is an adolescent treatment unit that offers specialized treatment for patients 13 to 17 years of age.

Findings

1. Since the opening of the ITF/ETS facility in the 1980s, an in-depth audit has never been performed by the Riverside County Auditor-Controller or by the Internal Audit Unit, a division of the Auditor-Controller's Office. Resolution No. 83-338, establishing authority and declaring policy for Internal Audits, "be it resolved by the Board of Supervisors of the County of Riverside in regular session – pursuant to Government Code §26883 the Auditor-Controller is authorized to audit the accounts and records of any department, office, board or institution under control of the Board of Supervisors and any district funds that are kept in the County Treasury." "Ordinance 442.3 Government Administration items 4(f) and 4(g) authorize the County Executive Officer to conduct comprehensive management reviews and investigations of programs, projects and departments." The BOS Resolution No. 83-338 establishes authority and declares policy for bi-annual departmental internal audits. The funding and staffing levels are controlled by the BOS and limit the ability of the Office of the Auditor-Controller to comply with this Resolution.
2. The documents supporting the transfer of costs, licensing, equipment, building leases, and the Memorandum of Understanding written in 1999/2000 are not up to date, lack authorizing signatures, and are contrary to existing practices and operating agreements.
3. The CEO of RCRMC has not provided a budget to the RCDMH and the Assistant Hospital Administrator of the AC since the 1999 re-alignment.

4. The high utilization of registry personnel leads to a lack of continuum of care, poor documentation and an increased burden to the regular staff, therefore, a greater cost to the facility. The daily cost of a registry staff person is almost double the cost of a county staff person. The majority 70 percent of skilled and professional patient care attendants at the AC, are from Staff Registries, which account for 63 percent of the total salaries for daily staffing needs.

2005-2006 NON-ADMINISTRATIVE PROFESSIONAL STAFF SALARIES AND BENEFITS

	ITF	ETS	TOTALS	%
County Staff	\$2,728,543	\$749,158	\$3,477,701	37%
Registry Staff	\$4,413,419	\$1,407,431	\$5,820,850	63%
Totals	\$7,141,962	\$2,156,589	\$9,298,551	100%

5. Supervisors and managers at ITF/ETS have not submitted Registry Evaluations (Attachment #1), as requested. Professional Employment Registries request that each employer or supervisor submit a summarized Registry Evaluation of Registry Staff be sent to the site. This enables Registry Agencies to better evaluate their employees.
6. There is an absence of continuity of patient care. Due to the extensive use of Per Diem psychiatrist/physicians who do not work a daily schedule, one physician may perform the assessment and develop the treatment plan. Later, another psychiatrist monitors and evaluates the patient and may subsequently make the discharge determination.
7. ITF/ETS Administration has been unresponsive to complaints by staff psychiatrists regarding:
 - Nursing Supervisors overturning Doctors' orders
 - substandard health and safety conditions adversely affecting patient care, such as patient on patient violence, and patients sleeping on the floor

8. The ITF/ETS is violating the RCRMC Department of Psychiatry Policy P.1.18 regarding incident reporting, as well as JCAHO standards PI.1.10, PI.2.20, PI.2.30, and PI.3.10 for sentinel events. "A sentinel event is an occurrence involving death or serious physical or psychological injury, or risk thereof." "These events are called sentinel because they signal the need for immediate investigation and response."
9. The Quality Improvement Department (QID) at RCRMC, which is responsible for creating a timely log of all reported incidents, has not maintained this log accurately to reflect the actual dates of reportable incidents. A review of the Incident Report Log reveals entry dates prior to the occurrence of the incidents, evidence of multiple entries with dates out of sequence, and missing data.
10. All AC incident reports were not submitted to QID and Risk Management. After January 7, 2007, the volume of incidents reported by ITF/ETS changed from 9 percent of total reported incidents in 2006, to 38 percent of the total during the first three months of 2007.
11. Some medical records contained incomplete documentation, including missing signatures on orders, telephone orders, and record of verbal orders.
12. The August 2004 Behavioral Assault Management (BAM) Training Manual presently in use does not reflect the current policies and procedures of the RCRMC Department of Psychiatry.
13. Assembly Bill (AB) 508 passed in 1993 mandates that psychiatric hospital employees receive training and education relating to general safety measures, aggression and violence, verbal and physical maneuvers to diffuse or avoid violent behavior. Based on the training record(s) provided by ITF/ETS Administration in August 2006, it could not be determined that all the staff are in compliance.
14. Within the last five (5) years, staff at ITF/ETS have not been given training and drills on Medical Emergency "CODE BLUE" policy and procedure P 1.16 Rev. 4/21/03 and Automated External Defibrillator (AED) policy and procedure P 1.16a Rev. 4/30/03.

15. Training records covering 234 Riverside County employees at ITF/ETS were found incomplete, disorganized, and not useful with regard to tracking the training of the majority of employees.
16. Insufficient staff coverage on the night shift violates the 4 to 1 and 5 to 1 patient/nurse ratios and has created an unsafe environment at the ITF/ETS facility for patient/clients and staff.
17. The AC facility is being run without adequate general medical staffing. RCRMC provides a primary care physician with an additional duty to attend patients at the AC after working scheduled shift at RCRMC in Moreno Valley.
18. Employees who want to work overtime must apply to management. It was found that overtime was often assigned selectively to a small number of employees. Such a practice lends itself to allegations of discrimination based on factors other than competence.
19. Senior Administration at RCRMC and RCDMH has shown inadequate leadership in making appropriate personnel changes:
 - leaving funded staff positions unfilled
 - not reducing the high turnover of professional services of doctors, nurses, and staff
 - not providing trained professional security staff
20. Items such as furniture, are not adequately secured to insure patient and staff safety. At the ITF/ETS facility we observed an agitated patient in a crowded dayroom pick-up a fiberglass chair and throw it across the room, narrowly missing other patients.
21. The indifference displayed by AC Administration has adversely affected employee morale. The mental and physical well-being of employees who have complained of abusive and violent behavior by patients are not supported by AC Administration with a program of follow-up care.
22. The AC administration has not been responsive for ensuring that a system of improved communications is maintained so that no one person can create an environment of fear and intimidation among the staff.

23. The current Security Guard Service Contract, "Professional Service Agreement #PUARC690B", does not meet the unique needs including guard service coverage, emergency codes, and training for that type of facility.
24. "Panic Buttons" are not installed at each reception desk, nurses' station, and activity room.
25. The planned expansion by RCRMC of the ITF/ETS facility is contingent on the building meeting 1994 seismic standards. The building currently meets the 1973 standards, however, the modifications may reveal needed upgrades to bring the building up to the 1994 Northridge Earthquake Standards.
26. The average daily intake of 27 patients per day at ETS, makes the only existing interview room inadequate to manage the volume of patient interviews and comply with the Welfare and Institutions Code §5325.1(b), related to patient privacy.
27. Interviews with professional staff and psychiatrists indicate a constant return rate of patients. Some patients have been placed outside of the medical jurisdiction of Riverside County that does not match the level of care needed. The determination of severity of patient's diagnosis does not match discharge process and placement.
28. Nurses are engaging in unlawful practice by administering medicines to patients without proper documentation on the Medical Administration Record, and requesting other staff members to sign for the administration of the medication.
29. During our inquiry we found a clear case where symptoms, and medical description of condition clearly described "schizophrenia with paranoid indications", in the chart. When describing attempts at outplacement, these symptoms were clearly understated to potential residential placement, such as a board and care, instead of institutional placement, as indicated by a senior administrator.
30. After hours discharge of patients takes place without appropriate placement planning. Many patients discharged during this timeframe are unable to find shelter or residence of any kind.

31. ITF does not have qualified professional discharge planners dedicated to discharge placement of patients in California State Mental Hospitals when long-term care is indicated.
32. Annual Performance Reviews of County Employees at the AC are done on irregular basis, if at all. Therefore, opportunities for constructive criticism and team building are lost.
33. The Administration at the AC have relinquished their management operational responsibility to lower level managers.

Recommendations

Riverside County Board of Supervisors
 Riverside County Regional Medical Center, CEO
 Riverside County Department of Auditor-Controller
 Riverside County Department of Mental Health
 Riverside County Department of Psychiatry/
 Arlington Campus
 Riverside County Human Resources Safety Department
 Riverside County Human Resource Risk Management

1. The Board of Supervisors direct an immediate comprehensive administrative and financial audit of ETS and ITF bringing them into compliance with the BOS Resolution 83-338 and Government Code §25250 mandating audits be performed every two years.
2. Update interagency agreements including appropriate signatures, detailed operational budget, and cost estimates for expanding ETS/ITF.
3. RCRMC Administration forward a detailed annual budget to the Assistant Hospital Administrator at the AC at the same time that they provide RCDMH with a proposed operating budget no later than March 15th of each year, as specified in the Inter-Agency Payor Agreement Amendment signed August 9, 2001.
4. ITF/ETS perform a cost/benefit analysis of registry staff vs. full-time permanent employees to determine and utilize the most cost effective staffing strategy for the facility.

5. The ITF/ETS Administration develop and implement a policy that require Nurse Managers to submit "Registry Staff Evaluations" (See Attachment #1) to all their registries.
6. The ITF/ETS Administration must schedule psychiatrists so that the same psychiatrist attends a patient for continuity of care during the treatment period.
7. Nurse Managers and non-physician management personnel will not unilaterally overturn medical decisions that are in conflict with the physician's orders without direct consultation with the attending physician or the physician on duty. This abuse of authority will lead to disciplinary actions up to and including termination of employment. ITF/ETS Administration take steps to immediately correct substandard health and safety conditions at AC.
8. The AC Administration amend the Department of Psychiatry Policy P 1.18 to invoke penalties for non-compliance by the administrative and management staff to report all incidents to Quality Improvement Department (QID) and/or Risk Management at RCRMC. These penalties include discipline up to and including termination of employment.
9. QID at RCRMC enforce the policy and procedures for maintaining accurate incident report logs. The logs must reflect actual date of incident and actual date the report was received by QID. All personnel involved in the incident reporting process must take appropriate and timely action.
10. All incident data must be reported accurately and timely to reflect the areas of ITF/ETS that indicate potential for quality improvement.
11. The Medical Records Department establish an audit team to conduct ongoing record review to ensure that the documentation is completed by validating with a random audit.
12. Update the Department of Psychiatry BAM Training Manual, August 2004, with respect to policies and procedures on seclusion and restraint, reporting assaults to local law enforcement, and the current "CODE GREEN" policy P 1.16f Rev. 10/10/06, which is the Emergency Response to Assault by Patient or Other Individual in the Hospital Environment.

13. Update training documentation related to BAM and implement a procedure that would ensure that staff are kept up to date on BAM and recertified annually, as Psychiatry Department Policy dictates.
14. Institute "CODE BLUE" and "AED" training and drills as a mandatory training program for staff physicians, registered nurses, licensed vocational nurses, licensed psychiatric technicians, and nurses aides, as well as all registry staff, so that all staff are aware of their duties when a "CODE BLUE" is announced.
15. Develop and utilize a central database to track mandatory training and specialized supervisory training. Appoint sufficient personnel resources to maintain the training records.
16. Require administrative supervisory personnel to be available for staffing during periods of personnel shortages.
17. The Administration hire a full time physician, physician assistant, or a nurse practitioner for ETS/ITF, rather than rely on a physician from RCRMC after working hours as an additional duty.
18. Assign overtime equitably to qualified employees.
19. Senior administration at RCRMC, RCDMH, and the AC demonstrate leadership by working closely and consistently with Human Resources Director to identify a strategy to fill positions, some of which have not been filled in four years.
20. The RCRMC Safety Coordinator inspect patient areas at the ITF/ETS facility to ensure that all furniture is either locked together or secured to the floor.
21. Develop and implement management programs that would give professional support to staff who have experienced physical or psychological abuse or violence.
22. The senior administrator establish and ensure open communications with staff and physicians, which will enable all opinions to be heard without fear of intimidation and retaliation.

23. Upgrade security service by contracting for sheriff's deputies, or trained correctional officers, to handle emergency contingencies.
24. Install "Panic Buttons" at all reception desks, nurses' stations, activity rooms, and any other critical areas at ITF/ETS.
25. Expedite plans to expand capacity at ITF/ETS.
26. Immediately add two (2) additional interview rooms at the ITF/ETS facility.
27. AC Administration provide training for psychiatrists, physicians, psychologists, social workers, nurses, and management to ensure appropriate patient placement at time of discharge.
28. Update and enforce Policy and Procedures regarding the administration of medication and chart documentation. Impose appropriate disciplinary measures for non-compliance and falsification of documentation.
29. Find appropriate placement for patients in institutional facilities, licensed residential facilities, or appropriate community sites, based on the actual level of care needed. Do not alter diagnoses to influence placement.
30. Develop and implement mandatory procedures, which would allow discharged patients to find shelter or residence.
31. Have an experienced discharge professional responsible, as part of the job description, be responsible to coordinate with State Hospitals and ensure proper patient placement.
32. The AC Administration and Management comply with BOS Policy #C-21 Section 3, regarding performance reviews.
33. The CEO of RCRMC and the Director of RCDMH initiate a complete review and evaluation of Administrative and Management procedures and responsibilities at the Department of Psychiatry AC, as indicated in the findings of this report, and make appropriate changes.

Report Issued: 06/27/07
Report Public: 06/29/07
Response Due: 09/26/07

**RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
REGISTRY EVALUATION
Licensed Personnel**

NAME: _____ **REGISTRY:** _____

DATE: _____ **UNIT:** _____

	RATING	N/A
1. Arrives and completes assignment in a timely manner. (Staffing office)		
2. Observes rules for breaks and lunches.		
3. Reports to team leader prior to leaving the unit.		
4. Completes additional tasks as assigned.		
5. Provides thorough patient care (bath, oral care, linen change, etc...as appropriate.).		
6. Keeps work environment neat and clean.		
7. Demonstrates positive attitude and good communication skills with patients and staff.		
8. Teamwork behavior is demonstrated.		
9. Observes standard precautions, good hand washing technique and isolation procedure.		
10. Provides patient privacy and observes rules of confidentiality.		
11. Documentation and signatures are legible.		
12. There is evidence of patient teaching.		
13. Initiate and/or revises patient care plan.		
14. Assessments are thorough and progress notes are directed toward patient care plan.		
15. Admission assessments are completed promptly including assessment of Advance Directive, Spiritual, Educational and Discharge needs.		
16. The 5 rights of medication administration are observed.		
17. Antibiotics are started within two hours of orders.		
18. Orders are transcribed accurately and initiated in a timely manner.		
19. Changes in patient status are reported promptly.		
20. Follows RCRMC Restraint Policy for presence of pain and establishes a plan.		
21. Assess and reassesses patients for presence of pain and establishes a plan.		

Signature of Evaluator

Date

Legend
0=Does not meet expectations
1= Meets expectations
2=Exceeds expectations

Attachment #1