Select Committee on Quality Improvement in State Hospitals
DSHS/BHA/Western State Hospital – Root Cause Analysis
October 27, 2016

CMS Condition of Participation	Consultant Recommendations	Workgroup Assigned
7 Conditions of Participation	*264 Total Recommendations*	*16 Workgroups*
Environment of Care	**50 recommendations**	**2 different EOC Workgroups** Emergency Response Prevention & Maintenance
	When drills do not go exactly right, ensure documentation and any education given is reported on critique form (i.e. someone forgot to close a door or didn't know how to pull the pull station).	Emergency Response
	The facility should consider issuing radios to all maintenance staff not only for efficiency but for safety as well.	Emergency Response
	More responsive facilities repair and maintenance	Emergency Response
	Recommend the facility conduct an EM drill to show an influx of patients.	Emergency Response
	Recommend at minimum EM classes 100, 200 and 700 for those who have a role in the incident command center.	Emergency Response
	Recommend facility utilize the Command Center as designed to ensure proper management of emergencies.	Emergency Response
	Recommend the facility conduct an EM drill to show participation with the Community Emergency Command Services in 2016.	Emergency Response
	Preventative Maintenance – Make sure all work orders can be found and are complete (e.g., have required inventory). Consider establishing a centralized work order call center.	Prevention & Maintenance

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	Facility should evaluate current process for relaying information to maintenance staff. The ideal process would be for a centralized receiving station where all calls and work orders are prioritized and dispatched. There should not be so many steps to get a problem corrected.	Prevention & Maintenance
	Facility needs to inventory electromechanical releasing devices and locate the 2016 PM.	Prevention & Maintenance
	Facility needs to reevaluate the process for completing the PM's and ensuring the documents are received by the appropriate administrative holder of the PM's.	Prevention & Maintenance
	Facility should locate the 2016 PM, ASAP and inventory devices.	Prevention & Maintenance
	Facility should add a line to PM for recording who received the call at 911 during the quarterly test and record how long it took for 911 to receive the call from the monitoring station.	Prevention & Maintenance
	ASAP, locate missing semi- annual PMs.	Prevention & Maintenance
	Recommend the facility create a complete inventory.	Prevention & Maintenance
	Recommend facility educate staff to reduce trash and storage in this area.	Prevention & Maintenance
	Facility wide, there should be a labeling process for cylinder storage.	Prevention & Maintenance
	Safety Issues – Resolve identified issues in a more timely manner, improve communication with maintenance staff and develop a more finely tuned risk assessment and a prioritization process.	Prevention & Maintenance
	The facility may have more of a process issue of getting completed PM's to the "keeper" of the documentation rather than PM's not being completed. Recommend the Facility reevaluate the process of multiple layers of management to get to the real issue of missing documentation.	Prevention & Maintenance
	Facility needs to reevaluate the process for completing the PM's and ensuring the documents are received by the appropriate administrative holder of the PM's.	Prevention & Maintenance

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	Recommend adding a sentence in the Utility Management Plan regarding the hospital tests utility system components on the inventory before initial use and document.	Prevention & Maintenance
	The Life Safety drawings should be updated to include the locations of hazard rooms, travel distances to smoke barriers etc.	Prevention & Maintenance
	The facility needs to coordinate timely process for turning in completed PM's to the "keeper" of the documents; facility should be in a constant state of readiness for any survey.	Prevention & Maintenance
	Facility should check all electrical panels for complete/correct labeling.	Prevention & Maintenance
	While awaiting a response from the State of Washington AG's office, consider an alternative strategy to provide privacy for dressing for patients residing in multiple bed bedrooms. Solicit patient ideas and feedback on this issue.	Prevention & Maintenance
	Review the relevant documentation policies, refresh all clinical disciplines and ensure they have a consistent, accurate understanding of the time frames for completion of their annual assessments.	Prevention & Maintenance
	Recommend the Facility reevaluate the process of multiple layers of management, approval process and prioritization of Safety related work orders	Prevention & Maintenance
	Recommend the facility reevaluate the process for dispatching maintenance calls. A central receiving station for all work order related calls may prove to be more effective in correcting issues rather than the multiple layered process now in place.	Prevention & Maintenance
	The facility should develop a risk assessment and a prioritization process for when safety issues are identified in the environment.	Emergency Response
	Conduct a spot check of annual assessment audits to determine the extent to which compliance is a concern.	Emergency Response

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	Recommend the facility perform required emergency light testing (every 12 months hospital preforms a functional test of battery powered lights required for egress for a duration 1.5 hours or replaces all batteries every 12 months and during replacement, performs a random test of 10% of all batteries for 1.5 hours.	Emergency Response
	Facility should utilize marked deficiency Life Safety drawing (left on site) to correct issues identified.	Emergency Response
	Remove all potential ligature risks from safe rooms and comfort rooms where patients may be left alone.	Emergency Response
	Reseal conduit on S-9 and on S-8.	Emergency Response
	Ensure gap around sprinkler head is <1/8". (refer to marked life safety drawings left with facility for exact location.).	Emergency Response
	Ensure doors have screws	Emergency Response
	Identify Hazard rooms identified in NFPA 101 on Life Safety Drawings. Remove combustible storage open to Corridor and place in appropriate hazard room.	Emergency Response
	Add door closer to S-6, room 126 and to storage room next to 104	Emergency Response
	Facility should check electrical panels throughout to ensure proper labeling.	Emergency Response
	Recommend an AWOL risk assessment of the quadrangle environment identifying risks and developing risk reduction activities as needed.	Emergency Response
	Repair or replacement of program/recreational equipment	Emergency Response
	Recommend adding parameters for Hi/Lo alarms on work orders for the water level alarms.	Emergency Response
	Facility should perform Risk Assessment to determine the prioritization of correcting environmental issues for possible self-harm opportunities.	Emergency Response

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	Facility should ensure a risk assessment is completed to prioritize any "self-harm" environmental deficiencies identified.	Emergency Response Prevention & Maintenance
	Replace the unit F-1 refrigerator due to the consistently recorded 46° temperatures.	Emergency Response Prevention & Maintenance
	Review all patient rooms that do not have a curtain over the vision panel and ensure that the patient's permission is documented.	Emergency Response Prevention & Maintenance
	Recommend the facility add to daily safety rounds a security check of all patient room windows (not only on C4, but all units).	Emergency Response Prevention & Maintenance
	Recommend facility try to create a culture of caring between patients and a process for reporting concerns to staff.	Emergency Response Prevention & Maintenance
	Environmental changes.	Emergency Response Prevention & Maintenance
	Environmental rounds	Emergency Response Prevention & Maintenance
	Environmental rounds team	Emergency Response Prevention & Maintenance
Governing Body	**50 recommendations**	**3 Governing Body Workgroups** Communications Group Leadership & Organizational Group Strategic Operational Planning Group
	Build bridges and a productive partnership with staff.	Communications Group
	Improve the reporting span of control at all levels of the organization	Communications Group
	Review meeting and reporting structures for efficiency	Communications Group
	Structure meetings around deliverables	Communications Group
	Task oriented groups including staff to develop solutions to POC issues	Communications Group
	Optimize reporting hierarchy	Communications Group
	Focus groups.	Communications Group

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	Focus groups – patients and staff	Communications Group
	Outreach to staff for input on solutions	Communications Group
	Leadership communication on hospital and system issues	Communications Group
	Add Grand Rounds and CEU offerings	Communications Group
	Improve teamwork around common goals	Leadership & Organizational Group
	Improve span of control structure; implement across all levels of the organization including ward based management	Leadership & Organizational Group
	Create a management structure that assigns authority and accountability	Leadership & Organizational Group
	Unit structure and leadership.	Leadership & Organizational Group
	Improve direct senior leadership access and accountability of the Patient Advocate.	Leadership & Organizational Group
	Leadership rounds need to be improved in scope and regularity to maintain open lines of communication with staff.	Leadership & Organizational Group
	Consider potential for increased ward based leadership	Leadership & Organizational Group
	Modify CEO Direct Reporting structure (completed by CEO – June, 2016	Leadership & Organizational Group
	Provide effective integration of old and new leaders into cohesive team with defined responsibilities	Leadership & Organizational Group
	Leaders more present on wards	Leadership & Organizational Group
	Develop ward based leadership model	Leadership & Organizational Group
	Enhance local level of leadership at ward level	Leadership & Organizational Group

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	Leadership rounds	Leadership & Organizational Group
	Building leadership partnership with medical staff.	Leadership & Organizational Group
	Provide adequate leadership for oversight and accountability	Leadership & Organizational Group
	Provide the Senior Leadership support to ensure implementation is successful	Leadership & Organizational Group
	Better integration into leadership process	Leadership & Organizational Group
	Hospital leadership in conjunction with its governing body/Central Office needs to develop a more effective long-term strategy for recruitment and retention of psychiatrists.	Leadership & Organizational Group
	Systems advocacy for change.	Strategic Operational Planning Group
	Change the culture; adopt a mission driven patient focused approach to service delivery	Strategic Operational Planning Group
	The hospital could pursue an affiliation with a University /Medical school to train residents and with colleges for psychology, social work, and rehabilitation interns.	Strategic Operational Planning Group
	Review of the nature and structure of the organization, as well as possible movement of some programs offsite should be considered.	Strategic Operational Planning Group
	Better define clarity of role in oversight and strategic direction	Strategic Operational Planning Group
	Incorporate community-based stakeholders in the design and oversight of services, including advocacy groups, behavioral healthcare providers, and other important stakeholders.	Strategic Operational Planning Group
	Ensure that this is a mission-driven organization focused on the delivery of safe, effective, and respectful delivery of care to patients in the least restrictive manner.	Strategic Operational Planning Group
	Develop and implement culture of accountability down to the line staff level.	Strategic Operational Planning Group

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	Create a culture of safety through modification of ward staff mix and direct care matrix	Strategic Operational Planning Group
	Review potential for dedicated admission units	Strategic Operational Planning Group
	Advocate for modifications in the admission and discharge determinations/process for the Hospital	Strategic Operational Planning Group
	Develop a plan that includes orientation and integration toward the desired "culture"	Strategic Operational Planning Group
	Pilot a carve out for specialty services (NGRI Evaluations)	Strategic Operational Planning Group
	Add more current evidenced based interventions.	Strategic Operational Planning Group
	Develop robust internship program for allied professional disciplines	Strategic Operational Planning Group
	Promote better cooperation and respect between disciplines	Strategic Operational Planning Group
	Complete consultant study and evaluate recommendations regarding optimal levels for different disciplines	Strategic Operational Planning Group
	Better connection to clinical operations	Strategic Operational Planning Group
	Adequate technical and support staff relative to the size and scope of the Hospital.	Strategic Operational Planning Group
	Provide appropriate Management staff	Strategic Operational Planning Group
	Become partners for advocating Systems changes and implementing internal changes.	Strategic Operational Planning Group
	Update medical staff bylaws to appropriately support the current face-to-face practice.	Strategic Operational Planning Group

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Infection Control	**7 recommendations**	**2 Infection Control Workgroups** Infection Control Hospital Wide Program Group and Infection Control Practices Group
	Infection Control – Ensure that the Infection Prevention and Control Committee functions as a hospital wide (vs. nursing) committee and that there is consistent understanding and practice regarding hand washing and use of gloves.	Infection Control Hospital Wide Program Group
	Hospital administrators must support the Infection Preventionist training in order to assure staff are qualified to ensure best practices.	Infection Control Hospital Wide Program Group
	The Infection Prevention and Control Committee needs to function as a hospital – wide committee reporting directly to the Patient Care Committee.	Infection Control Hospital Wide Program Group
	Facility should store clean paper products in a clean room not soiled.	Infection Control Practices Group
	Facility should store clean patient clothing in a clean room, not a soiled rm.	Infection Control Practices Group
	Infection control practices related to the use of gloves and equipment cleaning is still an issue, RN III's need to prioritize their time to supervise and monitor nursing staff practices on their units. Nurses observed not using proper techniques can then accept retraining to learn when to gloves during treatment procedures, when alcohol gel versus handwashing is acceptable during medication administration and how to clean equipment according to policy.	Infection Control Practices Group
	Recommend being consistent on use of forms, educate staff on importance of not missing dates.	Infection Control Practices Group
	Recommend facility create a vent cleaning preventative maintenance work order and clean on regular basis.	Infection Control Practices Group
Nursing	**57 recommendations**	**3 Nursing Workgroups** Nursing Leadership Group Nursing Practice Group Nursing Training Group

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	Review on-call pool/float nurse allocation and assignments.	Nursing Leadership Group
	Nursing recruitment, retention, and satisfaction needs improvement.	Nursing Leadership Group
	The MHT staff are one of the core unit-based staff, closest to the patients every day and providing assistance with their basic needs - Involve them in planning efforts for improving	Nursing Leadership Group
	Build a better leadership-staff partnership.	Nursing Leadership Group
	Extend this communication effort to the mission and content of staff training and education.	Nursing Leadership Group
	Move from on-call to assigned ward model	Nursing Leadership Group
	Improve staffing allocation to address risk of violence	Nursing Leadership Group
	Improve staff assignment process to provide better continuity on wards.	Nursing Leadership Group
	More ward based staffing assignments – less float staff	Nursing Leadership Group
	Better coverage to ensure staff get vacation/personal time	Nursing Leadership Group
	More inclusion in problem solving and PI	Nursing Leadership Group
	MHT staff included in State incentives for recruitment and retention	Nursing Leadership Group
	The Pharmacy and nursing staff must communicate and ensure that the treatment plan reflects their coordinated efforts.	Nursing Leadership Group
	It appears that nursing will be able to hire 51 more nursing positions, however it will take time to accomplish recruitment, training and tenure of these new positions, in the meantime it is important to review the present practices of 1:1's, treatment mall staff deployment and the Nurse III present work load for better use on nursing personnel.	Nursing Leadership Group

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	The plan to hire 51 nursing positions will enhance the existing situation, however there is a need to plan for training the new personnel and the "pool" nurses by acknowledging the special populations that are in the hospital and providing the training needed to meet their needs.	Nursing Leadership Group
	Allocation of staff.	Nursing Leadership Group
	Optimal allocation of resources is needed	Nursing Leadership Group
	Gain better direct over control hiring and firing, recruitment and retention efforts, and other human resources functions.	Nursing Leadership Group
	Improve tracking and staff accountability	Nursing Leadership Group
	Ensure adequate staffing assigned to core support areas of Education, Infection Control, Performance Improvement	Nursing Leadership Group
	Create a viable plan for filling vacancies in nursing and allied professional roles	Nursing Leadership Group
	Plan to complete filling vacancies	Nursing Leadership Group
	Provide necessary resources for size and breadth of staff	Nursing Leadership Group
	Examine other models and integrate with own needs.	Nursing Leadership Group
	Pool nurse assignment/staffing.	Nursing Leadership Group
	Improve the focus on staff training and education	Nursing Training Group.
	Ensure training in areas of noted gaps	Nursing Training Group.
	Improvement of oversight of training and education compliance.	Nursing Training Group.
	Staff Educators and Nursing Educators in communication with the Advance Practice Nurses and RN III representatives need to develop a Nursing Competency Plan to include goals and objectives with time frames and communicate with hospital leadership for approval.	Nursing Training Group.
	Nursing staff must receive training beyond orientation and unit specific due to the special need of the hospital patients.	Nursing Training Group.

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	Adequate training for all staff and leaders are quality improvement concepts and use.	Nursing Training Group.
	Staff education on internal and System issues	Nursing Training Group.
	Staff training and education	Nursing Training Group.
	Develop a nursing school affiliation for site based training.	Nursing Training Group.
	Explore options for a University affiliation and Residency Training site	Nursing Training Group.
	Improved training rollout, monitoring and record keeping at unit and organizational level.	Nursing Training Group.
	Devote resources to a robust training effort for all staff.	Nursing Training Group.
	Restore competency fairs	Nursing Training Group.
	More mentoring, “hands-on”	Nursing Training Group.
	More unit based training	Nursing Training Group.
	Training on communication, collaboration and leadership skills	Nursing Training Group.
	The hospital will provide EM classes 100, 200 and 700 for those who have a role in the incident command center.	Nursing Training Group.
	The hospital will educate staff not to block exits	Nursing Training Group.
	The hospital will educate staff to reduce trash and storage in this area.	Nursing Training Group.
	Suicide Management – Ensure that physician documentation of close observation is consistent with hospital policy and procedure.	Nursing Training Group.
	Refresher training for all treatment teams on effective treatment plan documentation.	Nursing Training Group.
	Consider providing a training for all clinical staff/treatment team members on effective treatment plan documentation	Nursing Training Group.

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	Review the pain reassessment documentation process used by the nurses to ascertain need for retraining.	Nursing Practice Group
	Medication Administration - Ensure more consistent adherence to proper administration procedures (e.g., not pre-pouring) especially regarding medication pass and use of identifiers	Nursing Practice Group
	Pain Management – Ensure more consistency in documentation of pain reassessment on the electronic medication administration record (MAR).	Nursing Practice Group
	Assessments – Improve consistency/timeliness in completing nursing assessment and initial treatment plans.	Nursing Practice Group
	Treatments provided by the MNC's should also be included in the treatment plan and communicated with unit nursing staff	Nursing Practice Group
	The Anticoagulant Medication Policy needs to be updated to reflect the role of nursing pre and post drug administration.	Nursing Practice Group
	Monthly Pyxis audits need to be initiated to identify the nurses, units and shifts that the pre poring of medication is occurring. Review of data would then allow for interventions, coaching and retraining as needed.	Nursing Practice Group
	MNCs need to follow policy and identify patients using two identifiers when providing treatments and or administering medications.	Nursing Practice Group
	Address noted gaps and citations: treatment planning, restraint and seclusion, medication administration, charting to goals and objectives, crisis intervention-safety, infection control processes	Nursing Practice Group
	Importance (clinical and legal) for accurately documenting q15 minute observation sheets.	Nursing Practice Group

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	Narrative progress notes need to be reinstituted as they reflect progress toward accomplishment of individualized goals.	Nursing Practice Group
Patient Rights	**15 recommendations**	**2 Patient Rights Workgroups** Confidentiality & Privacy Group and Safety Group
	Confidential Admissions Intake Process	Confidentiality & Privacy Group
	Patients requiring nursing/clinical procedures should be provided privacy and taken to a treatment and/or private room to perform the procedure	Confidentiality & Privacy Group
	While awaiting a response from the State of Washington AG's office, consider an alternative strategy to provide privacy for dressing for patients residing in multiple bed bedrooms. Solicit patient ideas and feedback on this issue.	Confidentiality & Privacy Group
	Check all rooms without vision panel curtains for documentation of patient permission	Confidentiality & Privacy Group
	Review all patient rooms that do not have a curtain over the vision panel and ensure that the patient's permission is documented.	Confidentiality & Privacy Group
	Staff retraining in all aspects of documentation (such as Restraint and seclusion charting)	Safety Group
	Restraint/Seclusion (R/S) - Ensure that restraint documentation identifies imminent dangerousness/threat to immediate physical safety.	Safety Group
	Staff should also be reminded of the requirement to discontinue restraint or seclusion at the earliest possible time and that continuation of these measures requires documentation of patient behaviors consistent with that need. To that end, clinical leadership may wish to consider revising the behavioral coding system for restraint observation documentation.	Safety Group

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	Remind all clinical staff that restraint or seclusion may only be utilized as a last resort to ensure immediate physical safety the patient, Staff or others. And, that documentation of the event needs to be adequate to support this or they will be vulnerable to questions about the appropriateness of use.	Safety Group
	Refresh all treatment teams on the importance of documenting imminent dangerousness and more specific detail on the use of less restrictive alternatives when utilizing restraint or seclusion.	Safety Group
	Ensure all clinical staff appreciates the use of restraint or seclusion as a last resort that is only utilized to ensure immediate physical safety.	Safety Group
	Update clinical staff knowledge and ensure awareness of requirement to modify the treatment plan after episodes of restraint or seclusion.	Safety Group
	Review and modify the PERT Team process	Safety Group
	Monitor all restraint and seclusion use for 100% compliance with documentation requirements consistent with Hospital policies and procedures	Safety Group
	Reduce Patient Assaults	Safety Group
	Update medical staff bylaws to appropriately support the current face-to-face practice	Safety Group
Quality Assessment & Performance Improvement	**19 recommendations**	**2 QAPI Workgroups** Data Processing Group and Hospital Wide QAPI Program Group
	Examine effectiveness of 1:1 close observation on safety	Data Processing Group
	Monthly Pyxis audits need to be initiated to identify the nurses, units and shifts that the pre poring of medication is occurring. Review of data would then allow for interventions, coaching and retraining as needed.	Data Processing Group
	Patient survey process	Data Processing Group
	Examine effectiveness of 1:1 close observation on safety	Data Processing Group

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	PIP establish baseline of current data to measure improvement. This baseline include on ward and off ward activities.	Data Processing Group
	Consider the importance of PI data functions in development	Data Processing Group
	Review and streamline organizational reporting process	Hospital Wide QAPI Program Group
	Adequate technical and support staff relative to the size and scope of the Hospital.	Hospital Wide QAPI Program Group
	Ensure processes are well designed in practice before translation to EHR.	Hospital Wide QAPI Program Group
	Improve surveys and other methods of being informed by patients on their issues and concerns patient issues, and repeat regularly.	Hospital Wide QAPI Program Group
	Adequate staffing and leadership for the QAPI program needed.	Hospital Wide QAPI Program Group
	The QAPI Plan structure and implementation needs to re-thought and re-implemented.	Hospital Wide QAPI Program Group
	Ensure that leadership at all levels embraces a quality or performance improvement mentality and approach in their focus and work.	Hospital Wide QAPI Program Group
	Data driven approach to curricula planning	Hospital Wide QAPI Program Group
	Proper staff training in concepts methods and tools of Quality Improvement	Hospital Wide QAPI Program Group
	Review impact of the complexity and breadth of the organization on quality efforts	Hospital Wide QAPI Program Group
	Effective QAPI implementation through the organization	Hospital Wide QAPI Program Group
	A clear, workable, and consistent model of quality improvement needs to be developed and implemented.	Hospital Wide QAPI Program Group

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	Provide appropriate Management staff	Hospital Wide QAPI Program Group
	Review impact of the complexity and breadth of the organization on quality efforts	Hospital Wide QAPI Program Group
Special Medical Requirements	**66 recommendations**	**2 Special Medical Records Workgroups** Active Treatment Group and Treatment Planning Group
	Increase Mall Program Staff	Active Treatment Group
	Ensure optimal functioning of the Recovery Centers	Active Treatment Group
	Review staffing needs for Recovery Centers	Active Treatment Group
	Increase activities on the ward	Active Treatment Group
	Expand token or level system for patient status and privilege	Active Treatment Group
	Develop appropriate specialty treatments that are evidenced based.	Active Treatment Group
	Improve unit based treatment options	Active Treatment Group
	More fitness/health related activities	Active Treatment Group
	Activities aimed at daily life skills	Active Treatment Group
	Vocational training services	Active Treatment Group
	Expand leisure activities	Active Treatment Group
	Better coordination between wards/mall regarding patient assignments and participation	Active Treatment Group
	Reduce patient-staff ratio in small groups	Active Treatment Group
	Increase ward programming options	Active Treatment Group
	Active Treatment - Develop and implement the processes, procedures and mechanisms necessary to more accurately monitor and evaluate patient participation (or lack thereof) in on and off unit treatment activities. Develop structured approaches for on-unit alternative treatment activities	Active Treatment Group

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	Treatment Coordination – Ensure effective communication and coordination of on unit treatment efforts between assigned Rehab unit staff and Nurse unit ICs.	Active Treatment Group
	Develop a patient tracking system capable of reporting an individual patient's participation or non-participation in on-ward activities and scheduled interventions.	Active Treatment Group
	Monitor all patients for their participation in active treatment both on the ward and in the treatment malls, including weekends and evenings.	Active Treatment Group
	T-Rex data base enriched to match patient scheduled intervention on treatment plan with attendance and be monitored at an individual patient level and feedback on patient involvement	Active Treatment Group
	Analyze the pattern and needs of patients who are unable and/or unwilling to participate in the treatment mall and develop a structured approach to providing appropriate alternative treatment activities.	Active Treatment Group
	Process to ensure that Assigned Rehab unit staff and Nurse unit ICs collaborate on ward interventions for patients.	Active Treatment Group
	Develop a structured approach to providing alternate treatment activities to patients unable and/or unwilling to participate in the treatment mall.	Active Treatment Group
	More actively involve patients in participating in treatment planning	Active Treatment Group
	Direct treatment services.	Active Treatment Group
	Performance improvement initiative to reduce the number/rate of patients who are unwilling to participate in the mall.	Active Treatment Group
	Enhance addiction related services	Active Treatment Group
	Review the present practices of 1:1's and treatment mall staff deployment	Active Treatment Group
	Overall documentation enhancement relating assessment to plan to progress notes	Treatment Planning Group

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	Staff retraining in all aspects of documentation (such as Restraint and seclusion charting)	Treatment Planning Group
	Treatment Plan Notification	Treatment Planning Group
	Modify treatment planning to ensure specificity and measureable objectives	Treatment Planning Group
	Increase patient involvement in treatment planning.	Treatment Planning Group
	Better integration of the MHT, IC staff into the active treatment plan.	Treatment Planning Group
	Involve Recovery Center/Mall staff in treatment planning process	Treatment Planning Group
	Treatment Plans – Enhance individualization by using 'as evidenced by in the description of patient problems.	Treatment Planning Group
	The treatment plan should include all treatment provided, particularly when a high risk medication is involved and multiple providers are involved.	Treatment Planning Group
	Identify discipline specific goals that fail to individualize treatment and consult with staff and begin as soon as possible to encourage treatment teams to incorporate 'as evidenced by' into the documentation.	Treatment Planning Group
	Allied Professional staff review (MD, PhD, SW, RT, OT)	Treatment Planning Group
	Physicians need to be reminded of the documentation requirements of Medical Records Procedure 8.9. Their compliance should be audited at least once within the next 60 days with results to determine the need for further auditing.	Treatment Planning Group
	Update clinical staff knowledge and ensure awareness of requirement to modify the treatment plan after episodes of restraint or seclusion.	Treatment Planning Group
	A modern health record system needs to be developed and appropriately implemented.	Treatment Planning Group
	Build components into the EMR as it is developed.	Treatment Planning Group
	Use an Independent Verification & Validation Service (IV&VS) to help ensure the most effective development and implementation of the planned EHR	Treatment Planning Group

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	Recommend being consistent on use of forms, educate staff on importance of not missing dates.	Treatment Planning Group
	Clinical leadership needs to clarify how direct line of sight observation is to be managed when patients use the bathroom and address any gender and privacy requirements.	Treatment Planning Group
	Physicians need to be reminded of the documentation requirements of Medical Records Procedure 8.9. Their compliance should be audited at least once within the next 60 days with results to determine the need for further auditing.	Treatment Planning Group
	Fill psychiatric and other physician vacancies and develop better engagement of this group	Treatment Planning Group
	Team building within units and between treatment disciplines is needed.	Treatment Planning Group
	Related to team building is the need for leadership that integrates the disciplines at the ward/unit level.	Treatment Planning Group
	Mental status exams have to be part of the psychiatric evaluation completed within the policy timeframe.	Treatment Planning Group
	Create processes adaptable to the EMR	Treatment Planning Group
	Provide adequate resources to develop core processes that can translate to the EMR	Treatment Planning Group
	Consider the importance of PI data functions in development	Treatment Planning Group
	Ensure processes are well designed in practice before translation to the EHMR	Treatment Planning Group
	Plan for the initial learning curve impact on the organization.	Treatment Planning Group
	Since the hospital uses multiple documents for the discharge planning process, care should be taken to ensure consistency between the documents.	Treatment Planning Group

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	Develop good documentation habits among staff now that can be transferred to use of the EHR whenever it becomes available.	Treatment Planning Group
	Ensure that all clinical staff access Clinical Case Consultation for behavioral intervention planning.	Treatment Planning Group
	Increase the specificity of problem descriptions by using 'as evidenced by'	Treatment Planning Group
	Come to consensus as to how they would translate the wording of WSH treatment plans into CMS terms such as problem list, Long and short-term goals, interventions.	Treatment Planning Group
	Refresh treatment team understanding of intervention versus staff process.	Treatment Planning Group
	Encourage staff to be more specific and individualized in the documentation of problems by using the phrase 'as evidenced by' in the description.	Treatment Planning Group
	Consider conducting periodic external review of a sample of treatment plans for review and comment.	Treatment Planning Group
	Consider providing training for all clinical staff/treatment team members on effective treatment plan documentation.	Treatment Planning Group
	Also consider conducting periodic external review of a sample of treatment plans for review and comment.	Treatment Planning Group
	Staff providing 1:1 special observation need to have more information about the patient.	Treatment Planning Group