

## Alaska Psychiatric Institute

Date in APSEN	Survey Type	Dates of Survey
✓ 5/18/16 & 9/7/16	Complaint	5/16/16-5/16/16
✓ 9/6/16	Complaint	9/6/16
✓ 8/31/17	Complaint	8/16, 17, 23, 24, & 31/17
✓ 12/5/17	Revisit	11/28/17-11/30/17 & 12/5/17
✓ 3/29/18	Complaint	3/27/18-3/29/18
✓ 5/31/18	Complaint	5/30/18-5/31/18
7/9/18	Revisit	7/5/18-7/9/18
7/17/18 & 7/20/18		

✓  
✓  
✓  
✓  
✓

5/16/16 - 18/18 Revisit 9/7/18

~~9/6/16~~ - 9/6/16 - 0 deficiencies

8/31/17 - Revisit 12/5/17

3/29/18 - Revisit 7/9/18

5/31/18 - 0 Revisit yet

7/17/18 -

0 Revisit  
on POC  
yet.

Provider ID: 024002	Name of Provider: Alaska Psychiatric Institute	CMS Form 2567 (02-99)	
ID Prefix Tag	Summary Statement	Alaska Psychiatric Institute's Plan of Correction	Completion Date
A 115	<p><b>482.13 PATIENT RIGHTS</b></p> <p>A hospital must protect and promote each patient's rights.</p> <p>This CONDITION is not met as evidenced by:</p> <p>The hospital failed to ensure the Condition of Participation: CFR 482.13 Patient's Rights was met as evidenced by:</p> <p>A118 - The facility failed to ensure patients were notified of their right to file a complaint or grievance with the State Agency;</p> <p>A122 - The facility failed to investigate 1 patient's grievance in a timely manner;</p> <p>A123 - The facility failed to ensure 1 patient was notified of the corrective action taken by the facility and the date of completion in response to a grievance filed by the patient;</p> <p>A143 - The facility failed to ensure 1 patient's medical information was discussed in a confidential manner;</p> <p>A145 - The facility failed to ensure: 1) the abuse, neglect and misconduct policy included a procedure to notify the State Agency of suspected abuse, neglect and misconduct; 2) a process to protect patients during potential abuse investigations and timely response for corrective, remedial, or disciplinary actions; and 3) staff</p>	<p><b>Who:</b> Chief Executive Officer (CEO) is ultimately responsible for the training and efficacy of patient care staff in following the hospital policies and procedures around patient rights.</p> <p><b>What:</b> A118 - Alaska Psychiatric Institute (API) will update API Form # 06-14023 Notice of Rights and Responsibilities to clarify that patients may file a grievance with any advocacy agency or agencies at any time. This form is provided to each patient upon admission and upon request. Patients currently admitted will receive an updated copy of the form. The form will also be updated to include the name and phone numbers or addresses of all patient advocacy agencies, including the State of Alaska Facilities Certification and Licensing (SA). The contact information for the National Alliance for Mental Illness, Joint Commission, and the Quality Improvement Organization, Livanta, will also be updated. This form will be updated and distributed by 8/15/2016.</p> <p>API will update API Policy and Procedure (P&amp;P) PRE-030-03 Patient Grievance Procedure (with Keywords: "Complaints, Grievances, Patient Rights," dated 8/7/14) to clarify that patients may file a grievance with any advocacy agency or agencies, including the SA. API clinical staff will receive a copy of the updated policy. Patient care department heads will review the policy with their staff in department meetings and record the information/training and attendance in the meeting minutes. New employees will receive training on the updated policy during new employee orientation.</p> <p>Additionally, Section III Quality Improvement of API P&amp;P PRE-030-03 Patient Grievances will be updated to include a requirement that the Recovery Support Specialist (RSS) review and verify the Notice of Rights and Responsibilities and Posted Summary of Patient Rights and Responsibilities twice annually to ensure all addresses and phone numbers are current and the notices contain all required regulatory information. This policy will be updated by 8/15/2016.</p> <p>API has updated the API Form # 06-14023D Posted Summary of Patient Rights and Responsibilities to clarify the State of Alaska Facility Certification and Licensing (SA) agency is an advocacy group where patients may file a grievance. Additionally, the 1-800 numbers for the State of Alaska Adult Protective</p>	9/01/2016

	<p>training included a mechanism for reporting any suspected abuse, neglect, and misconduct incident to the State Agency and the prevention, intervention, and detection of potential abuse and/or neglect in a hospital setting; and</p> <p>A154 - The facility failed to ensure 1 patient had evidence of skin integrity, range of motion and vital sign checks while in restraints and 2 patients had less restrictive measures implemented prior to initiating a manual hold and/or physical restraints.</p> <p>The cumulative effect of these systemic problems resulted in failure of the facility to ensure patients were receiving quality care in a safe manner that promoted the rights of the patients and afforded them due process.</p>	<p>Services and Office of Children's Services numbers were added. This form was updated on 5/19/2016 and will be updated again by 8/15/2016.</p> <p>API will update each Unit Manual to include information on how patients can file a grievance with the SA and other regulatory agencies. The unit manuals will be updated by 8/15/2016.</p> <p>The RSS will continue to educate patients on the process to file a grievance with the SA or other regulatory agencies during the Patient Rights Group, held at least weekly on the admitting units, and during 1:1 consultation with patients on the smaller units.</p> <p>A122 - API will update API Policy and Procedure (P&amp;P) PRE-030-03 Patient Grievance Procedure (with Keywords: "Complaints, Grievances, Patient Rights," dated 8/7/14) to clarify that the Recovery Support Specialist (RSS) will check each unit's Complaint/Grievance/Suggestions boxes every business day and the social worker on duty will check each unit's Complaint/Grievance/Suggestions box every non-business day. Complaint/Grievance/Suggestions forms that contain allegations of abuse, neglect or serious misconduct will be immediately brought to the attention of the appropriate Executive Team member or NSS, as appropriate.</p> <p>A tracking log of all grievances and complaints will be maintained by the RSS. The tracking log will be accessible to the Chief Executive Officer (CEO), the Director of Psychiatry (DOP) and the Quality Improvement Coordinator (QIC). The RSS will coordinate responses of resolutions to patients per API P&amp;P PRE-030-03 Patient Grievance Procedure. This includes informing the CEO when the resolution letter is due to the patient. The tracking log will reflect the date a grievance was received, the date the CEO was notified, the person(s) responsible for the investigation and the date the resolution letter was delivered (or mailed, if the patient is discharged) to the patient.</p> <p>A123 - API will update API Policy and Procedure (P&amp;P) PRE-030-03 Patient Grievance Procedure (with Keywords: "Complaints, Grievances, Patient Rights," dated 8/7/14) to include the requirement for API to provide the patient written notice of its decisions regarding the patient's grievance, the name of hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the result (corrective actions taken by API, as appropriate) of the grievance process, and the date of completion. The letter will inform patients of their right to seek assistance from</p>	
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		<p>any advocacy agency if they disagree with the disposition of their grievance. The letter will also provide patients with the phone numbers of the Disability Law Center, the SA, Adult Protective Services, Office of Children's Services, and the State Ombudsman's Office.</p> <p>Additionally, the policy will be updated directing the Safety Officer (SO) to initiate a Process Review for all grievances including allegations of abuse, neglect (including patient rights violations) and serious misconduct. Process Reviews will contain documentation that any corrective actions recommended (e.g., providing additional training to staff or disciplinary action) have been completed. This policy will be updated by 8/15/2016.</p> <p>A tracking log of all grievances and complaints will be maintained by the RSS. The tracking log will be accessible to the CEO, DOP and QIC. The RSS will coordinate responses of resolutions to patients per API P&amp;P PRE-030-03 Patient Grievance Procedure. The coordination of the tracking log includes informing the CEO (or other department heads, for Level II responses) when resolution letters are due to the patient. The RSS will ensure all resolution letters contain the required elements to include the requirement for API to provide the patient written notice of its decisions regarding the patient's grievance, the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the result (corrective actions taken by API, as appropriate) of the grievance process, and the date of completion.</p> <p>The tracking log will reflect the date a grievance was received, the person(s) responsible for the investigation and the date the resolution letter was delivered (or mailed, when a patient is discharged) to the patient.</p> <p>A143 – API will update API P&amp;P IM-001 Notice of Privacy Practices to include a statement directing all API staff to keep health information from others who do not need it. This policy will be updated by 8/15/2016. API clinical staff will receive a copy of the updated policy via email. Patient care department heads will review the policy with their staff in department meetings and the information/training and attendance will be noted in the meeting minutes. New employees will receive training on the updated policy during new employee orientation.</p> <p>The hospital education department will create an online training course with a situation-based test at the end</p>	
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that will be mandatory for patient care staff and the API Senior Management (ASM) team to take and pass. Current patient care staff will be required to pass the course by 9/1/2016 and the course will be included in new employee orientation.

The Health Information Management Systems (HIMS) department will create a display in the employee break room to remind all staff of the importance of protecting confidential health information.

A145 – API will update API Policy and Procedure (P&P) LD-020-13 Conduct Involving Patients to clarify the procedures for reporting all incidents of reasonable suspicion of allegations of abuse, neglect or serious misconduct within 24 hours to State of Alaska Facilities Certification and Licensing (SA) and the Director of the Division of Behavioral Health. The policy will clarify API's responsibility to, within 5 business days, notify the SA of the disposition of the allegation.

In order to protect all patients, any employee who has been accused of abuse, neglect or serious misconduct will not have patient contact (or will only have directly supervised patient contact) until the investigation is complete. The policy will clarify that API will immediately conduct internal abuse, neglect, and serious misconduct investigations, as well as notify the appropriate regulatory agencies.

API staff will receive a copy of the updated policy via email. Patient care department heads will review the policy with their staff in department meetings and note the information/training and attendance in the minutes. New employees will receive training on the updated policy during new employee orientation, including how to report abuse, neglect and serious misconduct to the SA.

A154 – API will update the Seclusion and or Restraint, Time –Out Patient Safety Equipment (PSE) P&P SC-030-02.01b last updated on 6/1/2015 to include additional language in section III documentation part 10 sub section n – 'S/R Face to Face Flow Sheets' to specify documentation of skin integrity, pulse, respirations at 15 minute intervals as well as fluids, range of motion, and hygiene needs documented at appropriate intervals. Face to Face Flow Sheets will remain in the patients' paper chart for review with supervisory staff, and auditing by QI staff.

Specific less-restrictive / non-physical intervention measures attempted or used by staff preceding an emergency seclusion or restraint episode will be

		<p>documented by the RN in the "RN Initial Emergency Seclusion (or Restraint) Assessment."</p> <p><b>How:</b>  A118 - API will ensure patients are notified of their right to file a complaint or grievance with the State Agency or any other advocacy agency by ensuring patients are notified of their rights at Admission through API Form # 06-14023, updating API's Patient Grievances Policy and educating patient care staff on the updated policy, and ensuring the Posted Summary of Patient's Rights includes the correct contact information for the SA and other advocacy groups.</p> <p>A122 - API will update and adhere to API P&amp;P PRE-030-03 Patient Grievance Procedure. Staff will receive a copy of the updated policy and a summary of the contents for ease of understanding. Patient care department heads will review the policy with their staff in department meetings and the information/training and attendance will be documented in the meeting minutes. New employees will receive training on the updated policy during new employee training. NSSs will receive training on the process for handling grievances received through UOR or from any unit's Complaint/Grievance/Suggestions box during non-business hours.</p> <p>A tracking log of all grievances will be maintained and reviewed weekly by the RSS and QIC to ensure compliance with the timeframes set forth in the updated policy.</p> <p>A123 - API will preserve patient's rights to due process and timely resolution of grievances. API will update and adhere to API P&amp;P PRE-030-03 Patient Grievance Procedures. Staff will receive a copy of the updated policy and a summary of the contents for ease of understanding.  Patient care department heads will review the policy with their staff in department meetings and the information/training and attendance will be documented in the meeting minutes. New employees will receive training on the updated policy during new employee training.</p> <p>The tracking log of all grievances will be maintained and reviewed weekly by the RSS and QIC to ensure compliance with the timeframes set forth in the updated policy.</p> <p>A143 - API will maintain the confidentiality of patients' medical information. API will update and adhere to API P&amp;P IM-001 Notice of Privacy</p>	
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		<p>restraint and manual holds hospital-wide over the past six quarters provides evidence of decreasing use.</p> <p><b>Evaluation Method:</b></p> <p>A118 - To ensure the plan of correction is effective and the deficiencies stay corrected, the QIC will ensure the RSS reviews the Notice of Rights and Responsibilities and Posted Summary of Patient Rights and Responsibilities twice annually and verifies the addresses and phone numbers are current and the Notice of Rights and Responsibilities and the Posted Summary of Patient's Rights contain all required regulatory information and the current contact information. The twice annual reviews and verifications will be included in the RSS's Annual Report to Governance.</p> <p>A122 - To ensure the plan of correction is effective and the deficiencies stay corrected, the RSS will send a monthly report of the total number of grievances received, their assigned "level" of resolution, and the number of patients who received (or were mailed) letters within the designated timeframe, per the updated API P&amp;P PRE-030-03 Patient Grievance Procedure. The data will be a Performance Indicator for the RSS department and will be monitored twice monthly by the CEO and API Senior Management (ASM) team and reported quarterly to Governance.</p> <p>A123 - To ensure the plan of correction is effective and the deficiencies stay corrected, the RSS will send a monthly report of the total number of grievances received, their assigned "level" of resolution, and the number of patients who received (or were mailed) letters within the designated timeframe, per the updated API P&amp;P PRE-030-03 Patient Grievance Procedure. The data will be a Performance Indicator for the RSS department and will be monitored twice monthly by the CEO and API Senior Management (ASM) team and reported quarterly to Governance. Additionally, the results of all Process Reviews will be monitored twice monthly by the CEO and ASM.</p> <p>A143 - By 9/1/2016, 90% of all patient care staff, including (at a minimum) LIPs, RNs, PNAs, Unit Clerks, Social Workers, and Clinical Support Services Staff, will receive additional online training and pass a situation-based test. The hospital education department will track and report the completion rate for each department monthly to ASM.</p> <p>A145 - A tracking log of all allegations of abuse and neglect has been created and is maintained by the</p>	
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		<p>Safety Officer. The tracking log is accessible to the CEO, DOP and QIC. The CEO and ASM will review the Allegations of Abuse and Neglect log twice monthly. The Safety Officer, through the QIC, will report quarterly to Governance the number of allegations of abuse, neglect, or serious misconduct API received and investigated and the investigation's disposition (substantiated or unsubstantiated).</p> <p>A154 – Quality Improvement staff will conduct weekly audits of documentation for every emergency seclusion and restraint event. These audits will evaluate the documentation around the necessity for the event as well as the number and types of non-physical interventions attempted as de-escalation measures preceding the event. The audits will assess the accuracy and completeness of the face to face flow sheets for both seclusion and restraint events including but not limited to appropriate behavior and intervention codes, providing patients support and education on release criteria as quickly as possible, as well as completion of documentation with regard to monitoring of pulse, respirations, blood pressure, temperature oxygen saturation, offering of fluids, hygiene, and food at adequate intervals, and assessing for range of motion every 120 min and as needed. Information obtained in these audits will be reviewed with senior management; hospital education will be involved in providing feedback to staff and supporting staff in improving documentation. The goal for these audits is 100%.</p> <p><b>CEO Signature and Title:</b></p>	
<p>A118</p>	<p><b>482.13(a)(2) PATIENT RIGHTS: GRIEVANCES</b></p> <p>The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and record</p>	<p><b>Who:</b> The Quality Improvement Coordinator (QIC) is ultimately responsible for the corrective action and overall and ongoing compliance.</p> <p><b>What:</b> Alaska Psychiatric Institute (API) will update API Form # 06-14023 Notice of Rights and Responsibilities to clarify that patients may file a grievance with any advocacy agency or agencies at any time. This form is provided to each patient upon admission and upon request. Patients currently admitted will receive an updated copy of the form. The form will also be updated to include the name and phone numbers or addresses of all patient advocacy agencies, including the State of Alaska Facilities Certification and Licensing (SA). The contact</p>	<p>8/15/2016</p>

	<p>review the facility failed to ensure patients were notified of their right to file a complaint or grievance with the State agency (SA) if they wished. Specifically: 1) the postings in all units and the admission paperwork did not contain all patient advocacy agencies or the SA contact information and 2) the facility policy did not list the SA as a contact in its grievance procedure. This failed practice denied patients the information needed to contact the SA or other agencies. Findings:</p> <p><b>Patient Rights and Responsibilities</b></p> <p>Observations on 5/16/16 at 9:15 am, during the initial walk through of all the hospital units, revealed signage's "Patient Rights &amp; Responsibilities" were posted in every unit. The signage's did not have the SA contact information (name, address or phone number) under "To File a Complaint/Grievance/Suggestion ". In addition, the Adult Protective Services phone number listed on the signage was not correct and Office of Children's Services was not listed as a contact in the adolescent unit.</p> <p><b>Admission Paperwork</b></p> <p>Review of the patient admission packet revealed the following:</p> <ul style="list-style-type: none"> <li>• "...If you are unable to have your grievance resolved through the appeals process at API, you may forward it to any of</li> </ul>	<p>information for the National Alliance for Mental Illness, Joint Commission, and the Quality Improvement Organization, Livanta, will also be updated. This form will be updated and distributed by 8/15/2016.</p> <p>API will update API Policy and Procedure (P&amp;P) PRE-030-03 Patient Grievance Procedure (with Keywords: "Complaints, Grievances, Patient Rights," dated 8/7/14) to clarify that patients may file a grievance with any advocacy agency or agencies, including the SA. API clinical staff will receive a copy of the updated policy, Patient care department heads will review the policy with their staff in department meetings and the information/training and attendance will be documented in the meeting minutes. New employees will receive training on the updated policy during new employee orientation.</p> <p>Additionally, Section III Quality Improvement of API P&amp;P PRE-030-03 Patient Grievances will be updated to include a requirement that the Recovery Support Specialist (RSS) review and verify the Notice of Rights and Responsibilities and Posted Summary of Patient Rights and Responsibilities annually to ensure all addresses and phone numbers are current and the notices contain all required regulatory information. This policy will be updated by 8/15/2016.</p> <p>API has updated the API Form # 06-14023D Posted Summary of Patient Rights and Responsibilities to clarify the State of Alaska Facility Certification and Licensing (SA) agency is an advocacy group where patients may file a grievance. Additionally, the 1-800 numbers for the State of Alaska Adult Protective Services and Office of Children's Services numbers were added. This form was updated on 5/19/2016 and will be updated again by 8/15/2016.</p> <p>API will update each Unit Manual to include information on how patients can file a grievance with the SA and other regulatory agencies. The unit manuals will be updated by 8/15/2016.</p> <p>The RSS will continue to educate patients on the process to file a grievance with the SA or any other regulatory agencies during the Patient Rights Group, held at least weekly on the admitting units, and during 1:1 consultation with patients on the smaller units.</p> <p><b>How:</b> API will ensure patients are notified of their right to file a complaint or grievance with the State Agency or any other advocacy agency by ensuring patients are notified of their rights at Admission through API Form # 06-14023, updating API's Patient</p>	
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	<p>the resources listed ...";</p> <ul style="list-style-type: none"> <li>· The address and the phone number for SA was not correct;</li> <li>· National Allegiance for Mental Illness phone number was not correct;</li> <li>· The Joint Commission's phone number was not correct; and</li> <li>· The Quality Improvement Organization - Livanta's (an organization which reviews Medicare rights if a patient has concerns regarding care) phone number was not correct.</li> </ul> <p>Review of the facility policy "Complaints, Grievances, Patient Rights", dated 8/7/14, revealed "...List of entities patient may contact to submit a verbal grievance/concern without first going through the API grievance..." did not include the SA.</p>	<p>Grievances Policy and educating patient care staff on the updated policy, and ensuring the Posted Summary of Patient's Rights includes the correct contact information for the SA and other advocacy groups.</p> <p><b>Evaluation Method:</b> To ensure the plan of correction is effective and the deficiencies stay corrected, the QIC will ensure the RSS reviews the Notice of Rights and Responsibilities and Posted Summary of Patient Rights and Responsibilities and verifies the addresses and phone numbers are current and the Notice of Rights and Responsibilities and the Posted Summary of Patient's Rights contain all required regulatory information and the current contact information twice annually. These reviews and verifications will be included in the RSS's Report to Governance.</p> <p><b>QIC Signature and Title:</b></p>	
<p>A122</p>	<p><b>482.13(a)(2)(ii) PATIENT RIGHTS: GRIEVANCE REVIEW TIME FRAMES</b></p> <p>At a minimum: The grievance process must specify time frames for review of the grievance and the provision of a response.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review interview, and policy review the facility failed to investigate 1 patient's (#10) grievance in a timely manner. Specifically, the</p>	<p><b>Who:</b> The Quality Improvement Coordinator (QIC) is ultimately responsible for the corrective action and overall and ongoing compliance.</p> <p><b>What:</b> API will update API Policy and Procedure (P&amp;P) PRE-030-03 Patient Grievance Procedure (with Keywords: "Complaints, Grievances, Patient Rights," dated 8/7/14) to clarify that the Recovery Support Specialist (RSS) will check each unit's Complaint/Grievance/Suggestions boxes every business day and the social worker on duty will check each unit's Complaint/Grievance/Suggestions box every non-business day. Leaders will be trained on the appropriate process for handling Grievances.</p> <p>A tracking log of all grievances and complaints will be maintained by the RSS. The tracking log will be accessible to the Chief Executive Officer (CEO), the Chief Operating Officer (COO), the Director of Psychiatry (DOP) and the Quality Improvement Coordinator (QIC). The RSS will coordinate responses</p>	<p>8/15/2016</p>

<p>facility failed to: 1) promptly initiate the investigation of a grievance, and 2) notify the patient of the resolution in a timely manner. The failure to address the patient's grievance within the required timeframes denied the patient the right of due process and a timely resolution.</p> <p>Findings:</p> <p>Record review on 5/17-18/16 revealed the 15 year-old Patient was admitted to the facility's adolescent unit with diagnoses that included post-traumatic stress disorder, major depression, suicidal attempts, and autism spectrum disorder (a developmental disorder that can be characterized by persistent deficits in social communication, behaviors, and intellectual disability).</p> <p>During an interview on 5/17/16 at 11:20 am, Staff #1 stated Patient #10 had filed a grievance that Psychiatric Nursing Assistant (PNA) #4 used too much force during a manual restraint episode on 4/5/16 at 8:20 am.</p> <p>Promptly Investigate a Grievance:</p> <p>Record review on 5/16/16 of the complaint/grievance log revealed Patient #10 filed a grievance (#16-069) on 4/5/16 that was assigned a Level III, (Level III consists of the Chief Executive Officer (CEO) and a designated API [Alaska Psychiatric Institute] advisory board member review).</p> <p>Review of the Patient's grievance</p>	<p>of resolutions to patients per API P&amp;P PRE-030-03 Patient Grievance Procedure. This includes informing the CEO when the resolution letter is due to the patient. The tracking log will reflect the date a grievance was received, the person(s) responsible for the investigation and the date the resolution letter was delivered to the patient.</p> <p><b>How:</b> API will update and adhere to API P&amp;P PRE-030-03 Patient Grievance Procedure. All staff will receive a copy of the updated policy and a summary of the contents for ease of understanding. Patient care department heads will review the policy with their staff in department meetings and the information/training and attendance will be documented in the meeting minutes. New employees will receive training on the updated policy during new employee training. NSSs and other Leaders will receive training on the process for handling grievances received through UOR or from any unit's Complaint/Grievance/Suggestions box during non-business hours.</p> <p>A tracking log of all grievances will be maintained and reviewed weekly by the RSS and QIC to ensure compliance with the timeframes set forth in the updated policy. The CEO and DOP will also review the tracking log to ensure compliance.</p> <p><b>Evaluation Method:</b> To ensure the plan of correction is effective and the deficiencies stay corrected, the RSS will send a monthly report of the total number of grievances received, their assigned "level" of resolution, and the number of patients who received (or were mailed) letters within the designated timeframe, per the updated API P&amp;P PRE-030-03 Patient Grievance Procedure. The data will be a Performance Indicator for the RSS department and will be monitored monthly by the CEO and API Senior Management (ASM) team and reported quarterly to Governance.</p> <p><b>QIC Signature and Title:</b></p>	
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	<p>on the facility's Unusual Occurrence Report (UOR #16-0570) with an incident date of 4/5/16, revealed Patient #10 reported to the facility that, "She said he tackled her to the ground. 'I was knocked unconscious for a few seconds' and had bruises on the back of the neck from his arm. She also stated, the impact reminded [Patient #10] of, throwing myself in front of the car when I hit the ground." The staff member completed the UOR on 4/14/16, 9 days after the grievance was received.</p> <p>Notify the Patient in a Timely Manner</p> <p>Review on 5/17/16 of the grievance response letter dated 4/22/16, 17 days after the grievance was filed, revealed the letter to the Patient stated the facility did a "...thorough investigation of the incident..." and was "...taking corrective action to address your concerns."</p> <p>Review of the facility's policy "Patient Grievance Procedures", dated 8/7/14 revealed "Level III...CEO and Designated API Advisory Board member will: Within 7 (seven) calendar days provide the patient with a written response to include...the proposed resolution and an opinion as to whether the complaint is of a rights violation..."</p>		
A123	<b>482.13(a)(2)(iii) PATIENT RIGHTS: NOTICE OF GRIEVANCE DECISION</b>	<b>Who:</b> The Quality Improvement Coordinator (QIC) is ultimately responsible for the corrective action and overall and ongoing compliance.	8/15/2016

	<p>At a minimum: In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure 1 patient (#10) was notified of the corrective action taken by the facility and the date of completion in response to a grievance filed by the patient. This failed practice denied the patient the right to a due process and timely resolution of the grievance. Findings:</p> <p>Record review on 5/17-18/16 revealed the 15 year-old Patient was admitted to the facility's adolescent unit with diagnoses that included post-traumatic stress disorder, major depression, suicidal attempts, and autism spectrum disorder (a developmental disorder that can be characterized by persistent deficits in social communication, behaviors, and intellectual disability).</p> <p>Record review of the complaint/grievance log revealed Patient #10 filed a grievance (#16-069) on 4/5/16 that was assigned a Level III, (Level III consists of the Chief Executive</p>	<p><b>What:</b> API will update API Policy and Procedure (P&amp;P) PRE-030-03 Patient Grievance Procedure (with Keywords: "Complaints, Grievances, Patient Rights," dated 8/7/14) to include the requirement for API to provide the patient written notice of its decisions regarding the patient's grievance, the name of hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the result (corrective actions taken by API, as appropriate) of the grievance process, and the date of completion. The letter will inform patients of their right to seek assistance from any advocacy agency if they disagree with the disposition of their grievance. The letter will also provide patients with the phone numbers of the Disability Law Center, the SA, Adult Protective Services, Office of Children's Services, and the State Ombudsman's Office.</p> <p>Additionally, the policy will be updated direct the Safety Officer (SO) to initiate a Process Review for all grievances that include allegations of abuse, neglect (including patient rights violations) and serious misconduct. Process Reviews will contain documentation that any corrective actions recommended (e.g., providing additional training to staff or disciplinary action) have been completed. This policy will be updated by 8/15/2016.</p> <p>A tracking log of all grievances and complaints will be maintained by the RSS. The tracking log will be accessible to the CEO, COO, DOP and QIC. The RSS will coordinate responses of resolutions to patients per API P&amp;P PRE-030-03 Patient Grievance Procedure. The coordination of the tracking log includes informing the CEO (or other department heads, for Level II responses) when resolution letters are due to the patient. The RSS will ensure all resolution letters contain the required elements to include the requirement for API to provide the patient written notice of its decisions regarding the patient's grievance, the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the result (corrective actions taken by API, as appropriate) of the grievance process, and the date of completion.</p> <p>The tracking log will reflect the date a grievance was received, the person(s) responsible for the investigation and the date the resolution letter was delivered (or mailed, when a patient is discharged) to the patient.</p> <p><b>How:</b> API will preserve patient's rights to due process and timely resolution of the grievance process. API will update and adhere to API P&amp;P PRE-030-03 Patient Grievance Procedures. All staff will receive a</p>	
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<p>Officer (CEO) and a designated API [Alaska Psychiatric Institute] advisory board member review).</p> <p>During an interview on 5/17/16 at 11:20 am, Staff #1 stated Patient #10 had filed a grievance with concerns that Psychiatric Nursing Assistant (PNA) #4 used too much force during a manual restraint episode on 4/5/16 at 8:20 am.</p> <p>Review of the Patient's grievance on the facility's Unusual Occurrence Report (UOR #16-0570) with an incident date of 4/5/16, revealed Patient #10 reported to the facility that, "She said he tackled her to the ground. 'I was knocked unconscious for a few seconds' and had bruises on the back of the neck from his arm. She also stated, the impact reminded [Patient #10] of, throwing myself in front of the car when I hit the ground." The staff member completed the UOR on 4/14/16, 9 days after the grievance was received.</p> <p>Review of a copy of the grievance response letter sent to the Patient, dated 4/22/16, 17 days after the grievance was filed, revealed "...thorough investigation of the incident...we are taking corrective action to address your concerns." The letter did not specify what corrective action it was taking or when the corrective action would be completed.</p> <p>During an interview on 5/17/16 at 12:30 pm the Hospital</p>	<p>copy of the updated policy and a summary of the contents for ease of understanding. Patient care department heads will review the policy with their staff in department meetings and document the information/training and attendance in the meeting minutes. New employees will receive training on the updated policy during new employee training.</p> <p>The tracking log of all grievances will be maintained and reviewed weekly by the RSS and QIC to ensure compliance with the timeframes set forth in the updated policy.</p> <p><b>Evaluation Method:</b> To ensure the plan of correction is effective and the deficiencies stay corrected, the RSS will send a monthly report of the total number of grievances received, their assigned "level" of resolution, and the number of patients who received (or were mailed) letters within the designated timeframe, per the updated API P&amp;P PRE-030-03 Patient Grievance Procedure. The data will be a Performance Indicator for the RSS department and will be monitored twice monthly by the CEO and API Senior Management (ASM) team and reported quarterly to Governance. Additionally, the results of all Process Reviews will be monitored twice monthly by the CEO and ASM.</p> <p><b>QIC Signature and Title:</b></p>
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	<p>Educator stated PNA #4 had not completed any extra training yet related to the patient grievance.</p> <p>During an interview on 5/18/16 at 11:20 am, the Safety Officer (SO) stated the facility had determined the incident required a training opportunity for PNA #4. The SO further stated the training would include watching the video of the manual restraint episode. The SO confirmed the NAPPI (Non-Abusive Psychological and Physical Intervention) Trainer had not provided the opportunity for the staff member to watch the video or had provided any additional training. The SO stated, "it was problematic that [Trainer's name] has not spoken with [PNA #4]."</p> <p>Review of the facility's policy "Patient Grievance Procedures", dated 8/7/14 revealed "Level III...CEO and Designated API Advisory Board member will: Within 7 (seven) calendar days provide the patient with a written response to include...the proposed resolution and an opinion as to whether the complaint is of a rights violation..."</p>		
<p>A143</p>	<p><b>482.13(c)(1) PATIENT RIGHTS: PERSONAL PRIVACY</b>                  The patient has the right to personal privacy. This STANDARD is not met as evidenced by:</p> <p>Based on observation and policy review the facility failed to ensure 1 patient's (#11) information was discussed in a</p>	<p><b>Who:</b> The Quality Improvement Coordinator (QIC) is ultimately responsible for the corrective action and overall and ongoing compliance.</p> <p><b>What:</b> API will update API P&amp;P IM-001 Notice of Privacy Practices to include a statement directing all API staff to keep health information from others who do not need it. This policy will be updated by 8/15/2016. API clinical staff will receive a copy of the updated policy. Patient care department heads will review the policy with their staff in department meetings and document the information/training and</p>	<p>9/1/2016</p>

	<p>confidential manner. This failed practice created a risk for a breach of confidentiality of patients' medical information. Findings:</p> <p>During an observation on 5/16/16 at 1:08 pm, the Psychiatrist #1 exited a conference room with Patient #11. The Psychiatrist then approached this Surveyor, who was standing at the nurses' desk, and asked if the Patient had told the Surveyor she was suicidal. Patient # 2 was seated at the desk within earshot of the conversation. The Psychiatrist then walked around the desk and approached 2 staff standing on the other side of the desk and began openly questioning the staff about Patient #11's earlier suicidal ideation and what had transpired. Patient #2 and Patient #13 were both at the nurses' desk and within earshot of the conversation.</p> <p>Review of the facility's policy, "Notice of Use if Private Health Care Information, updated 7/25/2015 revealed, "We must keep your health care information from others who do not need it." "You have the following rights with respect to your protected health care information: 1. to receive confidential communication."</p>	<p>attendance in the meeting minutes. New employees will receive training on the updated policy during new employee orientation.</p> <p>The hospital education department will create an online training course with a situation-based test at the end that will be mandatory for patient care staff to take and pass. Current patient care staff will be required to pass the course by 9/1/2016 and the course will be included in new employee orientation.</p> <p>The Health Information Management Systems (HIMS) department will create a display in the employee break room to remind all staff of the importance of protecting confidential health information.</p> <p><b>How:</b> API will maintain the confidentiality of patients' medical information. API will update and adhere to API P&amp;P IM-001 Notice of Privacy Practices. All staff will receive a copy of the updated policy and a summary of the contents for ease of understanding. Patient care department heads will review the policy with their staff in department meetings and document the information/training and attendance in the meeting minutes. New employees will receive training on the updated policy during new employee training.</p> <p><b>Evaluation Method:</b> By 9/1/2016, 90% of all patient care staff, including (at a minimum) ASM, Licensed Independent Practitioners (LIPs), RNs, PNAs, Unit Clerks, Social Workers, and Clinical Support Services Staff, will receive additional online training and pass a situation-based test. The hospital education department will track and report the completion rate for each department monthly to ASM.</p> <p><b>QIC Signature and Title:</b></p>	
A145	<p>482.13(c)(3) PATIENT RIGHTS: FREE FROM ABUSE/HARASSMENT</p> <p>The patient has the right to be free from all forms of abuse or harassment.</p> <p>This STANDARD is not met as</p>	<p><b>Who:</b> The Quality Improvement Coordinator (QIC) is ultimately responsible for the corrective action and overall and ongoing compliance.</p> <p><b>What:</b> API will update API Policy and Procedure (P&amp;P) LD-020-13 Conduct Involving Patients to clarify the procedures for reporting all incidents of reasonable suspicion of allegations of abuse, neglect or serious misconduct within 24 hours to State of Alaska Facilities Certification and Licensing (SA) and the</p>	8/15/2016

	<p>evidenced by:</p> <p>Based on record review, interview, and policy review the facility failed to ensure: 1) abuse, neglect, and misconduct policies included a procedure to notify the State Agency (SA) of suspected abuse, neglect, and misconduct; 2) a process to protect patients during potential abuse investigations and timely response for corrective, remedial, or disciplinary actions; and 3) staff training included a mechanism for reporting any suspected abuse, neglect, and misconduct incidents to the SA and the prevention, intervention, and detection of potential abuse, neglect, and misconduct in a hospital setting.</p> <p>These failed practices placed vulnerable patients at risk for no SA oversight, no patient protection during investigations, and delayed investigations and responses to identified concerns.</p> <p>Findings:</p> <p>Abuse, Neglect and Misconduct Policy</p> <p>Review on 5/18/16 of the facility policy "Care, Job Performance, Staff, Work Rules, Abuse, Neglect, or Serious Misconduct with Patients", dated 10/31/14 revealed "...The Hospital Administrator or Quality Coordinator must report all incidents of reasonable suspicion of abuse, neglect, or serious misconduct with patients to Licensing and Certification the next business day." There was no procedure</p>	<p>Director of the Division of Behavioral Health. The policy will clarify API's responsibility to, within 5 business days, notify the SA of the disposition of the allegation.</p> <p>In order to protect all patients, any employee who has been accused of abuse, neglect or serious misconduct will not have patient contact (or will only have directly supervised patient contact) until the investigation is complete. The policy will clarify that API will immediately conduct internal abuse, neglect, and serious misconduct investigations, as well as notify the appropriate external agencies.</p> <p>API staff will receive a copy of the updated policy. Patient care department heads will review the policy with their staff in department and record the information and attendance in the meeting minutes . New employees will receive training on the updated policy during new employee orientation, including how to report abuse, neglect and serious misconduct to the SA.</p> <p><b>How:</b> API will ensure patients are free from all forms of abuse or harassment. API will update and adhere to API P&amp;P LD-020-13 Conduct Involving Patients. All staff will receive a copy of the updated policy and a summary of the contents for ease of understanding. Patient care department heads will review the policy with their staff in department meetings and document the information/training and attendance in the meeting minutes. New employees will receive training on the updated policy during new employee training.</p> <p><b>Evaluation Method:</b> A tracking log of all allegations of abuse and neglect has been created and is maintained by the Safety Officer. The tracking log is accessible to the CEO, COO, DOP and QIC. The CEO and ASM will review the Allegations of Abuse and Neglect log twice monthly. The Safety Officer, through the QIC, will report quarterly to Governance the number of allegations of abuse, neglect, or serious misconduct API received and investigated and the investigation's disposition (substantiated or unsubstantiated).</p> <p><b>QIC Signature and Title:</b></p>	
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	<p>that instructed staff in how to notify the SA.</p> <p>Continued review of the facility policy "...Abuse, Neglect, or Serious Misconduct with Patients" revealed the facility had no written procedure in place to protect patients during abuse investigations. Also, the policy revealed, "If reasonable suspicion exists [of abuse, neglect or serious misconduct], the matter will be referred for investigation by the appropriate agency as noted above." The facility did not state they would start an immediate investigation at the facility level.</p> <p>During an interview on 5/18/16 at 9:25 am, the Quality Improvement Director (QID) stated the facility did not have a procedure to contact the SA for allegations of abuse, neglect or serious misconduct with patients.</p> <p>Protection of Patients During Investigations and Timely Response to Corrective, Remedial, or Disciplinary Actions</p> <p>Patient #10</p> <p>Record review on 5/17-18/16 revealed the 15 year-old female Patient had diagnoses that included post-traumatic stress disorder, major depression, suicidal attempts, and autism spectrum disorder (a developmental disorder that can be characterized by persistent deficits in social communication, behaviors, and intellectual disability).</p>		
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	<p>Review of the Patient's medical record revealed the Patient was manually restrained and placed in seclusion on 4/5/16 at 8:20 am.</p> <p>Further review revealed the Patient had filed a grievance about PNA (Psychiatric Nurse Aid) #4 using too much force against her during the manual restraint episode. Review of the Patient's grievance revealed, "She said he tackled her to the ground. 'I was knocked unconscious for a few seconds' and had bruises on the back of the neck from his arm. She also stated, the impact reminded [Patient #10] of, throwing myself in front of the car when I hit the ground."</p> <p>Review of the UOR (unusual occurrence report), revealed the grievance about the episode was not submitted until 4/14/16, 9 days after the manual restraint episode.</p> <p>During an interview on 5/17/16 at 1:17 pm, the QID stated the department had received the grievance on 4/5/16 and had reviewed the case 4/15/16. During the interview the QID stated it had been, determined PNA #4 had used more force than reasonable. The QID stated the case had been referred to the education department.</p> <p>Patient #12</p> <p>Record review on 5/17-18/16 revealed the 14 year-old female Patient had diagnoses that included depression and a history of attempted suicide.</p>		
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	<p>Review of the medical record, revealed an episode where the Patient was manually held by staff and placed in physical restraints on 4/28/16 at 7:45 pm. Review of the documentation revealed "[PNA #2] on unit reported Pt. [Patient] with another female began a verbal altercation with him in dining room with other peers present. This Pt. alleged screamed and tried to hit [PNA #2] in arm and code gray called and BMR [brief manual hold] administered as reported by [ PNA #]. RN/NSS [Night Shift Supervisor] #2 and this NSS Relief arrived on unit with multiple PNAs in response to Code Gray. Pt. was yelling and spitting and spit hood [hood that goes over the head and covers the lower half of the face] placed by [RN #3] for Pt. on unit while Pt. was in dining room on unit. [RN #3] delegated for PNAs to transport Pt. via gurney to ASO clinic...Two PNAs remained with Pt. in ASO Clinic Oak at all times during restraints per P&amp;P [policy and procedure]." The Patient was in restraints from 7:54 pm until 11:30 pm, a total of 1 hour and 36 minutes.</p> <p>Review of the grievance investigation, dated 4/29/16, revealed, "'a Patient [#12] got restraints today. She turned around and [PNA #2] night staff put hands on her for no reason.' Followed up with alleged victim [Patient #12] who reported she was just finishing up in the dining</p>		
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area, [PNA #2] asked her something. She put up her hand to tell him to keep out of her space. She reported [ PNA #2] grabbed her hand and bent back her fingers at the wrist. The emergency seclusion and restraint followed...She reported her fingers/wrist were sore today." Further review revealed "Video is not the best but initial physical altercation can be seen. The patient's perception of what occurred vs. staff's perception is more aligned with the video."

During an interview on 5/18/16 at 11:30 am the Safety Officer (SO) stated he also functions as the Risk Manager. When asked about the restraint episode with Patient #12, the SO confirmed the video had been reviewed and brought to the leadership team. The rest of the investigation was assigned to other team members for process review. The SO and the QID confirmed the investigation from the incident on 4/28/16 (19 days ago) had not been completed. Both staff confirmed PNA #2 had continued to work during the still ongoing investigation and there was no process to ensure patients were protected during the investigation. During the interview the SO confirmed the video tape had no sound therefore, the investigation could not be completed until the involved parties had been interviewed. Both staff confirmed the PNAs had continued to work with the patient #s 10 and 12 as well as other patients on the units, after the allegations and

	<p>during the ongoing investigations. The SO stated the educational department had not provided any additional education for PNA #4 regarding the manual restraint incident with Patient #10 on 4/5/16, over 42 days ago.</p> <p>During an interview on 5/18/16 at 11:50 am, when asked about the facility's process for protecting patients after an allegation of abuse, the Assistant Director of Nursing (ADON) stated senior nursing leadership would make the decision depending on the nature of the grievance. If it was sexual abuse or aggression they would be temporarily assigned or moved to another unit depending on the outcome of the investigation. Sometimes he had to send a letter and move staff to a different unit "pending an ongoing investigation." The ADON stated many of the patients' grievances regarding abuse are unfounded.</p> <p>Review of the facility policy "Conduct Involving Patients", effective date 10/31/14, revealed " Patients at API [Alaska Psychiatric Institute] have the right to treatment in a setting that provides physical safety, emotional support, and freedom from abuse or inappropriate treatment...Physical abuse includes but is not limited to: a. hitting slapping, kicking, pinching, shoving, spitting on, or beating a patient...c. using more force than is reasonable for a patient's control, treatment, or management; (reasonable force</p>		
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	<p>is defined as the appropriate use of Mandt techniques [approach to preventing, de-escalating, and if necessary, intervening when the behavior of an individual poses a threat of harm to themselves and/or others] or actions necessary to remove self from imminent harm)..."</p> <p>Further review of the facility policy revealed "If the allegation of abuse and neglect is from a complaint or grievance generated by a patient or on behalf of a patient...the Nursing Supervisor (NS) who shall take immediate action and ensure safety of the patients and staff. The NSS may order the person involved in the alleged misconduct to be relieved of duty, pending investigation of the reported misconduct..."</p> <p>Staff Training of Abuse, Neglect, and Misconduct</p> <p>Review on 5/17-18/16 of all the education given to staff, provided by the facility, revealed no process or procedure for staff to know how to report to the State Agency abuse, neglect or misconduct of patients.</p>		
<p>A154</p>	<p>482.13(e) USE OF RESTRAINT OR SECLUSION</p> <p>Patient Rights: Restraint or Seclusion. All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may</p>	<p><b>Who:</b> The Director of Nursing is ultimately responsible for the training and efficacy of patient care staff in following the hospital policies and procedures around seclusion and restraint. Hospital Nursing Education will communicate and provide education for resolving the deficiencies with regard to seclusion and restraint event reporting and documentation. The Quality Improvement Coordinator (QIC) is responsible for the documentation of ongoing compliance with hospital policies and procedures.</p> <p><b>What:</b> API will update the Seclusion and /or Restraint, Time –Out Patient Safety Equipment (PSE) P&amp;P SC-030-02.01b last updated on 6/1/2015 to include additional language in section III documentation part 10 sub section n – 'S/R Face to Face Flow Sheets' to</p>	<p>8/15/2016</p>

	<p>only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.</p> <p>This STANDARD is not met as evidenced by: Based on interview, record review, and policy review the facility failed to ensure 1 patient (#8) had evidence of skin integrity, range of motion (ROM), and vital sign checks while in restraints and 2 patients (#'s 10 and 12) had less restrictive measures implemented prior to initiating a manual hold and/or physical restraints. These failed practices placed patients at risk for injury and psychological harm from misuse of restraints. Findings:</p> <p>Patient #8</p> <p>During an interview on 5/16/16 at 10:00 am, PNA #1 stated Patient #8 had to be placed in restraints in the seclusion room last Saturday. The PNA opened the closet in the seclusion room where the restraints were kept and stated staff used 4 limb restraints and a chest restraint tied to the bed for restraining a patient.</p> <p>Review of Patient #8's electronic medical record (EMR) on 5/17/16 revealed the adult patient had a diagnosis that included depression and suicidal ideation.</p>	<p>specify documentation of skin integrity, pulse, respirations at 15 minute intervals as well as fluids, range of motion, and hygiene needs documented at appropriate intervals. Face to Face Flow Sheets will remain in the patients' paper chart for review with supervisory staff, and auditing by QI staff.</p> <p>Specific less-restrictive / non-physical intervention measures attempted or utilized by staff preceding an emergency seclusion or restraint episode will be documented by the RN in the "RN Initial Emergency Seclusion (or Restraint) Assessment."</p> <p><b>How:</b> API will re-emphasize the core conviction that all patients have the right to be free from restraint or seclusion of any form imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.</p> <p>The critical importance of specifically documenting less-restrictive / non-physical intervention measures attempted or used by staff preceding an emergency seclusion or restraint episode will be re-addressed by ASM. Explicitly, stating that the RN in the "RN Initial Emergency Seclusion (or Restraint Assessment," and also the PNA's in their documentation of the events leading up to the restraint or seclusion episode, will clearly document the use of emergency restraint or seclusion as an intervention of last resort.</p> <p>Seclusion and restraint events are carefully monitored by Alaska Psychiatric Institute in its commitment to reducing the rate of seclusion and restraint at the hospital. ASM will continue to review the metrics associated with seclusion and restraint including the amount of time in seclusion or restraint per 1,000 inpatient hours, the rate of events per 1,000 in-patient days, the proportion of clients secluded or restraint, and the breakdown for each patient care area as part of API's ongoing quality improvement initiative to reduce the use of seclusion and restraint with its acute inpatient population. The current trend associated with the rate of seclusion, restraint and manual holds hospital-wide over the past six quarters provides evidence of decreasing utilization.</p> <p><b>Evaluation Method:</b> Quality Improvement staff will conduct weekly audits of documentation for every emergency seclusion and restraint event. These audits will evaluate the documentation around the necessity for the event as well as the number and types of non-</p>	
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		<p>physical interventions attempted as de-escalation measures preceding the event. The audits will assess the accuracy and completeness of the face to face flow sheets for both seclusion and restraint events including but not limited to appropriate behavior and intervention codes, providing patients support and education on release criteria as quickly as possible, as well as completion of documentation with regard to monitoring of pulse, respirations, blood pressure, temperature oxygen saturation, offering of fluids, hygiene, and food at adequate intervals, and assessing for range of motion every 120 min and as needed. Information obtained in these audits will be reviewed with senior management; hospital education and ASM will be involved in providing monthly feedback to staff and supporting staff in improving documentation. The goal for these audits is 100%.</p> <p><b>DON Signature and Title:</b></p>	
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