



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

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On October 17, 2009, a longtime Oregon State Hospital (OSH) patient died in his hospital bed.

An investigation into the patient's death was launched by the Office of Investigations and Training (OIT). The original scope of the investigation focused on the events of the day the patient died, however OIT expanded the investigation. The expansion considered the totality of the patient's care because, as the report states, "serious and significant concerns were identified regarding the overall care and treatment provided for the chronic medical conditions that ultimately resulted in death."

The OIT investigation took five months to complete and included interviews with 39 witnesses connected to this case. Investigators found the first allegation of neglect on the day the patient died was inconclusive. The second allegation of neglect was substantiated. OIT found the hospital negligent in providing adequate care and treatment for the patient's overall health.

In its report, OIT raises a number of issues and makes several recommendations. These recommendations are centered on medication distribution, medical treatment, a patient's refusal of medical psychiatric treatment, communication with family, patient health and wellness, patient monitoring and documentation. OSH identified many of the same issues raised by OIT and immediately following the patient's death improved basic policies, including communication about patients and medication practices. But, as also noted by the OIT report, more can and will be done.

OSH will make all the recommended improvements within the timeframe outlined and report those improvements to the Office of Investigations and Training and all other interested parties.

This patient's death was a terrible tragedy. The leadership and staff at the Oregon State Hospital, Addictions and Mental Health Division and Oregon Health Authority are committed to taking every action to ensure that no patient is neglected, that all patients are respected and well-cared for, and the hospital is a place of safety and recovery.

Sincerely,

Richard L. Harris
Assistant Director

If you need this letter in alternate format, please call 503-945-5763 (Voice) or 800-375-2863 (TTY)

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Office of Investigations and Training Required Actions

During its investigation OIT made a list of 14 required actions for OSH leadership and staff. These were presented during a review of the case. OSH staff stated they were already implementing 7 of the required actions brought forth by OIT.

The 7 required actions OIT states the hospital is currently implementing:

1. OSH staff is required to make sure the patient is breathing when making rounds. If the patient appears to be sleeping or non-responsive staff must document proof of respiration. The new policy also includes a photo identification component, and directs two staff to work together if it is necessary to enter a patient's room.
2. OSH nursing staff uses the "status key" area of patient census logs to improve documented communication between and during shift changes. These status key indicators include medical illness and medication or treatment non-adherence.
3. OSH is requiring staff to approach and re-approach any patient who does not go to the medication line, receive meals, or participate in treatments or appointments.
4. OSH is reviewing its documentation standards pertaining to frequency and quality, and reinforcing the current policies with staff. Chart notes will be audited beyond the 90 day period currently required.
5. OSH will designate a physician to the medical clinic with the purpose of focusing on patients with chronic medical conditions.
6. OSH is reviewing staffing levels on all wards and adding staff where needed.
7. OSH will institute brief morning reports with the superintendent and other clinical leaders to discuss critical issues that occurred at the hospital during the past 24 hours (or weekend).

The 7 additional required actions OSH will comply with:

1. A copy of this report will be forwarded to Oregon State Hospital and Human Resources for their review.

OSH action plan: report was forwarded to HR by OIT.

2. The OSH actions identified in items 1 through 3 above regarding patient census, administration and refusal of medication, and administering PRN (pro re nata) medication to be completed within 30 days.

OSH action plan:

- If a patient refuses medications, staff will: 1) consider whether a patient needs to be re-approached later or in a different setting; 2) consider allowing another medication giver to re-approach; 3) assess the reason the patient is giving for refusing medications and attempt to resolve their concerns; 4) not consider a patient's absence from the medication line a refusal of his or her medication. Staff will seek out and bring medication to patients who do not get their medication.
- OSH nursing service staff must now complete continuous rounds on the units, malls and yards, 24 hours a day. OSH has revised the rounds forum, policy and procedure to include a photo identification component, and two-person rounds check requirement for patient bed areas.
- When patients are in bed, at least one staff member now confirms patient viability through direct visual observation or auditory indication of patient breathing hourly.

3. OSH will review and revise its oversight policies to ensure all staff is following policy and writing required patient documentation. To be completed within 60 days.

OSH action plan:

- The hospital is examining and revising current documentation standards to include increasing frequency and quality of progress note documentation as well as auditing those compliance/performance measures set forth.
- Supervisors are reinforcing the critical need for consistent, accurate and clear documentation in their respective areas of responsibility.
- A new process designed to improve medical record documentation was piloted in the 40 building Treatment Mall in January. During the month of January 2010, an audit revealed that the weekly group note documentation increased from 11 percent to 91 percent. The new process will be implemented in the Geriatric Treatment Mall in March 2010. The new process will be implemented in the 50 building Treatment Mall and the Portland Campus Treatment Mall in June 2010.

4. OSH will ask all interdisciplinary teams (IDTs) to review and identify those patients for whom chronic medical conditions are listed as a problem on their treatment care plan (TCP). A hospital-wide IDT will review the TCPs and recommend individual and policy, improvements that ensure treatment plans, including alternative active treatment strategies, are fully implemented. To be completed within 90 days.

OSH action plan:

- OSH began implementing a Master Treatment Care Plan (MTCP) in late 2009. The MTCP is a comprehensive and individualized plan used to guide the entire scope of patient treatment, including medication, diet and nutrition, laboratory, rehabilitation,

transition and discharge. The MTCP also is an opportunity for improved communication among all members of the treatment team.

- OSH opened a metabolic clinic in August 2009 that is now operational on two patient units and six transitional cottages. Thirty-seven patients have been seen at the clinic and measurable progress has been made by most patients across a number of metabolic syndrome indicators. Initial outcomes are being studied and a plan to expand services is under development.
- OSH is hiring a chief of medicine to help establish a chronic care clinic and monitor medical care that patients receive to ensure community standard is met.
- OSH has adopted a patient wellness policy to encourage and support an environment that engages patients in learning about, practicing and maintaining wellness practices and healthy lifestyles.
- Nutrition education is now being integrated into curriculum, recreation and physical activities, living units, nutrition service programs, treatment mall groups and through Rehabilitation Services cooking groups.
- Physical activity is now offered at least every hour in the treatment mall programming and patients are encouraged to participate at least once a day in some level of physical activity.
- OSH Rehabilitation Services will soon be developing activities – walks, group games, access to exercise and recreational equipment – for patients.

5. OSH will ensure that the standard of care for laboratory monitoring related to the unitization of the medication clozapine is met. To be done within 30 days.

OSH action plan:

- All patients on the medication, clozapine provided by the OSH Department of Pharmacy are closely monitored by pharmacists for hematologic side effects with results reported to an external registry.
- Patients cannot receive clozapine until they undergo baseline laboratory testing that demonstrates adequate blood cell counts. If the patient has an acceptable baseline test, they can only begin clozapine if they consent to receiving weekly hematologic screenings (blood draw) for 6 months. If their blood counts remain acceptable during this initial 6 month period, they are able to go to twice-monthly checks during the next 6 months, then to once monthly tests after one year, provided that all lab parameters remain within acceptable limits.
- If a patient experiences a fall in white blood cell counts at any point, this may necessitate a reduction in dose, interruption in drug treatment, or discontinuation of the drug.

6. The OSH Medical Director will establish guidelines for physicians to aid in their assessment of a patient's capacity to consent to medical treatments. In addition, OSH should develop consistent policies and procedures about when and if to seek a guardian or court order for medical treatment. To be done within 90 days.

OSH action plan:

- OSH will be developing more consistent policies and procedures about when to seek guardianship or court orders for medical treatment.
- While patients do have the right to refuse medical and psychiatric treatment, OSH will develop guidelines to determine whether or not individuals have the necessary decision-making capability.

7. OSH will work with Oregon NAMI to evaluate and improve communication systems and processes when there are medical concerns about a family member who is a patient. To be done within 60 days.

OSH action plan:

This issue raised particular concern to the leadership at the state hospital and the following changes will be made immediately.

- Families will be provided information about OSH and the unit their relative is living in, including policies on visitation, phone calls, and staff contacts.
- Families will be encouraged to participate in education, treatment planning and treatment plan reviews.
- Each treatment team will have a professional or other qualified staff person to act as the primary contact with the family. In most programs, the social worker will be the primary contact person. The contact person will facilitate communication between the family and other team members, as needed.
- The primary contact person shall inform the family of any significant changes regarding the patient, such as a planned transfer to another ward, major change in clinical condition, or changes in discharge planning.
- Information provided to the family will be consistent with the treatment team's decisions.
- Questions from the family about the patient's clinical condition or new information from the family shall be referred to a professional or other qualified staff person.
- All significant family contacts will be documented in the patient's medical record.
- Family education services are available on an individual basis and via family support groups.