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FILED IN THE  
UNITED STATES DISTRICT COURT  
DISTRICT OF HAWAII

FEB 13 1998

at 4 o'clock and 25 min. P.M.  
WALTER A. Y. H. CHINN, CLERK

Attorneys for the United States  
of America

UNITED STATES DISTRICT COURT FOR THE  
DISTRICT OF HAWAII

UNITED STATES OF AMERICA, ) Civ. No. 91-00137 DAE  
)  
Plaintiff, )  
)  
v. ) STIPULATION AND ORDER;  
) ATTACHMENTS A - E.  
STATE OF HAWAII, et al., )  
)  
Defendants. )  
)  
\_\_\_\_\_ )

At a status conference in this case on November 18, 1997,  
the Court ordered the Defendants to develop specific plans, with  
timelines, to remedy their non-compliance in certain areas of the  
Court's Orders requiring adequate staffing, treatment plans,  
psychosocial rehabilitation, and discharge plans as well as  
protection from harm and unreasonable use of restraint and

seclusion at Hawaii State Hospital ("HSH") and the children and adolescent residential services ("CARS"). The Defendants have developed plans for HSH, CARS, the Adult Mental Health Division ("AMHD") and the Child and Adolescent Mental Health Division ("CAMHD"), with input by the United States and its expert consultants, that Defendants represent will bring them into compliance with all outstanding Court Orders in this case. The plans are attached to this stipulation and are incorporated herein. (The plans of correction are attached as follows: HSH - Attachment A; AMHD - Attachment B; CAMHD - Attachment C; Kahi Mohala - Attachment D; Castle Medical Center - Attachment E.) Defendants agree to take the steps in these plans by the designated dates and to take any additional steps that are necessary to achieve compliance. In addition, the Defendants agree that they will achieve the following outcomes by no later than January 3, 1999, unless otherwise specified in the attached plans of correction:

1. Defendants shall develop and implement for every patient at HSH and CARS an adequate and appropriate individualized interdisciplinary treatment plan and adequate psychosocial rehabilitation program sufficient to meet the needs of each patient and to achieve full compliance with Part II(E)(1) of the Settlement Agreement, Sections V(A-B) of the January 19, 1995 Stipulation and Order to Remedy Defendants' Contempt and

accompanying Remedial Plan, and Section II(B) of the June 28, 1996 Stipulation and Order.

2. Defendants shall ensure that restraint and seclusion are used at HSH and CARS only pursuant to the judgment of a qualified professional and are not used in lieu of professionally developed treatment or training programs, for the convenience of staff or as punishment, and shall achieve full compliance with Part II(F) of the Settlement Agreement, Section VI of the January 19, 1995 Stipulation Order to Remedy Defendants' Contempt and accompanying Remedial Plan, and Section II(C) of the June 28, 1996 Stipulation and Order.

3. Defendants shall retain sufficient staff at HSH to meet all staffing ratios and requirements set forth in Part II(C) of the Settlement Agreement, Section I of the January 19, 1995 Stipulation and Order to Remedy Defendants' Contempt and accompanying Remedial Plan, and Section II(A) of the June 28, 1996 Stipulation and Order, except as provided in Paragraph I.A.2 of HSH's Plan of Correction (Attachment A).

4. Defendants shall develop and implement an individualized plan for discharge and community placement for each HSH patient who has been assessed as appropriate for discharge that identifies all residential and other community supports needed to meet the needs of the patient. Defendants shall achieve full compliance with Part II(E) (1) (c) (vii) of the Settlement Agreement, Section III of the January 19, 1995 Stipulation and

Order to Remedy Defendants' Contempt and accompanying Remedial Plan, and Section II(E) of the June 28, 1996 Stipulation and Order.

5. Defendants shall retain the services of Richard H. Hunter, Ph.D., as a consultant to assist HSH in improving its treatment planning processes pursuant to Sections III(A) and V(A) of the HSH Plan of Correction (Attachment A).

6. Dr. Hunter shall prepare quarterly status reports for the Defendants that document HSH's clinical activities and progress in its treatment planning processes pursuant to Sections III(A) and V(A) of the HSH Plan of Correction (Attachment A). Defendants shall then forward the reports to the United States. These quarterly reports shall be in addition to the Compliance Officer's monthly reports on the Defendants' compliance with the specific tasks set out in Attachment A.

7. Defendants agree to continue Dr. Nancy Ray and Technical Assistance Collaborative, Inc. ("TAC") in their roles as Independent Experts as set forth in Section II(F) of the June 28, 1996 Stipulation and Order and to extend their duties and responsibilities to applicable provisions of this Stipulation and Order and its incorporated plans of correction.

8. Defendants acknowledge their continuing obligations and responsibilities and reconfirm their commitment to adhere to the mandates of all previous Court Orders entered in United States v. Hawaii (91-00137 DAE) to the extent that those Court Orders are

not inconsistent with the requirements of these plans of correction.

SO ORDERED:

FEB 13 1998

Dated: Honolulu, Hawaii

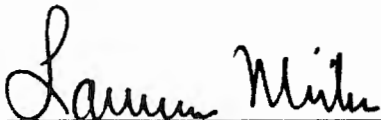
**DAVID A. EZRA**

DAVID A. EZRA  
United States District Judge

AGREED TO:

FOR THE STATE OF HAWAII:

FOR THE UNITED STATES:



Dr. LAWRENCE MIIKE  
Director  
Department of Health

BILL LANN LEE  
Acting Assistant Attorney General



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United States of America v. State of Hawaii, et al., Civ. No. 91-00137 DAE  
Stipulation and Order; Attachments A - E.

**HAWAII STATE HOSPITAL**  
**Plan of Correction**  
**Attachment A**



ISSUE/GOAL	CORRECTIVE ACTION	TIMELINE	PERSON RESPONSIBLE	APPROVALS NEEDED
B. Social Work 1. Redeployment of staff 2. Ratios/Staff Positions	SAW staff to be redeployed to minimize cross over in treatment staff. Fill one position from the Direct Hire Health Services list or from Direct applicants who have met DHRD requirements for Direct Hire SW IV.	1/15/98 2/28/98	Director, Social Work; HSH Personnel Director, Social Work; DOH Personnel DHRD	
C. Occupational Therapy 1. Fill All Positions (2.5 FTE)	a. Leave of absence staff (1) return to work half-time b. Fill remaining OTR positions with agency and continue to recruit c. Submit legislation to allow for hire pending certification.	12/15/97 4/30/98 1/5/98	Acting Director, PSR Acting Director, PSR	
D. Psychology	Fill 2 vacant FTE. Psychologists will be hired who have significant skills in working with geriatric, substance abuse and MR/MI patients for purposes of programming.	4/15/98	Chief, Psychology	
E. Replacement of Staff on Extended Leave	Convert 14 half-time PMA floater positions to 7 full time to provide coverage for long-term workers compensation cases/ light-duty and extended leave.	1/31/98	HSH	
F. Fill positions within 30 days	1. Establish recruitment task force comprised of HSH administrator and administrative services officer, DOH personnel officer and HRD recruitment and examination division and branch chiefs or their designated representatives who are authorized to make decisions and commitments. Recruitment task force will meet on a regular ongoing basis to resolve any current delays in the recruitment and hiring process for vacancies.  2. Place special display HNA print advertisements for DOJ vacancies.	1/31/98  11/27 & 11/30/97	DHRD, HSH, DOH  DOH	
G. Assistant Director of Nursing Position	Fill the vacant ADON position.	4/30/98	Chief, DON	
<b>II DECREASE OVERTIME</b> A. Adherence to Overtime Policy	1. Centralize all overtime assignments in the Nursing office. (Discontinue Unit based rosters of overtime.)  2. When staff are unavailable to work their regular shift due to illness, they will not be eligible to work overtime for 24 hours after that.  <b>Backup/Contingency Plan</b>  Staff on duty will be <u>required</u> to work the upcoming shift (i.e., they will be "held over")	2/15/98  1/5/98  Immediate	Chief, DON/Assoc. Admin., Supp. Services  Chief, DON/Assoc. Admin., Supp. Services  Nurse Managers/ Supervisors DOH Personnel	
B. Add Additional Nursing Staff	1. Convert 14 half-time floater PMA positions to 7 full time positions.  2. Downgrade 5 PMAIII positions to PMA II.	1/15/98  3/31/98	DOH Personnel  DOH Personnel	



ISSUE/GOAL	CORRECTIVE ACTION	TIMELINE	PERSON RESPONSIBLE	APPROVALS NEEDED
<b>III. IMPROVED TREATMENT PLANNING</b>				
A. PROCESS	<ol style="list-style-type: none"> <li>1. Contract with consultant, Richard H. Hunter, Ph.D., to spend one week each quarter at HSH providing intensive hands on technical assistance in individualized treatment planning and programming.</li> <li>2. Dr. Hunter shall assist HSH in ensuring that there is adequate quality review by appropriate clinicians of the appropriateness and adequacy of treatment plans.</li> <li>3. Implement training on treatment planning in conjunction with Dr. Hunter.</li> <li>4. Provide feedback to psychiatrists and treatment team regarding compliance with these measures of proper treatment planning.</li> <li>5. Include significant patient events (assaults, injuries, elopements, s/r episodes, and stat/PRN medication usage) in treatment plan reviews, and drug utilization evaluation with tx plan reviews. Feedback shall be given to the psychiatrist and the treatment team, who shall take appropriate action. For this purpose, the use of PRN/STAT medication is a significant patient event whenever a patient receives either 2 doses of a STAT/or PRN medication within any 24 hour period or receives either a STAT medication and/or a PRN medication on 4 days out of any 7 day period.</li> <li>6. The Clinical Director and Medical Staff leadership will start to provide continuous treatment plan training at the monthly Medical Staff meetings</li> <li>7. HSH shall ensure that patients receive physician ordered physical therapy evaluations and services on a timely basis.</li> <li>8. The Physical Therapist will complete an event report when appointments are not kept. This will be tracked through our event reporting system and corrective actions implemented if warranted.</li> <li>9. Implementation of a fully automated information system to support treatment planning programming and discharge planning and tracking. This system will integrate the hospital and the community mental health centers.</li> <li>10. Immediately upon the filing of this Plan of Correction, HSH shall ensure there is adequate justification, planning and preparation before transferring a patient from one unit to another unit. Upon transfer, the treating psychiatrist and the Nurse Manager from the transferring unit shall make a transfer note regarding the patient's transfer and the treating psychiatrist and the Nurse Manager from the receiving unit</li> </ol>	<p>1/12/98 (1st visit)</p> <p>4/30/98</p> <p>1/12/98</p> <p>Immediate</p> <p>1/31/98</p> <p>2/12/98</p> <p>1/15/98</p> <p>1/15/98</p> <p>6/30/98</p> <p>Immediately</p>	<p>Clinical Director</p> <p>Clinical Director</p> <p>Staff Development</p> <p>Director, QI</p> <p>Risk Management, QI</p> <p>Clinical Director</p> <p>Director, Medical Services</p> <p>Physical Therapist</p> <p>AMHD</p> <p>Clinical Director</p>	<p>HSH MEC; HSH COC; HSH HEC</p>

ISSUE/GOAL	CORRECTIVE ACTION	TIMELINE	PERSON RESPONSIBLE	APPROVALS NEEDED
<p>B. DUAL DIAGNOSIS (Mental Retardation/Brain Injured/Developmentally Delayed and SMI) patients</p> <p>C. Dual Diagnosis (Substance Abuse and SMI) patients. SA/AA offerings to HSH patients</p>	<p>will also make a transfer note at the time of receiving the patient. Once such a transfer has taken place, HSH shall ensure that a new Initial Treatment Plan is developed for the patient within 72 hours from time of transfer and a new Master Treatment Plan shall be developed within 14 days from the time of transfer.</p> <ol style="list-style-type: none"> <li>1. See A above</li> <li>2. Neuropsychology dept. to evaluate and provide cognitive rehabilitation to appropriate patients in this category.</li> <li>3. See I (D)</li> </ol> <ol style="list-style-type: none"> <li>1. Hire an appropriate qualified person to serve as Coordinator of Addiction Services to coordinate treatment services for patient with a diagnosis of substance abuse, meanwhile, temporary services to be utilized.</li> <li>2. AMHD to issue RFPs for adult day treatment services.</li> <li>3. Adult day treatment services in place.</li> <li>4. A training program for HSH staff will be offered.</li> <li>5. See treatment planning section</li> <li>6. See I (D).</li> </ol>	<p>Immediately</p> <p>4/30/98</p> <p>4/1/98 6/30/98 6/15/98</p>	<p>Director of Neuropsychology</p> <p>HSH Director of Addiction Psychiatry Services</p> <p>Director of Health/AMHD HSH</p>	<p>Director of DOH; Directors of AMHD and ADAD; Chair, UH Dept. of Psychiatry; HSH Director of Addiction Services &amp; Clinical Director Legislative authority to increase special ceiling.</p>
<p>D. PTSD</p>	<ol style="list-style-type: none"> <li>1. Identify patients with diagnosis of PTSD.</li> <li>2. Provide services to identified patients</li> </ol>	<p>2/28/98 4/1/98</p>	<p>Clinical Director</p>	
<p><b>IV. IMPROVED PSYCHOSOCIAL REHABILITATION</b></p> <p>A. TREATMENT PROGRAM Each patient's treatment program shall include a full, individualized schedule of relevant therapeutic and rehabilitative services and activities tailored to the patient's needs.</p> <p>B. HIRE DIRECTOR OF PSYCHOSOCIAL REHABILITATION</p>	<ol style="list-style-type: none"> <li>1. Hire a full-time Director of Psychosocial Rehabilitation who will have the authority and responsibility of directing and coordinating rehabilitation services across the HSH campus. The person shall have the authority and responsibility over the rehabilitation services departments (occupational and recreational therapies) to ensure that each HSH patient is provided with a sufficient range of rehabilitation</li> </ol>	<p>1/03/99</p> <p>3/31/98</p>	<p>Clinical Director</p> <p>Clinical Director</p>	<p>DOH HR; DOH AMHD</p>

ISSUE/GOAL	CORRECTIVE ACTION	TIMELINE	PERSON RESPONSIBLE	APPROVALS NEEDED
<p>C. OBTAIN VEHICLES TO SUPPORT BPSR PROGRAM ALLOWING PATIENTS AN OPPORTUNITY TO COMMUTE TO OFF UNIT PROGRAMMING ACTIVITIES ON AND OFF HOSPITAL GROUNDS AND TO PROVIDE FOR THE NEEDS OF THE PATIENTS WHO MUST BE REASONABLY ACCOMMODATED UNDER THE AMERICANS WITH DISABILITIES ACT P.L. 101-336.</p>	services to meet his/her individual needs.			
	2. Interview current candidates	1/31/98	Clinical Director	
	<p><b>Backup/Contingency Plan for #1:</b> If candidates interviewed are not appropriate or decline, hire a professional recruiter to find an appropriate Director of BPSR.</p>	1/31/98	Clinical Director	
	<p>Four vans already purchased to support BPSR program; to be on the road by 1/98.</p> <p>Purchase two new handicap equipped vehicles costing \$40,000 each</p> <p><b>Backup/Contingency Plan:</b></p> <p>1. Purchase one new handicap equipped vehicle costing \$40,000 2. Closely monitor the federal Government Service Agency (GSA) for available vans/sedans. Purchase when available.</p>	1/31/98	Associate Administrator, Support Services	<p>Comptroller's Approval Form; Approval to Purchase DOH, DAGS, B &amp; F; Financial Resources; Legislative Appropriation</p>
	7/1/98	Associate Administrator, Support Services; ASO		
	7/15/98	Associate Administrator, Support Services; ASO		
D. Hire Consultant	See III (A.1).			
<p><b>V. SECLUSION/ RESTRAINT</b></p> <p>A. Psychiatric Oversight in Treatment Plan</p>	<p>1. See III, A &amp; B 2. Revise S/R P&amp;P to include post-S/R progress notes. 3. Educate medical staff and nursing staff on revised S/R P&amp;P and implement policy.</p>	1/31/98 2/28/98	MEC Staff Development	
	B. Trend Analysis	Analyze S/R practices each month and identify underlying causes for increases,	Immediately	QI Department/Risk

ISSUE/GOAL	CORRECTIVE ACTION	TIMELINE	PERSON RESPONSIBLE	APPROVALS NEEDED
<p>C. Physicians Orders</p> <p>J. Contract with Nancy Ray</p>	<p>beginning with October, 1997.</p> <p>For each patient for whom a telephone order for restraint or seclusion is administered, a physician must personally assess the patient, sign the order, and write a progress note within one hour from the time of the original telephone order. The patient's treating psychiatrist or covering psychiatrist must personally assess the patient and write a progress note within 24 hours.</p> <p>Continue per 1996 Stipulation, Section II C, D &amp; F</p>	<p>Immediately</p> <p>12/31/97</p>	<p>Management</p> <p>Clinical Director</p> <p>Administrator</p>	
<p><b>VI. PROTECTION FROM HARM</b></p> <p>A. Code 200 &amp; 500</p> <p>B. Ensure Timely Patient Protection Committee determinations</p> <p>C. Ensure timeliness of corrective action from PPC determination</p> <p>D. Reduce AWOLS and Escapes</p> <p>E. Hotline</p> <p>F. Contract with Nancy Ray</p> <p>G. Administrative Clinical</p>	<p>1. Inservice to all staff regarding Code 200 and 500 evaluations (Mandatory for Nurse Managers and supervisors).</p> <p>2. Monitor for compliance with policy</p> <p>3. Recommend corrective actions</p> <p>Add two additional community members on PPC and hold bi-weekly meetings.</p> <p>1. Maintain implementation of a systematic and formal review process to determine corrective action and to monitor personnel files for completion of corrective action. Administrator, Chief, DON and Associate Administrator, Support Services meet following PPC to determine disciplinary action.</p> <p>2. PPC Committee members shall receive monthly status reports of the implementation of corrective actions.</p> <p>1. Establish and implement uniform guidelines, including escorted/unescorted and grounds/offgrounds privileges and special precautions to determine supervision status.</p> <p>2. Revise and implement P&amp;P on Community Outings</p> <p>3. Establish responsibilities for different levels of supervision and implement.</p> <p>Post information re hotline services on each unit.</p> <p>Contract per 1996 Stipulation, Section IIC&amp;D and F</p>	<p>1/30/98</p> <p>2/1/98 &amp; continuing 3/1/98 &amp; continuing</p> <p>1/31/98</p> <p>Immediately</p> <p>1/15/98</p> <p>4/1/98</p> <p>4/1/98 4/1/98</p> <p>Effective Immediately 12/31/97</p>	<p>Staff Development</p> <p>QI Clinical Director</p> <p>Administrator</p> <p>Administrator</p> <p>Administrator</p> <p>President, Med.Stf.</p> <p>President, Med.Stf. President, Med. Stf.</p> <p>Patient Advocate</p> <p>Administrator</p>	<p>DOJ</p> <p>MEC</p> <p>MEC MEC</p>



ISSUE/GOAL	CORRECTIVE ACTION	TIMELINE	PERSON RESPONSIBLE	APPROVALS NEEDED
D. Transition Plan/Activities  E. Identification of Service Gaps  F. Training & Education	Review activities.	1/31/98	Support Services Director of QI	
	3. Procure three laptop computers to facilitate day-to-day utilization review activities.	1/31/98	Director of QI	
	4. Utilization Review to provide oversight of delays in discharge by providing data to UR Committee for trending and to QIC for Performance Improvement and also by providing issues regularly for timely problem solving to HEC.	2/28/98	Director of QI	
	5. Maintain an active list of discharge ready patients.	1/31/98	Chief, SAW	
	6. Obtain legal support to facilitate discharges by AG contracting with special deputies.	3/15/98	AG/ Administrator	
	7. The Hospital Performance Improvement Council shall study the process of discharge planning, identify barriers to discharge and suggest solutions.	3/1/98	Administrator	
	1. Social Work Monthly Summary Progress Note will produce a data base to provide monthly reports of all patient transition discharge activities.	2/28/98	Chief, Social Work	
	2. Implement Discharge Criteria Screen	2/28/98	Chief, Social Work, COC, QI	
	Include in UR database monthly compilation of needed services identified, but not available or accessible.	2/28/98	QI, COC, Chief, Social Work	
	1. Care Management seminar to be held for inpatient and outpatient staff.	1/27, 28, & 29/98	AMHD, Chief, Staff Development, HSH	
2. Discharge Planning training program for HSH and CMHCs in consultation with TAC and Dr. Hunter to be developed and implemented to educate on creatively planning for discharge from HSH.	2/28/98	Chief, Social Worker; Associate Administrator, QM, Staff Development/AMHD		
3. HSH to make available resources to the educational and training arm of the Judiciary.	2/15/98	Administrator		

ADULT MENTAL HEALTH DIVISION  
Plan of Correction  
Attachment B





ISSUE/GOAL	CORRECTIVE ACTION	TIMELINE	PERSON RESPONSIBLE	APPROVALS NEEDED
	Hospital. In addition, supportive living options such as choice of housing and self-help groups will be expanded.			
2. Strengthen forensic services	<p>1. A "Forensic Services" branch will be established which will encompass all forensic-type services offered by the Division. Services will include, at minimum, certification of examiners, court-ordered sanity evaluations currently conducted by the Courts Branch, information to the judiciary, and formulation of statutory reform initiatives.</p> <p>2. Positions will be upgraded to create a Director of Forensic Services.</p> <p>3. The AMHD will begin to offer Orientation and information session(s) for the Judiciary, Public Defenders, Probation Office and Public Safety Office. The information will include the range of mental health services available in the State of Hawaii which may divert hospitalization.</p>	<p>1. In place by January 31, 2000</p> <p>2. January 31, 1998</p> <p>3. Start date February 1, 1998</p>	<p>1. Chief of AMHD</p> <p>2. John Junginger</p>	1. Personnel review and approval

ISSUE/GOAL	CORRECTIVE ACTION	TIMELINE	PERSON RESPONSIBLE	APPROVALS NEEDED
<p>3. The Director of Health will convene a meeting of the Chiefs of the Adult Mental Health Division, Developmental Disabilities Division and the Office of Drug Abuse to develop memoranda of understanding on how these three offices will collectively respond to dual diagnosis and co-morbidity issues faced by patients at HSH. The MOU will specify the responsibility each party will have for ensuring that appropriate services are available for this population.</p>	<p>The Director of Health will convene a meeting of the Chiefs of the Adult Mental Health Division (AMHD), Developmental Disabilities Division (DDD), and the Alcohol and Drug Abuse Division (ADAD). The meeting will be led by the AMHD, and will produce plans of action and memoranda of understanding (2). The memorandum for DDD will state that DDD will provide case management and support; the memorandum for ADAD will state that ADAD will provide technical assistance for HSH patients.</p>	<p>1/31/98</p> <p>MOUs by 3/31/98</p>	<p>Director of Health</p>	<p>Director of Health, Chiefs of AMHD, Developmental Disabilities and Alcohol and Substance Abuse Division</p>
<p>4. To address the substance abuse needs of the patients at the Hawaii State Hospital.</p>	<p>In order to flexibly provide the full range of short term residential, day treatment and intensive outpatient services, the Adult Mental Health Division has requested legislative approval of \$675,250.</p>	<p>Upon legislative approval and Governor's signature, funds will be available, implementation by approximately May 31, 1998.</p>	<p>Chief of Adult Mental Health Division</p>	<p>Legislature, Governor</p>

ISSUE/GOAL	CORRECTIVE ACTION	TIMELINE	PERSON RESPONSIBLE	APPROVALS NEEDED
<p>5. The Adult Mental Health Division will convene a meeting of community mental health providers for the purpose of developing a collaborative strategy for improving recruitment and retention of mental health staff within these agencies. These efforts will be coordinated with the State's community college, university and job training efforts.</p>	<p>The bi-weekly meetings have been agreed upon by the AMHD, CMHC, HSH and community providers. Thus far, concerted efforts to recruit statewide, and as necessary nationally on a collaborative basis have been made. Additionally, training programs will continue to be instituted with the universities and all appropriate vocational programs.</p>	<p>12/31/97 and continuing</p>	<p>Julie Davis, Victor Yee AMHD Psychologists</p> <p>John Junginger AMHD Training Director</p>	<p>None</p>
<p>6. The Adult Mental Health Division will convene a bi-weekly meeting of the clinical directors of all community programs, centers and the state hospital for the purpose of discussing patient flow. The meeting will serve as a mechanism for identifying and resolving roadblocks in the mental health system, improve discharge of difficult to place patients, as well (as) anticipating how the "system of care" can be improved to ensure the adequacy of care for those being discharged and those already in the community.</p>	<p>The bi-weekly meetings have been convened with the purpose of attending to patient flow, and collaboratively problem solving to improve the care of those being discharged and already discharged into the community.</p>	<p>12/31/97 and continuing</p>	<p>Julie Davis, Victor Yee AMHD Psychologists</p> <p>John Junginger AMHD Training Director</p>	<p>None</p>

ISSUES/GOAL	CORRECTIVE ACTION	TIMELINE	PERSON RESPONSIBLE	APPROVALS NEEDED
<p>7. AMHD will develop linkages to the State's vocational rehabilitation and job training programs; enhance access of mental health clients to these services.</p>	<p>The AMHD has an established linkage with the State's Vocational Rehabilitation and Services to the Blind Division (see MOA, State Plan for Mental Health, Fiscal Year 1998 AMHD).</p>	<p>Completed and ongoing</p>	<p>AMHD Chief</p>	<p>N/A</p>
	<p>Monthly meetings with DVR to monitor and enhance placement activities.</p>	<p>Completed and ongoing</p>	<p>Martie Drinan</p>	<p>N/A</p>
	<p>The AMHD provides job training to consumers through its Clubhouse Programs.</p>	<p>Will be continuing</p>	<p>Martie Drinan</p>	
	<p>Registered community mental health center consumers who are Clubhouse members will have ongoing access to the Clubhouse's job training programs.</p>	<p>Will be continuing</p>	<p>Martie Drinan</p>	
	<p>AMHD will conduct a review of services being provided by Voc. Rehab. to AMHD consumers who have been discharged from HSH to determine how these services can best be enhanced.</p>	<p>Feb. 1, 1998</p>	<p>AMHD Program Support Staff</p>	
	<p>Recommendations will be presented to Voc. Rehab. on how services can be made more accessible to consumers who have been discharged from HSH.</p>	<p>2/28/98</p>	<p>Martie Drinan</p>	

ISSUES/GOAL	CORRECTIVE ACTION	TIMELINE	PERSON RESPONSIBLE	APPROVALS NEEDED
	Implementation of vocational rehabilitation recommendations.	3/31/98	Martie Drinan	
8. The AMHD will further develop its management information system to ensure appropriate client tracking.	AMHD is currently piloting its management information system.	Pilot program to be completed January 31, 1998. Implementation of finalized management information system to begin February 28, 1998, after one month analysis of pilot program results.	Niles Kobayashi, Data Systems Unit	Chief AMHD

ISSUES/GOAL	CORRECTIVE ACTION	TIMELINE	PERSON RESPONSIBLE	APPROVALS NEEDED
<p>9. AMHD will appoint a tracking coordinator to oversee the discharge process at HSH and placement in the community.</p>	<p>AMHD Chief is reviewing possible candidates for a position that will be responsible for discharge and placement. This individual will be responsible for facilitating discharges, transition, tracking placements of all discharges from the HSH, and for tracking the State's compliance with all court orders related to discharge planning and community services. Selection of the candidate will be with the review and concurrence of TAC.</p>	<p>Candidate will be offered position and position filled by January 31, 1998.</p>	<p>AMHD Chief</p>	<p>N/A</p>

CHILD AND ADOLESCENT MENTAL HEALTH DIVISION  
Plan of Correction  
Attachment C

**PLAN OF CORRECTION**

DEPARTMENT HEALTH, Child and Adolescent Mental Health Division		Contact: Howard Weiner
Plan of Correction	Person Responsible	Timelines
DOH Monitoring A. Appropriateness of a placement	<ul style="list-style-type: none"> <li>• Clinical Services Office to provide comprehensive training to all eight (8) Family Guidance Center staffs in service procurement and referral procedures.</li> <li>• Ongoing Education / Training to Family Guidance Staff.</li> </ul> Person Responsible: Clinical Service Office	1/31/98  Quarterly
B. Adequacy of Monitoring <ol style="list-style-type: none"> <li>1. Kahi and Castle to report bi-weekly.                             <ol style="list-style-type: none"> <li>a. Monthly monitoring tool for seclusion and restraint.</li> <li>b. Staff changes</li> <li>c. Sentinel Events</li> <li>d. Trainings</li> <li>e. Quality Assurance Indicator Results</li> </ol> </li> <li>2. Meet with the Program Directors/Nurse Managers of each program monthly.</li> <li>3. Impromptu Form</li> <li>4. Twice a year monitor Quality of Services.</li> </ol>	<ul style="list-style-type: none"> <li>• CAMHD DOJ lead and Contract Monitoring Section will meet bi-weekly with Program Directors/Nurse Managers at Kahi Mohala and Castle Medical Center to identify and correct program issues and monitor program compliance with plans of correction.</li> <li>• CAMHD DOJ lead and Contract Monitoring Section to review monthly reports on seclusion and restraints, sentinel events, staff changes, trainings and results of quality assurance indicators.</li> <li>• DOJ lead will perform compliance monitoring monthly.</li> <li>• CAMHD DOJ lead will review results of compliance monitoring with Clinical Director and require corrective action as necessary.</li> <li>• Contract Monitoring Section will review all completed Impromptu Monitoring forms and take appropriate action.</li> <li>• Quality Management Office will monitor Quality of Services at Kahi Mohala and Castle Medical Center.                             <ol style="list-style-type: none"> <li>a. Evaluation of Quality Improvement Indicators</li> <li>b. Evaluation of Availability of Services</li> <li>c. Evaluation of Individual Service Plan</li> <li>d. Evaluation of Service Content</li> <li>e. Evaluation of Assessments</li> <li>f. Evaluation of Credentialing</li> <li>g. Evaluation of Clinical Record</li> <li>h. Service authorization</li> </ol> </li> <li>• Require Corrective Action as necessary.</li> </ul>	Immediate upon filing, then bi-weekly  Immediate upon filing, then monthly  Monthly  Immediate upon filing 1st monitoring: Castle Medical done Nov 18, 1997. Kahi Mohala done Dec 3, 1997. 2nd Monitoring: Castle Medical May 18, 1998. Kahi Mohala



**PLAN OF CORRECTION**

<b>DEPARTMENT</b>	<b>HEALTH, Child and Adolescent Mental Health Division</b>	<b>Contact:</b>	<b>Howard Weiner</b>
<b>Plan of Correction</b>		<b>Person Responsible</b>	<b>Timelines</b>
			June 3, 1998.
		<ul style="list-style-type: none"> <li>Yearly qualitative clinical peer review.</li> </ul>	Feb 15, 1998
5.	Monitoring Tools	<ul style="list-style-type: none"> <li>Monitoring tools will be reviewed and revised to include all requirements of the DOJ settlement agreement.</li> </ul>	Jan 15, 1998
6.	Education about Department of Justice.	CAMHD and the Attorney General's Office to have thirty (30) days to train Kahi Mohala and Castle's staff on the court orders.	The 30 days to begin upon filing the Plans of Correction.
7.	Monitoring of new policies.	CAMHD and the Hawaii Attorney General's Office shall review all policies and procedures at Castle and Kahi that relate to the Court Orders and revise them to conform to the orders.	By April 1, 1998
8.	Compliance with staffing ratios	CAMHD to ensure that staffing for (CARS) at Kahi Mohala and Castle Medical Center complies with staffing requirements of the 1991 settlement agreement	3/31/98

Edited: 2/5/98

**KAHI MOHALA**  
**Plan of Correction**  
**Attachment D**

**PLAN OF CORRECTION**

Facility: <b>Kahi Mohala</b>
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Areas of Concern	Plan of Correction and Person Responsible	Timeline
<p>A. Physician involvement with clinical decisions:</p> <p>1. PRN psychotropic medication</p> <p>a. 24 hour expiration date for all PRN psychotropics</p>	<p>Policy:</p> <ul style="list-style-type: none"> <li>• Nursing and Pharmacy policy change to reflect a limitation of 24 hours for all PRN psychotropic orders Person Responsible: Medical Director Director of Nursing</li> <li>• Pharmacy and Therapeutics Committee to meet for policy approval.</li> <li>• Special meeting of the Medical Executive Committee for approval</li> </ul> <p>Education:</p> <ul style="list-style-type: none"> <li>• Letter to all medical staff members regarding limitation of PRN psychotropic orders. Person Responsible: Medical Director</li> <li>• Place on agenda for Medical Staff Annual Meeting for further education. Person Responsible: Medical Director</li> <li>• Attending medical staff shall be informed and educated to the new policy.</li> <li>• All new physicians on staff shall be oriented to the specific expectations of this policy prior to being assigned patients.</li> <li>• RN Staff Education at RN and unit staff meetings.</li> <li>• Ongoing education will occur at least quarterly as a result of the Quality Improvement process information feedback loop mandated by JCAHO and the hospital Quality Improvement Plan. Person Responsible: Director of Nursing</li> </ul>	<p>12/18/97</p> <p>12/17/97</p> <p>12/18/97</p> <p>12/05/97</p> <p>12/03/97</p> <p>12/18/97</p> <p>12/18/97</p> <p>12/16/97 Quarterly</p>

Areas of Concern	Plan of Correction and Person Responsible	Timeline
	<p>Monitoring:</p> <ul style="list-style-type: none"> <li>• Daily audit is completed with corrective action taken as needed.</li> <li>• Bi-monthly by Pharmacy &amp; Therapeutics Committee, with report to Medical Executive Committee that meets monthly.</li> <li>• Monitoring results and corrective action will be reported to CAMHD and Department of Justice on a monthly basis.</li> </ul>	<p>Daily</p> <p>Bi-monthly</p> <p>Immediate upon filing</p>
<p>b. Clearly written orders for administration of medication</p>	<p>Policy:</p> <ul style="list-style-type: none"> <li>• Nursing and Pharmacy policy change to reflect single route of administration of medication. Persons Responsible: Medical Director Director of Nursing</li> <li>• Pharmacy and Therapeutics Committee to meet to review for approval.</li> <li>• Special meeting of the Medical Executive Committee for approval.</li> </ul> <p>Education:</p> <ul style="list-style-type: none"> <li>• Letter to all medical staff members regarding single route of administration of medication.</li> <li>• Attending medical staff shall be informed and educated to the new policy.</li> <li>• All new physicians on staff shall be oriented to the specific expectations of this policy prior to being assigned patients. Person Responsible: Medical Director</li> <li>• Place on agenda for Medical Staff Annual Meeting for further education. Person Responsible: Medical Director</li> <li>• RN Staff Education at RN and unit staff meetings. Person Responsible: Director of Nursing</li> </ul>	<p>12/18/97</p> <p>12/17/97</p> <p>12/18/97</p> <p>12/03/97</p> <p>12/18/97</p> <p>12/18/97</p> <p>12/03/97</p> <p>12/16/97</p>

Areas of Concern	Plan of Correction and Person Responsible	Timeline
	<p>Monitoring:</p> <ul style="list-style-type: none"> <li>• Each day by nursing night audit</li> <li>• Bi-monthly by Pharmacy &amp; Therapeutics Committee with report to Medical Executive Committee</li> <li>• Monitoring results and corrective action will be reported to CAMHD and Department of Justice on a monthly basis.</li> </ul>	<p>Immediate- daily Bi-Monthly</p> <p>11/2/97, then monthly.</p>
<p>2. Seclusion and Restraint</p> <p>a. Initial assessment and documentation of precipitated event</p>	<p>Policy:</p> <p>For each patient for whom a telephone order for restraint or seclusion is administered, a physician must personally note within one hour from the time of the original telephone order. The patient's treating psychiatrist or covering psychiatrist must personally assess the patient and document within 24 hours.</p> <p>Education:</p> <ul style="list-style-type: none"> <li>• Attending medical staff shall be informed and educated to the new policy. 12/18/97</li> <li>• All new physicians on staff shall be oriented to the specific expectations of this policy prior to being assigned patients. 12/18/97</li> </ul> <p>Comprehensive training of nursing staff regarding the assessment documentation to include precipitating event, interventions which were attempted, and the need for seclusion and/or restraint in the absence of the attending physician on hospital grounds. Training to occur at RN and unit staff meetings. 12/16/97</p> <p>Person Responsible: Director of Nursing</p> <ul style="list-style-type: none"> <li>• When attending physician is on hospital grounds s/he will complete the 1:1 assessment and documentation, and write the order for seclusion and/or restraint. Inservicing to occur at physician staff meeting. 12/10/97</li> </ul> <p>Person Responsible: Medical Director</p> <ul style="list-style-type: none"> <li>• Place on agenda for Medical Staff Annual Meeting for further education. 12/03/97</li> </ul> <p>Person Responsible: Medical Director</p>	<p>12/20/97</p>

Areas of Concern	Plan of Correction and Person Responsible	Timeline
	<p><b>Monitoring:</b></p> <ul style="list-style-type: none"> <li>• Monthly by Quality Improvement Committee as part of Nursing/Medical Staff Quality Improvement plan.</li> <li>• Monitoring results and corrective action will be reported to CAMHD and Department of Justice on a monthly basis.</li> <li>• Any injuries during a seclusion &amp; restraint process will be reported to CAMHD and Department of Justice.</li> <li>• The revised indicators are as follows:                             <ul style="list-style-type: none"> <li>• The order for seclusion and/or restraint will:                                     <ul style="list-style-type: none"> <li>• Be signed by a physician with date and time (including telephone orders within 1 hour)</li> <li>• Patient's treating psychiatrist or covering psychiatrist made the assessment and documented it within 24 hours.</li> </ul> </li> <li>• Progress notes will contain:                                     <ul style="list-style-type: none"> <li>• Registered Nurse shift entry for each incident documenting specific behavior(s) necessitating seclusion and/or restraint.</li> <li>• Physician entry within 24 hours after each incident addressing justification for use and patient response to intervention.</li> <li>• Case conference or treatment plan review for greater than 4 episodes in seven days.</li> </ul> </li> </ul> </li> </ul>	<p>12/15/97 then monthly Start 12/23/97, then monthly</p>

Area of Concern	Plan of Correction and Person Responsible	Timeline
<p>b. Minimize phone orders</p>	<p>Policy:</p> <ul style="list-style-type: none"> <li>• When attending physician is on hospital grounds s/he will complete the 1:1 assessment and documentation, and write the order for seclusion and/or restraint.</li> <li>• Nurses to locate/summon on campus attending physician before seeking telephone orders by phoning PBX operator and all other patient care units.</li> </ul> <p>Education:</p> <ul style="list-style-type: none"> <li>• Comprehensive training to occur at physician staff meetings. Person Responsible: Medical Director</li> <li>• Comprehensive training to occur at RN staff meetings Person Responsible: Director of Nursing</li> <li>• Place on agenda for Medical Staff Annual Meeting for further education. Person Responsible: Medical Director Person Responsible: Director of Nursing</li> </ul>	<p>12/18/97</p> <p>12/18/97</p> <p>12/10/97</p> <p>12/16/97</p> <p>12/3/97</p>
<p>c. Physician to sign off seclusion and/or restraint order within 1 hour</p>	<p>Policy:</p> <ul style="list-style-type: none"> <li>• Procedure to be implemented by Nursing and Medical Staff to assure that a seclusion and/or restraint order is signed within one hour.</li> </ul> <p>Monitoring:</p> <p>This procedure includes the utilization of the:</p> <ul style="list-style-type: none"> <li>• Nursing night audit</li> <li>• Daily rounds by the Clinical Director of RTS</li> <li>• Notification of physician on call for weekends and holidays</li> </ul> <p>Persons Responsible: Medical Director Director of Nursing</p>	<p>12/18/97</p>

Area of Concern	Plan of Correction and Person Responsible	Timeline
	<p>Education:</p> <ul style="list-style-type: none"> <li>• Letter to all medical staff members regarding signing of orders. Person Responsible: Medical Director</li> <li>• Attending medical staff shall be informed and educated to the new policy.</li> <li>• All new physicians on staff shall be oriented to the specific expectations of this policy prior to being assigned patients.</li> <li>• Place on agenda for Medical Staff Annual Meeting for further education.</li> </ul> <p>Person Responsible: Medical Director</p> <ul style="list-style-type: none"> <li>• RN staff education at RN and unit staff meetings. Person Responsible: Director of Nursing</li> </ul>	<p>12/05/97</p> <p>12/18/97</p> <p>12/18/97</p> <p>12/03/97</p> <p>12/16/97</p>
<p>d. Physician 1:1 assessment and documentation of clinical need within 1 hour</p>	<p>Policy:</p> <ul style="list-style-type: none"> <li>• Policy to be amended to reflect physician's 1:1 assessment and documentation within 1 hour of clinical need and youth's response to intervention. Person Responsible: Medical Director</li> <li>• Special meeting of the Medical Executive Committee for approval.</li> </ul>	<p>12/18/97</p> <p>12/18/97</p>
	<p>Education:</p> <ul style="list-style-type: none"> <li>• Letter to all medical staff regarding policy change.</li> <li>• Person Responsible: Medical Director</li> <li>• Attending medical staff shall be informed and educated to the new policy.</li> <li>• All new physicians on staff shall be oriented to the specific expectations of this policy prior to being assigned patients.</li> </ul> <p>Place on agenda for Medical Staff Annual Meeting for further education.</p> <p>Person Responsible: Medical Director</p>	<p>12/18/97</p> <p>12/18/97</p>



Areas of Concern	Plan of Correction and Person Responsible	Timeline
	<p>Monitoring:</p> <ul style="list-style-type: none"> <li>• Monthly as part of Medical Staff Quality Improvement Plan, where information is analyzed and recommendations for improvement are routinely presented for action as staff education. (Also see A.2.a.)</li> <li>• Monitoring results and corrective action will be reported to CAMHD and Department of Justice on a monthly basis.</li> </ul>	<p>12/31/97, then monthly</p> <p>12/31/97 then monthly</p>
<p>c. Renewal needs 1:1 assessment by physician first</p>	<p>Current policy does not allow for "renewal" of seclusion and/or restraint order. Each episode of seclusion and/or restraint of a patient requires a 1:1 reassessment and new order.</p> <p>Education:</p> <ul style="list-style-type: none"> <li>• Attending medical staff shall be informed and educated to the new policy.</li> <li>• All new physicians on staff shall be oriented to the specific expectations of this policy prior to being assigned patients.</li> <li>• Place on agenda for Medical Staff Annual Meeting for physician education. Person Responsible: Medical Director</li> <li>• Comprehensive training Nursing staff at RN and unit staff meetings. Person Responsible: Director of Nursing</li> </ul>	<p>12/18/97</p> <p>12/18/97</p> <p>12/03/97</p> <p>12/16/97</p>
	<p>Monitoring:</p> <ul style="list-style-type: none"> <li>• Monthly as part of Medical Staff Quality Improvement Plan.</li> <li>• Monitoring results and corrective action will be reported to CAMHD and Department of Justice on a monthly basis</li> </ul>	<p>12/31/97 then monthly</p> <p>12/31/97 then monthly</p>
<p>f. Assessment and documentation of how the youth's responded to the intervention</p>	<p>Policy:</p> <ul style="list-style-type: none"> <li>• Policy to be amended to reflect physician's 1:1 assessment and documentation within 1 hour of clinical need and youth's response to intervention. Person Responsible: Medical Director</li> <li>• Attending medical staff shall be informed and educated to the new policy.</li> </ul>	<p>12/18/97</p> <p>12/18/97</p>

Areas of Concern	Plan of Correction and Person Responsible	Timeline
	<ul style="list-style-type: none"> <li>• All new physicians on staff shall be oriented to the specific expectations of this policy prior to being assigned patients.</li> <li>• Special meeting of Medical Executive Committee for approval.</li> </ul> <p>Education:</p> <ul style="list-style-type: none"> <li>• Letter to all medical staff members regarding policy and procedure change. Person Responsible: Medical Director</li> <li>• Place on agenda for Medical Staff Annual Meeting for further education.</li> <li>• Attending medical staff shall be informed and educated to the new policy.</li> <li>• All new physicians on staff shall be oriented to the specific expectations of this policy prior to being assigned patients. Person Responsible: Medical Director</li> </ul> <p>Monitoring:</p> <ul style="list-style-type: none"> <li>• Monthly as part of Medical Staff Quality Improvement Plan. (See A.2.a)</li> <li>• Monitoring results and corrective action will be reported to CAMHD and Department of Justice on a monthly basis.</li> </ul>	<p>12/18/97</p> <p>12/18/97</p> <p>12/05/97</p> <p>12/03/97</p> <p>12/18/97</p> <p>12/18/97</p> <p>12/31/97 then monthly 12/31/97 then monthly</p>
<p>3. Physician 1:1 reassessment before discontinuing safety checks</p>	<p>Policy:</p> <ul style="list-style-type: none"> <li>• Policy to be amended to reflect a requirement that 1:1 assessment and document is needed to discontinue any special precautions or checks.</li> <li>• Special meeting of the Medical Executive Committee for approval.</li> </ul> <p>Education:</p> <ul style="list-style-type: none"> <li>• Letter to all medical staff members regarding need for physician assessment before discontinuance of safety checks. Person Responsible: Medical Director</li> </ul>	<p>12/18/97</p> <p>12/18/97</p> <p>12/05/97</p>

Areas of Concern	Plan of Correction and Person Responsible	Timeline
	<ul style="list-style-type: none"> <li>• Attending medical staff shall be informed and educated to the new policy.</li> <li>• All new physicians on staff shall be oriented to the specific expectations of this policy prior to being assigned patients.</li> <li>• Place on agenda for Medical Staff Annual Meeting for further education. Person Responsible: Medical Director</li> <li>• RN staff education at RN and unit staff meetings. Person Responsible: Director of Nursing</li> </ul>	<p>12/18/97</p> <p>12/18/97</p> <p>12/03/97</p> <p>12/16/97</p>
	<p>Monitoring: Each day by nursing night audit Monitoring results and corrective action will be reported to CAMHD and Department of Justice on a monthly basis.</p>	<p>Daily 12/15/97 then monthly</p>
<p>B. Treatment Plans 1. Individualized treatment for each youth.</p>	<p>Education:</p> <ul style="list-style-type: none"> <li>• Intensive, hands-on education to all clinical staff on treatment planning process with emphasis on specific individualized measurable goals and patient outcomes. Include incorporation of a pertinent assessment data into treatment planning.                             <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Nurses</li> <li>• Social Work</li> </ul> </li> <li>• Treatment plans to be revised and reviewed by the clinical team at least every thirty days. Person Responsible: Director of Nursing</li> </ul>	<p>12/18/97</p> <p>12/16/97</p> <p>12/23/97</p> <p>1/15/98</p>

Areas of Concern	Plan of Correction and Person Responsible	Timeline
	<p><b>Monitoring:</b></p> <ul style="list-style-type: none"> <li>• A quarterly 20% random monitoring of treatment plans by Director of Performance Improvement</li> <li>• Quarterly review of Quality Improvement monitors of Nursing and Social Work departments by Quality Improvement Committee.</li> </ul> <p>Persons Responsible: Medical Director</p> <ul style="list-style-type: none"> <li>• Monitoring results and corrective action will be reported to CAMHD and Department of Justice on a monthly basis.</li> </ul> <p>Director of Nursing</p>	<p>12/18/97 / quarterly 12/18/97 / quarterly</p> <p>12/13/97 then monthly</p>
<p>2. Master treatment plan goals and objectives to be specific for each youth</p> <p>3. Objectively measurable outcomes</p> <p>4. Treatment plan review to be conducted for each youth when a pattern of seclusion and/or restraint, or psychotropic medication usage is evident</p>	<p>See B.1.</p> <p>See B.1.</p> <ul style="list-style-type: none"> <li>• Attending medical staff shall be informed and educated regarding treatment plan reviews.</li> <li>• All new physicians on staff shall be oriented to the specific expectations of treatment plan reviews prior to being assigned patients.</li> </ul> <p><b>Monitoring:</b></p> <ul style="list-style-type: none"> <li>• Add to nursing/medical staff monitoring Quality Improvement and monitor through Quality Improvement committee monthly.</li> </ul> <p>Persons Responsible: Medical Director Director of Nursing</p> <ul style="list-style-type: none"> <li>• Revise Pharmacy and Therapeutics monitoring to include medical staff peer review requirement for greater than 4 administrations of psychotropic medication within 7 days.</li> <li>• Monitoring results and corrective action will be reported to CAMHD and Department of Justice on a monthly basis.</li> </ul>	<p>12/18/97</p> <p>12/18/97</p> <p>12/18/97</p> <p>12/18/97</p> <p>12/31/97 then monthly</p>

Areas of Concern	Plan of Correction and Person Responsible	Timeline
	<p><b>Education:</b></p> <ul style="list-style-type: none"> <li>• Letter to medical staff regarding policy change.</li> <li>• Attending medical staff shall be informed and educated to the new policy.</li> <li>• All new physicians on staff shall be oriented to the specific expectations of this policy prior to being assigned patients.</li> <li>• Place on agenda for Medical Staff Annual Meeting for further education.</li> </ul> <p>Person Responsible: Medical Director</p> <ul style="list-style-type: none"> <li>• Comprehensive training at RN and unit staff meetings.</li> </ul> <p>Person Responsible: Director of Nursing</p> <p><b>Monitoring:</b></p> <ul style="list-style-type: none"> <li>• Monthly as part of Medical Staff Quality improvement Plan (See A.2.a. also)</li> <li>• Bi-monthly by Pharmacy and Therapeutics Quality Improvement monitor.</li> <li>• Monitoring results and corrective action will be reported to CAMHD and Department of Justice on a monthly basis.</li> </ul>	<p>12/05/97</p> <p>12/18/97</p> <p>12/16/97</p> <p>12/03/97</p> <p>12/16/97</p> <p>12/31/97 then monthly</p> <p>12/31/97 then bi-monthly</p> <p>12/31/97 then monthly</p>
<p>5. Treatment plan updates show review of all assessments and diagnoses</p>	<p>See B.1.</p>	
<p>C. Safety Concerns: 1. Decrease seclusion and/or restraint</p>	<p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Continued staff and patient education programs, and hospital program review processes.</li> <li>• Expand and enhance new hire Prevention and Management of Aggressive Behavior course from 8 to 12 hours with more emphasis on prevention and alternatives to seclusion and/or restraint.</li> <li>• Expand prevention component of annual recertification class.</li> </ul> <p>Person Responsible: Director of Nursing</p>	<p>12/18/97</p> <p>12/18/97</p> <p>12/18/97</p>
<p>2. Decrease physical injury during seclusion and/or restraint processes</p>	<ul style="list-style-type: none"> <li>• Increase nursing education on prevention and non-physical interventions.</li> </ul>	<p>12/18/97</p>

Areas of Concern	Plan of Correction and Person Responsible	Timeline
	<ul style="list-style-type: none"> <li>Expand new hire Prevention and Management of Aggressive Behavior orientation from 8 to 12 hours. Expand prevention component of annual recertification class. See C.1.</li> </ul> Person Responsible: Director of Nursing	11/18/97
3. Seclusion room a. Seclusion room repair  b. Seclusion room regular maintenance schedule  c. Daily inspection of seclusion rooms for unsafe conditions	Repairs identified in Section 5.a,b,c (below) have been completed. <ul style="list-style-type: none"> <li>5.a. - Completed</li> <li>5.b. - Completed</li> <li>5.c. - Completed</li> </ul> Maintenance Supervisor to conduct daily inspection Person Responsible: Facilities Manager Policy: Work orders will be presented immediately upon identification of repair needs. Any individual may generate a work order. Monitoring: <ul style="list-style-type: none"> <li>Shift by shift by Mental Health Specialist.</li> <li>Daily rounds by Maintenance Supervisor.</li> <li>Weekly by Safety Officer.</li> </ul> Monthly review by safety committee for trends and initiate corrective actions. Monitoring results and corrective action will be reported to CAMHD and the Department of Justice on a monthly basis. Persons Responsible: Director of Nursing Facilities Manager and Safety Officer	11/19/97 11/19/97 11/24/97 12/05/97  12/05/97 / shift Daily Weekly Monthly  12/15/97 then monthly
4. Specific areas of concerns: Kahi Mohala a. Peeling paint (seclusion rooms)  b. Plexiglas sharp edge (seclusion rooms)	Chipped paint found in one seclusion room and repaired. Completed  Sharp edges found on light covers in seclusion rooms and repaired. Completed.	11/19/97  11/19/97

Areas of Concern	Plan of Correction and Person Responsible	Timeline
<p>c. Floor tile sharp edge (seclusion rooms)</p> <p>d. Visibility in seclusion room, blind spot (seclusion rooms)</p>	<p>Missing pieces of tile found in two rooms. Additional tile was cut and repairs made. (Photos submitted to confirm) Completed.</p> <p>Small area not visible from observation window. Protocol is for staff to open door for full view of patient if not possible from window on routine or more frequent, as needed, checks. Installation of corner mirrors will be introduced at next meeting of Medical Executive Committee for consideration. Risk of creating weapon or self-injurious sharp object by breaking Plexiglas mirror to be weighed against advantage gained by full view of room's corner</p> <ul style="list-style-type: none"> <li>• Medical Executive Committee to meet to address need for mirror.</li> <li>• If approved, projected completion date allowing for shipping from the mainland.</li> </ul> <p>Persons Responsible: Administrator Medical Director</p>	<p>11/24/97</p> <p>12/15/97</p> <p>01/15/98</p>
	<p>Safety Officer shall survey all patient treatment and residential areas to evaluate whether the environment or physical plant poses any suicide risk. The facility shall take immediate action to correct any environmental or physical plant suicide risk.</p>	<p>01/15/98</p>
<p>Knowledge of Court Order</p>	<p>Train all the staff on the 1991 Settlement Agreement and all subsequent Court Orders in this case (including this plan and stipulation). Each staff member shall personally sign an acknowledgment form that he/she has received a copy and training.</p>	<p>Within 30 days of the filing of the plan of correction.</p>

**CASTLE MEDICAL CENTER**  
**Plan of Correction**  
**Attachment E**



PLAN OF CORRECTION

Facility: Castle Medical Center
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Area of Concern	Plan of Correction and Person Responsible	Timeline
<p>A. Physician involvement with clinical decisions:</p> <p>1. PRN psychotropic medication</p> <p>a. 24 hour expiration date for all PRN psychotropics</p> <p>b. Clearly written orders for administration of medication</p>	<p>Written Policy Amendment:</p> <ul style="list-style-type: none"> <li>• The existing Castle Medical Center, Behavioral Medicine Services Policy on "Psychotropic Medications" is modified with the replacement of Procedure 5, c. as follows:                             <ul style="list-style-type: none"> <li>"c. Renewal or automatic termination after a 24-hour period. Any renewal requires a 1:1 reassessment by the physician and a specific order with necessary justification."</li> </ul> </li> <li>• Paragraph a. is modified to read as follows:                             <ul style="list-style-type: none"> <li>"a. Specific behaviors or symptoms justifying the use of the PRN medication, the dosage, routes, and frequency of the medications to be administered."</li> </ul> </li> </ul> <p>Education:</p> <ul style="list-style-type: none"> <li>• Attending medical staff shall be informed and educated to the new policy and expectations on Psychotropic Medications at a specially convened meeting of attending physicians to be held December 18, 1997 at 1230. They shall receive copies of the new policy, and will be asked for input on how to fully operationalize the policy.</li> <li>• All new physicians on staff shall be oriented to the specific expectations of this policy prior to being assigned patients.</li> <li>• All nursing staff shall be trained to the requirements of this Policy via written memo and unit staff meetings on 12/22/97.</li> </ul>	<p>12/8/97</p> <p>12/8/97</p> <p>12/18/97</p> <p>As needed for new hires.</p> <p>12/22/97</p>
	<p>Monitoring:</p> <ul style="list-style-type: none"> <li>• Night shift audit staff shall monitor compliance with this Policy on a daily basis. Deficiencies shall be reported to Chief Clinical Officer at the next 0830 daily staff morning meeting for review and corrective action.</li> <li>• Monitoring results and corrective actions will be reported to the CAMHD and Department of Justice on a monthly basis.</li> </ul>	<p>Start 12/23/97 then daily</p> <p>Start 12/23/97 then Monthly</p>

Area of Concern	Plan of Correction and Person Responsible	Timeline
	<ul style="list-style-type: none"> <li>The Behavior Medicine Quality Team under the directive of the Chief Clinical Officer to summarize audit findings and develop and implement unit corrective actions.</li> </ul> Person Responsible: Chief Clinical Officer	Start 12/23/97 then monthly
2. Seclusion and Restraint <ul style="list-style-type: none"> <li>Initial assessment and documentation of precipitating event</li> <li>Minimize phone orders</li> <li>Physician to sign off seclusion and/or restraint order within 1 hour Physician 1:1 assessment and documentation of clinical need within 24 hours</li> <li>Renewal needs 1:1 assessment by physician first</li> <li>Assessment and documentation of how the youth responded to the intervention</li> </ul>	Written Policy Amendment: <ul style="list-style-type: none"> <li>The current Policy and Procedure shall be expanded to include the following requirements:</li> </ul> "Nurse shall contact attending physician. If physician is in the hospital s/he will complete the 1:1 assessment and documentation, and write the order for seclusion and/or restraint.  For each patient for whom a telephone order for restraint or seclusion is administered, a physician must personally note within one hour from the time of the original telephone order. The patient's treating psychiatrist or covering psychiatrist must personally assess the patient and document within 24 hours.  To be approved by Clinical Support Council  To be approved by Medical Executive Committee	12/8/97          12/15/97          12/15/97  12/15/97
	Education: <ul style="list-style-type: none"> <li>All attending psychiatrists and clinical staff shall attend initial and annual training sessions on the use of seclusion and restraints. These Professional Assault Response Training (PART) training sessions which are mandatory experiences for all staff. PART training is scheduled monthly as part of orientation and will be repeated by staff during their anniversary month.</li> <li>All nursing shall be trained to the requirements of this policy via written memo and unit staff meeting.</li> </ul>	Immediate upon filing          12/22/97

Area of Concern	Plan of Correction and Person Responsible	Timeline
<p>3. Physician 1:1 reassessment before discontinuing safety checks</p>	<p><b>Monitoring:</b></p> <ul style="list-style-type: none"> <li>• Night shift audit staff shall monitor compliance with this policy. Deficiencies shall be reported to Chief Clinical Officer at the next 0830 daily staff morning meeting for review and corrective action</li> <li>• Monitoring results and corrective actions will be reported to the CAMHD and Department of Justice on a monthly basis.</li> <li>• Any injuries during a seclusion &amp; restraint process will be reported to CAMHD and Department of Justice.</li> <li>• The Behavioral Medicine Quarterly Team under the directive of the Chief Clinical Officer to summarize audit findings and develop and implement unit corrective actions.</li> </ul> <p><b>Person Responsible:</b> Director, Inpatient Services</p> <p><b>Policy:</b> The following statement shall be added to the Suicide Protocol Policies and Procedures: "Safety checks on a patient shall only be discontinued after the physician has completed a 1:1 reassessment."</p>	<p>12/23/97 / then Daily</p> <p>Start 12/23/97 then Monthly</p> <p>Start 12/23/97 then Monthly</p> <p>Start 12/23/97 then monthly</p> <p>12/9/97</p>
	<p><b>Education:</b></p> <ul style="list-style-type: none"> <li>• Physicians to be educated at 12/18/97 meeting.</li> <li>• Nursing staff to be educated at 12/22/97 unit meetings.</li> </ul>	<p>12/18/97 12/22/97</p>
	<p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>• Night shift audit staff shall monitor compliance with this Policy on a daily basis. Deficiencies shall be reported to Chief Clinical Officer at the next 0830 daily staff morning meeting for review and corrective action.</li> <li>• Monitoring results and corrective actions will be reported to the CAMHD and Department of Justice on a monthly basis.</li> <li>• Any injuries during a seclusion or restraint process will be reported to CAMHD and Department of Justice.</li> </ul>	<p>Start 12/23/97 then daily</p> <p>Start 12/23/97 then Monthly</p> <p>Start 12/23/97 then Monthly</p>

Areas of Concern	Plan of Correction and Person Responsible	Timeline
	<ul style="list-style-type: none"> <li>The Behavioral Medicine Quarterly Team under the directive of the Chief Clinical Officer to summarize audit findings and develop and implement unit corrective actions.</li> </ul> <p>Person Responsible: Director, Inpatient Services</p>	Start 12/23/97
<p>B. Treatment Plans</p> <ol style="list-style-type: none"> <li>Individualized treatment for each youth</li> <li>Master treatment plan goals and objectives to be specific for each youth</li> <li>Objectively measurable outcomes</li> <li>Treatment plan review to be conducted for each youth when a pattern of seclusion, and/or restraint, or psychotropic medication usage is evident.</li> <li>Treatment plan updates show review of all assessments and diagnoses</li> </ol>	<p>Policy:</p> <p>The current Policy and Procedure on assessment and reassessment and treatment plan shall be amended to emphasize:</p> <ul style="list-style-type: none"> <li>treatment plan that is individualized with goals and objectives that are measurable and specific to that youth.</li> <li>treatment review to occur when pattern of psychotropic or seclusion and restraint use becomes evident.</li> <li>use of seclusion &amp; restraint</li> <li>treatment Plan Update will include a review of all assessments and diagnoses.</li> </ul> <p>Education:</p> <ul style="list-style-type: none"> <li>All Nursing shall be trained to the requirements of this policy via written memo and unit staff meeting.</li> <li>Treatment plans to be revised and reviewed by the clinical team at least every 30 days.</li> </ul>	<p>12/9/97</p> <p>12/22/97</p> <p>1/15/98</p>
	<p>Monitoring:</p> <ul style="list-style-type: none"> <li>Night shift audit staff shall monitor compliance with this Policy on a daily basis and report to the Adolescent Quality Improvement Team.</li> <li>Monitoring results and corrective actions will be reported to the CAMHD and Department of Justice on a monthly basis.</li> </ul>	<p>Start 12/22/97 then Daily</p> <p>Start 12/23/97 then Monthly</p>
	<ul style="list-style-type: none"> <li>The Adolescent Quality Improvement Team shall regularly collect and analyze data and implement changes to improve services and compliance.</li> </ul>	Start 12/23/97 then monthly
<p>C. Safety Concerns:</p> <ol style="list-style-type: none"> <li>Decrease seclusion and restraint</li> </ol>	<p>Policy:</p> <p>All Behavioral Medicine staff shall be responsible to maintain competence in seclusion and restraint techniques as indicated by the seclusion and restraint check list.</p>	12/5/97

Areas of Concern	Plan of Correction and Person Responsible	Timeline
	<p><b>Education:</b>                      All Behavioral Medicine Staff shall attend initial and annual training sessions on the use of seclusion and restraints. These trainings shall be incorporated into the now regularly scheduled Professional Assault Response Training (PART) sessions which are mandatory experiences for all staff. PART training is scheduled monthly as part of orientation and will be repeated by staff during their anniversary month.</p>	<p>Immediate upon filing</p>
	<p><b>Monitoring:</b>                      The ongoing Castle Quality Improvement Team on the use of Seclusion and Restraint will continue to collect and analyze data on the frequency of use of Seclusion &amp; Restraint. The information will be used to modify practices to effect a decrease in the use of Seclusion &amp; Restraint.</p> <ul style="list-style-type: none"> <li>• Monitoring results and corrective actions will be reported to the CAMHD and Department of Justice on a monthly basis.</li> </ul>	<p>Immediate Upon filing of this plan of correction</p> <p>Start 12/23/97 then Monthly</p>
<p>2. Decrease physical injury during seclusion/restraint processes</p> <p>3. Seclusion room</p> <ul style="list-style-type: none"> <li>a. Seclusion room repair</li> <li>b. Seclusion room regular maintenance schedule</li> <li>c. Daily inspection of seclusion rooms for unsafe conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Continued periodic training (PART) to help maintain present zero injury status to patients.</li> <li>• Seclusion Room Repaired.</li> <li>• Charge nurse to inspect seclusion room each day and submit work orders for any deficiencies.</li> <li>• Safety officer to inspect seclusion room on a weekly basis.</li> </ul>	<p>Start 12/5/97</p> <p>11/20/97</p> <p>12/9/97 Weekly</p>
<p>.. Specific areas of concerns: Castle Medical Center</p> <ul style="list-style-type: none"> <li>a. Carpet peeling away (seclusion room)</li> <li>b. Pop-up ceiling tile (patient room)</li> <li>c. Door hardware (patient rooms)</li> <li>d. Handicap bars in shower (patient rooms)</li> </ul>	<ul style="list-style-type: none"> <li>• Work completed.</li> <li>• Work in progress.</li> <li>• Hardware ordered. Work will commence when hardware arrives</li> <li>• Work completed.</li> </ul>	<p>11/20/97 Completed by 12/10/97</p> <p>1/31/98</p> <p>12/5/97</p>

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	Safety officer shall survey all patient treatment and residential areas to evaluate whether the environment or physical plant poses a suicide risk. The facility shall take immediate action to correct any environmental or physical plant suicide risk.	01/15/98
D. Knowledge of Court Order	Train all the staff on the 1991 Settlement Agreement and all subsequent Court Orders in this case (including this plan and stipulation). Each staff member shall personally sign an acknowledgment form that he/she has received a copy and training.	Within 30 days of the filing of the plan of correction.
E. Psychiatric Oversight	Ensure that there is a psychiatrist physically present on the unit a minimum of four hours each weekday.	Immediately and continuing until compliance with all staffing ratios achieved.