

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

184



**FROM:** Executive Office

**SUBMITTAL DATE:**  
September 4, 2007

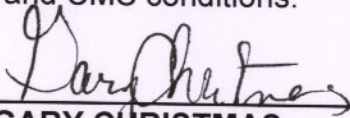
**SUBJECT: Response to 2006-2007 Grand Jury Report: Riverside County Regional Medical Center  
Mental Health Inpatient Treatment Facility and Emergency Treatment Services  
Department of Psychiatry**

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Approve with or without modifications, the attached response to the Grand Jury's recommendations regarding Riverside County Regional Medical Center Mental Health Inpatient Treatment Facility and Emergency Treatment Services Department of Psychiatry.
- 2) Direct the Clerk of the Board to immediately forward the Board's finalized response to the Grand Jury, to the Presiding Judge, and the County Clerk-Recorder (for mandatory filing with the State).

**BACKGROUND:** On July 17, 2007, the Board directed staff to prepare a draft of the Board's response to the Grand Jury's report regarding the Riverside County Regional Medical Center Mental Health Inpatient Treatment Facility and Emergency Treatment Services Department of Psychiatry. It should be noted that the County disagrees with many of the findings contained in the Grand Jury's report. As noted in the attached letter from Doug Bagley, Director, RCRMC, The Joint Commission (formerly known as The Joint Commission on Accreditation of Healthcare Organizations - JCAHO) and the Federal Center for Medicare and Medicaid Services (CMS), conducted their own independent review of the Grand Jury findings and found them to be groundless and unsubstantiated. This independent review found RCRMC ITF/ETS to be in compliance with Joint Commission standards and CMS conditions.

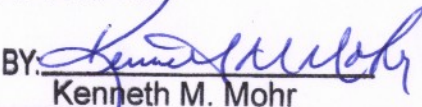
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**GARY CHRISTMAS**  
Deputy County Executive Officer

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ N/A	In Current Year Budget: Budget Adjustment: For Fiscal Year:
	Current F.Y. Net County Cost:	\$	
	Annual Net County Cost:	\$	

<b>SOURCE OF FUNDS:</b>	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:** APPROVE

**County Executive Office Signature** BY:   
Kenneth M. Mohr

- Dep't Recomm.:  Consent  Policy
- Per Exec. Ofc.:  Consent  Policy

3001 VUC SA WH11: 13  
CLERK BOARD OF SUPERVISORS  
RECEIVED RIVERSIDE COUNTY

**3.2**

**Response to 2006-2007 Grand Jury Report: Riverside County Regional Medical Center Mental Health Inpatient Treatment Facility and Emergency Treatment Services Department of Psychiatry**

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Section 933 (c) of the Penal Code requires that the Board of Supervisors comment on the Grand Jury's recommendations pertaining to the matters under the control of the Board, and that a response be provided to the Presiding Judge of the Superior Court within 90 days.

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August 28, 2007

John B. Todd, Foreperson  
2006-07 Riverside County Grand Jury  
P.O. Box 829  
Riverside, CA 92502

Subject: 2006-07 Grand Jury Report – RESPONSE  
Riverside County Regional Medical Center Mental Health Inpatient Treatment  
Facility and Emergency Treatment Services Department of Psychiatry

Dear Mr. Todd:

Subsequent to the publication of the Grand Jury report dated June 29, 2007, and the related article in the Press Enterprise regarding this report referencing RCRMC ITF/ETS patient conditions, there has been a new and unique development which has impacted the response to this report, and calls for a modified response format to the Grand Jury report.

The unique and unusual development in this case was an unannounced inspection of RCRMC ITF/ETS conducted simultaneously by both the Joint Commission (formerly known as The Joint Commission on Accreditation of Healthcare Organizations – JCAHO) and the Federal Center for Medicare and Medicaid Services (CMS).

The Joint Commission is the longstanding and largest national and international hospital and healthcare facility accreditation body, which inspects hospitals' compliance with a broad and deep set of standards to ensure hospitals maintain the highest quality of patient care. CMS is the federal agency that inspects hospitals' compliance with the CMS "Conditions of Participation" which is the Federal set of standards of quality and performance for hospitals.

This unannounced visit by both agencies took place August 2 & 3, 2007. Each agency simultaneously sent a team of physician and nurse surveyors. The surveyors were experienced health care professionals with specific training and experience in surveying hospitals for Joint Commission and CMS standards respectively.

The survey was conducted initially as a "for cause" survey, in which they specifically investigated the findings and recommendations in the Grand Jury report.

Upon the surveyors' arrival at RCRMC ITF/ETS, the surveyors immediately made a walk through inspection of the facility to review the facility's condition and patient care. They selected this approach, as explained in the eventual exit conference, in order to not allow RCRMC ITF/ETS staff time to "clean things up".

Both agencies reviewed each finding and recommendation in the Grand Jury report, point by point, with the exception of item numbers one, two, three, twenty-five and twenty-six. Items one, two and three of the report address budgetary issues which these agencies do not address, and items twenty-five and twenty-six of the report address facility space needs, and relate to actions previously taken by the County which were discussed with the Grand Jury. The remaining 28 findings and recommendations were each specifically reviewed and investigated by both agencies during this review.

Additionally, while both agencies were at ITF/ETS facility, the Joint Commission also conducted a full survey, above and beyond the Grand Jury allegations, for compliance with the Joint Commission standards, and CMS conducted a survey of compliance with the CMS Conditions of Participation.

At the conclusion of their investigation a joint exit conference was held with management, physicians, and staff to address both agencies' findings. There were two key findings reported:

- 1) The surveyors reported that their review of each of the twenty-eight findings and recommendation in the Grand Jury report determined that all twenty-eight items were "groundless" and "unsubstantiated". They further expressed deep concern that a body such as the Grand Jury could prepare and issue such a baseless and careless report. The surveyors commented favorably about the treatment of patients and staff-patient interaction. Should you wish to speak directly to the surveyors themselves, we would be happy to arrange it.
- 2) The surveying agencies found RCRMC ITF/ETS in compliance with both Joint Commission standards and CMS Conditions. The Joint Commission found no Requirements for Improvement (RFI). CMS found no Condition non-compliances.

We are pleased to be able to report that the findings/allegations in the Grand Jury report have been found by independent, outside review agencies to be false. Nonetheless, the mere publication of the allegations itself, has its own negative consequences.

- 1) Public Confidence. Reports such as this unnecessarily shake the trust and confidence of the public in RCRMC services, County services, and government services in general.
- 2) Waste of Taxpayer Dollars. Tens of thousands of taxpayer dollars in staff time have been wasted in the extensive effort that was needed to investigate and develop responses to the lengthy list of Grand Jury findings and recommendations.
- 3) Employee Morale, Retention, and Recruitment. At a time when the county has invested significant sums of money in establishing retention and recruitment programs to address key human resource shortages such as nurses, reports of this nature unjustifiably undermine and counter-act these programs.



**Doug Bagley**  
Director, RCRMC

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

**FINDINGS:**

**Number 1:**

Since the opening of the ITF/ETS facility in the 1980s, an in-depth audit has never been performed by the Riverside County Auditor-Controller or by the Internal Audit Unit, a division of the Auditor-Controllers Office. Resolution No. 83-338, established authority and declaring policy for Internal Audits, "be it resolved by the Board of Supervisors of the County of Riverside in regular session – pursuant to Government Code §26883 the Auditor-Controller is authorized to audit the accounts and records of any department, office, board or institution under control of the Board of Supervisors and any district funds that are kept in the County Treasury." "Ordinance 442.3 Government Administration items 4(f) and 4(g) authorize the County Executive Officer to conduct comprehensive management reviews and investigations of programs, projects and departments." The BOS Resolution No. 83-338 establishes authority and declares policy for bi-annual departmental internal audits. The funding and staffing levels are controlled by the BOS and limit the ability of the Office of the Auditor-Controller to comply with this Resolution.

**Response:**

**Respondent disagrees wholly with the finding.**

Board of Supervisors Resolution No. 83-338 establishes authority and declares policy for internal audits of departments, offices and boards; Riverside County Regional Medical Center's (RCRMC) ITF/ETS does not fit these criteria as ITF/ETS is an operating unit within the county department of RCRMC. Audits are regularly done of RCRMC. Those audits include the ITF/ETS services. Additionally, both the Joint Commission (formerly known as The Joint Commission on Accreditation of Health Care Organizations – JACHO) and the Federal Center for Medicare and Medicaid Services (CMS) just conducted an independent survey of ITF/ETS.

**Number 2:**

The documents supporting the transfer of costs, licensing, equipment, building leases, and the Memorandum of Understanding written in 1999/2000 are not up to date, lack authorizing signatures, and are contrary to existing practices and operating agreements.

**Response:**

**Respondent disagrees partially with the finding.**

The MOU of 1999/2000 does not have current signatures; however the terms and conditions of the MOU have not been changed from the inception of the agreement. RCRMC and RCDMH (Riverside County Department of Mental Health) disagree with the finding that the old MOU "are contrary to existing practices and operating agreements". RCRMC and RCDMH believe the current practice and agreement are in accordance with the MOU and its intent. The Grand Jury finding identifies no specific problems.

**Number 3:**

The CEO of RCRMC has not provided a budget to the RCDMH and Assistant Hospital administrator of the AC since the 1999 realignment.

**Response:**

**Respondent disagrees wholly with the finding.**

RCDMH does receive a budget prior to the submission of the proposed county budget to the County Executive Office, in a summary form. Additionally, an annual cost report is provided to RCDMH, which provides details.

To optimize the efficient and effective use of resources, RCRMC's business model dictates the budget be centrally located and controlled by executive management with resources distributed as requested and needed by various departments within RCRMC. There are frequent discussions with ITF about resource needs, and justified resource needs are met.

**Number 4:**

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

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

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 5:**

Supervisors and managers at ITF/ETS have not submitted Registry Evaluations (Attachment #1), as requested. Professional Employment Registries request that each employer or supervisor submit a summarized Registry Evaluation of Registry Staff be sent to the site. This enables Registry Agencies to better evaluate their employees.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 6:**

There is an absence of continuity of patient care. Due to the extensive use of Per Diem psychiatrist/physicians who do not work a daily schedule, one physician may perform the assessment and develop the treatment plan. Later, another psychiatrist monitors and evaluates the patient and may subsequently make the discharge determination.

**Response:**

**Respondent disagrees wholly with the finding.**

Over the past several years, ITF/ETS have been staffed with psychiatric physicians who primarily work on a Per Diem, part-time basis. A few of the Per Diem psychiatrists have worked the equivalent of full-time and have provided continuity of care for the ITF patient population. An administrative policy decision was made years ago to hire most doctors on a Per Diem basis. In August, 2006, this policy changed. The new RCDMH Medical Director has been working to hire core physician staff as permanent employees. One of the objectives of this policy change is to improve continuity of care for inpatients in the ITF. As of June, 2007, the RCDMH has hired four full-time salaried psychiatrists to work Monday through Friday with a regularly assigned patient treatment team to improve the continuity of care for the ITF. The ITF has six treatment teams to staff with psychiatrists. The two remaining treatment teams are covered by long term employed Per Diem psychiatrists who work the equivalent of full-time at ITF for weekend and holiday coverage of the ITF inpatients who must be assessed

and documented by a psychiatrist every day. There are several Per Diem psychiatrists who work regularly to provide these services. This method of providing weekend coverage for inpatient will continue. Patients must be assessed each day by a psychiatrist for medical necessity of continuation of inpatient treatment. The psychiatrist is required to make a determination for each day regarding continuation of inpatient care or discharge. It is unavoidable that psychiatrist other than the regularly assigned treating psychiatrist make discharge determinations at times. However, this does not represent any compromise to patient care, particularly with the team approach in place.

**Number 7:**

ITF/ETS Administration has been unresponsive to complaints by staff psychiatrists regarding:

- Nursing supervisors overturning Doctors' orders
- Substandard health and safety conditions adversely affecting patient care, such as patient on patient violence, and patients sleeping on the floor.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 8:**

The ITF/ETS is violating the RCRMC Department of Psychiatry Policy P. 1.18 regarding incident reporting, as well as JCAHO standards P.1.18 regarding incident reporting, as well as JCAHO standards PI.1.10, PI.2.20, PI.2.30, and PI.3.10 for sentinel events. "A sentinel event is an occurrence involving death or serious physical or psychological injury, or risk thereof." "These events are called sentinel because they signal the need for immediate investigation and response."

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 9:**

The Quality Improvement Department (QID) at RCRMC, which is responsible for creating a timely log of all reported incidents, has not maintained this log accurately to reflect the actual dates of reportable incidents. A review of the Incident Report Log reveals entry dates prior to the occurrence of the

incidents, evidence of multiple entries with dates out of sequence, and missing data.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 10:**

All AC incident reports were not submitted to QID and Risk Management. After January 7, 2007, the volume of incidents reported by ITF/ETS changed from 9 percent of total reported incidents in 2006, to 38 percent of total reported incidents in 2006, to 38 percent of the total during the first three months of 2007.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 11:**

Some medical records contained incomplete documentation, including missing signatures on orders, telephone orders, and record of verbal orders.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 12:**

The August 2004 Behavioral Assault Management (BAM) Training Manual presently in use does not reflect the current policies and procedures of the RCRMC Department of Psychiatry.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 13:**

Assembly Bill (AB) 508 passed in 1993 mandates that psychiatric hospital employees receive training and education relating to general safety measures, aggression and violence, verbal and physical maneuvers to diffuse or avoid

violence behavior. Based on the training record(s) provided by ITF/ETS Administration in August 2006, it could not be determine that all the staff are in compliance.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 14:**

Within the last five (5) years, staff at ITF/ETS have not been given training and drills on Medical Emergency "CODE BLUE" policy and procedure P 1.16 Rev. 4/21/03 and Automated External Defibrillator (AED) policy and procedure P 1.16a Reg. 4/30/03.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 15:**

Training records covering 234 Riverside County employees at ITF/ETS were found incomplete, disorganized, and use useful with regard to tracking the training of the majority of employees.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 16:**

Insufficient staff coverage on the night shift violates the 4 to 1 and 5 to 1 patient/nurse ratios and has created an unsafe environment at the ITF/ETS facility for patient/clients and staff.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 17:**

The AC facility is being run without adequate general medical staffing. RCRMC provides a primary care physician with an additional duty to attend patients at the AC after working scheduled shift at RCRMC in Moreno Valley.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 18:**

Employees who want to work overtime must apply to management. It was found that overtime was often assigned selectively to a small number of employees. Such a practice lends itself to allegations of discrimination based on factors other than competence.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 19:**

Senior Administration at RCRMC and RCDMH has shown inadequate leadership in making appropriate personnel changes:

- Leaving funded staff positions unfilled
- Not reducing the high turnover of professional services of doctors, nurses and staff
- Not providing trained professional security staff

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 20:**

Items such as furniture are not adequately secured to insure patient and staff safety. At the ITF/ETS facility we observed an agitated patient in a crowded dayroom pick-up a fiberglass chair and throw it across the room, narrowly missing other patients.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 21:**

The indifference displayed by AC Administration has adversely affected employee morale. The mental and physical well-being of employees who have complained of abusive and violent behavior by patients is not supported by AC Administration with a program of follow-up care.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 22:**

The AC administration has not been responsive for ensuring that a system of improved communications is maintained so that no one person can create an environment of fear and intimidation among the staff.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 23:**

The current Security Guard Service Contract, "Professional Service Agreement #PUARC690B," does not meet the unique needs including guard service coverage, emergency codes, and training for that type of facility.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 24:**

"Panic Buttons" are not installed at each reception desk, nurses' station, and activity room.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 25:**

The planned expansion by RCRMC of the ITF/ETS facility is contingent on the building meeting 1994 seismic standards. The building currently meets the 1973 standards; however, the modifications may reveal needed upgrades to bring the building up to the 1994 Northridge Earthquake Standards.

**Response:**

**Respondent disagrees wholly with the finding.**

Expansion of the RCRMC ITF/ETS facility is not contingent on meeting 1994 seismic standards. RCRMC Executive Administration has shared with the Grand Jury the proposed plans for expansion. Currently, RCRMC and Facilities Management are working very closely to address this proposed expansion.

**Number 26:**

The average daily intake of 27 patients per day at ETS, makes the only existing interview room inadequate to manage the volume of patient interviews and comply with the Welfare and Institutions §Code 5325.1 (b), related to patient privacy.

**Response:**

**Respondent disagrees partially with the finding.**

There is only one (1) interview room however; every effort is made to protect patient confidentiality. Short-term plans, as shared with the Grand Jury, are well underway to expand ITF/ETS. Long-term plan includes building a replacement facility on the RCRMC Moreno Valley campus to meet projected patient needs. RCRMC Executive Administration and the County Executive Office are working together to expedite the expansion project.

**Number 27:**

Interviews with professional staff and psychiatrists indicate a constant return rate of patients. Some patients have been placed outside of the medical

jurisdiction of Riverside County that does not match the level of care needed. The determination of severity of patient's diagnosis does not match discharge process and placement.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 28:**

Nurses are engaging in unlawful practice by administering medicines to patients without proper documentation on the Medical Administration Records, and requesting other staff members to sign for the administration of the medication.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 29:**

During our inquiry we found a clear case where symptoms and medical description of condition clearly described "schizophrenia with paranoid indications," in the chart. When describing attempts at outplacement, these symptoms were clearly understated to potential residential placement, such as a board and care, instead of institutional placement, as indicated by a senior administrator.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 30:**

After hours discharge of patients takes place without appropriate placement planning. Many patients discharged during this timeframe are unable to find shelter or residence of any kind.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 31:**

ITF does not have qualified professional discharge planners dedicated to discharge placement of patients in California State Mental Hospitals when long-term care is indicated.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 32:**

Annual Performance Reviews of County Employees at the AC are done on irregular basis, if at all. Therefore, opportunities for constructive criticism and team building are lost.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 33:**

The Administration at the AC have relinquished their management operational responsibility to lower level managers.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

## **RECOMMENDATIONS:**

### **Number 1:**

The Board of Supervisors direct an immediate comprehensive administrative and financial audit of ETS and ITF bringing them into compliance with the BOS Resolution 83-338 and Government Code 25250 mandating audits be performed every two years.

### **Response:**

**The recommendation will not be implemented because it is not warranted.**

RCRMC ITF/ETS does not fit the criteria mandated by the Board of Supervisors Resolution 83-338 as ITF/ETS is an operating unit within the county department of RCRMC. Annual audits of RCRMC, including ITF/ETS are already conducted by the Auditor-Controller, as well as by State and Federal agencies.

### **Number 2:**

Update interagency agreements including appropriate signatures, detailed operational budget, and cost estimates for expanding ETS/ITF.

### **Response:**

**The recommendation has not yet been implemented, but will be implemented in the future.**

Within the year (FY 2008) the parties will update the interagency agreements, including all elements that the County Executive Office determines to be appropriate for inclusion. This will take place between RCRMC and RCDMH executive management.

### **Number 3:**

RCRMC Administration forward a detailed annual budget to the Assistant Hospital Administrator at the AC at the same time that they provide RCDMH with a proposed operating budget no later than March 15<sup>th</sup> of each year, as specified in the Inter-Agency Payor Agreement Amendment signed August 9, 2001.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable.**

To assure the most appropriate and effective use of resources, RCRMC's business model dictates the budget be centrally located and controlled by RCRMC Executive Management with resources distributed as requested and needed by RCRMC departments.

**Number 4:**

ITF/ETS perform a cost/benefit analysis of registry staff vs. full-time permanent employees to determine and utilize the most cost effective staffing strategy for the facility.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 5:**

The ITF/ETS Administration develop and implement a policy that requires Nurse Managers to submit "Registry Staff Evaluations." (See attachment #1) to all their registries.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 6:**

The ITF/ETS Administration must schedule psychiatrists so that the same psychiatrist attends a patient for continuity of care during the treatment period.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable.**

It is not possible to guarantee the same physician/psychiatrist will treat the same patient through out the patient's stay at ITF/ETS. This would require

psychiatrist to be scheduled 24 hours per seven days. RCDMH has already hired four full-time salaried psychiatrists for ITF/ETS. RCDMH will continue its recruitment and retention efforts to provide the best psychiatrist staffing possible for the ITF/ETS. The team approach used at ITF/ETS assures the necessary continuity.

**Number 7:**

Nurse Managers and non-physician management personnel will not unilaterally overturn medical decisions that are in conflict with the physician's orders without direct consultation with the attending physician or the physician on duty. This abuse of authority will lead to disciplinary actions up to and including termination of employment. ITS/ETS Administration take steps to immediately correct substandard health and safety conditions at AC.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 8:**

The AC Administration amend the Department of Psychiatry Policy P 1.18 to invoke penalties for non-compliance by the administrative and management staff to report all incidents to Quality Improvement Department (QID) and/or Risk Management at RCRMC. These penalties include discipline up to and including termination of employment.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 9:**

QID at RCRMC enforce the policy and procedures for maintaining accurate incident report logs. The logs must reflect actual date of incident and actual date the report was received by QID. All personnel involved in the incident reporting process must take appropriate and timely action.

**Response:**

**The recommendation will not be implemented because it is not**

warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.

**Number 10:**

All incident data must be reported accurately and timely to reflect the areas of ITF/ETS that indicate potential for quality improvement.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 11:**

The Medical Records Department establish an audit team to conduct ongoing record review to ensure that the documentation is completed by validating with a random audit.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 12:**

Update the Department of Psychiatry BAM Training Manual, August 2004, with respect to policies and procedures on seclusion and restraint, reporting assaults to local law enforcement, and the current "CODE GREEN" policy P. 1.16f Rev. 10/10/06, which is the Emergency Response to Assault by Patient or Other Individual in the Hospital Environment.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 13:**

Update training documentation related to BAM and implement a procedure that would ensure that staff are kept up to date on BAM and recertified annually, as Psychiatry Department Policy dictates.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 14:**

Institute "CODE BLUE" and "AED" training and drills as a mandatory training program for staff physicians, registered nurses, licensed vocational nurses, licensed psychiatric technicians and nurses aids, as well as all registry staff, so that all staff are aware of their duties when a "CODE BLUE" is announced.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 15:**

Develop and utilize a central database to track mandatory training and specialized supervisory training. Appoint sufficient personnel resources to maintain the training records.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 16:**

Require administrative supervisory personnel to be available for staffing during periods of personnel shortages.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 17:**

The Administration hire a full time physician, physician assistant, or a nurse practitioner for ETS/ITF, rather than rely on a physician from RCRMC after working hours as an additional duty.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 18:**

Assign overtime equitably to qualified employees.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 19:**

Senior administration at RCRMC, RCDMH, and the AC demonstrate leadership by working closely and consistently with Human Resources Director to identify a strategy to fill positions, some of which have not been filled in four years.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 20:**

The RCRMC Safety Coordinator inspect patient areas at the ITF/ETF facility to ensure that all furniture is either locked together or secured to the floor.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 21:**

Develop and implement management programs that would give professional support to staff that have experienced physical or psychological abuse or violence.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 22:**

The senior administrator establish and ensure open communications with staff and physicians, which will enable all opinions to be heard without fear of intimidation and retaliation

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 23:**

Upgrade security service by contracting for sheriff's deputies, or trained correctional officers, to handle emergency contingencies.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings.**

**Number 24:**

Install "Panic Buttons" at all reception desks, nurses' stations, activity rooms, and any other critical areas at ITF/ETS.

**Response:**

**Respondent disagrees wholly with the findings, pursuant to the Joint Commission and CMS survey findings, as discussed earlier in this report.**

**Number 25:**

Expedite plans to expand capacity at ITF/ETS.

**Response:**

**The recommendation has not yet been implemented, but will be implemented in the future.**

**Number 26:**

Immediately add two (2) additional interview rooms at the ITF/ETS facility.

**Response:**

**The recommendation has not yet been implemented, but will be implemented in the future.**

The ability to implement is dependent upon success in finding additional space for ITF/ETS.

**Number 27:**

AC Administration provide training for psychiatrists, physicians, psychologists, social workers, nurses and management to ensure appropriate patient placement at time of discharge.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 28:**

Update and enforce Policy and Procedures regarding the administration of medication and chart documentation. Impose appropriate disciplinary measures for non-compliance and falsification of documentation.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

**Number 29:**

Find appropriate placement for patients in institutional facilities, licensed residential facilities, or appropriate community sites, based on the actual level of care needed. Do not alter diagnoses to influence placement.

**Response:**

The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.

**Number 30:**

Develop and implement mandatory procedures, which would allow discharged patients to find shelter or residence.

**Response:**

The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.

**Number 31:**

Have an experienced discharge professional responsible, as part of the job description, be responsible to coordinate with State Hospitals and ensure proper patient placement.

**Response:**

The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.

**Number 32:**

The AC Administration and Management comply with BOS Policy #C-21 Section 3, regarding performance reviews.

**Response:**

The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.

**Number 33:**

The CEO of RCRMC and the Director of RCDMH initiate a complete review and evaluation of Administrative and Management procedures and responsibilities at the Department of Psychiatry AC, as indicated in the findings of this report, and make appropriate changes.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable, pursuant to the Joint Commission and CMS survey findings.**

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

**NAME:** \_\_\_\_\_ **REGISTRY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_

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

Signature of Evaluator

Date

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