Riverview
PSYCHIATRIC CENTER

QUARTERLY REPORT ON
ORGANIZATIONAL PERFORMANCE EXCELLENCE

FOURTH STATE FISCAL QUARTER 2013
April, May, June 2013

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Superintendent

July 15, 2013

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Table of Contents

Table of Contents

Glossary of Terms, Acronyms & Abbreviations

ACT	Assertive Community Treatment
ADC	Automated Dispensing Cabinets (for medications)
ADON	Assistant Director of Nursing
AOC	Administrator on Call
CCM	Continuation of Care Management (Social Work Services)
CCP	Continuation of Care Plan
CMS	Centers for Medicare & Medicaid Services
CoP	Community of Practice or Conditions of Participation (CMS)
CPI	Continuous Process (or Performance) Improvement
CPR	Cardio-Pulmonary Resuscitation
CSP	Comprehensive Service Plan
GAP	Goal, Assessment, Plan Documentation
HOC	Hand off communications.
IMD	Institute for Mental Disease
ICDCC	Involuntary Civil District Court Commitment
ICDCC-M	Involuntary Civil District Court Commitment, Court Ordered Medications
ICDCC-PTP	Involuntary Civil District Court Commitment, Progressive Treatment Plan
IC-PTP+M	Involuntary Commitment, Progressive Treatment Plan, Court Ordered Medications
ICRDCC	Involuntary Criminal District Court Commitment
INVOL CRIM	Involuntary Criminal Commitment
INVOL-CIV	Involuntary Civil Commitment
ISP	Individualized Service Plan
IST	Incompetent to Stand Trial
LCSW	Licensed Clinical Social Worker
LPN	License Practical Nurse
TJC	The Joint Commission (formerly JCAHO, Joint Commission on Accreditation of Healthcare Organizations)
MAR	Medication Administration Record
MRDO	Medication Resistant Disease Organism (MRSA, VRE, C-Dif)
NAPPI	Non Abusive Psychological and Physical Intervention
NASMHPD	National Association of State Mental Health Program Directors
NCR	Not Criminally Responsible
NOD	Nurse on Duty
NP	Nurse Practitioner
NPSG	National Patient Safety Goals (established by the Joint Commission)
NRI	NASMHPD Research Institute, Inc.
OT	Occupational Therapist
PA or PA-C	Physician's Assistant (Certified)
PCHDCC	Pending Court Hearing
PCHDCC+M	Pending Court Hearing for Court Ordered Medications

Glossary of Terms, Acronyms & Abbreviations

PPR	Periodic Performance Review – a self-assessment based upon TJC standards that are conducted annually by each department head.
PSD	Program Services Director
PTP	Progressive Treatment Plan
R.A.C.E.	Rescue/Alarm/Confine/Extinguish
RN	Registered Nurse
RT	Recreation Therapist
SA	Substance Abuse
SAMHSA	Substance Abuse and Mental Health Services Administration (Federal)
SAMHS	Substance Abuse and Mental Health Services, Office of (Maine DHHS)
SBAR	Acronym for a model of concise communications first developed by the US Navy Submarine Command. S = Situation, B = Background, A = Assessment, R = Recommendation
SD	Standard Deviation – a measure of data variability.
Seclusion, Locked	Client is placed in a secured room with the door locked.
Seclusion, Open	Client is placed in a room and instructed not to leave the room.
SRC	Single Room Care (seclusion)
URI	Upper respiratory infection
UTI	Urinary tract infection
VOL	Voluntary – Self
VOL-OTHER	Voluntary – Others (Guardian)
MHW	Mental Health Worker

INTRODUCTION

The Riverview Psychiatric Center Quarterly Report on Organizational Performance Excellence has been created to highlight the efforts of the hospital and its staffs to provide evidence of a commitment to client recovery, safety in culture and practices and fiscal accountability. The report is structure to reflect a philosophy and contemporary practices in addressing overall organizational performance in a systems improvement approach instead of a purely compliance approach. The structure of the report also reflects a focus on meaningful measures of organizational process improvement while maintaining measures of compliance that are mandated though regulatory and legal standards.

The methods of reporting are driven by a national accepted focused approach that seeks out areas for improvement that were clearly identified as performance priorities. The American Society for Quality, National Quality Forum, Baldrige National Quality Program and the National Patient Safety Foundation all recommend a systems-based approach where organizational improvement activities are focused on strategic priorities rather than compliance standards.

There are three major sections that make up this report:

The first section reflects compliance factors related to the Consent Decree and includes those performance measure described in the Order Adopting Compliance Standards dated October 29, 2007.

The second section describes the hospital's performance with regard to Joint Commission performance measures that are derived from the Hospital-Based Inpatient Psychiatric Services (HBIPS) that are reflected in the Joint Commissions quarterly ORYX Report and priority focus areas that are referenced in the Joint Commission standards;

I. Data Collection (PI.01.01.01)
II. Data Analysis (PI.02.01.01, PI.02.01.03)
III. Performance Improvement (PI.03.01.01)

The third section encompasses those departmental process improvement projects that are designed to improve the overall effectiveness and efficiency of the hospital's operations and contribute to the system's overall strategic performance excellence. Several departments and work areas have made significant progress in developing the concepts of this new methodology.

As with any change in how organizations operate, there are early adopters and those whose adoption of system changes is delayed. It is anticipated that over the next year, further contributors to this section of strategic performance excellence will be added as opportunities for improvement and methods of improving operational functions are defined.

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CONSENT DECREE

Consent Decree Plan

V1) The Consent Decree Plan, established pursuant to paragraphs 36, 37, 38, and 39 of the Settlement Agreement in Bates v. DHHS defines the role of Riverview Psychiatric Center in providing consumer-centered inpatient psychiatric care to Maine citizens with serious mental illness that meets constitutional, statutory, and regulatory standards.

The following elements outline the hospital's processes for ensuring substantial compliance with the provisions of the Settlement Agreement as stipulated in an Order Adopting Compliance Standards dated October 29, 2007.

Client Rights

V2) Riverview produces documentation that clients are routinely informed of their rights upon admission in accordance with ¶ 150 of the Settlement Agreement;

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. Clients are routinely informed of their rights upon admission	74% 37/50	91% 42/46	91% 42/46	100% 19/20 1 refusal

This measure has recently been established. The practice of informing clients of their rights is often delayed as a result of admission acuity. While this process is usually completed after the initial assessment and stabilization, documentation of the act may not be readily available for abstraction. Further refinement of the process is warranted.

V3) Grievance tracking data shows that the hospital responds to 90% of **Level II** grievances within five working days of the date of receipt or within a five-day extension.

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. Level II grievances responded to by RPC on time.	100% 1/1	100% 5/5	100% 1/1	 0/0
2. Level I grievances responded to by RPC on time.	73% 27/37	60% 64/106	95% 96/101	98% 58/59

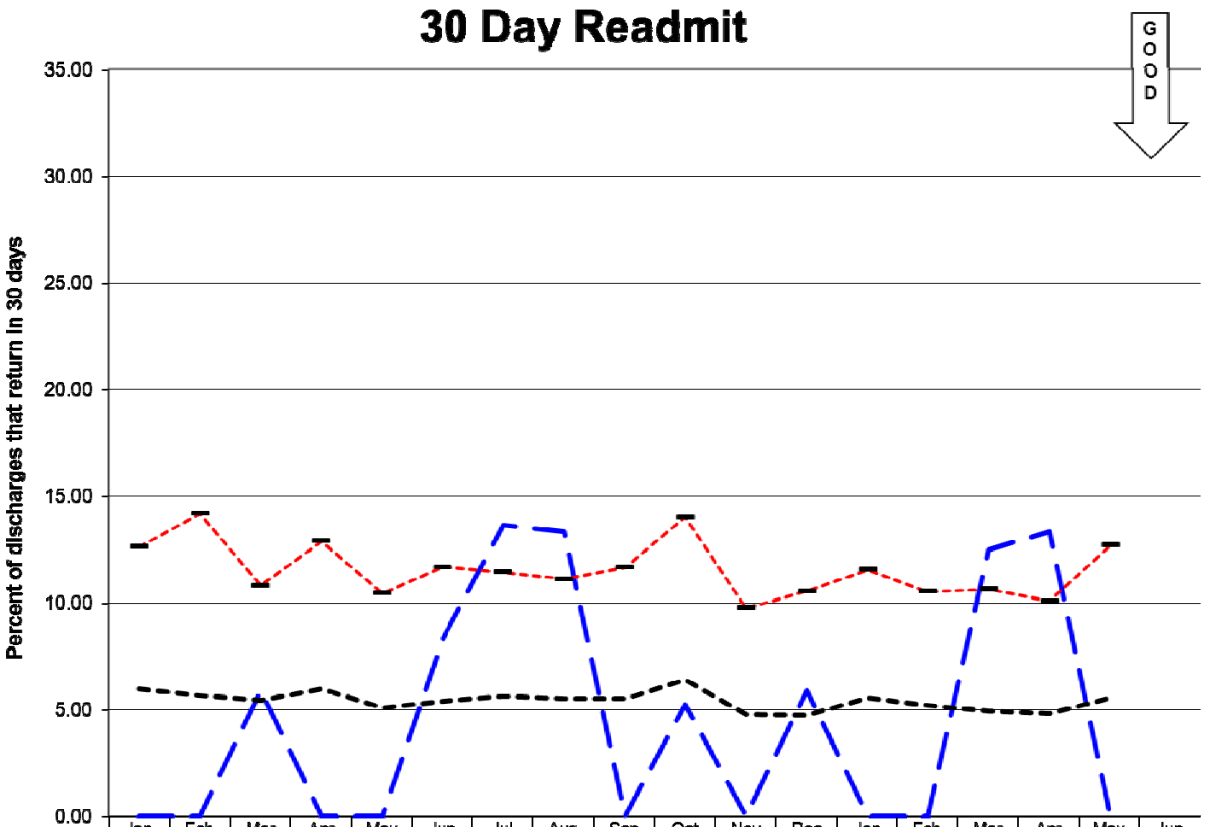
Admissions

V4) Quarterly performance data shows that in 4 consecutive quarters, 95% of admissions to Riverview meet legal criteria;

Legal Status on Admission	1Q2013	2Q2013	3Q2013	4Q2013
ICDCC	17	9	20	17
ICRDCC	3			
INVOL CRIM	19	34	21	
INVOL CRIM – Forensic Evaluation				16
INVOL CRIM – IST				3
INVOL CRIM – NCR				
INVOL CRIM – Jail Transfer				
INVOL-CIV			1	
PCHDCC	1			3
PCHDCC+M		1	1	
PCHDSS-PTP-R				1
VOL	6		7	3

CONSENT DECREE

V5) Quarterly performance data shows that in 3 out of 4 consecutive quarters, the % of readmissions within 30 days of discharge does not exceed one standard deviation from the national mean as reported by NASMHPD;



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	0.00	0.00	5.88	0.00	0.00	8.33	13.64	13.33	0.00	5.26	0.00	5.88	0.00	0.00	12.50	13.33	0.00	
Ntl Mean	5.96	5.65	5.42	5.97	5.11	5.39	5.62	5.51	5.50	6.37	4.78	4.75	5.53	5.21	4.94	4.84	5.54	
+1 StDev	12.61	14.16	10.8	12.89	10.45	11.69	11.43	11.11	11.66	14	9.75	10.53	11.54	10.51	10.64	10.08	12.69	

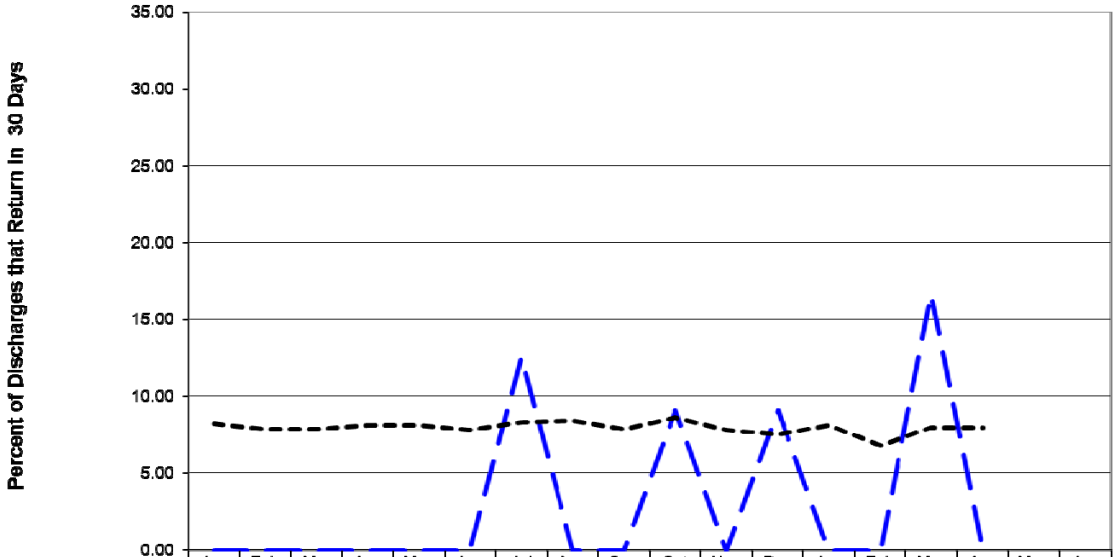
This graph depicts the percent of discharges from the facility that returned within 30 days of a discharge of the same client from the same facility. For example, a rate of 10.0 means that 10% of all discharges were readmitted within 30 days.

The graphs shown on the next page depict the percent of discharges from the facility that returned within 30 days of a discharge of the same client from the same facility stratified by forensic or civil classifications. For example, a rate of 10.0 means that 10% of all discharges were readmitted within 30 days. The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

Reasons for client readmission are varied and may include decompensating or lack of compliance with a PTP to name a few. Specific causes for readmission are reviewed with each client upon their return. These graphs are intended to provide an overview of the readmission picture and do not provide sufficient granularity in data elements to determine trends for causes of readmission.

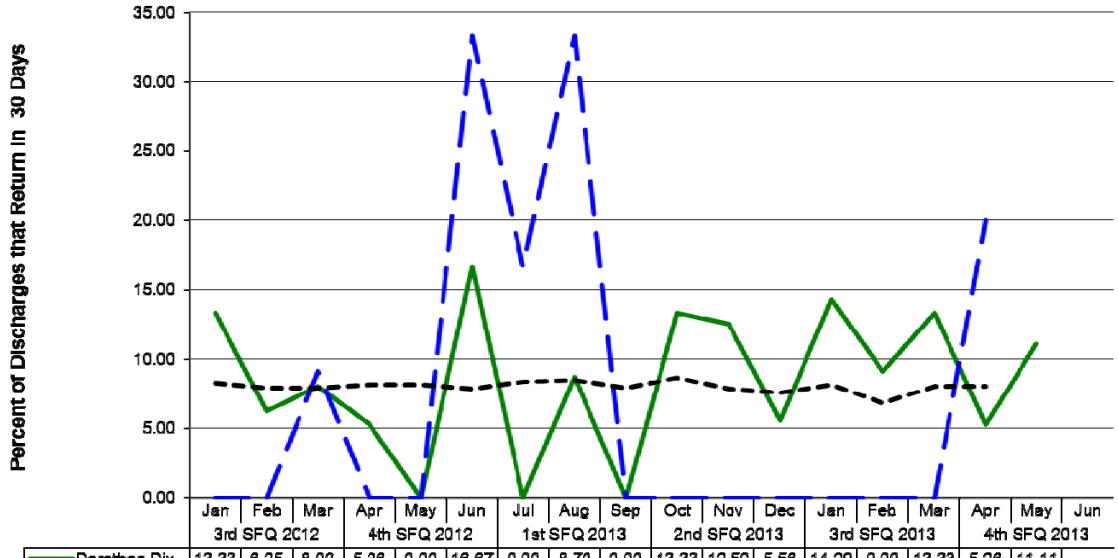
CONSENT DECREE

30 Day Readmit
Forensic Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	0.00	0.00	0.00	0.00	0.00	0.00	12.50	0.00	0.00	9.09	0.00	9.09	0.00	0.00	16.67	0.00		
National Mean	8.25	7.90	7.88	8.11	8.15	7.84	8.34	8.45	7.88	8.65	7.83	7.54	8.11	6.79	7.98	7.99		

30 Day Readmit
Civil Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Dorothea Dix	13.33	6.25	8.00	5.26	0.00	16.67	0.00	8.70	0.00	13.33	12.50	5.56	14.29	9.09	13.33	5.26	11.11	
Riverview	0.00	0.00	9.09	0.00	0.00	33.33	16.67	33.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20.00		
National Mean	8.25	7.90	7.88	8.11	8.15	7.84	8.34	8.45	7.88	8.65	7.83	7.54	8.11	6.79	7.98	7.99		

V6) Riverview documents, as part of the Performance Improvement & Quality Assurance process, that the Director of Social Work reviews all readmissions occurring within 60 days of the last discharge; and for each client who spent fewer than 30 days in the community, evaluated the circumstances to determine whether the readmission indicated a need for resources or a change in treatment and discharge planning or a need for different resources and, where such a need or change was indicated, that corrective action was taken;

REVIEW OF READMISSION OCCURRING WITHIN 60 DAYS

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
Director of Social Services reviews all readmissions occurring within 60 days of the last discharge and for each client who spent fewer than 30 days in the community, evaluated the circumstances of the readmission to determine an indicated need for resources or a change in treatment and discharge planning or the need for alternative resources. In cases where such a need or change was indicated that corrective action was taken.	100% 3/3	n/a 0/0	100% 2/2	100% 3/3

In this aspect area one of the clients that returned is on the Progressive Treatment program with the Riverview ACT team and as part of his court ordered treatment plan was returned to the hospital after displaying increased symptoms in his current group home. Client will remain on PTP and return to placement once stable. The second client is under Progressive Treatment with a provider in Portland he eloped from his group home placement and was re-admitted to Riverview as part of his court ordered treatment plan for increased symptomology. Client will also return to his placement under the PTP. The third client was discharged at his request to the Oxford St Shelter after refusing all placement offerings from his team. Client was assigned to a case manager and psychiatric providers. Client left the shelter and was re-admitted to Riverview after he was found wandering in the community exhibiting aggressive behaviors and psychotic symptoms. Team will work with client to identify needs and wants and set up a discharge plan if client will accept that provides him with a more stable living environment that can provide a compliment of mental health services.

CONSENT DECREE

REDUCTION OF RE-HOSPITALIZATION FOR ACT TEAM CLIENTS

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. The ACT Team Director will review all client cases of re-hospitalization from the community for patterns and trends of the contributing factors leading to re-hospitalization each quarter. The following elements are considered during the review: a. Length of stay in community b. Type of residence (i.e.: group home, apartment, etc) c. Geographic location of residence d. Community support network e. Client demographics (age, gender, financial) f. Behavior pattern/mental status g. Medication adherence h. Level of communication with ACT Team	100% 8 readmissions to RPC, 2 medical admissions to MMC	100% 3 clients were re-admitted to RPC;all were NCR, two due to increased psychiatric symptoms, one for using illicit substance in the forensic group home.	100% 3 clients were returned to RPC; two for substance use and 1 for psychiatric decompensating.	100% 5 clients were returned to RPC; 4 for psychiatric symptoms, one for relapse while in supervised apartment.
2. ACT Team will work closely with inpatient treatment team to create and apply discharge plan incorporating additional supports determined by review noted in #1.	100%		100%	100%

Current Quarter Summary

1. All readmissions were male, between the ages of 40 and 68, median age being 50; four under the care of the DHHS Commissioner (NCR), one PTP. Four of five are socioeconomically disadvantaged, one is not. Three of the NCR clients were living in supervised apartments (one in Waterville and 2 in Augusta); two for over a nine months and the other had been transferred two months prior from RPC following a relapse using the same substance he went in RPC for 3 months before. The other NCR client was living in an assisted living facility on a locked unit in Waterville (Mt. St. Joseph's) where he had been living for over three years. Behaviorally, one client became physically violent by throwing a chair through a window, one made verbal threats to other residents and staff of nursing home, one relapsed on cocaine, one caused staff to barricade themself in the staff office of his supervised apartment and one presented with very delusional thinking and would not respond to staff knocking on door. It appears all clients re-admitted were medication adherent and had been attending appointments as scheduled with the ACT Team.
2. The ACT Team and the inpatient unit of RPC (Lower Saco, Upper Saco, Lower Kennebec and Upper Kennebec) worked collaboratively to minimize the time spent in Riverview while maximizing the opportunity for success upon their return to their community placements.

CONSENT DECREE

V7) Riverview certifies that no more than 5% of patients admitted in any year have a primary diagnosis of mental retardation, traumatic brain injury, dementia, substance abuse or dependence.

Client Admission Diagnoses	1Q13	2Q13	3Q13	4Q13	TOT
ADJUSTMENT DIS W MIXED DISTURBANCE OF EMOTIONS & CONDUCT	1				1
ADJUSTMENT DISORDER WITH DEPRESSED MOOD	1	1			2
ADJUSTMENT DISORDER WITH ANXIETY			1		1
ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD		3	1		4
ADJUSTMENT REACTION NOS	2	1	1	1	5
ALCOHOL ABUSE-IN REMISS		1			1
ANXIETY STATE NOS			1		1
ATTN DEFICIT W HYPERACT			1		1
BIPOL I DIS, MOST RECENT EPIS (OR CURRENT) MANIC, UNSPEC	1				1
BIPOL I, REC EPIS OR CURRENT MANIC, SEVERE, SPEC W PSYCH BEH				1	1
BIPOLAR DISORDER, UNSPECIFIED	6	5	5	4	20
DELUSIONAL DISORDER		1	2		3
DEPRESS DISORDER-UNSPEC				1	1
DEPRESSIVE DISORDER NEC		2	2	1	5
DRUG ABUSE NEC-IN REMISS		1			1
IMPULSE CONTROL DIS NOS	1	1	2	1	5
INTERMITT EXPLOSIVE DIS		1	1		2
MOOD DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE	1	1			2
OTHER AND UNSPECIFIED BIPOLAR DISORDERS, OTHER	1				1
OTH PERSISTENT MENTAL DIS DUE TO COND CLASSIFIED ELSEWHERE		1			1
PARANOID SCHIZO-CHRONIC	7	5	8	5	25
PARANOID SCHIZO-UNSPEC			1		1
PERSON FEIGNING ILLNESS		1			1
POSTTRAUMATIC STRESS DISORDER	2	3	3	2	10
PSYCHOSIS NOS	6	4	4	7	21
SCHIZOAFFECTIVE DISORDER, UNSPECIFIED	9	6	9	12	36
SCHIZOPHRENIA NOS-CHR	1		1		2
SCHIZOPHRENIA NOS-UNSPEC			2	2	4
SCHIZOPHRENIFORM DISORDER, UNSPECIFIED			1		1
UNSPECIFIED EPISODIC MOOD DISORDER	7	6	4	5	22
Total Admissions	46	44	50	43	183
Admitted with primary diagnosis of mental retardation, traumatic brain injury, dementia, substance abuse or dependence.	0.0%	4.5%	0%	0%	1.1%

Peer Supports

Quarterly performance data shows that in 3 out of 4 consecutive quarters:

V8) 80% of all clients have documented contact with a peer specialist during hospitalization;

V9) 80% of all treatment meetings involve a peer specialist.

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. Attendance at Comprehensive Treatment Team meetings. (v9)	90% 410/458	87% 342/395	87% 354/406	87% 362/418
2. Attendance at Service Integration meetings. (v8)	100% 42/42	100% 31/31	98% 48/49	79% 26/33
3. Contact during admission. (v8)	100% 46/46	100% 44/44	100% 50/50	100% 46/46

Treatment Planning

Quarterly performance data shows that in 3 out of 4 consecutive quarters,

V10) 95% of clients have a preliminary treatment and transition plan developed within 3 working days of admission;

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. Preliminary Continuity of Care meeting completed by end of 3rd day	93% 28/30	100% 30/30	100% 30/30	100% 30/30
2. Service Integration form completed by the end of the 3rd day	93% 28/30	100% 30/30	100% 30/30	100% 30/30
3a. Client Participation in Preliminary Continuity of Care meeting.	93% 28/30	96% 29/30	96% 29/30	100% 30/30
3b. CCM Participation in Preliminary Continuity of Care meeting.	93% 28/30	100% 30/30	100% 30/30	100% 30/30
3c. Client's Family Member and/or Natural Support (e.g., peer support, advocacy, attorney) Participation in Preliminary Continuity of Care meeting.	93% 28/30	100% 30/30	100% 30/30	100% 30/30
4a. Initial Comprehensive Psychosocial Assessments completed within 7 days of admission.	96% 29/30	93% 28/30	93% 28/30	90% 27/30
4b. Annual Psychosocial Assessment completed and current in chart	100% 30/30	100% 30/30	100% 30/30	100% 30/30

Medical Staff, Nursing, and Rehabilitation Services are all engaged in the initial review process. Evidence of fulfilling the standard can be found through a review of individual charts.

4a) Social Work Director met with team during department meeting and discussed the importance of meeting critical documentation deadlines and reminded all staff of the timeframes for completion. Director will continue chart audits and discussions at weekly meetings for improved compliance.

V11) 95% of clients also have individualized treatment plans in their records within 7 days thereafter;

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. Progress notes in GAP/Incidental/Contact format will indicate at minimum weekly 1:1 meeting with all clients on assigned **CCM** caseload.	95% 43/45	97% 44/45	93% 43/45	96% 44/45
2. On Upper Saco progress notes in GAP/Incidental format will indicate at minimum weekly 1:1 meeting with all clients on assigned **CCM** caseload	93% 14/15	93% 14/15	95% 14/15	100% 15/15
3. Treatment plans will have measurable goals and interventions listing client strengths and areas of need related to transition to the community or transition back to a correctional facility.	98% 59/60	96% 58/60	96% 58/60	91% 55/60

Medical Staff, Nursing, and Rehabilitation Services are all engaged in the treatment planning process. Evidence of fulfilling the standard can be found through a review of individual charts.

Area 3. Social Worker met with department members on 3 occasions in staff meeting to discuss treatment plans and writing plans. Discussion regarding strengths based plans that focus transition and discharge planning at the various stage of readiness for each unique client.

V12) Riverview certifies that all treatment modalities required by ¶155 are available.

The treatment modalities listed below as listed in ¶155 are offered to all clients according to the individual client's ability to participate in a safe and productive manner as determined by the treatment team and established in collaboration with the client during the formulation of the individualized treatment plan.

Treatment Modality	Provision of Services Normally by….			
	Medical Staff Psychology	Nursing	Social Services	Rehabilitation Services/ Treatment Mall
Group and Individual Psychotherapy	X			
Psychopharmacological Therapy	X			
Social Services			X	
Physical Therapy				X
Occupational Therapy				X
ADL Skills Training		X		X
Recreational Therapy				X
Vocational/Educational Programs				X
Family Support Services and Education		X	X	X
Substance Abuse Services	X			
Sexual/Physical Abuse Counseling	X			
Intro to Basic Principles of Health, Hygiene, and Nutrition		X		X

CONSENT DECREE

An evaluation of treatment planning and implementation, performed in accordance with **Attachment D**, demonstrates that, for 90% of the cases reviewed:

V13) The treatment plans reflect

- Screening of the patient's needs in all the domains listed in ¶61;
- Consideration of the patient's need for the services listed in ¶155;
- Treatment goals for each area of need identified, unless the patient chooses not, or is not yet ready, to address that treatment goal;
- Appropriate interventions to address treatment goals;
- Provision of services listed in ¶155 for which the patient has an assessed need;
- Treatment goals necessary to meet discharge criteria; and
- Assessments of whether the patient is clinically safe for discharge;

V14) The treatment provided is consistent with the individual treatment plans;

V15) If the record reflects limitations on a patient's rights listed in ¶159, those limitations were imposed consistent with the Rights of Recipients of Mental Health Services

An abstraction of pertinent elements of a random selection of charts is periodically conducted to determine compliance with the compliance standards of the consent decree outlined in parts V13, V14, and V15.

This review of randomly selected charts revealed substantial compliance with the consent decree elements. Individual charts can be reviewed by authorized to validate this chart review.

Medications

V16) Riverview certifies that the pharmacy computer database system for monitoring the use of psychoactive medications is in place and in use, and that the system as used meets the objectives of ¶168.

Riverview utilizes a Pyxis Medstation 4000 System for the dispensing of medications on each client care unit. A total of six devices, one on each of the four main units and in each of the two special care units, provide access to all medications used for client care, the pharmacy medication record, and allow review of dispensing and administration of pharmaceuticals.

A database program, HCS Medics, contains records of medication use for each client and allows access by an after-hours remote pharmacy service to these records, to the Pyxis Medstation 4000 System. The purpose of this after-hours service is to maintain 24 hour coverage and pharmacy validation and verification services for prescribers.

Records of transactions are evaluated by the Director of Pharmacy and the Medical Director to validate the appropriate utilization of all medication classes dispensed by the hospital. The Pharmacy and Therapeutics Committee, a multidisciplinary group of physicians, pharmacists, and other clinical staff evaluate issues related to the prescribing, dispensing, and administration of all pharmaceuticals.

The system as described is capable of providing information to process reviewers on the status of medications management in the hospital and to ensure the appropriate use of psychoactive and other medications.

The effectiveness and accuracy of the Pyxis Medstation 4000 System is analyzed regularly through the conduct of process improvement and functional efficiency studies. These studies can be found in the Medication Management and Pharmacy Services sections of this report.

CONSENT DECREE

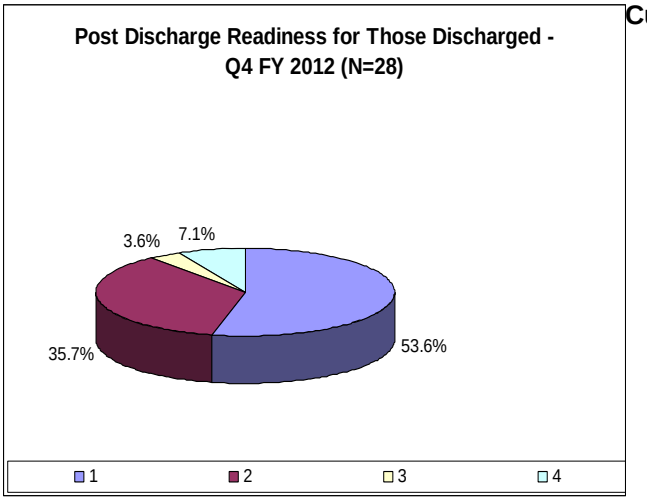
Discharges

Quarterly performance data shows that in 4 consecutive quarters:

V17) 70% of clients who remained ready for discharge were transitioned out of the hospital within 7 days of a determination that they had received maximum benefit from inpatient care;

V18) 80 % of clients who remained ready for discharge were transitioned out of the hospital within 30 days of a determination that they had received maximum benefit from inpatient care;

V19) 90% of clients who remained ready for discharge were transitioned out of the hospital within 45 days of a determination that they had received maximum benefit from inpatient care (with certain clients excepted, by agreement of the parties and court master).



Cumulative percentages & targets are as follows:

Within 7 days = (15) 53.6% (target 70%)
Within 30 days = (25) 89.3% (target 80%)
Within 45 days = (26) 92.9% (target 90%)
Post 45 days = (2) 7.1% (target 0%)

Barriers to Discharge Following Clinical Readiness

Residential Supports (1%)

1 client discharged 49 days post clinical readiness

Housing (10%)

1 client discharged 30 days post clinical readiness
1 client discharged 32 days post clinical readiness
1 client discharged 123 days post clinical readiness

Treatment Services (0)

No barriers in this area

The previous four quarters are displayed in the table below

		Within 7 days	Within 30days	Within 45 days	45 +days
	Target >>	70%	80%	90%	< 10%
3Q2013	N=22	77.3%	86.4%	90.0%	9.1%
2Q2013	N-24	54.2%	70.9%	87.6%	12.5%
1Q2013	N=27	66.7%	85.2%	96.3%	3.7%
4Q2012	N=28	53.6%	89.2%	92.9%	7.1%
3Q2012	N=42	69.0%	85.7%	92.9%	7.1%

CONSENT DECREE

An evaluation of treatment and discharge planning, performed in accordance with **Attachment D**, demonstrates that, for 90% of the cases reviewed:

V20) Treatment and discharge plans reflect interventions appropriate to address discharge and transition goals;

V21a) For patients who have been found not criminally responsible or not guilty by reason of insanity, appropriate interventions include timely reviews of progress toward the maximum levels allowed by court order; and the record reflects timely reviews of progress toward the maximum levels allowed by court order;

V21) Interventions to address discharge and transition planning goals are in fact being implemented;

V21a) For patients who have been found not criminally responsible or not guilty by reason of insanity, this means that, if the treatment team determines that the patient is ready for an increase in levels beyond those allowed by the current court order, Riverview is taking reasonable steps to support a court petition for an increase in levels.

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. The Client Discharge Plan Report will be updated/reviewed by each **Social Worker minimally one time per week.**	100% 13/13	100% 12/12	100% 12/12	100% 13/13
2. The Client Discharge Plan Report will be reviewed/updated minimally one time per week by the Director of Social Services.	100% 13/13	100% 12/12	100% 12/12	100% 13/13
2a. The Client Discharge Plan Report will be sent out weekly as indicated in the approved court plan.	100% 13/13	100% 12/12	100% 12/12	100% 13/13
3. Each week the Social Work team and Director will meet and discuss current housing options provided by the respective regions and prioritize referrals.	100% 13/13	100% 12/12	100% 12/12	100% 13/13

V22) The Department demonstrates that 95% of the annual reports for forensic patients are submitted to the Commissioner and forwarded to the court on time.

Indicators	1Q2013	2Q2013	3Q2013	4Q2013
1. Institutional Reports will be completed, reviewed internally, and delivered to the court within 10 business days of request.	60% 3/5	100% 3/3	87% 7/8	80% 8/10
2. The assigned **CCM** will review the new court order with the client and document the meeting in a progress note or treatment team note.	100% 9/9	100% 5/5	100$ 9/9	100% 4/4
3. Annual Reports (due Dec) to the commissioner for all inpatient NCR clients are submitted annually				

Area 1. Director of Social Work will work with Saco PSD to ensure that the Institutional Reports are completed within the required deadline times. Director will work with social workers and PSD to identify barriers to meeting the threshold compliance level required in this aspect area.

Staffing and Staff Training

V23) Riverview performance data shows that 95% of all new direct care staff have received 90% of their orientation training before having been assigned to duties requiring unsupervised direct care of patients;

Indicators	1Q2013	2Q2013	3Q2013	4Q2013	2012 Total
1. New employees will complete new employee orientation within 60 days of hire.	100% 25/25	100% 21/21	100% 20/20	100% 22/22	100% 88/88
2. New employees will complete CPR training within 30 days of hire.	100% 25/25	100% 21/21	100% 20/20	100% 22/22	100% 88/88
3. New employees will complete NAPPI training within 60 days of hire.	100% 25/25	100% 21/21	100% 20/20	100% 22/22	100% 88/88
4. Riverview and Contract staff will attend CPR training bi-annually.	100% 50/51*	100% 29/31	98% 47/48*	95% 59/62*	99% 185/192*
5. Riverview and Contract staff will attend NAPPI training annually.	100% 118/118	100% 112/134*	100% 99/125	99% 52/54	99% 399/401
6. Riverview and Contract staff will attend Annual training.	100% 27/27	100% 238/244*	98% 297/311*	100% 383/383	100% 401/401

The indicators are based on the requirements for all new/current staff to complete mandatory training and maintain current certifications.

***** Two Riverview employees are out of compliance due to being out of work on a medical leave one employee is out of compliance on light duty.

*Two Riverview employees returned from Leave of Absence Status, and are scheduled to complete the training.

*One Riverview employee is on LOA. One Employee is on light duty. Two Employees will be scheduled for the next available training.

V24) Riverview certifies that 95% of professional staff have maintained professionally-required continuing education credits and have received the ten hours of annual cross-training required by ¶216;

DATE	HRS	TITLE	PRESENTER
3Q2012	14	Jan- March 2012	Winter Semester (see1Q13 Quarterly Report)
4Q2012	11	Apr – June 2012	Spring Semester (see1Q13 Quarterly Report)
1Q2013	3	Jul – Sep 2012	Summer Hiatus (see1Q13 Quarterly Report)
2Q2013	9	Oct – Dec 2012	Fall Semester (see2Q13 Quarterly Report)
3Q2013	11	Jan – Mar 2013	Winter Semester (see 3Q13 Quarterly Report)
4/4/13	1	Cognitive Decline in Severe and Persistent Mental Illness	Teresa Mayo, PsyD Eliz. H-Faryna PsyD Jennifer Heidler-Gary Brian Charette
4/15/13	1	Advanced Assessment: Current Issues and Controversies in Evaluating Adolescents Referred for Illegal Sexual Behavior	Sue Righthand, PhD
4/18/13	1	Cognitive Decline in Severe and Persistent Mental Illness (continuation)	Teresa Mayo, PsyD Eliz. H-Faryna PsyD Jennifer Heidler-Gary Brian Charette
4/26/13	1	Problem Solving Therapy	Mark Hegel, PhD
5/2/13	1	Recreation Therapy: The What, Why, How, Where and Who (and What-Nots)	Heidi Blodgett Hilary Spear
5/9/13	1	Seclusion and Trauma: the case of CM	Patrick Steele
5/16/13	1	Improving cognition in people with schizophrenia: medication, physical exercise, cognitive remediation and functional skills training	Douglas Noordsy, MD
5/23/13	1	Brain Injury, Substance Use and psychosis	Brendan Kirby, MD
6/6/13	1	1 + 1 doesn't always = 2; and the more information you receive doesn't always help treatment or diagnosis	Randy Beal, PMHNP
6/13/13	1	1+1 doesn't always = 2 - Part II	Randy Beal, PMHNP
6/20/13	1	Pharmacokinetics of Mood Stabilizers and the Impact on Dosing and Monitoring	Miranda Cole, PharmD
6/27/13	1	Sexual Assault Crisis and Support Center Overview	James Weathersby Jenn Howe Jenna McCarthy

V25) Riverview certifies that staffing ratios required by ¶202 are met, and makes available documentation that shows actual staffing for up to one recent month;

Staff Type	Consent Decree Ratio
General Medicine Physicians	1:75
Psychiatrists	1:25
Psychologists	1:25
Nursing	1:20
Social Workers	1:15
Mental Health Workers	1:6
Recreational/Occupational Therapists/Aides	1:8

With 92 licensed beds, Riverview regularly meets or exceeds the staffing ratio requirements of the consent decree.

Staffing levels are most often determined by an analysis of unity acuity, individual monitoring needs of the clients who residing on specific units, and unit census.

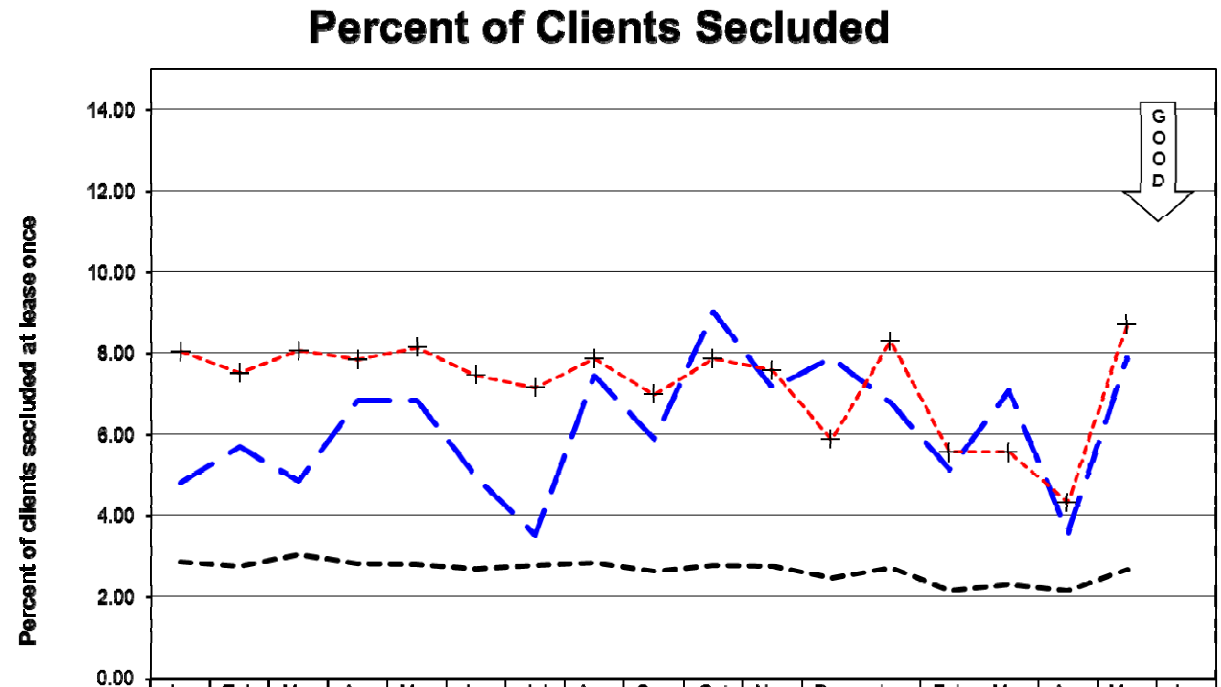
V26) The evaluation of treatment and discharge planning, performed in accordance with **Attachment D**, demonstrates that staffing was sufficient to provide patients access to activities necessary to achieve the patients' treatment goals, and to enable patients to exercise daily and to recreate outdoors consistent with their treatment plans.

Treatment teams regularly monitor the needs of individual clients and make recommendations for ongoing treatment modalities. Staffing levels are carefully monitored to ensure that all treatment goals, exercise needs, and outdoor activities are achievable. Staffing does not present a barrier to the fulfillment of client needs. Staffing deficiencies that may periodically be present are rectified through utilization of overtime or mandated staff members.

CONSENT DECREE

Use of Seclusion and Restraints

V27) Quarterly performance data shows that, in 5 out of 6 quarters, total seclusion and restraint hours do not exceed one standard deviation from the national mean as reported by NASMHPD;



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	4.80	5.69	4.84	6.84	6.84	4.96	3.51	7.44	5.88	9.01	7.14	7.89	6.78	5.13	7.08	3.57	7.88	
Nt Mean	2.86	2.77	3.04	2.82	2.81	2.69	2.78	2.85	2.64	2.78	2.76	2.46	2.71	2.16	2.30	2.16	2.68	
+1 StDev	8.03	7.51	8.05	7.84	8.13	7.45	7.15	7.86	6.98	7.86	7.58	5.87	8.29	5.56	5.56	4.32	8.7	

This graph depicts the percent of unique clients who were secluded at least once. For example, a rate of 3.0 means that 3% of the unique clients served were secluded at least once.

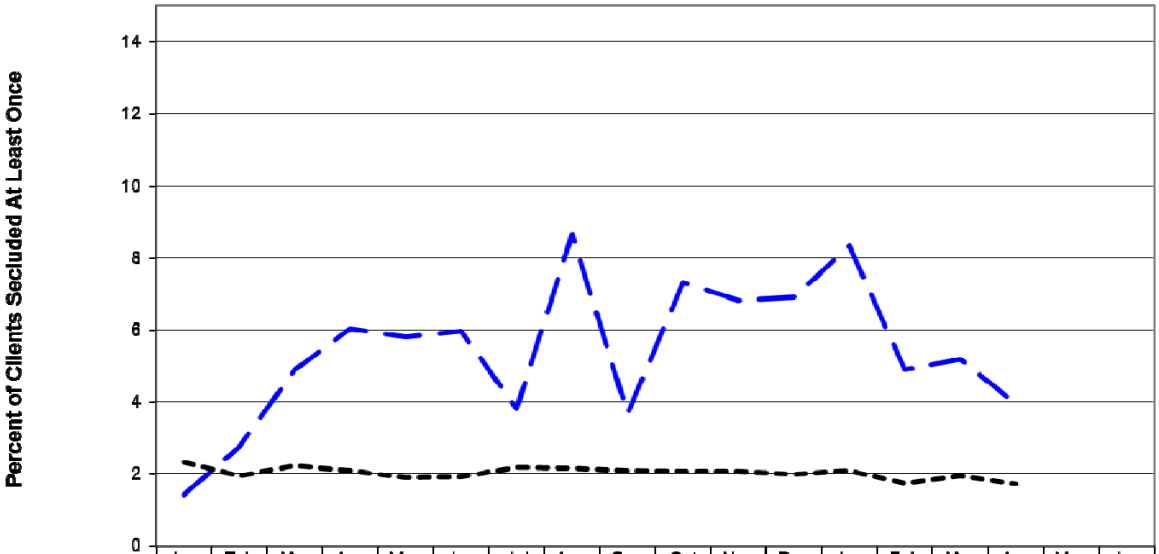
The following graphs depict the percent of unique clients who were secluded at least once stratified by forensic or civil classifications. For example, a rate of 3.0 means that 3% of the unique clients served were secluded at least once.

The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

CONSENT DECREE

Percent of Clients Secluded

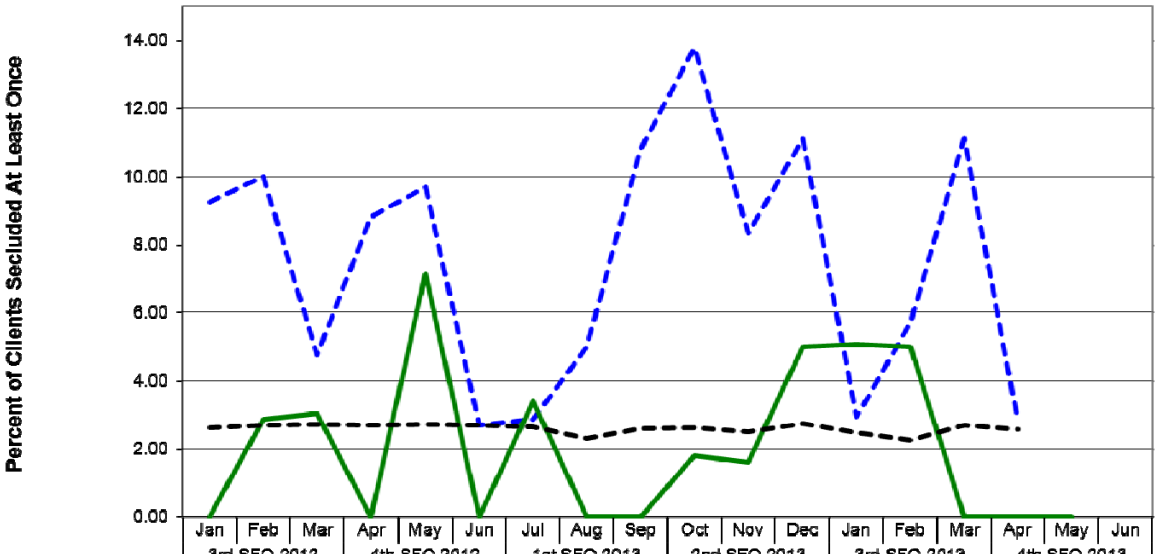
Forensic Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	1.41	2.74	4.88	6.02	5.81	5.95	3.8	8.64	3.66	7.32	6.82	6.9	8.33	4.88	5.19	3.95		
Ntl Mean	2.32	1.95	2.21	2.08	1.9	1.92	2.18	2.16	2.08	2.05	2.05	1.99	2.09	1.73	1.95	1.72		

Percent of Clients Secluded

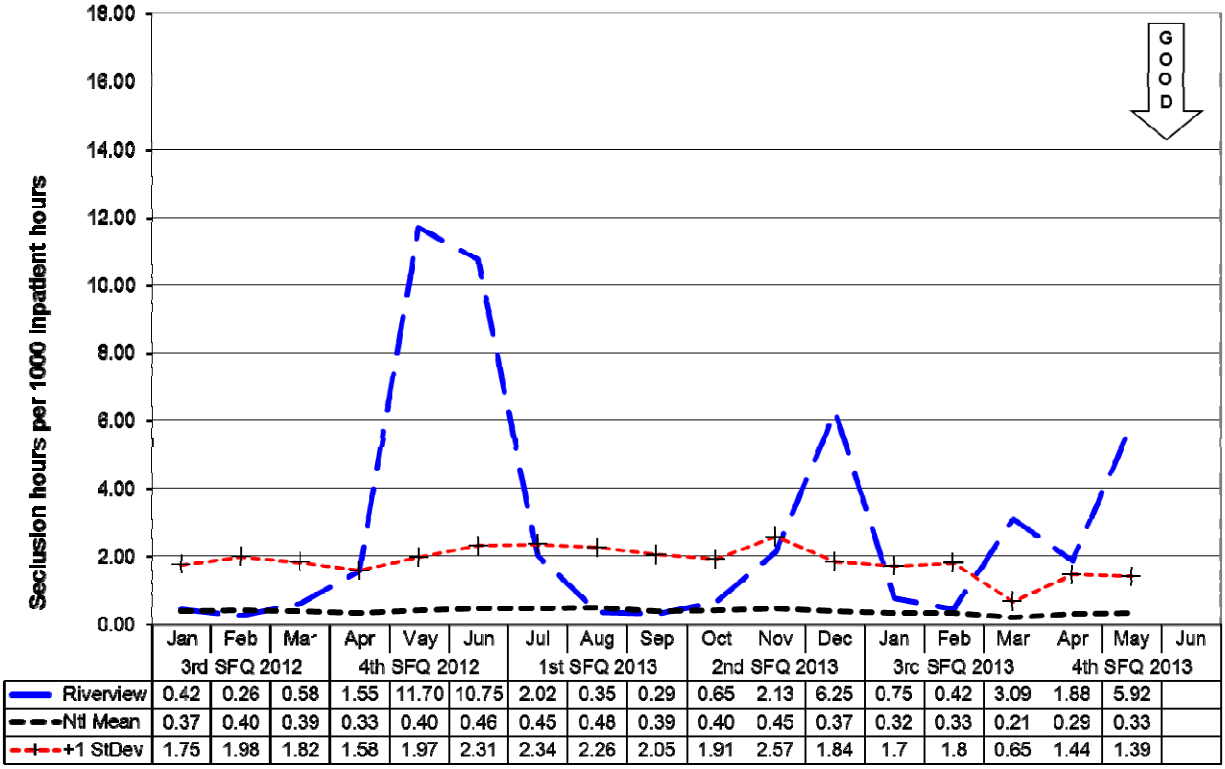
Civil Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	9.26	10	4.76	8.62	9.68	2.7	2.86	5	10.81	13.79	8.33	11.11	2.94	5.71	11.11	2.78		
Dorothea Dix	0.00	2.86	3.03	0.00	7.14	0.00	3.39	0.00	0.00	1.79	1.59	5.00	5.08	5.00	0.00	0.00	0.00	
Ntl Mean	2.61	2.68	2.71	2.69	2.72	2.69	2.63	2.29	2.58	2.62	2.5	2.74	2.46	2.26	2.69	2.56		

CONSENT DECREE

Seclusion Hours



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rc SFQ 2013			4th SFQ 2013		
Riverview	0.42	0.26	0.58	1.55	11.70	10.75	2.02	0.35	0.29	0.65	2.13	6.25	0.75	0.42	3.09	1.88	5.92	
Ntl Mean	0.37	0.40	0.39	0.33	0.40	0.46	0.45	0.48	0.39	0.40	0.45	0.37	0.32	0.33	0.21	0.29	0.33	
+1 StDev	1.75	1.98	1.82	1.58	1.97	2.31	2.34	2.26	2.05	1.91	2.57	1.84	1.7	1.8	0.65	1.44	1.39	

This graph depicts the number of hours clients spent in seclusion for every 1000 inpatient hours. For example, a rate of 0.8 means that 1 hour was spent in seclusion for each 1250 inpatient hours.

The outlier values shown in May and June reflect the events related to a single individual during this period. This individual was in seclusion for extended periods of time due to extremely aggressive behaviors that are focused on staff. It was determined that the only way to effectively manage this client and create a safe environment for both the staff and other clients was to segregate him in an area away from other clients and to provide frequent support and interaction with staff in a manner that ensured the safety of the staff so engaged.

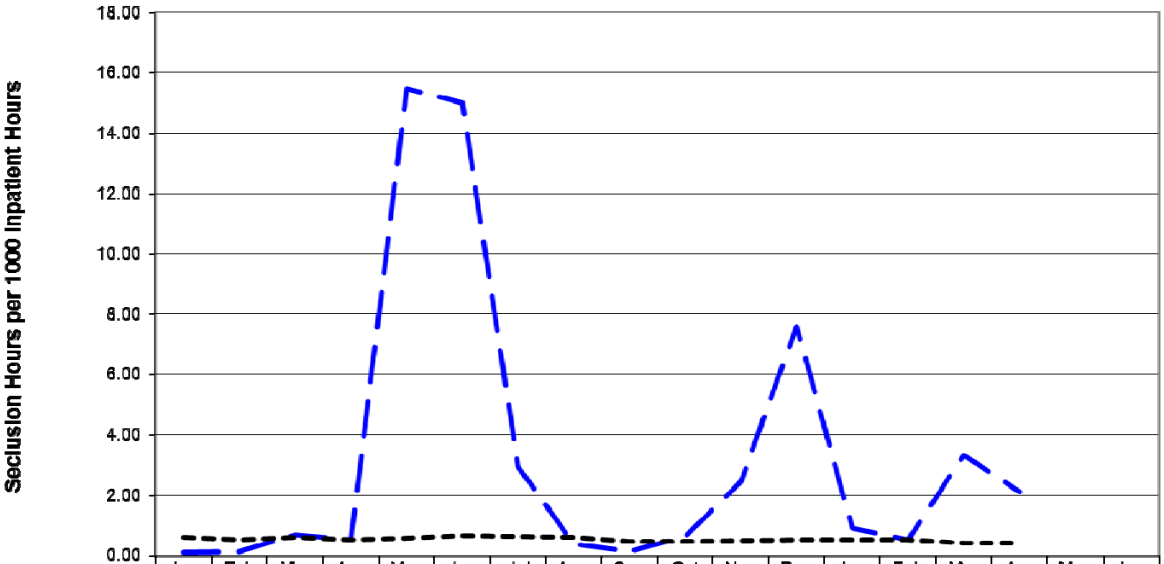
The following graphs depict the number of hours clients spent in seclusion for every 1000 inpatient hours stratified by forensic or civil classifications. For example, a rate of 0.8 means that 1 hour was spent in seclusion for each 1250 inpatient hours.

The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

CONSENT DECREE

Seclusion Hours

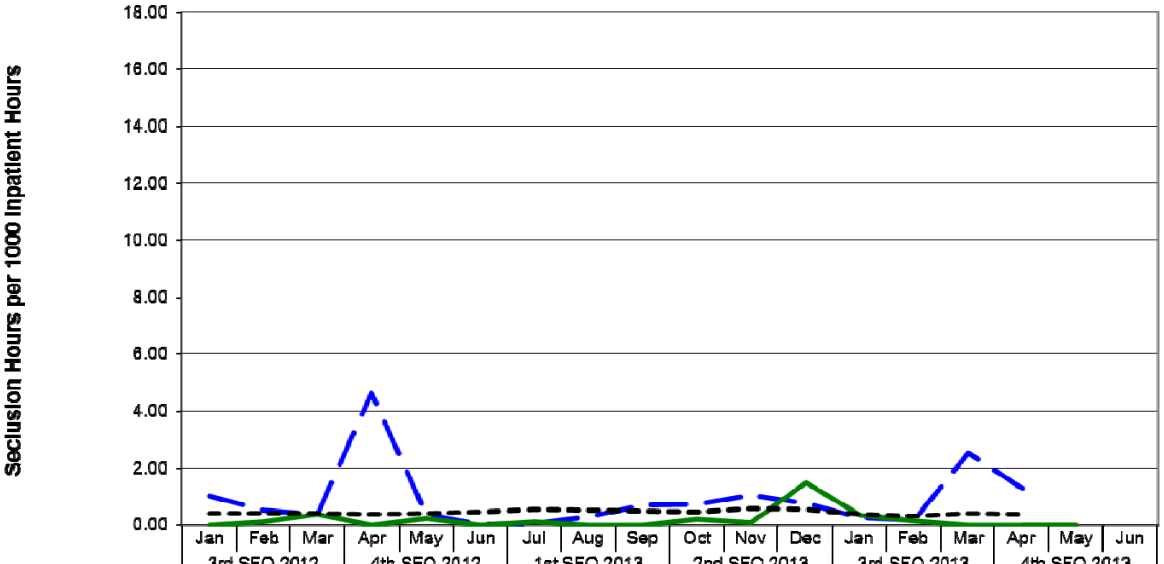
Forensic Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	0.1	0.12	0.69	0.5	15.47	15.01	2.94	0.37	0.12	0.63	2.43	7.6	0.9	0.52	3.32	2.11		
Ntl Mean	0.59	0.52	0.59	0.52	0.57	0.64	0.62	0.59	0.46	0.47	0.48	0.51	0.5	0.5	0.39	0.4		

Seclusion Hours

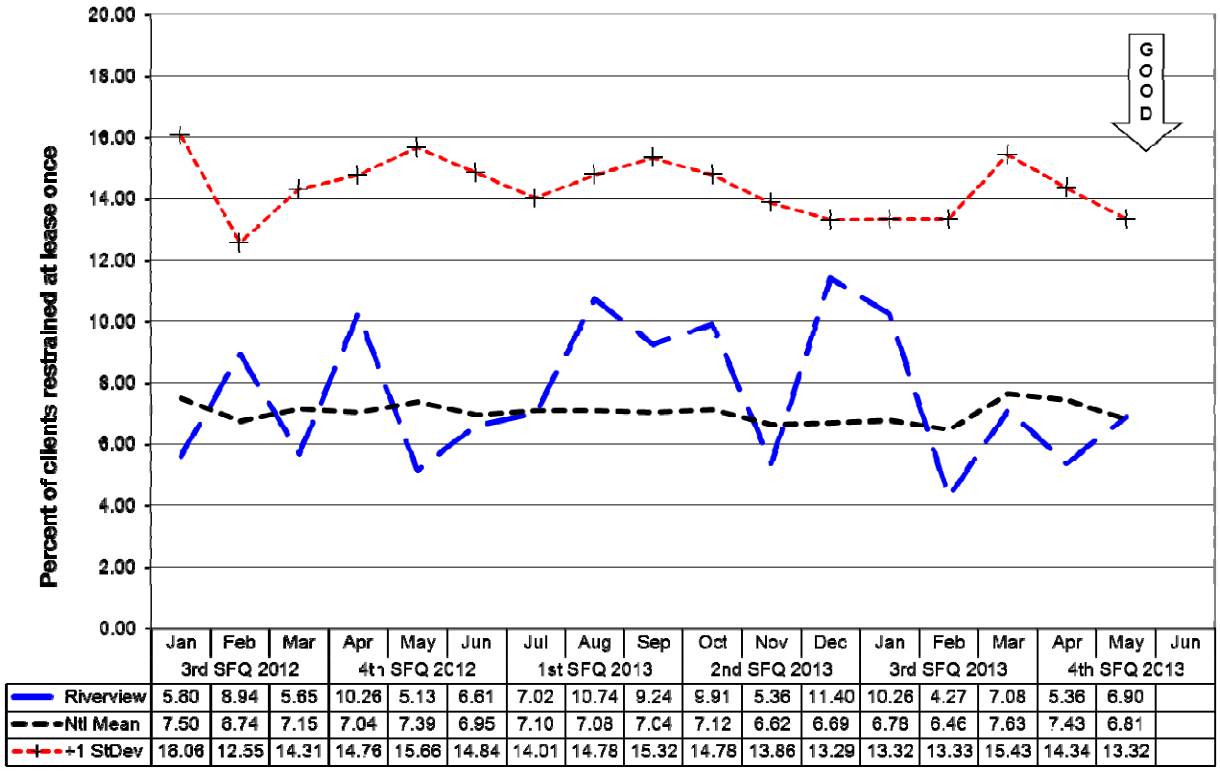
Civil Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	1	0.51	0.37	4.64	0.35	0.03	0.04	0.29	0.69	0.71	1.04	0.74	0.26	0.16	2.53	1.26		
Dorothea Dix	0.00	0.10	0.38	0.00	0.22	0.00	0.10	0.00	0.00	0.20	0.09	1.47	0.35	0.13	0.00	0.00	0.00	
Ntl Mean	0.4	0.41	0.4	0.37	0.4	0.47	0.54	0.51	0.49	0.46	0.57	0.54	0.36	0.3	0.4	0.36		

CONSENT DECREE

Percent of Clients Restrained



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	5.60	8.94	5.65	10.26	5.13	6.61	7.02	10.74	9.24	8.91	5.36	11.40	10.26	4.27	7.08	5.36	6.90	
Ntl Mean	7.50	6.74	7.15	7.04	7.39	6.95	7.10	7.08	7.04	7.12	6.62	6.69	6.78	6.46	7.63	7.43	6.81	
+1 StDev	16.06	12.55	14.31	14.76	15.66	14.84	14.01	14.78	15.32	14.78	13.86	13.29	13.32	13.33	15.43	14.34	13.32	

This graph depicts the percent of unique clients who were restrained at least once – includes all forms of restraint of any duration. For example, a rate of 4.0 means that 4% of the unique clients served were restrained at least once.

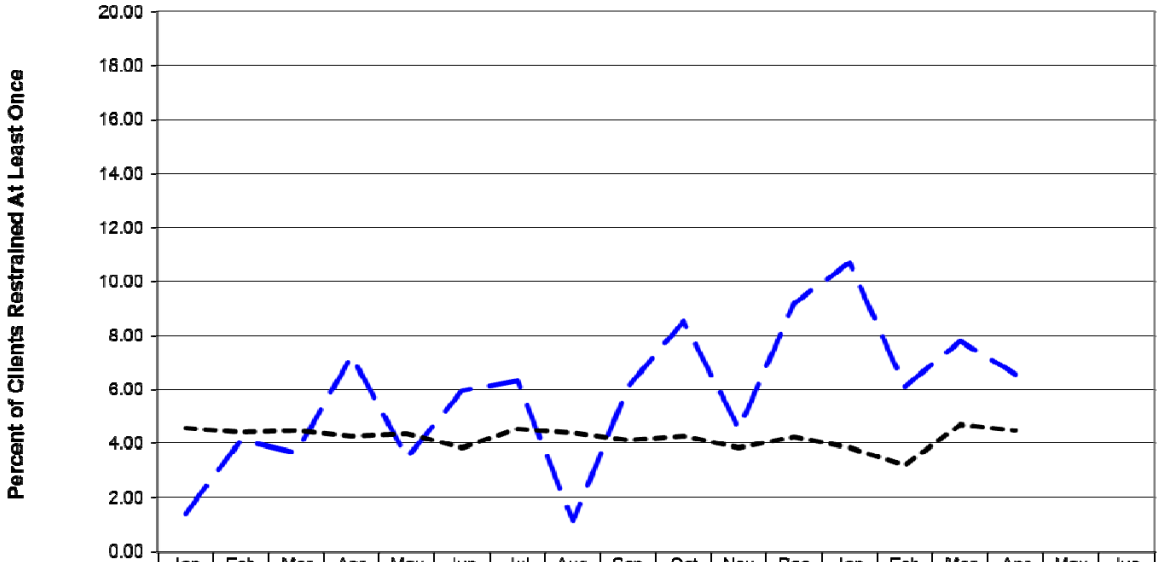
The following graphs depict the percent of unique clients who were restrained at least once stratified by forensic or civil classifications – includes all forms of restraint of any duration. For example, a rate of 4.0 means that 4% of the unique clients served were restrained at least once.

The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

CONSENT DECREE

Percent of Clients Restrained

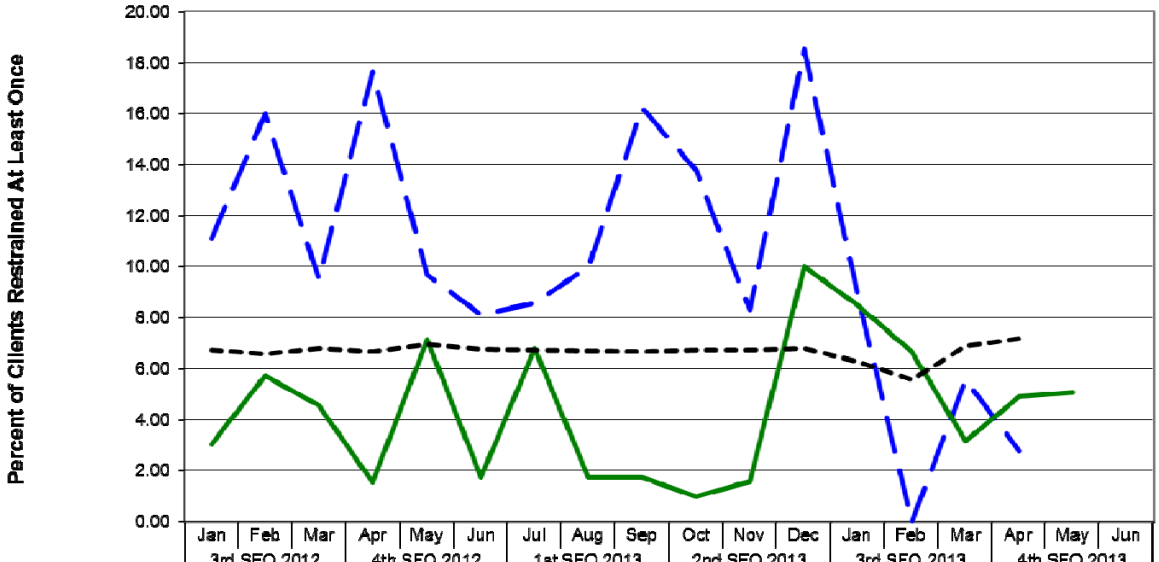
Forensic Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	1.41	4.11	3.66	7.23	3.49	5.95	6.33	1.11	6.1	8.54	4.55	9.2	10.71	6.1	7.79	6.58		
Ntl Mean	4.57	4.44	4.49	4.27	4.37	3.86	4.56	4.41	4.11	4.27	3.86	4.23	3.85	3.19	4.7	4.48		

Percent of Clients Restrained

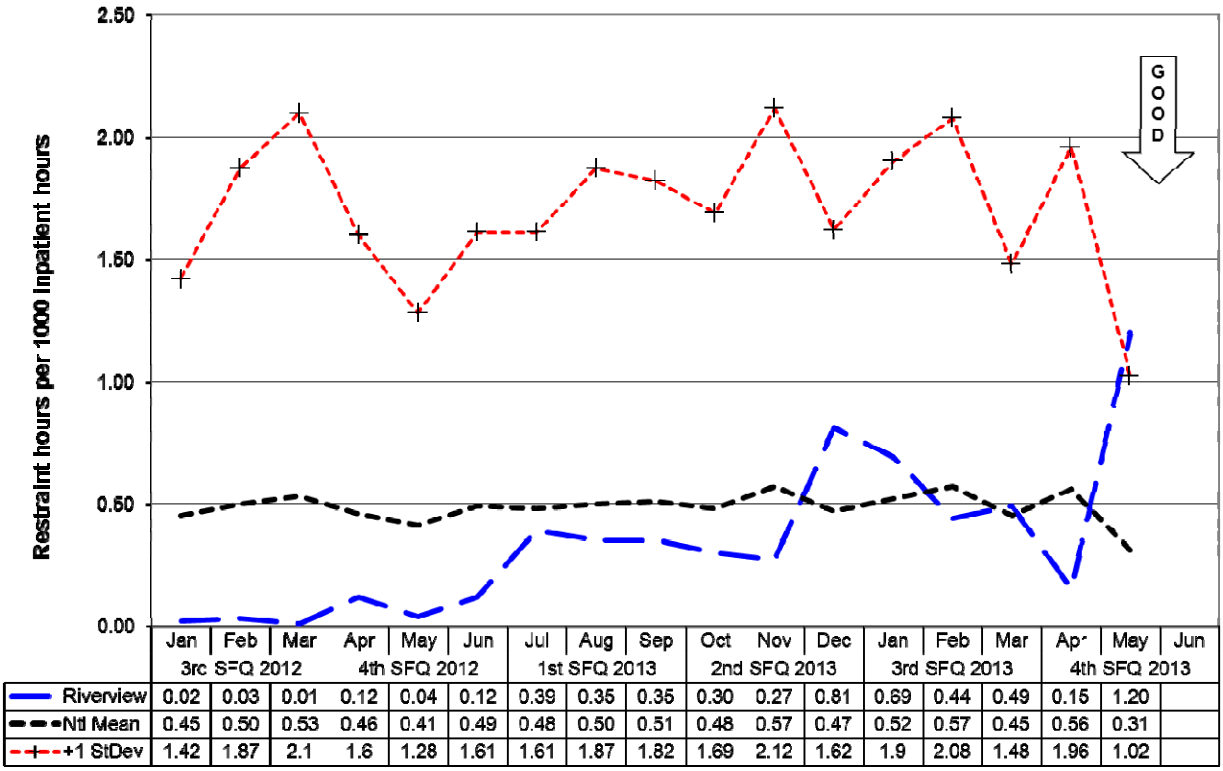
Civil Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	11.11	16	9.52	17.65	9.68	8.11	8.57	10	16.22	13.79	8.33	18.52	8.82	0	5.56	2.78		
Dorothea Dix	3.03	5.71	4.55	1.54	7.14	1.75	6.78	1.75	1.75	1.00	1.59	10.00	8.47	6.67	3.17	4.92	5.08	
Ntl Mean	6.74	6.57	6.79	6.67	6.95	6.75	6.72	6.7	6.66	6.72	6.72	6.78	6.27	5.55	6.9	7.18		

CONSENT DECREE

Restraint Hours



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	0.02	0.03	0.01	0.12	0.04	0.12	0.39	0.35	0.35	0.30	0.27	0.81	0.69	0.44	0.49	0.15	1.20	
Ntl Mean	0.45	0.50	0.53	0.46	0.41	0.49	0.48	0.50	0.51	0.48	0.57	0.47	0.52	0.57	0.45	0.56	0.31	
+1 StDev	1.42	1.87	2.1	1.6	1.28	1.61	1.61	1.87	1.82	1.69	2.12	1.62	1.9	2.08	1.48	1.96	1.02	

This graph depicts the number of hours clients spent in restraint for every 1000 inpatient hours - includes all forms of restraint of any duration. For example, a rate of 1.6 means that 2 hours were spent in restraint for each 1250 inpatient hours.

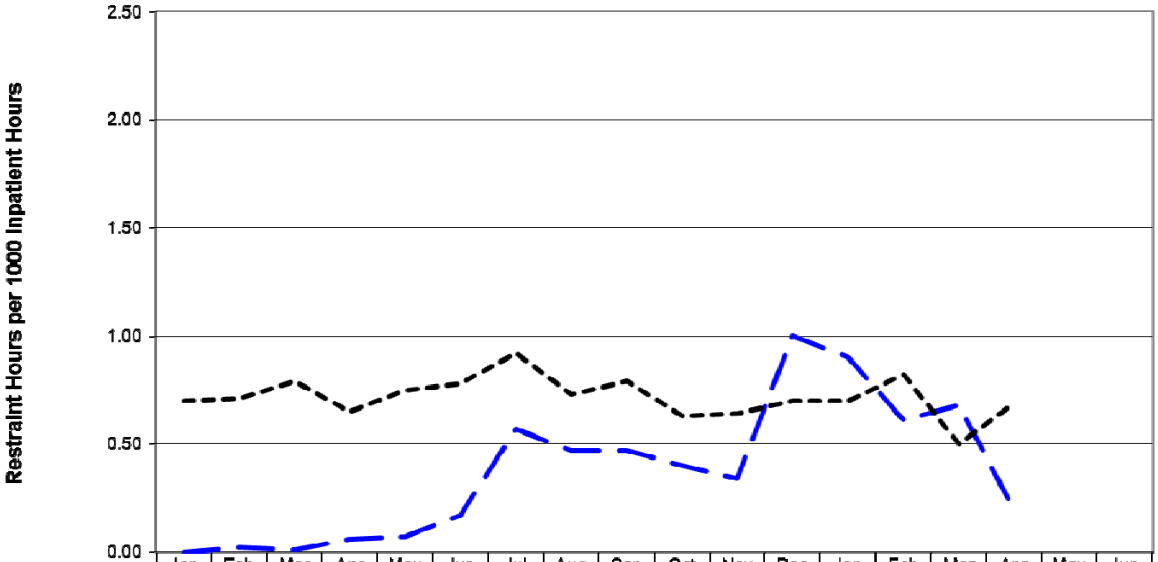
The following graphs depict the number of hours clients spent in restraint for every 1000 inpatient hours stratified by forensic or civil classifications - includes all forms of restraint of any duration. For example, a rate of 1.6 means that 2 hours were spent in restraint for each 1250 inpatient hours.

The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

CONSENT DECREE

Restraint Hours

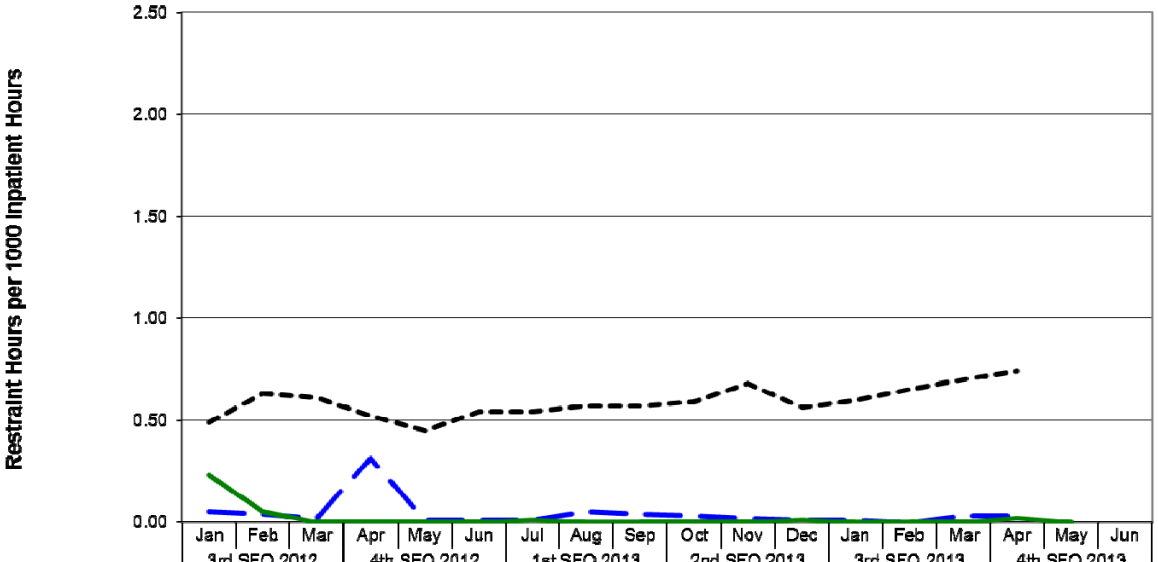
Forensic Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	0.00	0.02	0.01	0.06	0.07	0.17	0.57	0.47	0.47	0.40	0.34	1.00	0.90	0.61	0.68	0.19		
Ntl Mean	0.70	0.71	0.79	0.65	0.75	0.78	0.92	0.73	0.79	0.63	0.64	0.70	0.70	0.82	0.50	0.69		

Restraint Hours

Civil Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	0.05	0.04	0.02	0.31	0.01	0.01	0.01	0.05	0.04	0.03	0.02	0.01	0.01	0	0.03	0.03		
Dorothea Dix	0.23	0.05	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.02	0.00	
Ntl Mean	0.49	0.63	0.61	0.52	0.45	0.54	0.54	0.57	0.57	0.59	0.66	0.56	0.60	0.65	0.70	0.74		

CONSENT DECREE

Confinement Event Detail

4th Quarter 2013

	Manual Hold	Mechanical Restraint	Locked Seclusion	Grand Total	% of Total	Cumulative %
MR00003374	46	27	48	121	43.8%	43.8%
MR00006963	18		38	56	20.3%	64.1%
MR00000091	10	13	8	31	11.2%	75.4%
MR00006799	4	4	7	15	5.4%	80.8%
MR00000657	4	1	7	12	4.3%	85.1%
MR00007326	4	1	4	9	3.3%	88.4%
MR00000029	3	4	1	8	2.9%	91.3%
MR00007340	1		2	3	1.1%	92.4%
MR00007327	2		1	3	1.1%	93.5%
MR00007189	1	1	1	3	1.1%	94.6%
MR00000477	2		1	3	1.1%	95.7%
MR00007121	1		2	3	1.1%	96.7%
MR00000026	1	1		2	0.7%	97.5%
MR00000202	1		1	2	0.7%	98.2%
MR00007292			2	2	0.7%	98.9%
MR00000814		1		1	0.4%	99.3%
MR00007287			1	1	0.4%	99.6%
MR00007323	1			1	0.4%	100.0%
	99	53	124	276		

23% (18/80) of average hospital population experienced some form of confinement event during the 4th fiscal quarter 2013. Five of these clients (6% of the average hospital population) accounted for 85% of the containment events.

The trend in frequency of confinement event, specifically the increase in the trend related to mechanical restraints is due to a few high acute clients requiring special management to ensure the safety of the milieu.

CONSENT DECREE

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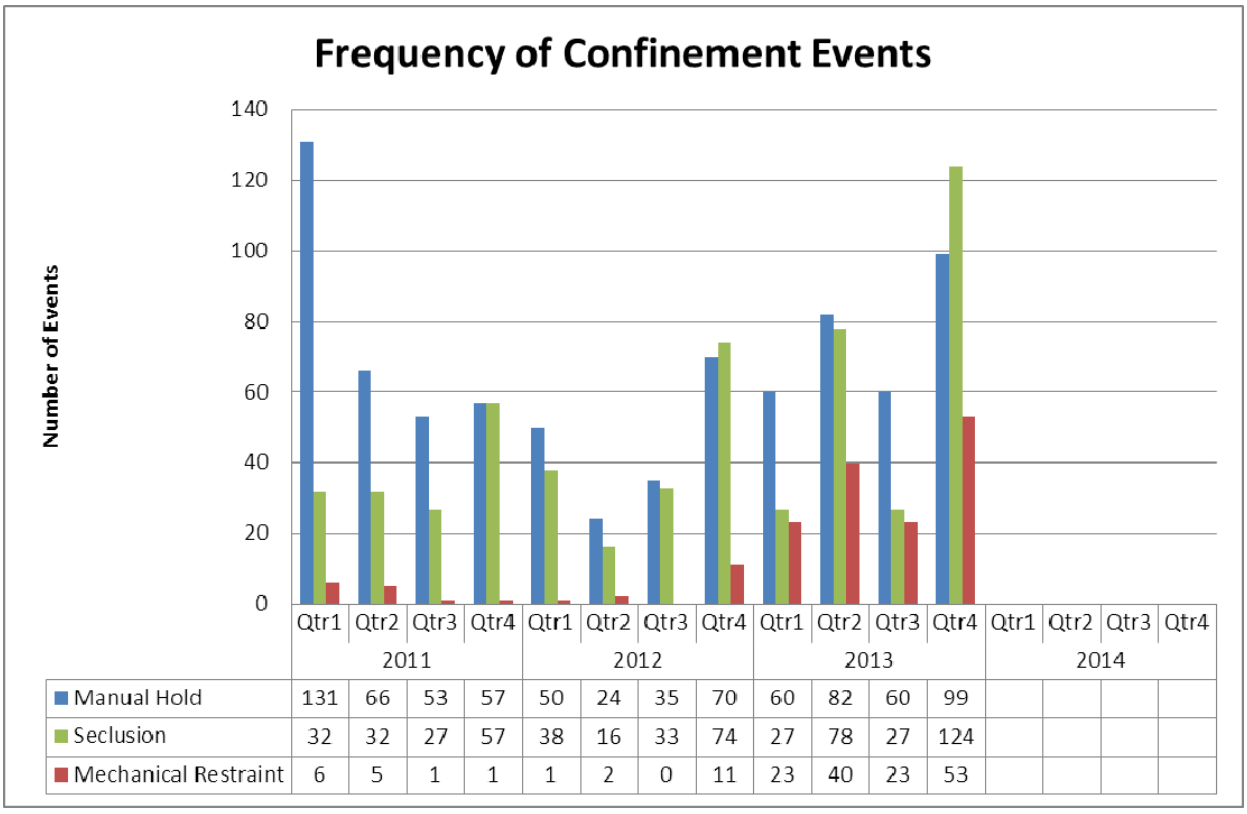


Since December 2012, Riverview has been admitting an increasing number of forensic clients that are extremely violent and difficult to manage. This increase in high acutiy clients has required the use of specialized management techniques that ensure the safety of these clients, other clients, and staff while attempting to maintain a therapeutic mileau.

Best practices from other forensic facilities and recommendations from experts in forensic client management from other State of Maine departments have been considered in the management of these clients.

V28) Riverview demonstrates that, based on a review of two quarters of data, for 95% of seclusion events, seclusion was employed only when absolutely necessary to protect the patient from causing physical harm to self or others or for the management of violent behavior;

Factors of Causation Related to Seclusion Events

	4Q12	1Q13	2Q13	3Q13	4Q13
Danger to Others/Self	73	23	78	50	124
Danger to Others		4			
Danger to Self	1			1	
% Dangerous Precipitation	100%	100%	100%	100%	100%
Total Events	74	27	78	51	124

V29) Riverview demonstrates that, based on a review of two quarters of data, for 95% of restraint events involving mechanical restraints, the restraint was used only when absolutely necessary to protect the patient from serious physical injury to self or others;

Factors of Causation Related to Mechanical Restraint Events

	4Q12	1Q13	2Q13	3Q13	4Q13
Danger to Others/Self	11	22	40	40	53
Danger to Others		1			
Danger to Self					
% Dangerous Precipitation	100%	100%	100%	100%	100%
Total Events	11	23	40	40	53

V30) Riverview demonstrates that, based on a review of two quarters of data, for 95% of seclusion and restraint events, the hospital achieved an acceptable rating for meeting the requirements of paragraphs 182 and 184 of the Settlement Agreement, in accordance with a methodology defined in **Attachments E-1 and E-2.**

See Pages 26 & 27

CONSENT DECREE

Confinement Events Management

Seclusion Events (124) Events

Standard	Threshold	Compliance
The record reflects that seclusion was absolutely necessary to protect the patient from causing physical harm to self or others, or if the patient was examined by a physician or physician extender prior to implementation of seclusion, to prevent further serious disruption that significantly interferes with other patients' treatment.	95%	100%
The record reflects that lesser restrictive alternatives were inappropriate or ineffective. This can be reflected anywhere in record.	90%	100%
The record reflects that the decision to place the patient in seclusion was made by a physician or physician extender.	90%	100%
The decision to place the patient in seclusion was entered in the patient's records as a medical order.	90%	100%
The record reflects that, if the physician or physician extender was not immediately available to examine the patient, the patient was placed in seclusion following an examination by a nurse.	90%	100%
The record reflects that the physician or physician extender personally evaluated the patient within 30 minutes after the patient has been placed in seclusion, and if there is a delay, the reasons for the delay.	90%	100%
The record reflects that the patient was monitored every 15 minutes. (Compliance will be deemed if the patient was monitored at least 3 times per hour.)	90%	100%
Individuals implementing seclusion have been trained in techniques and alternatives.	90%	100%
The record reflects that reasonable efforts were taken to notify guardian or designated representative as soon as possible that patient was placed in seclusion.	75%	100%

Standard	Threshold	Compliance
The medical order states time of entry of order and that number of hours in seclusion shall not exceed 4.	85%	100%
The medical order states the conditions under which the patient may be sooner released.	85%	100%
The record reflects that the need for seclusion is re-evaluated at least every 2 hours by a nurse.	90%	100%
The record reflects that the 2 hour re-evaluation was conducted while the patient was out of seclusion room unless clinically contraindicated.	70%	100%
The record includes a special check sheet that has been filled out to document reason for seclusion, description of behavior and the lesser restrictive alternatives considered.	85%	100%
The record reflects that the patient was released, unless clinically contraindicated, at least every 2 hours or as necessary for eating, drinking, bathing, toileting or special medical orders.	85%	100%
Reports of seclusion events were forwarded to medical director and advocate.	90%	100%
The record reflects that, for persons with mental retardation, the regulations governing seclusion of clients with mental retardation were met.	85%	100%
The medical order for seclusion was not entered as a PRN order.	90%	100%
Where there was a PRN order, there is evidence that physician was counseled.	95%	N/A

CONSENT DECREE

Confinement Events Management

Mechanical Restraint Events (53) Events

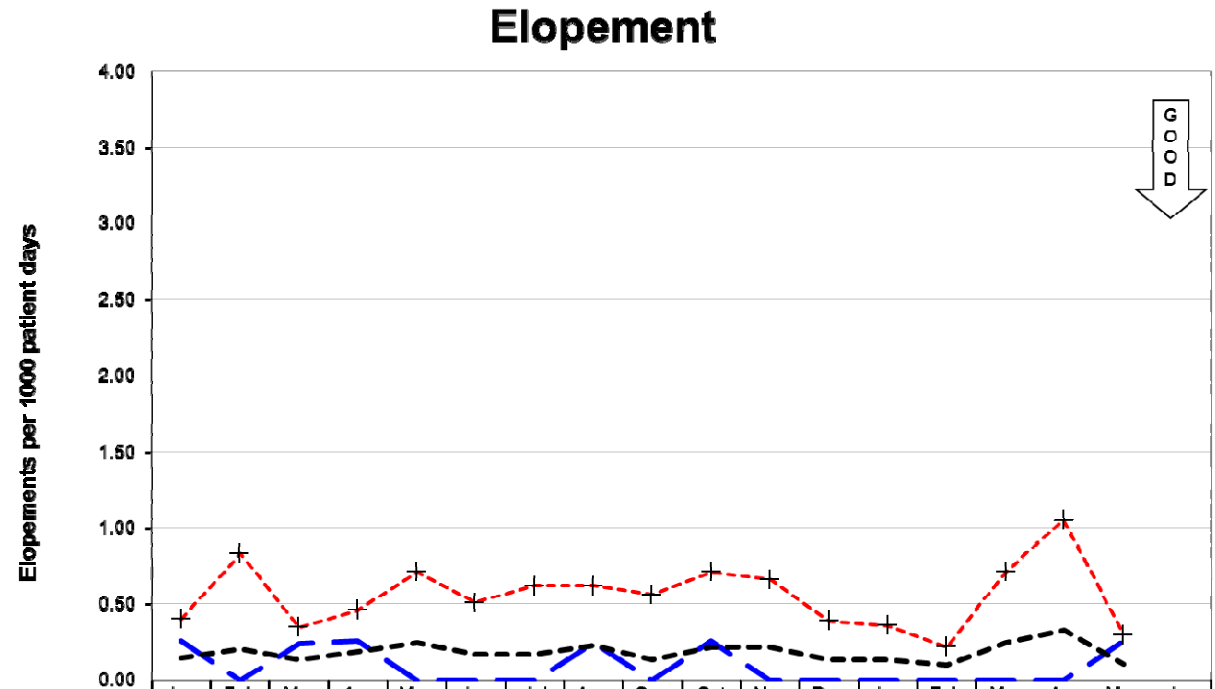
Standard	Threshold	Compliance
The record reflects that restraint was absolutely necessary to protect the patient from causing serious physical injury to self or others.	95%	100%
The record reflects that lesser restrictive alternatives were inappropriate or ineffective.	90%	100%
The record reflects that the decision to place the patient in restraint was made by a physician or physician extender	90%	100%
The decision to place the patient in restraint was entered in the patient's records as a medical order.	90%	100%
The record reflects that, if a physician or physician extended was not immediately available to examine the patient, the patient was placed in restraint following an examination by a nurse.	90%	100%
The record reflects that the physician or physician extender personally evaluated the patient within 30 minutes after the patient has been placed in restraint, or, if there was a delay, the reasons for the delay.	90%	100%
The record reflects that the patient was kept under constant observation during restraint.	95%	100%
Individuals implementing restraint have been trained in techniques and alternatives.	90%	100%
The record reflects that reasonable efforts taken to notify guardian or designated representative as soon as possible that patient was placed in restraint.	75%	100%
The medical order states time of entry of order and that number of hours shall not exceed four.	90%	100%
The medical order shall state the conditions under which the patient may be sooner released.	85%	100%

Standard	Threshold	Compliance
The record reflects that the need for restraint was re-evaluated every 2 hours by a nurse.	90%	100%
The record reflects that re-evaluation was conducted while the patient was free of restraints unless clinically contraindicated.	70%	100%
The record includes a special check sheet that has been filled out to document the reason for the restraint, description of behavior and the lesser restrictive alternatives considered.	85%	100%
The record reflects that the patient was released as necessary for eating, drinking, bathing, toileting or special medical orders.	90%	100%
The record reflects that the patient's extremities were released sequentially, with one released at least every fifteen minutes.	90%	100%
Copies of events were forwarded to medical director and advocate.	90%	100%
For persons with mental retardation, the applicable regulations were met.	85%	100%
The record reflects that the order was not entered as a PRN order.	90%	100%
Where there was a PRN order, there is evidence that physician was counseled.	95%	N/A
A restraint event that exceeds 24 hours will be reviewed against the following requirement: If total consecutive hours in restraint, with renewals, exceeded 24 hours, the record reflects that the patient was medically assessed and treated for any injuries; that the order extending restraint beyond 24 hours was entered by Medical Director (or if the Medical Director is out of the hospital, by the individual acting in the Medical Director's stead) following examination of the patient; and that the patient's guardian or representative has been notified.	90%	100%

CONSENT DECREE

Client Elopements

V31) Quarterly performance data shows that, in 5 out of 6 quarters, the number of client elopements do not exceed one standard deviation from the national mean as reported by NASMHPD



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	0.28	0.00	0.24	0.26	0.00	0.00	0.00	0.25	0.00	0.26	0.00	0.00	0.00	0.00	0.00	0.00	0.26	
Ntl Mean	0.15	0.21	0.14	0.19	0.25	0.17	0.17	0.23	0.14	0.22	0.22	0.14	0.14	0.10	0.25	0.33	0.11	
StDev	0.4	0.83	0.35	0.46	0.71	0.51	0.62	0.62	0.56	0.71	0.66	0.39	0.36	0.22	0.71	1.05	0.3	

This graph depicts the number of elopements that occurred for every 1000 inpatient days. For example, a rate of 0.25 means that 1 elopement occurred for each 4000 inpatient days.

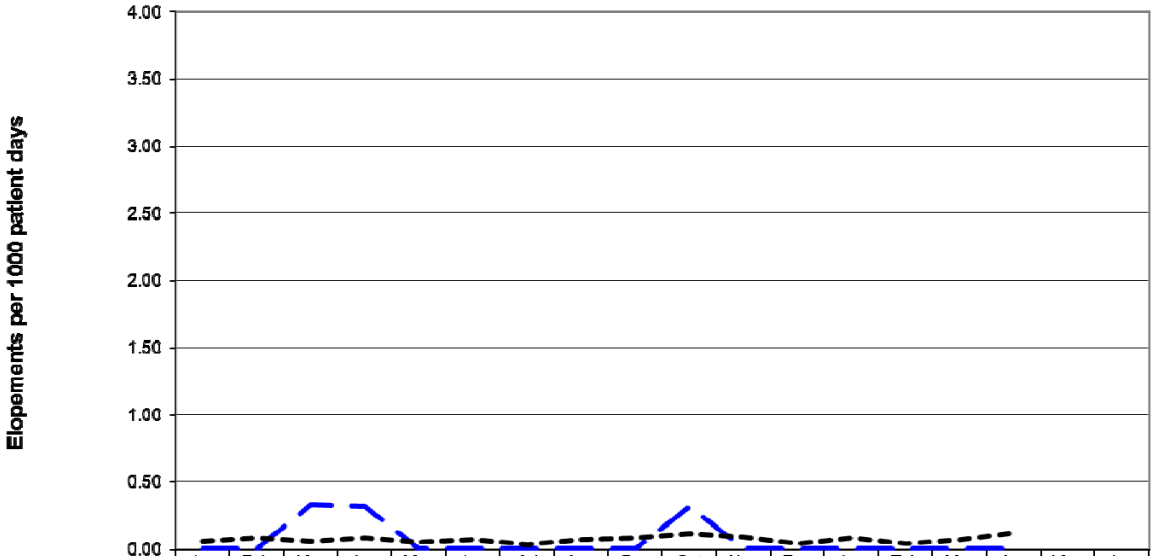
An elopement is defined as any time a client is “absent from a location defined by the client’s privilege status regardless of the client’s leave or legal status.”

The following graphs depict the number of elopements stratified by forensic or civil classifications that occurred for every 1000 inpatient days. For example, a rate of 0.25 means that 1 elopement occurred for each 4000 inpatient days.

The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

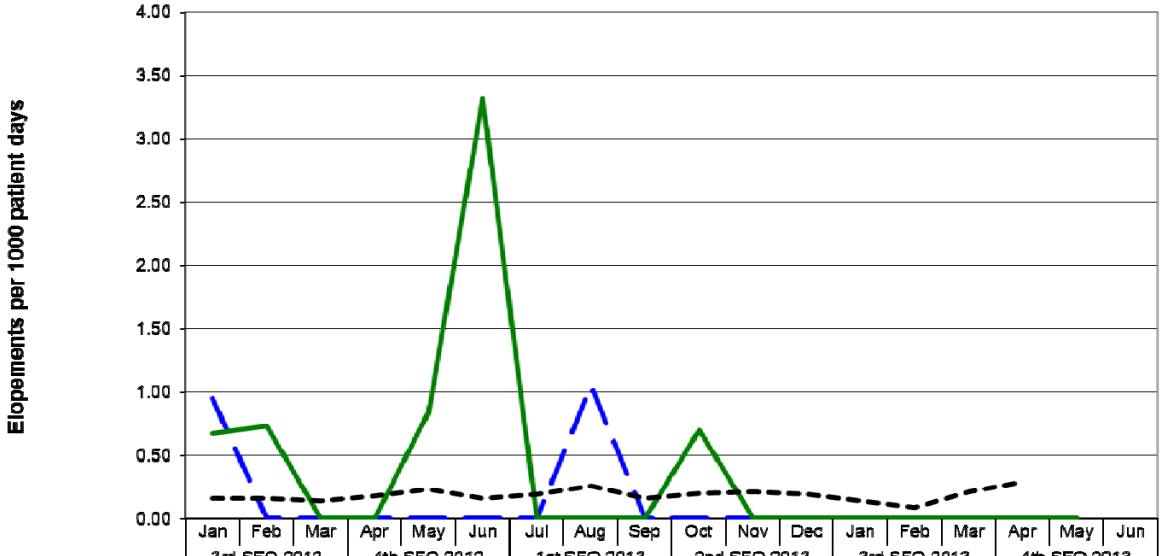
CONSENT DECREE

Elopement
Forensic Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	0.00	0.00	0.33	0.32	0.00	0.00	0.00	0.00	0.00	0.32	0.00	0.00	0.00	0.00	0.00	0.00		
Ntl Mean	0.06	0.06	0.06	0.06	0.05	0.07	0.03	0.07	0.06	0.11	0.09	0.04	0.06	0.04	0.07	0.12		

Elopement
Civil Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	0.95	0.00	0.00	0.00	0.00	0.00	0.00	1.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Dorothea Dix	0.67	0.73	0.00	0.00	0.84	3.32	0.00	0.00	0.00	0.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Ntl Mean	0.16	0.16	0.14	0.18	0.23	0.16	0.19	0.26	0.16	0.20	0.21	0.19	0.14	0.09	0.21	0.29		

Client Injuries

V32) Quarterly performance data shows that, in 5 out of 6 quarters, the number of client injuries does not exceed one standard deviation from the national mean as reported by NASMHPD.

The NASMHPD standards for measuring client injuries differentiate between injuries that are considered reportable to the Joint Commission as a performance measure and those injuries that are of a less severe nature. While all injuries are currently reported internally, only certain types of injuries are documented and reported to NRI for inclusion in the performance measure analysis process.

“Non-reportable” injuries include those that require: 1) No Treatment, or 2) Minor First Aid

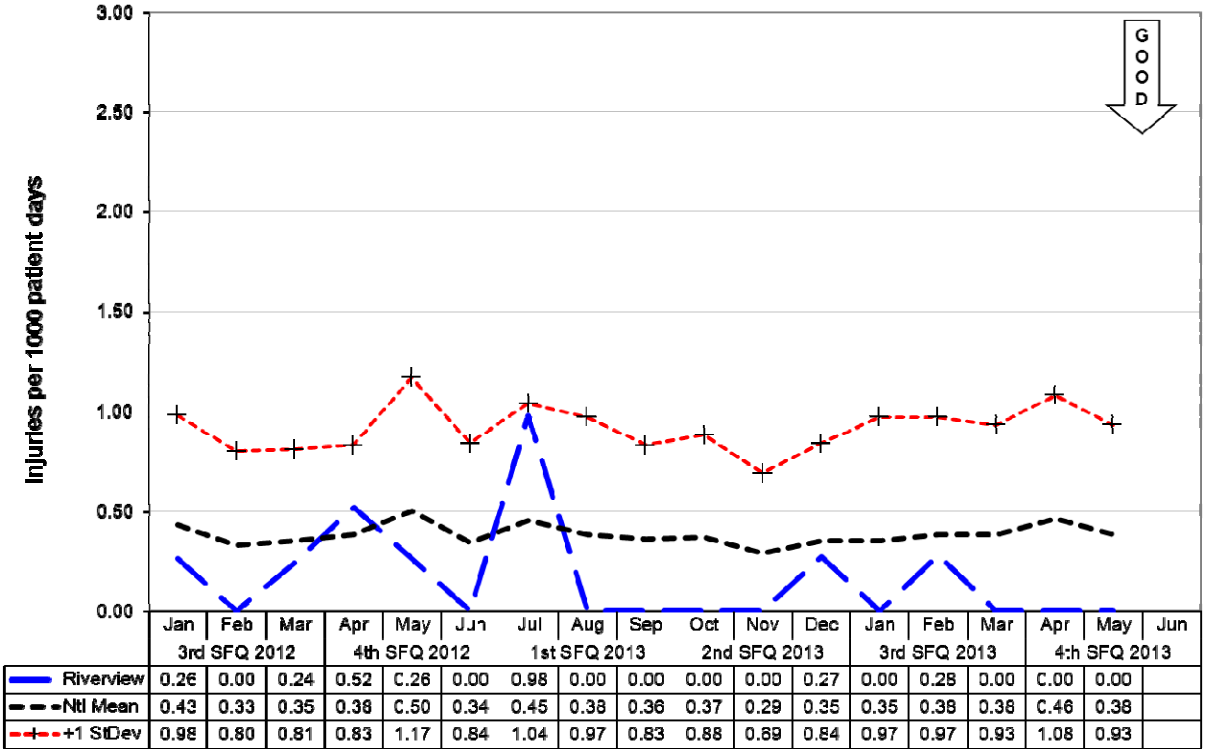
Reportable injuries include those that require: 3) Medical Intervention, 4) Hospitalization or where, 5) Death Occurred.

- No Treatment – The injury received by a client may be examined by a clinician but no treatment is applied to the injury.
- Minor First Aid – The injury received is of minor severity and requires the administration of minor first aid.
- Medical Intervention Needed – The injury received is severe enough to require the treatment of the client by a licensed practitioner, but does not require hospitalization.
- Hospitalization Required – The injury is so severe that it requires medical intervention and treatment as well as care of the injured client at a general acute care medical ward within the facility or at a general acute care hospital outside the facility.
- Death Occurred – The injury received was so severe that if resulted in, or complications of the injury lead to, the termination of the life of the injured client.

The comparative statistics graph only includes those events that are considered “Reportable” by NASMHPD.

CONSENT DECREE

Client Injury Rate



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4:h SFQ 2013		
Riverview	0.26	0.00	0.24	0.52	0.26	0.00	0.98	0.00	0.00	0.00	0.00	0.27	0.00	0.28	0.00	0.00	0.00	
Ntl Mean	0.43	0.33	0.35	0.38	0.50	0.34	0.45	0.38	0.36	0.37	0.29	0.35	0.35	0.38	0.38	0.46	0.38	
+1 StDev	0.98	0.80	0.81	0.83	1.17	0.84	1.04	0.97	0.83	0.88	0.69	0.84	0.97	0.97	0.93	1.08	0.93	

This graph depicts the number of client injury events that occurred for every 1000 inpatient days. For example, a rate of 0.5 means that 1 injury occurred for each 2000 inpatient days.

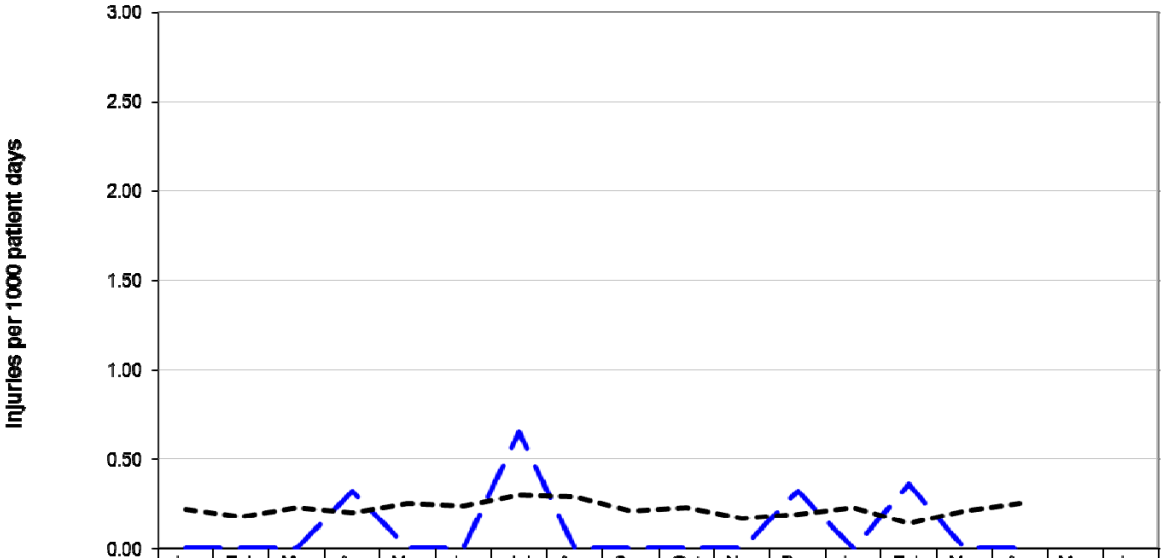
The following graphs depict the number of client injury events stratified by forensic or civil classifications that occurred for every 1000 inpatient days. For example, a rate of 0.5 means that 1 injury occurred for each 2000 inpatient days.

The hospital-wide results from the Dorothea Dix facility are compared to the civil population results at the Riverview facility due to the homogeneous nature of these two sample groups.

CONSENT DECREE

Client Injury Rate

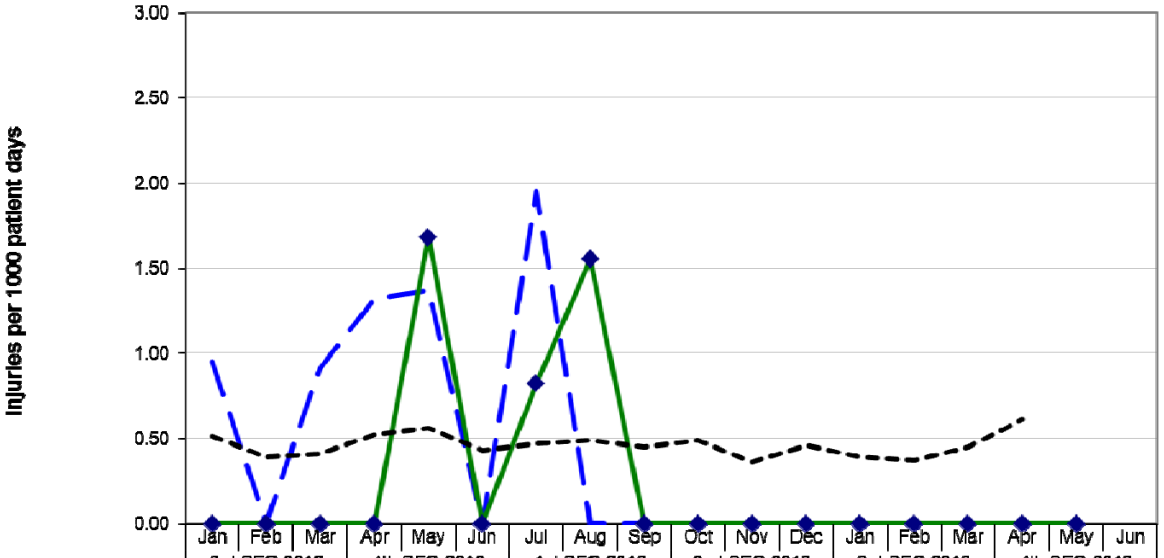
Forensic Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	0.00	0.00	0.00	0.32	0.00	0.00	0.65	0.00	0.00	0.00	0.00	0.32	0.00	0.36	0.00	0.00		
Ntl Mean	0.22	0.18	0.23	0.20	0.25	0.24	0.30	0.29	0.21	0.23	0.17	0.19	0.23	0.14	0.21	0.25		

Client Injury Rate

Civil Stratification



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	3rd SFQ 2012			4th SFQ 2012			1st SFQ 2013			2nd SFQ 2013			3rd SFQ 2013			4th SFQ 2013		
Riverview	0.95	0.00	0.91	1.32	1.37	0.00	1.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Dorothea Dix	0.00	0.00	0.00	0.00	1.68	0.00	0.82	1.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Ntl Mean	0.51	0.39	0.41	0.52	0.56	0.43	0.47	0.49	0.45	0.49	0.36	0.46	0.39	0.37	0.45	0.61		