OKLAHOMA COMMISSION ON CHILDREN AND YOUTH
OFFICE OF JUVENILE SYSTEM OVERSIGHT

Name of Location of Facility:	Oklahoma Youth Center Norman, Oklahoma
Dates of Visit:	June 19 and 20, 2007
Oversight Reviewers:	Jenifer K. Cooks, LPC, Oversight Specialist and Tina Pendergraft, Oversight Specialist
Focus of Visit:	Unannounced Routine Visit
Date:	July 31, 2007

Introduction

The Office of Juvenile System Oversight (OJSO) initiated a routine, unannounced visit on June 19, 2007, to the Oklahoma Youth Center (OYC), and returned on June 20, 2007, to complete the visit. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The facility was licensed by the Division of Child Care of the Department of Human Services (DHS), as a Residential Child Care facility to provide care for thirty-eight residents. The program was accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). On the day of the OJSO visit, the census was twenty four.

Interviews Conducted

- Entry interview with the Administrative Programs Officer
- Exit conference with the Health Information Supervisor, the Health Information Technician, the Administrative Programs Officer and the Director of Program Evaluation
- Eight residents
- Four direct care staff members

Documents Reviewed

- Seven resident files
- Five personnel files
- Department of Human Services (DHS) Division of Child Care inspection report dated March 20, 2007

- Joint Commission on Behavior Health Care Accreditation Program accredited OYC on April 13, 2007. This accreditation is valid for up to thirty-nine months.
- Office of the Oklahoma State Fire Marshal inspection report, dated June 28, 2006
- OKDHS Children and Family Services Division Continuous Quality Improvement Unit report dated February 13, 2007
- Critical Incident Reporting policy DMHSAS 6.3, effective date January 1, 2004
- March, April and May 2007, Seclusion/Restraint Reports
- Policy dated August 13, 2007 (effective date), regarding Use of Therapeutic Holds
- Policy dated March 25, 2004 (effective date), regarding Patient Grievances

Findings

Staff Interviews
Four staff members were interviewed and there were no concerns or issues identified. Interviews focused around understanding of client's needs, safety and welfare of clients, and overall staff satisfaction.

Client Interviews
Eight residents were interviewed. The interview questions pertained to resident safety, and overall care residents are given by staff. No concerns or issues were addressed by the residents.

Documents Reviewed
Critical Incident Reports between the dates of January 7, 2007 through April 24, 2007, were reviewed. Nine of these reports did not have a reviewer's signature. This is critical, as one report that was not signed needed to be reported to the Office of Client Advocacy.

Three of the seven resident files that were reviewed by the OJSO had incomplete Child History Forms. These forms are completed by the parent/guardian. It did not appear that a staff member had reviewed these forms with the guardian as there were several sections left blank throughout the forms. Much of the missing information was critical to assist in providing care for the resident. Four of the seven files did not have a guardian signature on the Medication Reconciliation forms. In one of the files, a medication consent form was signed by the guardian, however, the client's name and any other identifying information was not listed. In the same file, on another medication consent form, the client's first name was listed but lacked any other identifying information. A majority of the medication consent forms did not include the prognosis, purpose, and side effects of the medication. These were left blank.

Two treatment plan reviews did not include the education information or teachers' signatures. A total of four reviews did contain educational information, but lacked a teacher's signature.

Five of the seven files had incomplete information on the Therapeutic Hold and Debriefing Forms. Information as to what actually occurred was not clear from the documentation. The following is a list of incomplete forms in five of the seven files reviewed:

- Patient's History of Physical or Sexual Abuse and other Trauma was not addressed on four forms
- Location of occurrence was missing on two forms
- Hold initiated in the absence of a nurse was not addressed on two forms
- Signature and title of staff initiating the hold was missing on two forms
- Title and signature of nurse was missing on two forms
- Client seen within one hour was not addressed on three forms
- One form did not document that the patient and staff were checked for injury
- Time and date of the doctor's assessment was missing on one form
- One form did not document a date of the doctor's assessment
- One form did not have a resident's signature on the debriefing section nor was there an explanation of refusal by the resident to participate.

Eight Grievances were reviewed for the time period of January 5, 2007, through May 22, 2007. Copies were requested by the OJSO but were not received because the facility did not receive a response from their legal office giving permission to make copies. At least four grievances that were reviewed were not complete.

Five Personnel Files were reviewed. Items missing in these files included a New Employee Orientation Information Checklist in two files, training hours for one employee, and a current First Aid verification. OYC did fax the information to the OJSO. After receiving the fax, the OJSO was still unable to verify if orientation was completed within thirty days of employment on one employee because necessary dates had not been filled in. An overall 'date completed' had been left blank on the form.

Area of Concern

The OJSO recommends that the term "therapeutic hold" be deleted from the policy manual, as the word therapeutic indicates healing, beneficial or treatment. Including the term in the policy manual may, in fact, inadvertently encourage the use of physical restraint on patients. The term, "physical restraint or hold", could be used in place of "therapeutic hold".

"Start with the premise that seclusion and restraint use is not therapeutic, represents a failure in treatment, and causes physical and psychological harm to patients. Research shows that these measures are traumatic for *both* staff and

patients. Staff must be encouraged to question their beliefs that if seclusion and restraint are not used, staff injuries will follow. In contrast, research confirms that environments characterized by control and coercive interactions are more likely to result in staff injuries." Excerpted from the Alternatives to Restraint and Seclusion in Mental Health Settings: Questions and Answers From Psychiatric Nurse Experts, Laura Stokowski, RN, MS.

Violations

1. Nine Critical Incident Reports between the dates of January 7, 2007 through April 24, 2007, did not include a reviewer's signature. Critical Incident Reports are intended to document factual circumstances, alert administration to potential problems, facilitate performance improvement by tracking the number of incidents, and document events that could lead to adverse effects on consumers. According to the facility's policy, Department of Mental Health and Substance Abuse Services, Critical Incident Reporting, DMHSAS 6.3, Page 5, in part (2)(V) Completing DMHSAS Confidential Critical Incident Report Form- The Critical Incident Report shall be completed as follows: Reviewer signature: The reviewer's signature must be the dated, legible signature of the person reviewing the incident. The person completing the report cannot be the reviewer. The reviewer must be the facility director, director of nursing, medical director, clinical director, or division or unit head. Facilities may develop additional internal reviewing processes.

2. Three of seven resident files reviewed did not have complete information on the Child History forms. Child History information provides necessary information on the resident which enables the facility to provide appropriate care of the child. According to DHS Licensing Requirements for Residential Child Care Facilities, 340:110-3-154, Social Services, (a) Admission. The facility involves the resident and parents or custodian in the admission process. (1) Upon admission, an admission assessment is completed for each resident indicating that the placement is appropriate for each resident's needs. The admission assessment is documented and available for licensing staff to review. An admission assessment includes (in part): (C) a description of the resident's current and past behavior, including both appropriate and maladaptive behavior; (D) the resident's medical and dental history, including any current medical problems; (E) the resident's school history, including current education level, special achievements, and any school problems; (G) the resident's mental health history; and (H) documentation indicating efforts to obtain any of the identifying information in (A) through (G) of this paragraph, if any information is not obtainable. (4) Upon admission, the facility obtains authorization, by the parents' or custodian's signature of: (B) authority to provide medical care.

3. Medication consent forms did not include the prognosis, purpose, and side effects of the medication. When medication consent is being requested, the

reason for the medication, the side effects and any unusual reaction need to be described to the patient and guardian. According to DHS Licensing Requirements for Residential Child Care Facilities, 340:110-3-154.3 (e) Medication (E) any unusual reaction. The resident, the parents or custodian, and all staff members responsible for the resident are informed of the side effects of the medication prescribed for the resident.

4. Five of seven files had incomplete information on the Therapeutic Hold and Debriefing forms. All efforts are made to use the least restrictive methods for a resident when he/she is becoming out of control. When those methods have failed, a Therapeutic hold may be used. In that situation, According to OYC Procedure No. 215-05-05, Page 2 in part, paragraph 9, "When a patient is exhibiting behaviors that places him/herself or others at risk or harm, the patient is first given every opportunity to use less restrictive methods to de-escalate and regain control of his/her emotions. Staff should never argue with the (page 3) patient. Document all interventions. Page 6, Staffing Interventions, in part, paragraph 1, A physician is contacted immediately but not more than 10 minutes should lapse from the time the hold is initiated before contacting a physician, this allows the physician time enough to see the patient within the one hour requirement. The physician and nurse must examine the patient for injuries when the patient is released from the hold. Paragraph 3, in part, Staff must be sure to sign each entry. Paragraph 4, in part, The licensed nurse documents in the patient's progress notes and/or physician order sheet and on the therapeutic hold sheets the clinical justification for actions taken. Patient Care Assistants document their observations in the progress notes and on the therapeutic hold sheet.

5. Four of the eight grievance forms did not verify that residents were notified in regard to actions taken to resolve the grievance. Two of the residents that were contacted to resolve the grievance, as indicated by the resident's signatures, that he/she was not satisfied with the outcome, however, no additional action was taken. Grievances are to be resolved with the grievant and those involved in a timely manner. According to OYC Procedure No. 214-03, Patient Grievances, page 2, in part, Unless there is a grievance concerning abuse and neglect of a patient, as defined by this policy and providing the patient presents a completed grievance form, within one working day after receiving notice of said grievance the appropriate supervisory staff member designated by the OYC morning report team should: Give form to appropriate staff at the lowest level and have them address the grievance and sign and date the grievance along with documenting the actions taken to resolve the grievance. If the patient is not satisfied, within one working day of receipt of the request to resolve, the staff member should send the form to morning report for the director or designee, to take further action to attempt to resolve the grievance.

JKC:lb

OKLAHOMA DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES
OKLAHOMA YOUTH CENTER

RECEIVED
AUG 3 1 2007
OCCY

August 30, 2007

Jenifer K. Cooks
Oversight Specialist
Oklahoma Commission on
Children and Youth
500 North Broadway, Suite 300
Oklahoma City, OK 73102

Dear Ms. Cooks:

In reviewing the report we received from your office dated July 31, 2007, we see that you requested a written response to the findings.

The Oklahoma Youth Center appreciates your Report. On your findings the following information is offered:

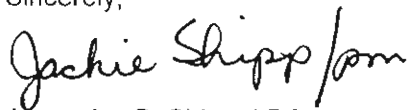
1. All incident reports will be signed by the appropriate staff member. The critical incident reports will not be filed until this signature is obtained.
2. Child history forms will contain complete information. We will ensure this through education with admission and nursing staff, oversight by medical records, and random internal auditing of charts, conducted by the Executive Management Team work group.
3. Medication consent forms will include the purpose, benefits, and side effects of the medication. The reason for the medication, possible side effects and any unusual reaction will be described to the patient and guardian. We will ensure this through education with nursing staff, oversight by the Director of Nursing and the Nurse Managers, and oversight by Medical Records and The Executive Management Team, including random internal auditing of charts.
4. Therapeutic Hold and Debriefing Form will be fully completed. We will ensure this through education with nursing staff, oversight by medical records, and random internal auditing of charts conducted by the Executive Management Team work group.
5. Grievance forms will verify that residents were notified in regard to actions taken regarding the grievance. In addition, nursing service will conduct training with all dorm staff on the grievance procedures of The Oklahoma Youth Center as a part of their ongoing service trainings. Grievances will be resolved with the grievant and those involved in a timely manner, to be ensured through oversight by the Executive Director's Office. To the best of our ability, we will notify the resident of action taken.

   In addition, it was decided by Executive Management Team that both the Grievance procedure and form will be revised. Timeframes will be made clearer.

   We will forward the revised Grievance Form to your office upon its completion, for your records.

Thank you for the opportunity to respond to the findings.

Sincerely,



Jacquelyn B. Shipp, LPC
Interim Executive Director

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