

DHS Licensing Conditional License Order Information
May 20, 2014 Extension

TERMS OF THE CONDITIONAL LICENSE				
Term	Responsible Person	Requirement/Action Taken	Status	Approved by Licensing
Term 1. New condition: Strengthen on-site Executive leadership team. Develop and implement a strategic leadership plan to provide guidance, transparency and integrity to the facility.	Carol Olson Connie Jones	6/19/14 – Carol Olson and Connie Jones formulated a leadership plan to strength the on-site leadership team. This information was provided to Licensing in a letter written by Carol Olson on 6/18/14.	N/A	N/A
1a. Within 30 day: Submit a plan by which all employees in the facility will have received the 2-day Person Centered Planning (Thinking) training. Within 45 days: All managers and supervisors must have completed this training.	Staff Development	6/6/14 - A plan was developed to have all staff attend the 2-day Person Centered Thinking training by offering a class each week until all staff completed the training. All managers and supervisors that have not completed Person Centered Thinking training were scheduled to attend the 2-day class either 6/16 & 17 and 6/23 & 24. 6/19/14 – Plan submitted to Licensing. PCT Training will continue most weeks until all staff have completed the 12 classroom hours training. 7/3/14 – Information provided to Licensing on supervisors completion of PCT training. 10/17/14 – 695 employees completed the 12 hour PCT training. 85 employees are enrolled in the remaining classes. 10/31/14 – 763 employees completed the 12 hour PCT training. 209 employees completed the training prior to 5/20/14 and 554 completed it between 5/20/14 and 10/31/14. An additional 25 employees from Community Support Services completed the training on the St. Peter campus. One class is scheduled in January, 2015 and two classes in February, 2015 for the 59 staff (includes new employees through November) and 50 additional staff from the Forensic Nursing Home (not part of the conditional license) to complete the training.	Plan submitted to Licensing on 6/19/14 Training information submitted to Licensing on 7/3/14	
1b. FT Medical Director: Progress reports to Licensing every 2 weeks on all effort towards hiring a full time medical director.	Dr. Steven Pratt Connie Jones Gloria Zimmerman	6/2/14 - The first progress report was provided to Licensing. Three candidates interviewed for the medical director position and three offers made. The first two candidates turned the offer down, the third is still considering. A fourth candidate scheduled to interview in July. 6/17/14 – Second report submitted – continued contact with third candidate, fourth candidate interview scheduled for 7/11/14. 7/2/14 – Third report submitted – included detailed information on the national search for Medical Director. 7/15/14 – Fourth report submitted to Licensing. 7/29/14 – Fifth report submitted to Licensing that included the hiring of the Forensic Services Medical Director. Request to discontinue bi-weekly reports submitted and approved. 11/10/14 – Dr. KyleeAnn Stevens, Forensic Services Medical Director started.	First report submitted on 6/2/14 Additional reports submitted on 6/17/14 7/2/15 7/15/14 7/29/14 Completed on 11/10/14	

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<p>1c. Within 30 Days: On-Site executive leadership must develop a code of conduct and identify professional resources and supports so that staff concerns and suggestion are reported to upper management and responded to. The on-site executive leadership team also must formulate and submit an action plan that is signed by the executive team.</p>	<p>Carol Olson Ryan Church</p>	<p>6/19/14 – A draft Code of Conduct policy and action plan were submitted to Licensing for approval. 8/4/14 – Code of Conduct Policy approved and posted with an effective date of 9/4/14. Roll-out plan developed and implemented. 10/20/14 – Communication on the Code of Conduct has been conducted with 813 out of 861 employees.</p>	<p>Code of Conduct policy and action plan submitted to Licensing on 6/19/14</p>	
<p>Term 2: Within 30 days: Provide clinical supervision on Unit 800 (the clinical supervision is described in the order). 2a. All unit staff are required to participate minimally in one clinical supervision group led by a Licensed Mental Health Professional (meets the definition in Statutes) minimally one time per week every calendar week. 2b. Staff who are not in that clinical supervision group must participate in an ancillary meeting each week – same information is presented. Ancillary meeting must be conducted by a mental health professional or a mental health practitioner (defined in Statutes).</p>	<p>Sharon Mahowald-Horner</p>	<p>6/5/14 – List of job classifications for Mental Health Practitioners provided to Licensing for approval 6/6/14 - Process has developed to implement clinical supervision on Unit 800 during the week of 6/9/14. 6/10/14 – First clinical supervision meeting held on Unit 800. Initial meeting conducted by Mental Health Professional. Ancillary meetings conducted by Mental Health Practitioner. 6/16/14 – Clarification on job classification provided to Licensing at their request. 6/19/14 – Details from the first clinical supervision meeting provided to Licensing. 6/27/14 – Request made and approved by Licensing to call the meetings “Weekly Clinical Review Meetings” instead of clinical supervision. 7/3/14 – E-mail to Licensing defined “calendar week” for Unit 700 & 900 starting week of 7/7. 8/18/14 – Current defined “calendar week” document emailed to Licensing for all units that have rolled out weekly clinical review meetings. 9/15/14 – All units/programs have implemented weekly clinical review meetings. 9/17/14 – Agreement made with Licensing that Security Counselors that qualify as a Mental Health Practitioner would not conduct an ancillary meeting until their competencies are assessed. 9/30/14 – Proposal submitted to Licensing to modify certain areas of the Term 2 requirements. 10/20/14 – A telephone conference held with Licensing to review the proposal submitted on 9/30/14. Licensing approved modifications to Term 2 that include: coverage staff can review and sign-off on the weekly clinical review meeting minutes for each unit they provide coverage on; a tiered approach that allows a mental health practitioner that attends the weekly meeting to provide an ancillary meeting to another mental health practitioner, who then can provide an ancillary meeting (can only be done down one tier); centralized department staff can review and sign-on weekly minutes for patients they provide services to.</p>	<p>List of job classifications for Mental Health Practitioners submitted on 6/5 and 6/15/14. Information on implementation of clinical supervision meetings on Unit 800 provided to Licensing on 6/19/14</p>	

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		<p>One area not approved is overnight staff cannot review and sign off weekly meeting minutes. Another area not approved at this time was the request to allow mental health professional – license eligible to lead weekly clinical review meetings with Licensing requesting additional information. Information was also requested on the amount of coverage that occurs within MSH.</p> <p>11/7/14 – Information provided to Licensing on mental health professional – license eligible and coverage that occurs at MSH as requested.</p>		
<p>2c. Within 30 days: Submit a written plan describing how this same clinical supervision will be provided across all the treatment units.</p>	Sharon Mahowald-Horner	<p>6/19/14 - The written plan for implementation across all treatment units that include MSH, Transition Services and CRP was submitted to Licensing. The plan outlined implementation within 90 days for other MSH units and within 120 days for Transition Services and CRP.</p>	Plan submitted to Licensing on 6/19/14	
<p>Term 3: Within 30 days: The facility must assign to each shift on Unit 800 a “mentor” who will observe, coach, and demonstrate person centered thinking and trauma-informed care to unit staff. (The designated mentor is defined in 3a, b and c).</p>	Robin Bode Penny Hogberg	<p>6/6/14 - Person Centered Coaches training began on 6/3/14.</p> <p>6/15/14 - An additional 30 day extension was requested and granted for implementation of the “mentor” for night shift on Unit 800. The definition of Person Centered Coach was expanded to include Person Centered Leader.</p> <p>6/19/14 – PCT Coach assigned from 6am to 10pm on Unit 800 began on 6/19/14. Information provided to Licensing on 6/19/14.</p> <p>7/18/14 – PCT Coach assigned from 10pm to 6am on Unit 800.</p>	Information on PCT coaches on Unit 800 provided to Licensing on 6/19/14	
<p>3d. Evaluation must be done by on-site executive leadership team at least every 60 days.</p>	Executive Leadership	<p>6/19/14 – Information provided to Licensing on the process to evaluate PCT coaches. A leadership team person will be assigned to a Coaches Circle and meetings between Coaches and Leaders will be held every 60 days to address Level 2 and Level 3 changes.</p> <p>10/21/14 – Executive Team and Managers have visited every 2nd and 3rd day of PCT Coaches training to answer any questions or concerns from employees being trained to be PCT Coaches. Any questions received from PCT Coaches Circles are being answered by Leadership.</p> <p>11/26/14 – A member of the Leadership Team continued to attend PCT Coaches training as stated above. Coaching Circles will meet the 1st Wednesday of every month starting in January. A member of the Leadership Team will attend each Coaches Circle meeting to discuss Level 2 and Level 3 changes.</p>	Information on evaluation of Leadership Team submitted to Licensing on 6/19/14	

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<p>Term 4: Within 30 Days: 4a. ITP's and IAPP's (new or revised) need to be completed within 8 hours of a patient's admission or transfer. 4b. Within 24 hours the new or revised ITP and IAPP must be dated, signed and approved by a licensed mental health professional. 4c. All staff must review and document that they have reviewed the initial or revised ITP and IAPP within 2 hours of the start of their first shift following the signing of the ITP and IAPP by the licensed mental health professional.</p>	<p>Colleen Ryan</p>	<p>6/18/14 – Implemented process to complete an ITP and IAPP for each admission and transfer within 8 hours. Licensing notified of new process on 6/19/14. RN's and/or BA's will be responsible based on the type of transfer. The psychiatric provider will be responsible to approve, sign and date the admission/transfer 8 hour ITP and new/revised IAPP within 24 hours at MSH and CRP. Transition Services will utilize other Mental Health Professionals to approve and sign ITPs and IAPPs. RN's and/or BA's will be responsible to notify the psychiatric provider or designated professional at Transition Services. A sign-off sheet will be used to meet the 2 hour requirement. The Treatment Team Supervisor or Program Director will be responsible for tracking this requirement.</p>	<p>Information that a new process was implemented was provided to Licensing on 6/19/14</p>	
<p>Term 5: Within 30 days: Submit a plan for aligning organizational structure of each unit in a way that integrates the responsibilities of the whole treatment team</p>	<p>Carol Olson Connie Jones</p>	<p>6/19/14 – Carol Olson and Connie Jones formulated an organizational structure to address the areas identified in the order. A plan was outlined in a letter to Licensing from Carol Olson. Staff were notified by Carol Olson of the changes that will be occurring in the organizational structure on 6/17/19.</p>	<p>Plan drafted and submitted to Licensing on 6/19/14</p>	
<p>Term 6: Within 30 days: Update and submit a Program Abuse Prevention Plan for all units. (More detail is in the order.)</p>	<p>Rita Olson</p>	<p>6/19/14 – The Program Abuse Prevention Plan (PAPP) that included each individual unit's plan was revised to address the issue identified in the order. The revised Plan was submitted to Licensing.</p>	<p>Revised PAPP submitted to Licensing on 6/19/14</p>	
<p>Term 7: Within 45 days: Submit a plan on how the facility will meet the requirements of Term 3 above for all treatment units within 90 days following submission of the plan.</p>	<p>Robin Bode</p>	<p>6/5/14 - A request was made and approved by Licensing for a 30 day extension for implementation on all other units except Unit 800. The implementation date is now 120 days from submission of the plan (10/31/14). 7/3/14 – Proposed plan to roll out PCT coaches submitted to Licensing for approval. 8/21/14 – Verbal approval received for proposed plan for PCT coaches during conference call. Licensing requested a variance request be submitted to vary the term. Verbal approval was for a PCT coach on each shift for Unit 800, 900 and North Unit and a PCT coach on the remaining units from 6am-10pm. 8/22/14 – Variance request submitted to Licensing. 9/4/14 – During a phone conversation with Licensing, it was decided not to use a variance request for modification to Term 7. 10/17/14 – 180 employees have been provided training to be PCT coaches. 32 more employees are scheduled to complete PCT coaches training in November.</p>	<p>Plan drafted and submitted to Licensing on 7/3/14</p>	

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		<p>10/31/14 – PCT coaches assigned to each unit from 6am-10pm with a PCT coach on Unit 800, 900 and North Unit on all three shifts. Discussion held with Licensing regarding coverage from 6am-10pm at MSH with the different shifts. Licensing requested that this information be provided to them in writing.</p> <p>11/3/14 – Email sent to Licensing with information regarding a PCT coach for the MSH units (other than Unit 800 and 900) stating that there may be occasions where there is not a PCT coach available from 6-7am and 9-10pm. There will be a minimum of a PCT coach every day from 7am-9pm.</p> <p>11/26/14 – 220 employees have been provided training to be PCT coaches.</p>		
<p>Term 8: Within 60 days: Develop and implement a plan to conduct unscheduled observations of Unit 800 to determine compliance with this order and the RCA that was conducted.</p> <p>Within 90 days submit a progress report to Licensing on the findings. Ongoing, every 90 days submit while on the conditional license. The ongoing reports must include same information on all living units.</p>	Maria Ockenfels	<p>6/19/14 – A tool for conducting unscheduled observations of Unit 800 was developed and is being piloted. Revision to the tool will continue based on feedback by staff completing the unscheduled observations. A plan will be finalized and implemented prior to the 60 days due date.</p> <p>7/7/14 – Started roll out of unscheduled observations for Unit 800.</p> <p>8/18/14 – Report submitted to Licensing on unscheduled observations completed on Unit 800.</p> <p>10/6/14 – Unscheduled observations were rolled out throughout August, September and October for all units/programs.</p> <p>11/17/14 – Quarterly report submitted to Licensing on unscheduled observations for all units/programs.</p>	On-going	
<p>Term 9: With assistance of DHS Adult Mental Health Division, MDH and other agency or entity, the facility must identify appropriate consultants to assist with assessing and determining the most appropriate setting for admission patients and crisis patients. In addition, undertake an analysis and make recommendations around appropriate license/different standards. Options to be considered include a psychiatric hospital or an intensive residential treatment program served or a specialized set of licensing standards. This report must be submitted by 1/15/2015.</p>	Carol Olson	<p>6/18/14 – Letter submitted to Licensing for clarification of Term 9.</p> <p>6/26/14 – Received clarification from Licensing on Term 9.</p> <p>9/26/14 – First meeting of the workgroup to assess and determine the most appropriate setting for admission and crisis patients.</p> <p>10/17/14 – The workgroup held their second meeting.</p> <p>11/17/14 – The workgroup held their third meeting. A draft proposal based on group discussion will be developed and presented at the December meeting.</p>		

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Term 10: (Continued Term) Ongoing , all contact with on-call must be documented in medical record, both by the on-call staff and the staff person at the facility who made the call.	Dr. Steven Pratt Colleen Ryan	6/6/14 - Continue to monitor documentation requirements by the on-call staff and nursing staff contacting the on-call.	On-going	None Needed
Term 11: (Continued Term – Modified): Ongoing submit new or revised policies, procedures, or forms for use of restraint, seclusion and restraints outside the secure perimeter.	Gloria Zimmerman	6/6/14 - Any changes to identified policies, procedures and forms will be submitted to Licensing as required. 6/17/14 – Request made and approved by Licensing to Restraint and Seclusion procedure to change the IAPP completion timeframe from 24 hours to 8 hours. 11/26/14 – Changes to restraint and seclusion procedure and related forms submitted to Licensing as part of a correction order issued on 10/28/14.	On-going	
Term 12: (Continued Term – Modified): Submit documentation of quality assurance activities related to restraint and seclusion. (Documentation requirement details are in the order.)	Gloria Zimmerman	6/6/14 - Continue to submit quarterly reports to Licensing. The next report is due in July for the 2 nd quarter of 2014. 7/30/14 – Quarterly report submitted to Licensing. 10/30/14 – Quarterly report submitted to Licensing.	On-going	
Term 13: (Continued Term – Modified): Provide written notification of the extended conditional license as identified in the order.	Gloria Zimmerman	See action below	Completed 6/6/14	None Needed
13a. Current patients and referral parties within 20 days .	Gloria Zimmerman	6/6/14 - Letters provided to patients and referral parties by 6/6/14.	Completed 6/6/14	None Needed
13b. New patients at time of admission.	Gloria Zimmerman	6/6/14 - New letter provided to HIMS to place in admission packets. Letter is available in the admission packets as of 6/6/14.	Completed 6/6/14	None Needed
13c. Within 30 days submit to Licensing a copy of the notice provided and a list of all who received it.	Gloria Zimmerman	6/6/14 - Required information will be submitted to Licensing by 6/19/14. 6/16/14 - Letter with required documentation sent to Licensing on 6/16/14.	Completed 6/16/14	None Needed