
Accreditation Report – Avera - The LINK

Date of Review: September 13-14, 2021

Substance Use Disorder Score: 83.3%

REVIEW PROCESS:

Avera – The LINK was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on September 13th and 14th, 2021. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Compliance
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures, personnel files, the client case record scores, and an overall cumulative score.

AGENCY SUMMARY:

Avera is one of the largest healthcare systems in the Midwest, with over 300 locations in five states. Avera’s mission statement is “a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values”.

The LINK is a community triage center serving the greater Sioux Falls area. The LINK runs as a partnership between Avera, the city of Sioux Falls, Minnehaha County, and Sanford Health, although the facility is staffed and governed by Avera Health. According to their website The LINK is “a safe place for people experiencing a non-violent behavioral health crisis or needing care for substance abuse disorders to access immediate treatment and referral to support services”. Thomas Otten, Assistant Vice President of Behavioral Health Services at Avera is the director, and Kelsey Sjaarda is the Clinical Program

Manager. The LINK opened on June 1, 2021 and has replaced the Minnehaha County Jail as the primary detoxification and sobering center in Sioux Falls.

Avera is seeking provisional accreditation for Clinically-Managed Residential Detoxification Services. They also provide Medically-Monitored Inpatient Withdrawal Management, but this is not a state accredited level of care. Other services provided by The Link include non-violent behavioral health crisis services, case management and referral services.

INTERVIEW RESULTS:

Description: The Department of Social Services, Office of Licensing and Accreditation completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review. However, the information obtained in the interviews is used for quality improvement of the agency.

The Office of Licensing and Accreditation interviewed one chemical dependency counselor as well as the Clinical Program Manager. Both staff members interviewed indicated that communication is excellent at The LINK, and everyone has stepped up to provide the best care possible and meet the challenges that a new facility brings. Staff noted during interviews that it has been a challenge to get away from the stigma that may have come with social detoxification being located at the jail. Staff would like to continue to make The LINK a therapeutic environment rather than a punitive one. They also noted that they have received a large number of involuntary commitments, which has been a challenge, as those clients do not always fit into a level of care and are often not cooperate with treatment.

Due to the acute nature of client needs at The LINK, there were no clients available to be interviewed at the time of the review.

STAKEHOLDER SURVEY:

Description: Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review. However, the information obtained in the survey results is used for quality improvement of the agency.

There are currently no stakeholder survey results for The LINK, as it is a new agency.

AREAS OF COMPLIANCE FOR SUBSTANCE USE DISORDER SERVICES:

Description: The following areas were identified as areas the agency demonstrated compliance to administrative rules regarding SUD services.

1. According to ARSD 67:61:08:02, each residential program shall meet the following requirements for the control, accountability, and safe storage of medications and drugs:
 - Any client on medications for substance use disorder, mental health, or medical conditions shall surrender all medications and drugs on admission to the agency per agency policy, and be educate about how to take his or her medication as prescribed while in the program;
 - Each client shall receive a formal orientation to the agency's medication policies and procedures upon admission;
 - All drugs or medications shall be stored in a locked storage area that is inaccessible to all persons at all times with the exceptions as specified in ARSD 67:61:08:10;
 - All controlled drugs shall be stored in a separate locked box or drawer in the medication storage area;
 - Poisons, disinfectants, and medications prescribed for external use shall be stored separately from each other and internal medications, with each in a separate locked area inaccessible to clients and visitors;
 - Biologicals and medications requiring refrigeration or other storage requirements as identified by the manufacturer's labeling shall be stored separately including refrigeration, freezing, and protection from the light in an area that is inaccessible to clients and visitors. If these medications are stored in a refrigerator containing items other than medications, the medications shall be kept in a separate secured compartment;
 - Each client's prescription medications shall be stored in the medication's originally received containers and may not be transferred to another container;
 - Any container with a worn, illegible, or missing label shall be destroyed along with the medication or drugs in the container, in accordance with ARSD 67:61:08:05;
 - Only a licensed pharmacist may label, relabel, or alter labels on medication containers;

- Any medication or drug prescribed for one client may not be administered to another client;
- If a client brings his or her own medications or drugs into the program, the client's medications or drugs may not be administered unless the client can be identified and written orders for the medications or drugs administration is received from a licensed physician;
- Each program shall have a procedure for contacting pharmacies and physicians as soon as possible after each client is admitted to the program;
- If medications or drugs brought by a client into the program are not used, the medications or drugs shall be packaged, sealed, stored, and returned to the client, parent, guardian or significant other at the time of discharge, if the return of the medications or drugs is approved by a program physician; the return of the medications or drugs shall be documented in the clients' case record, with the name, strength, and quantity of the medication, and signed by the appropriate staff member; and
- The telephone number of the regional poison control center, local hospitals, medical director, and the agency administrator shall be posted in all drug storage and preparation areas.

The LINK were in compliance with all medication requirements. Their medication room was well organized, with the required phone numbers and information posted. The LINK utilizes a Pyxis Medication System for safe and secure storage and organization of medication. Their medication refrigerator is also connected to the Pyxis system. Their medication room is locked and inaccessible to all clients and visitors.

2. According to ARSD 67:61:17:08, the program shall provide daily to each client a minimum of 30 minutes of any combination of the services listed in subdivisions ARSD 67:61:17:07(2)(a)(b)(c)(d) within 48 hours of admission, with an additional 30 minutes minimum for each subsequent 24 hour period.

Each client file reviewed had proof of at least 30 minutes of services within the first 48 hours and at least 30 minutes for each subsequent 24 hour period.

AREAS OF RECOMMENDATION FOR SUBSTANCE USE DISORDER SERVICES:

Description: The following area is identified as an area that the agency is recommended to review and ensure that the area is corrected. The area identified met minimum standards which do not require a plan of correction at this time, however if they continue to be found out of compliance on the next accreditation review, could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:61:17:07(1), the program may provide its clients with a variety of treatment services, but it must provide the following services:
 - Initial assessment and planning within 48 hours of admission. The initial assessment shall be recorded and must include:
 - The client's current problems and needs;
 - The client's emotional and physical state including screening for the presence of cognitive disability, mental illness, medical disorders, collateral information, and prescribed medications;
 - The client's drug and alcohol use including the types of substances used, including prescribed or over the counter medications, age of first use, the amount used, the frequency of use, the date of last use, the duration of use, and the criteria met for a diagnosis of use disorder for each substance; and
 - A statement of the intended course of action.

Two out of ten reviewed client files were missing initial assessments. One of those files contained no notes indicating why no initial assessment was completed. The second file had a note indicating the client refused an assessment on one occasion, but there was evidence that the client later attended individual and group sessions. It is advised that staff attempt to complete the initial assessment more than once and document all attempts.

2. According to ARSD 67:61:07:08, all programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided. Progress notes are included in the client's file and substantiate all services provided. Individual progress notes must

document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes must include attention to any co-occurring disorder as they relate to the clients' substance use disorder.

A progress note must be included in the file for each billable service provided. Progress notes must include the following for the services to be billed:

- Information identifying the client receiving the services, including the client's name and unique identification number;
- The date, location, time met, units of service of the counseling session, and the duration of the session;
- The service activity code or title describing the service code or both;
- A brief assessment of the client's functioning;
- A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues for the purpose of achieving identified treatment goals or objectives;
- A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable; and
- The signature and credentials of the staff providing the service.

While all client files reviewed contained most of the required elements of this administrative rule, two out of ten of the reviewed files did not contain a brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions.

3. According to ARSD 67:61:07:07, the program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record.

Continued Services Criteria did not apply to nine out of ten reviewed client files. The one applicable client file did not contain a continued service criteria document.

4. According to ARSD 67:61:17:05(1), the program shall establish a written policy and procedure concerning the steps staff shall take when assessing and monitoring the clients' physical condition and responding to medical complications throughout the detoxification process. Staff shall closely monitor the condition of each client during detoxification and document the following information in the client's case record:
 - Blood pressure, pulse, and respiration at admission by staff trained to perform these tests, a minimum of two additional times in the first eight hours after admission, or at a greater frequency dependent on the degree of hypertension or hypotension, and at least once every eight hours thereafter.

Two out of ten reviewed client files did not have blood pressure, pulse, and respiration recorded at admission and at least two additional times in the first eight hours after admission.

AREAS REQUIRED FOR PLANS OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:

Description: The following areas will require a plan of correction to address the rule of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of the rule.

1. According to ARSD 67:61:17:05(3), the program shall establish a written policy and procedure concerning the steps staff shall take when assessing and monitoring the client's physical condition and responding to medical complications throughout the detoxification process. Staff shall closely monitor the condition of each client during detoxification and document the following information in the client's case record:
 - Type and amount of fluid intake.

All ten client files reviewed were missing documentation of type and amount of fluid intake.

2. According to ARSD 67:61:07:12, a designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient treatment, clinically-managed low intensity residential treatment,

clinically-managed detoxification, and intensive inpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the pervious three months.

- Productive cough for a two to three week duration;
- Unexplained night sweats;
- Unexplained fevers; or
- Unexplained weight loss.

While all ten client files reviewed had tuberculin screenings completed, the tuberculin screening tool was missing unexplained night sweats as a question.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:

Description: This is The LINK's first provisional site review, and thus have had no prior areas requiring a plan of correction.

SUBSTANCE USE DISORDER ACCREDITATION RESULTS:

Administrative Review Score: 100%
Combined Client Chart Review Score: 79.2%
Cumulative Score: 82.3%

	Three Year Accreditation (90%-100%)
	Two Year Accreditation (70%-89%)
	Probation (69% and below)
x	One Year Provisional Accreditation (70% or above)