



Focus on Behavioral Health

Hot Topic! Special Populations: Behavioral Health

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Are your behavioral health (BH) units involved in survey preparation activities? Are tracers conducted in those areas? Is staff awareness of patient safety requirements gauged on a regular basis? No? Not always? We sometimes see that BH areas are not included in survey readiness activities. Sometimes this is because quality and regulatory staff aren't familiar with BH processes and are not comfortable assisting these units, based on their special needs. The best way to correct this is to collaborate with behavioral health staff. Invite the BH staff to serve as "experts" and educators to your tracer teams.

To begin, make sure that the tracer team members visit all BH units with a BH staff member who can orient them to the unit, staff, routine and policies. Remember to include the psychiatrists, therapist and mental health technicians in the tracer process. Ask them questions about their responsibilities, review their job descriptions and observe them interact with patients.

Just as with any survey, there are several items you will focus on for the BH units. Some of these items include:

- Two unique patient identifiers
 - What is the process?
 - What if the patient removes their identification band?
 - Are photographs used for patient identification?
- Infection Control
 - Hand hygiene
 - Cleaning of equipment
- Patient rights
 - Are they posted?
 - Does patient/guardian understand their rights?

There's Still Time!

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Featured Publication of the Month!

Want to avoid RFIs
in the Environment
of Care and Life
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Find out how C&A's
**Life Safety
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Congratulations!

We are excited to
announce **Judy
Courtemanche**,
President & CEO,
and **Nancy
McLean**, Senior
Consultant, have
been selected
as presenters at the
**2011 NAHQ
Annual
Conference** in
Sacramento, CA.

- Falls risk assessment
 - What is the process?
 - How is this communicated?
- Education
 - What is the process?
 - What if the patient can't participate? How is this addressed later?

There are also special items related to BH that will need attention. Some of those items are:

- Treatment planning process
 - Patient involvement
 - What is/are the patient's goal(s)? Are the goals measureable?
 - Does the patient/family attend treatment planning
 - Documentation of progression toward goals
 - Revision of goals/Updates to treatment plan
- Safety (This will vary based on the type of setting. For example, true psychiatric unit versus addiction unit. At a minimum, the following should be considered.)
 - Clutter
 - Fire safety
 - Process
 - Environmental Services/Facilities
 - Provide education about appropriate interaction
- Informed Consent, if applicable
- Check your state laws for requirements related to informed consent for psychotherapeutic medication
 - Even if state law and regulation does not require it, consider obtaining informed consent based on the multiple side effects and seriousness of psychotherapeutic medication
 - Assure that physicians are obtaining informed consent
 - It is not within the scope of practice for RNs to obtain consent
- Restraint/Seclusion
 - Observe room
 - How are patients notified if they are being visually/audibly monitored
 - Policies & procedure
 - Staff education and training
 - Physician
 - RN
 - Therapists
 - Mental Health Technician
- ECT
 - Review consent process

- Serial versus single
- Who obtains?
- What if something changes?
- Observe procedure
 - Medication labeling
 - Appropriate staff
- Staff education/training

Once your tracer team members are educated, they will have the confidence to trace the BH units. Additionally, the BH staff feels included in the process. The end results are improved patient care and outcomes and of course, a successful survey.

Stay tuned for more “Special Population” survey tips. Next month we will cover Pediatrics. If you have a request for a Special Population to be addressed, please contact us via email at info@courtemanche-assocs.com or by phone at (704) 573-4535.

HAPPY TRACING!

Were You Aware?

- 1) Medication ordering continues to be a challenge for organizations. Some key reminders related to medication ordering include assuring:
 - a. Policies and procedures define the various components related to medication ordering
 - i. Investigational, high-alert, pediatric dosing & chemotherapeutic agents, etc.
 - b. Policies state what constitutes a complete medication order
 - c. That “blanket orders” are prohibited
 - d. Medication orders meet regulatory requirements as well as hospital policy
 - e. Medication orders are reviewed for appropriateness
 - f. There is a process for clarification of unclear orders
 - g. There is an “automatic stop” order for defined medications
 - h. There is a system in place to check for and avoid therapeutic duplication
 - i. There is an indication for all medications ordered, including PRN
 - j. If home medications are allowed, there must be a specific MD order
- 2) The Joint Commission (TJC) has revised standard expectations in several chapters to be in compliance with the Centers for Medicare & Medicaid (CMS) requirements. These revisions affected the environment of care, leadership, information

management, life safety, provision of care and transplant safety chapters. The majority of revisions are in the environment of care chapter and are related to fire safety and emergency power requirements. Changes in the provision of care chapter are related to patients with emotional and behavioral disorders and development of care plans. To review all the revisions, [click here](#).

- 3) CMS has published new expectations for patient visitation rights. Some of the patient visitation changes are that the hospital must have a policy stating the rights of patients to receive visitors. The policy should also address any situations that a visitor may be denied or restricted. In addition, patients must be aware of any denials or restrictions. In order to comply with these new regulations, organizations should create a policy in collaboration with their medical staff and legal department after carefully reviewing the new regulations. Organizations should also consider adding this information to the patient handbook that all patients receive. For additional information, refer to the Federal Register /Vol. 75, No. 223 / Friday, November 19, 2010 /Rules and Regulations, section H. TJC has followed suit and has provided an updated plan for implementation of some of the patient communication standards. See Joint Commission Online – January 12, 2011 for details.
- 4) The American Nurses Association (ANA) and the Institute for Safe Medication Practice (ISMP) are working together to challenge CMS' medication rule that states that medications must be administered within 30 minutes of their scheduled time. ANA and ISMP find that this restriction creates patient safety hazards. The two organizations surveyed more than 17,500 nurses for feedback and found that the majority found this regulation "unrealistic". ISMP posted guidelines for timely medication administration which can be found at: <http://www.ismp.org/newsletters/acutecare/archives/Jan11.asp>.

2011 Were You Aware Recap

Assessment & Reassessment: Capturing the Required Elements

Do you find yourself in multiple meetings discussing how to assure that assessments and reassessments get done – not only by nursing but also by the medical staff? How and when do they need to be documented? What policies have to be in place related to

assessments? Well, you are not alone. This is especially true when it comes to the topic of pain assessment/reassessment. The Joint Commission (TJC) has many requirements related to assessment and reassessment in the Provision of Care (PC) chapter. Add to that the Centers for Medicaid & Medicare (CMS) requirements and it can make your head spin!

Join us on Monday, April 4, 2011 for a two-part webinar titled, "Assessment & Reassessment – Capturing Required Elements". The first hour will contain a full review of TJC and CMS requirements. The second hour will provide ways to meet the requirements. To obtain additional information, please contact us at info@courtemanche-assocs.com.

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