POLICY:

- The care, treatment or services of a patient shall be based on the patient’s assessed needs and level of functioning.

- Each patient shall be reassessed when there are changes in his/her functioning or living situation. The reassessment shall include those elements of the assessment that are relevant to the changes identified.

- The patient with intellectual and developmental disabilities shall receive a physical examination at least annually and as needed.

- Physical examinations shall be performed by ________________.

- The physical examination shall include (not all inclusive):
  - History of co-occurring conditions
  - Motor development and functioning
  - Pain, both chronic and acute
  - Sensorimotor functioning
  - Speech, hearing and language functioning
  - Visual functioning
  - Fluency
  - Immunization status
  - Oral health and oral hygiene
  - Nutritional status
POLICY:

- Every patient shall have an individualized comprehensive Plan of Care.
- The needs, strengths, preferences and goals of the patient shall be identified based on the screening and assessment, and shall be used in the Plan of Care, treatment or services.
- Patient care decisions shall be collaborative and interdisciplinary when more than one discipline is involved in the care, treatment or services of the patient.
- Every patient’s Plan of Care shall identify the patient’s diagnosis as well as goals and associated objectives and interventions necessary to meet the identified goals.
- Every patient’s Plan of Care shall include documentation to justify the diagnosis and the treatment and rehabilitation activities carried out as well as documentation that demonstrates all active therapeutic efforts conducted on behalf of the patient.
- The Plan of Care shall include:
  - Diagnosis:
    - A substantiated diagnosis shall be identified by the treatment team and shall be the primary focus upon which treatment planning will be based. The substantiated diagnosis shall evolve from the synthesis of data from various disciplines. The substantiated diagnosis may be the same as the initial diagnosis or it may differ based on new information and assessment.
  - Goals:
    - Expressed in a manner that captures the patient’s words or ideas that build on the patient’s strengths
REFER TO INDIVIDUAL STATE LAWS AND REGULATIONS

DEFINITION (Per the Joint Commission):

- **Physical Holding of Children or Youth**: A method of restraint in which a child’s or youth’s freedom of movement or normal access to his/her body is restricted by means of staff physically holding the child or youth for safety reasons.

- The Joint Commission (TJC) standards for physical holding of children/youth do not apply to the following circumstances:
  
  - The use of brief physical contact on a patient who receives such a procedure through an individualized behavioral contingency program
  
  - Forensic restrictions and restrictions imposed by correction and law enforcement authorities for security purposes; however, restraint or seclusion use related to the clinical care of an individual served under forensic or correction restrictions is surveyed under these standards
  
  - The use of protective equipment such as helmets or other adaptive support in response to the individual’s assessed physical needs (for example, postural support orthopedic appliances)

POLICY:

- ________________ (organization name) shall communicate its philosophy about the use of physical holding to patients, families/guardians and staff. Communication of the organization's physical holding policy shall be documented in the patient's medical record.

- This facility shall maintain an environment that minimizes circumstances that give rise to physical holding of children/youth and that maximizes safety when physical holding of children/youth is used.

- Physical holding shall not be used for any other purpose, such as coercion, discipline, convenience or retaliation by staff.

- Physical holding shall be limited to emergencies in which there is an imminent risk of a child/youth physically harming himself or herself, staff or others.
NOTE:

- This policy and procedure is for those facilities that use The Joint Commission (TJC) accreditation for deemed status purposes.

- Facilities must review State laws, CMS Regulations and accrediting organization standards regarding restraint and seclusion and follow the strictest standard/regulation.

DEFINITIONS:

- The Joint Commission Behavioral Healthcare standards for restraint and seclusion apply to any use of restraint and seclusion for behavioral health reasons.

- Restraint (per The Joint Commission) - Any method (chemical or physical) of restricting an individual’s freedom of movement, including seclusion, physical activity or normal access to his/her body that:
  - Is not a usual and customary part of a medical diagnostic or treatment procedure to which the individual or his/her legal representative has consented
  - Is not indicated to treat the individual’s medical condition or symptoms, or
  - Does not promote the individual’s independent functioning

- Seclusion (per The Joint Commission) - The involuntary confinement of an individual in a room alone, for any period of time, from which the individual is physically prevented from leaving. Exclusion does not include involuntary confinement for legally mandated but nonclinical purposes, such as the confinement of a person who is facing serious criminal charges or who is serving a criminal sentence.

- Restraints Do NOT Include the Following:
  - Instances in which an individual served is restricted to an unlocked room or area, consistent with a program’s rules or regulations and organization policy(ies) and procedure(s), such as quiet time before bedtime or homework time.
  - The use of a brief physical hold on an individual served who receives such a procedure through an individualized behavioral contingency program.
POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Psychiatric Nursing Services Director
Supervised by: Chief Executive Officer
Prepared by: __________________________________
Approved by: ___________________________
Date: ________________________________________
Date: _________________________________

Note: See specific state scope of practice.

Job Summary: Responsible for the planning, direction, implementation and evaluation of Nursing Services for the Behavioral Health facility. Develops operational and capital budgets; develops long and short-term goals and policies and procedures for the department. Oversees administrative functions and staff. Is a resource person to nursing staff. Knowledgeable of a wide range of disorders; cognitive, emotional, developmental, social and behavioral. Coordinates the performance improvement activities within the department and participates in CQI activities.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance  2 = Expected Performance  1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Organizes programs, policies and procedures that are developed to assess, evaluate and meet the needs of patients of inpatient psychiatric services, psychiatric outpatient clinics and transitional psychiatric programs. 3 2 1

Implements standards of nursing practice in the behavioral healthcare setting, annually reviewing and revising as necessary to reflect changes in nursing practice. 3 2 1

Addresses and supports cultural practices as long as such practices do not harm others or interfere with the planned course of therapy. 3 2 1

Clear, concise and current written policies and procedures are available to assist the staff and minimize risk factors. 3 2 1

Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors. 3 2 1

Supports and maintains a culture of safety and quality. 3 2 1

Recommends modifications, additions or deletions of personnel policies to ensure reasonable hours and acceptable working conditions to provide patient care coverage. 3 2 1

Initiates and participates in problem solving, policy forming conferences for psychiatric patient care services. Maintains close coordination with all departments to ensure continuity and collaboration of services. 3 2 1

Participates with the Governing Body, management, medical staff and clinical leaders in the facility's decision-making process. 3 2 1

Plans and recommends to CEO new facilities or equipment or modifications thereto needed to provide patient care. 3 2 1

Serves as a member of professional staff committees in matters pertaining to patient care. 3 2 1

Participates in the Executive Finance, Board of Trustees and Medical Staff departmental meetings. 3 2 1

Plans and coordinates with the Chief Financial Officer (CFO), utilizing the respective service managers for planning the budgeting requirements for staff, performance of work, supplies and equipment. 3 2 1