



**Private Psychiatric Service Providers
Areas of Focus for
2010 through 2013**

Per Ohio Administrative Code (OAC) 5122-14-03 (E) and (F), annual license renewal is required, and the Ohio Department of Mental Health conducts on-site surveys of Private Psychiatric Inpatient Providers on an every three-year survey cycle. While the Department reviews compliance with all Administrative Rules while on site, surveys will also focus on specific areas that may be high risk, high occurrence and/or problem prone or targeted for improvement based on current inpatient trends.

Below are the ‘target’ areas of focus selected by the Department for the next three-year survey cycle. Although these are specific areas of focus, we hope the providers will continue to strive for quality care in all areas and patient satisfaction and recovery. Should you have specific questions or comments, please contact Denise Cole, JD, MSN, RN, at 614-644-6166 or e-mail denise.cole@mh.ohio.gov.

OAC (5122-14-10)- PATIENT SAFETY AND PHYSICAL PLANT REQUIREMENTS

(G) Weapons and Law Enforcement Restraint Devices- The Department emphasizes that use of these devices is prohibited by any hospital staff or hospital employed security or law enforcement personnel, as a means of subduing a patient to place that patient in patient restraint/seclusion.

- The Department will conduct a review of policies and procedures related to seclusion and restraint, staff training in therapeutic crisis intervention techniques, your hospital’s seclusion and restraint log and associated quality initiatives related to these interventions. Additionally, a review will occur that documentation consistently reflects that the least restrictive intervention and environment of care is maintained during a crisis intervention. Documentation must also reflect attempts to de-escalate the patient’s behavior, the patient’s response to staff interventions, and all interventions attempted prior to the utilization of weapons and law enforcement restraint devices.

In summary, the Department will review that documentation focuses on 1) describing events that preceded the crisis or the patient’s escalating behavior; 2) staff intervention, including attempts to provide medication and alternative coping supports, in relation to the patient’s behavior; 3) the patient’s response, or lack of a response, to staff intervention; 4) description of the actual intervention, including the manner in which clinical oversight was maintained; 5) post intervention medical evaluation, if indicated; and 6) the verbal processing or de-briefing provided to the patient. Specifically, the goals of this review are to ensure provision of the most appropriate therapeutic intervention in an escalating situation, to facilitate problem-solving and reduce power struggles, to provide least restrictive interventions, and to document an attempt to evaluate and process this event with the patient at a later time.

Establishing mental health as a cornerstone of overall health

- The Department recommends that, to the extent possible, in a situation where an individual is exhibiting escalating behaviors, and it is anticipated that an extremely restrictive intervention, i.e. use of force, may be initiated, the patient **be immediately provided with a patient advocate** to assist and support the individual during this crisis intervention. Additionally, policies/procedures and documentation must reflect that clinical staff maintain clinical oversight of the intervention and subsequent follow up in the event security and/or law enforcement intervenes in an escalating situation.

OAC (5122-14-12)- PROGRAM, SPECIALTY SERVICES AND AFTERCARE REQUIREMENTS

(H) The inpatient providers diagnostic and treatment services must be culturally relevant and sensitive and **must take into consideration any relevant patient history of trauma and/or abuse.**

- The Department will review any relevant patient history of trauma and/or abuse in the patient assessments and if present, will review the patient's treatment plan to determine the provisions in place to address trauma and/or abuse, including contraindications to seclusion/restraint, while the patient is hospitalized
- Also, a review and discussion of staff training and education related to trauma informed care will be conducted.