

PSYCHIATRIC PROGRAM - STATE SURVEY AGENDA
State Monitoring Survey

I. SURVEY INITIATION	
A	Arrival - Provide hospital administration notification of psychiatric program survey.
B	Schedule entrance conference with hospital administrative staff. Provide copy of survey agenda to program administrator.
II. ENTRANCE CONFERENCE	
A	Meet with hospital/program staff to formalize survey agenda and select records for review.
B	<p>For selection of patient medical records and staff personnel files, please provide the following at the entrance conference:</p> <p>(1) Listing of patients currently hospitalized on the psychiatric inpatient program.</p> <p>(2) Listing of all patients discharged (include name, age, date of discharge, and if available, attending physician) from the hospital's inpatient program 60-90 days prior to the commencement of this survey.</p> <p>(3) Seclusion/restraint logs for the 12 month period preceding this survey.</p> <p>(4) The two most recent annual Recipient Rights Annual Reports and the most current, semi-annual Recipient Rights report. Also make available for review the Recipient rights log of received complaint allegations for the 12 month period preceding this survey.</p> <p>(5) Updated Psychiatric In-patient Program staff listing including:</p> <p style="margin-left: 20px;">(a) salaried and non-salaried psychiatrists,</p> <p style="margin-left: 20px;">(b) nursing staff including mental health workers/technicians,</p> <p style="margin-left: 20px;">(c) social workers, professional counselors,</p> <p style="margin-left: 20px;">(d) salaried and non-salaried psychologists,</p> <p style="margin-left: 20px;">(e) activity therapists.</p> <p>Identify by an asterisk (*) or other marking any staff person that has been associated with the psychiatric inpatient program for less than 18 months.</p>
C	<p>Distribute following forms to be completed by hospital staff:</p> <p>(1) Psychiatric Nursing Staff Coverage form.</p> <p>(2) Inpatient Staff List (Page 1)</p> <p>(3) ORR Complaint Allegation Status form</p>

III. SCHEDULED STAFF INTERVIEWS AND DOCUMENT REVIEW	
Day & Time to be Scheduled at Entrance Conference	Interviewed Staff - Department & Document Review Focus
	<p>Risk Management Staff & Psychiatric Director of Nursing</p> <p>(1) Policy/Procedure regarding incident report completion requirements.</p> <p>(2) Last 6 months of incident reports for the psychiatric program.</p> <p>(3) Incident reports for the 5 most serious incidents that occurred in the preceding 24 months.</p> <p>(4) Provide listing of any psychiatric patient who in the preceding 24 months died:</p> <p style="padding-left: 40px;">(a) While hospitalized on the psychiatric unit,</p> <p style="padding-left: 40px;">(b) After direct transfer from the psychiatric unit to hospital medical unit,</p> <p style="padding-left: 40px;">(c) Within 7 days of discharge from the psychiatric inpatient program.</p> <p>(5) Provide listing of any psychiatric patient who suffered a fracture that required transfer of the patient from the psychiatric unit to a medical unit or the hospital.</p>
	<p>Quality Assurance/Performance Improvement (QA/PI) Staff & Psychiatric Program Medical Director (or equivalent)</p> <p>1) QA/PI plan and screens utilized to monitor the quality of services provided to psychiatric patients during the 18 month period preceding the survey.</p> <p>(2) QA/PI data that demonstrates that the hospital implemented its QA/PI plan during the 18 month period preceding the survey.</p> <p>(3) Medical staff appraisal plan, peer review criteria, and event listing requiring physician peer review.</p> <p>(4) Most recent TJC /AOA survey report. Hospital's documentation that survey findings have been corrected.</p> <p>(5) Notification of Death [DMH 1036] form(s), that has been submitted regarding the death of a psychiatric (patient) who in the preceding 24 months expired on the psychiatric unit or on a medical unit of the hospital after the psychiatric patient was directly transferred from the psychiatric inpatient unit to the medical unit of the hospital. Also provide a listing of any psychiatric patient who expired within 7 days following discharge from the psychiatric unit to a community setting.</p>

	<p>Recipient Rights Advisor</p> <ol style="list-style-type: none"> (1) Listing of the members/representation composition of the hospital's Recipient Rights Advisory Committee. (2) Listing of the members/representation composition of the hospital's Recipient Rights Appeals Committee. (3) Recipient Rights Advisory Committee minutes for the preceding 2 years. (4) Records of any Recipient Rights Appeals Committee decisions during the preceding 2 years. (5) Hospital governing body minutes confirming that the governing body has reviewed the annual recipient rights report prepared by the hospital's Recipient Rights Advisor. (6) Procedure for reporting alleged criminal abuse perpetrated by a mental health professional, or where the alleged criminal abuse occurred on the premises of a mental health program site or was perpetrated by an employee/agent of the mental health program. (7) Procedure for reporting alleged abuse/neglect of a minor when the alleged abuse/neglect occurred in a non-mental health setting. (8) Procedure for reporting alleged abuse/neglect of an endangered adult when the alleged abuse/neglect occurred in a non-mental health setting. (9) Rights advisor position description. (10) Orientation curriculum regarding recipient rights protection provided to newly hired program staff before or within 30 days of commencement of employment on the psychiatric inpatient program. (11) Rights advisor and backup rights advisor DCH-ORR certificates confirming completion of basic DCH-ORR training (Basic I & II) (12) Submit completed ORR Complaint Allegation Status form. (13) Review Recipient Rights complaint log. (14) Provide for review of the following complaint files (A) All allegations regarding abuse, neglect, or sexual contact alleged in the 2 year period preceding this survey, (B) the 4 most recently completed complaint investigations (C) the 4 most recently completed interventions, and (D) any other complaint files requested by the surveyors.
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	<p>Policy/Procedure Review - Recipient Rights Advisor and Psychiatric Program Manager</p> <p>Prior to the scheduled review, please tag following policies/procedures in the units policy/procedure manual. These policies/procedures are required by MCL 330.1752(1)</p> <ol style="list-style-type: none"> (1) complaint and appeal processes (2) consent to treatment and services (3) sterilization (4) contraception and abortion (5) fingerprinting (6) photographing, audio taping and use of one-way glass (7) abuse and neglect, including detailed categories of type and severity (8) confidentiality and disclosure (9) treatment by spiritual means (10) qualifications and training for recipient rights staff (11) change in type of treatment (12) medication procedures (13) use of psychotropic. Drugs (14) use of restraint (15) right to be treated with ditty and respect (16) least restrictive setting (17) services suited to condition (18) right to entertainment material, information and news (19) comprehensive examinations (20) property and funds (21) freedom of movement (22) resident labor (23) communication and visits (24) use of seclusion <p>Also tag the following policies and procedures for review:</p> <ol style="list-style-type: none"> (25) ECT, if this treatment modality is provided (26) precautions - suicide, assault, elopement, fall, and seizure precautions (27) patient search for contraband (28) patent request for change of physician (29) duty to warn (30) notification of death/death reporting to MDCH/BHS Psychiatric Licensing Office. <p>Also provide for review:</p> <ol style="list-style-type: none"> (31) Most recently completed Attachment B – LPH/U Rights Policy Review
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	<p>Employee —Occupational Health Department Staff</p> <p>(1) Policy/Procedure regarding initial employee health evaluation conducted post job offer.</p> <p>(2) MIOSA Form 300 for the preceding 24 months. Please highlight any staff injuries that occurred on the psychiatric inpatient program</p> <p>(3) Review selected employee health records.</p>
	<p>Human Resources Department Staff</p> <p>(1) Policy/Procedure describing how criminal background and fingerprint checks are conducted pursuant to requirements of MCL 330.1134a (Section 134a of the Mental Health Code).</p> <p>(2) Review selected employee personnel files to confirm criminal history registry and fingerprint check, health screening, licensure status, and completion hospital and psychiatric program orientation and in-service requirements.</p>
	<p>Psychiatric DON & Program Director</p> <p>(1) Nursing, social services, psychology, and activity therapy departmental plans.</p> <p>(2) Nursing, social services, psychology, activity therapy department director job descriptions.</p> <p>(3) Submit completed Psychiatric Nursing Staff Coverage form & copy of psychiatric nursing staffing matrix plan & Inpatient and PHP Program Staff List forms.</p> <p>(4) Hospital/psychiatric program organizational chart</p> <p>(5) Plan/schedule for review/revision of departmental policies/procedures.</p> <p>(6) Contacts for the provision of psychiatric services.</p>
	<p>Medical Staff Credentialing Office</p> <p>(1) Bylaws of the medical staff.</p> <p>(2) Rules and regulations of medical staff</p> <p>(3) Privileging criteria for psychiatric program staff</p> <p>(4) Review selected staff privileging files</p>

	<p>Safety & Facilities Department Staff</p> <p>(1) Fire evacuation plan for the psychiatric program.</p> <p>(2) Quarterly psychiatric unit fire/disaster drill reports.</p> <p>(3) Most recent MDLEG/Bureau of Fire Services inspection reports. Hospital's response documenting that the survey findings have been corrected.</p> <p>(4) Environment of Care safety monitoring/surveillance reports regarding psychiatric unit(s).</p>
<p>IV. ELECTRONIC MEDICAL RECORDS</p>	
<p>If the hospital utilizes an electronic medical record, for each surveyor, provide a work station at which the electronic medical record may be reviewed. Ensure that the surveyor has print capability in case the surveyor needs a hard copy of a reviewed document. Also provide for each surveyor an individual who is competent to assist the surveyor in the review of the electronic medical record, has the necessary access permission to review all elements of the electronic medical record, has authority; to print selected portions of the electronic medical record, and is knowledgeable in navigating both open and closed electronic medical records.</p>	
<p>V. IT WOULD BE HELPFUL IF THE FOLLOWING ACCOMODATIONS COULD BE PROVIDED DURING THE SURVEY:</p>	
A	<p>A room on or near the inpatient program that could be used by the surveyor for conducting staff interviews, reviewing closed medical records, storage of survey forms and personal apparel. The room should be lockable.</p>
B	<p>A phone with privacy that could be used by the surveyor for calling the home office to retrieve phone voice mail messages and returning received calls.</p> <p>Any long distance calls made by the surveyor would be charged to the surveyor's credit card.</p>
C	<p>A passkey to:</p> <p>(a) Lock the room used by the surveyor for storage of personnel belongings and survey related documents and forms.</p> <p>(b) Entrance door to the psychiatric unit (if the room used for staff interviews and medical record reviews is not located on the psychiatric inpatient unit) for use when conducting intermittent unit observations.</p> <p>The passkey will be returned to the psychiatric program director/designee whenever the surveyor leaves the hospital grounds.</p>