

14. Suggestions for Policy Language and Forms

MHC Required (& recommended) Policies for MH Providers

Services Suited to Condition – Standards of Care

Dignity & Respect

Abuse I - Sexual Incident form

Abuse III – Threaten, Degrade

Video Surveillance on an Inpatient Unit (§.724)

Computer Use on an Inpatient Unit (memo)

Personal Property Protection - Property Waiver

Required Policies for all Mental Health Service Providers

Section 752 of the Mental Health Code requires that, "policies and procedures must be developed by all providers of mental health services in the following specific areas concerning recipient rights and rights protection".

- Complaint and appeal processes (MHC 722,752,755,776-782,788)
- Appeal/Dispute Resolution (MHC 774, 784-788)
- Consent to treatment and services (MHC 752 AR 7003)
- Sterilization, contraception, and abortion (MHC 752 AR 7029)
- Fingerprinting, photographing, audio taping, and use of 1-way glass (MHC 724,752 AR 7003)
- Abuse and neglect, including detailed categories of type and severity (MHC 100,722, 723, 752, 778, AR 7001, AR 7035)
- Confidentiality and disclosure (MHC 758, 752, AR 7051)
- Treatment by spiritual means (MHC 752, AR 7135)
- Qualifications and training for recipient rights staff (MHC 752,755)
- Change in type of treatment (MHC 712, 752)
- Medication procedures (MHC 752, AR 7158)
- Use of psychotropic drugs (MHC 718,719, 752, AR 7158)
- Use of restraint (MHC 700,740,752, AR 7243)
- Right to be treated with dignity and respect (MHC 704,708,711,752)
- Least restrictive setting (MHC 708,752)
- Services suited to condition (MHC 409,705, 712,713,752)
- Policies and procedures that address all of the following matters with respect to residents:
 - Right to {access} entertainment material, information, and news (MHC 752 AR 7139)
 - Comprehensive examinations (MHC 752)
 - Personal property and funds (MHC 728,730,732,752 AR 7009)
 - Freedom of movement (MHC 712, 744, 752)
 - Resident labor (MHC 712,736, 752, AR 7229)
 - Communication and visits (MHC 715,726, 752)
 - Use of seclusion (MHC 700,740,752, 755, AR 7243)

Don't forget to include the following policies/protocols:

- MHC Section 1748 (4) & 1749: Review & Amend Record (confidentiality)
- MHC Section 1713 change of physician or MH professional; "in accordance with the policies..."
- Person Centered Planning (Services suited to condition)
- Intent to terminate Voluntary Treatment (MHC 419, 420)

SUGGESTED POLICY LANGUAGE FOR PROVISION OF SERVICES

Although the mental health code and administrative rules address the issue of what must be included in a treatment plan or individual plan of service (IPOS), and the process for planning is identified and further clarified in the revised practice guideline, the standard of care related to enactment of the treatment plan/IPOS may be outlined elsewhere.

Policy Language may include:

“Services shall be provided in accordance with all applicable standards of care or treatment required by any of the following:

1. All state or federal laws, rules or regulations governing the provision of community mental health services; and
2. Obligations of a provider established under the terms of a contract or employment agreement with CMH; and
3. CMH policies and procedures; and
4. Written guidelines or protocols of a provider; and
5. Written directives from a supervisor consistent with any of the above; and
6. A recipient’s individual plan of service

CLARIFICATION LANGUAGE FOR TREATMENT WITH DIGNITY AND RESPECT

- A. All recipients of mental health services in hospitals and centers operated by the Department of Community Health and their family members shall be treated with dignity and respect.
- B. DEFINITIONS:
1. Dignity - to be treated with esteem, honor, politeness; to be addressed in a manner that is not patronizing or condescending; to be treated as an equal; to be treated the way any individual would like to be treated.
 2. Respect - to show deferential regard for; to be treated with esteem, concern, consideration or appreciation; to protect the individual's privacy; to be sensitive to cultural differences; to allow an individual to make choices.
- C. Treatment with dignity and respect shall be further clarified by the recipient or family member and considered in light of the specific incident, treatment goals, safety concerns, laws and standards, and what a reasonable person would expect under similar circumstances.
- D. Examples of treating a person with dignity and respect include but are not limited to calling a person by his or her preferred name, knocking on a closed door before entering, using positive language, encouraging the person to make choices instead of making assumptions about what he or she wants, taking the person's opinion seriously, including the person in conversations, allowing the person to do things independently or to try new things.
- E. All department employees, volunteers, contractual service providers and employees of contractual service providers shall treat recipients and their family members with dignity and respect, being sensitive to conduct that is or may be deemed offensive to the other person. Staff shall refrain from coarse or vulgar language in the presence or hearing of recipients/family members.
- F. In addition to the above, showing respect for family members shall include:
1. Giving family members an opportunity to provide information to the treating professionals
 2. Providing family members an opportunity to request and receive educational information about the nature of disorders, medications and their side effects, available support services, advocacy and support groups, financial assistance and coping strategies
 3. Information shall be received from or provided to family members within the confidentiality constraints of Section 748 of the Mental Health Code

Name of Hospital Alleged Sexual Incident

I, _____ am alleging involvement in a sexual incident
patient name

On _____ date. I request the assistance of _____ hospital staff to do
date
the following:

- I wish to have a physical examination by a physician in relation to this incident.
- I do not wish to have a physical examination by a physician in relation to this incident.
- I wish to have a physician/designee notify a family member or friend of this incident.

Name: _____ Phone: _____

- I do not wish to have a physician/designee notify a family member or friend of this incident.

Signatures: _____
Patient Name Date

Witness Name (staff) Date

Witness Name (staff) Date

****In all incidents of alleged sexual abuse, the police and Adult Protective Services will be notified, and a "rape kit" will be completed, unless the recipient refuses this procedure.**

POLICY CLARIFICATION LANGUAGE FOR ABUSE III

MHC 330.1722. (1) A recipient of mental health services shall not be subjected to abuse or neglect.

AR 330.7001 (c) Abuse class III means the use of language or other means of communication by an employee, volunteer, or agent of a provider to degrade, threaten, or sexually harass a recipient.

- A. "Threaten" means any of the following:
 - to utter intentions of injury or punishment against:
 - to express a deliberate intention to deny the well-being, safety, or happiness of somebody unless the person does what is being demanded.
- B. "Degrade" means any of the following:
 - treat humiliatingly: to cause somebody or something a humiliating loss of status or reputation, or cause somebody a humiliating loss of self-esteem
 - make worthless: to cause people to feel that they or other people are worthless and do not have the respect or good opinion of others

Degrading behavior shall be further defined as any language or epithets that insult the person's heritage, mental status, race, sexual orientation, gender, intelligence, etc.

Examples of behavior that is degrading, and must be reported includes, but is not limited to:

- a. Swearing at recipients
- b. Using foul language at recipients
- c. Using racial or ethnic slurs toward or about recipients
- d. Making emotionally harmful remarks toward recipients
- e. Causing or prompting others to commit the actions listed above

SECURITY CAMERAS IN PSYCHIATRIC HOSPITAL

Mary Ann Cleary, Director
Phone: (517) 373-8080
<http://www.house.mi.gov/hfa>

House Bill 5315

Sponsor: Rep. Pat Somerville

Committee: Health Policy

Complete to 2-1-12

A SUMMARY OF HOUSE BILL 5315 AS INTRODUCED 3-15-11

The bill would allow placement of security cameras in common areas of a psychiatric hospital, require notification to visitors and recipients, and establish protocols for access to the recordings, among other things.

House Bill 4435 would amend the Mental Health Code to allow, under certain conditions, video surveillance to be conducted in a psychiatric hospital. Video surveillance could only be conducted for purposes of safety, security, and quality improvement. The surveillance could only be conducted in common areas such as hallways, nursing station areas, and social activity areas within the psychiatric unit. However, if group or individual therapeutic activities were being conducted in one of these areas, video surveillance could not be conducted during the therapeutic activity.

A psychiatric hospital would have to establish written policies and procedures that addressed, at a minimum, all of the following:

- Identification of the locations where the surveillance images will be recorded and saved.
- How recipients and visitors will be advised of the video surveillance.
- Security provisions that restrict access to the surveillance videos to only authorized staff, and that include safeguards to prevent and detect unauthorized viewing of recordings.
- Documentation, and maintenance of that documentation, regarding each instance of authorized access, viewing duplication, or distribution of a surveillance video.
- A process to retrieve a distributed video when the purpose for which it was distributed no longer exists.
- Archiving footage of surveillance recordings for up to 30 days where an incident requires investigation by various entities, including law enforcement, Office of Recipient Rights, state licensing entity, and Centers for Medicaid and Medicare Services.
- Prohibition on maintaining a recorded video surveillance image as part of a recipient's clinical record.

MCL 330.1724

State of Michigan
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
LANSING, MICHIGAN 48913

RICK SNYDER, GOVERNOR

OLGA DAZZO, DIRECTOR

October 28, 2011

To: Deborah Hockin, Recipient Rights Advisor
St. Joseph Mercy Oakland

From: Dianne Baker, J.D., Director of Operations
Office of Recipient Rights

Subject: Patient Access to Computers

You have asked whether individuals receiving treatment on an inpatient unit of a licensed psychiatric hospital have the right to access a computer in order to communicate via electronic mail and to conduct personal and business affairs.

Although the Mental Health Code and Administrative Rules do not specifically address a right to computer access, the rights to communication, information, news and to conduct personal and business affairs are specifically addressed and provide a supporting foundation to the right to computer access.

MCL 330.1702 states that any form of admission to a psychiatric hospital, including by judicial order, shall not be used to deprive an individual of his/her rights, benefits or privileges.

MCL 330.1726 indicates that a resident/patient is entitled to unimpeded, private and uncensored communication with others by "mail". This section of the Code was initially effective August 6, 1975, long before the advent and literally universal use of electronic means of communication, specifically e-mail. §726 also requires that the hospital endeavor to implement this right by ensuring that "correspondence" can be conveniently and confidentially received and mailed. The right to communicate by mail cannot be limited except as authorized in the patient's individual plan of service, excluding from limitation any communication by mail with the patient and his/her attorney, a court or other individuals if that communication involves matters that are or could be the subject of legal inquiry.

Any patient also has the right under Administrative Rule 330.7139 to entertainment materials, information and news. The internet is the primary means utilized by the majority of the population to access information, view entertainment items and to read the news. In fact, most newspapers in the country and in Michigan are no longer published daily in print but instead are available only on-line through the internet. R 7139 requires that the hospital establish written policies and procedures that provide for, among other things, determining a patient's

interest in, and provision of, a daily newspaper. This can be easily accomplished through providing the patient access to a computer. This right to entertainment materials, information and news may only be limited if the limitation is specifically approved in the patient's individual plan of service.

Lastly, Administrative Rule 330.7009 Civil Rights states that a recipient "shall be permitted, to the maximum extent feasible and in any legal manner, to conduct personal and business affairs and otherwise exercise all rights, benefits and privileges not divested or limited." (Please refer to the language of §702 of the Mental Health Code cited above.)

In summary, it is the position of this office that your hospital should afford computer access to its patients in order that they may exercise their rights to communication/correspondence, to entertainment materials, information and news and to conduct personal and business affairs.

cc: Rita Stockman
Mary Bleakley
John Sanford

**PATIENT PERSONAL PROPERTY
WAIVER OF RESPONSIBILITY**

I _____ assume full responsibility for the following valuables that I will to keep in my possession: _____

By signing this form, I am requesting to keep these items in my possession. I understand that the hospital will not be responsible for replacement or reimbursement, if lost or stolen.

Patient Signature

Date

Significant Other/Guardian Signature (if needed)

Date

Relationship to Patient

Staff Signature

Date

Only one date per form allowed. If any items listed are placed into the hospital safe, it shall be noted and initialed by hospital staff.

**PATIENT PERSONAL PROPERTY
WAIVER OF RESPONSIBILITY**

I *Kelly Evers* assume full responsibility for the following valuables

that I will to keep in my possession:

silver colored ring with blue & white stones

gold colored necklace on 18" chain

By signing this form, I am requesting to keep these items in my possession. I understand that the hospital will not be responsible for replacement or reimbursement, if lost or stolen.

Kelly Evers
Patient Signature

 1/10/2017
Date

 Helen Middleton
Significant Other/Guardian Signature (if needed)

 1/10/2017
Date

 Mother
Relationship to Patient

 Lucy Brown
Staff Signature

 1/10/2017
Date

Only one date per form allowed. If any items listed are placed into the hospital safe, it shall be noted and initialed by hospital staff.

Recipient or
Guardian
& staff

**PATIENT PERSONAL PROPERTY
WAIVER OF RESPONSIBILITY**

I Kelly Evers assume full responsibility for the following valuables that I will to keep in my possession:

~~silver colored ring with blue & white stones Recinded 10/22/15(KE or HM) LB~~
gold colored necklace on 18" chain

By signing this form, I am requesting to keep these items in my possession. I understand that the hospital will not be responsible for replacement or reimbursement, if lost or stolen.

Kelly Evers
Patient Signature

1/14/2017
Date

Helen Middleton
Significant Other/Guardian Signature (if needed)

1/14/2017
Date

Mother
Relationship to Patient

Lucy Brown
Staff Signature

1/14/2017
Date

Only one date per form allowed. If any items listed are placed into the hospital safe, it shall be noted and initialed by hospital staff.

