



Private Psychiatric Service Providers **Areas of Focus- 2017 through 2020**

Ohio Department of Mental Health and Addiction Services (OhioMHAS) conducts on-site surveys of private psychiatric inpatient providers every three years in accordance with Ohio Administrative Code (OAC) 5122-14-03(F). The purpose of these surveys is to ensure compliance with the Department's licensure standards found at OAC 5122-14-01 through 5122-14-14. Surveys also focus on specific areas that may be high risk, high occurrence and/or particularly challenging for inpatient providers.

Below are specific areas of focus selected by OhioMHAS for the next three years. That said, the Department encourages inpatient providers to focus on performance improvement and quality patient care in all areas of service delivery. Please contact Denise Cole, JD, MSN, RN, at 614-644-6166 or at denise.cole@mha.ohio.gov for any questions or concerns.

OAC 5122-14-10(G)(10)- Plan to Reduce Seclusion and/or Restraint

- (a) An agency which utilizes seclusion or restraint shall develop a plan designed to reduce its use. The plan shall include attention to the following strategies:
- (i) Identification of the role of leadership;
 - (ii) Use of data to inform practice;
 - (iii) Workforce development
 - (iv) Identification and implementation of prevention strategies;
 - (v) Identification of the role of clients (including children), families, and external advocates; and
 - (vi) Utilization of the post seclusion or restraint debriefing process.

OhioMHAS will review the inpatient provider's performance improvement efforts related to seclusion/restraint reduction which should be reflected in the plan. In addition to the items listed above, the plan should include the inpatient provider's provision of ongoing trauma informed care staff education and patient assessment measures to determine patients' history of trauma and contraindications related to seclusion/restraint.

OAC 5122-14-12- Medical/Psychiatric Emergencies

- (K) Each inpatient psychiatric service provider shall provide or make provision for the following services in order to promote recovery and meet the comprehensive needs of each patient.
- (1) Medical services, including dental, to meet the comprehensive physical and psychiatric treatment needs of each patient as identified in the patient's treatment plan;

(3)(b) If the inpatient psychiatric service provider does not maintain an emergency room or emergency service, it shall provide emergency care on site until an individual presenting with a potentially life or health-threatening psychiatric situation is transferred to a more appropriate provider.

Psychiatric inpatient providers must treat patients holistically and be vigilant to assess and treat patients' co-occurring medical issues. Hospitals must have a medical emergency plan outlined in a policy/procedure to include staff access to functional medical equipment, staff competence related to its use, and ongoing staff training/education related to medical emergencies.

OAC 5122-14-12- Collaboration with Community Stakeholders

(A)(5)- Identify both private and public community resources for adults, children/adolescents and other identified populations, including local mental health services when appropriate, and their participation in planning for treatment including admission and discharge, involvement of case managers, and providing or arranging for services post discharge.

(U)- When utilization patterns indicate problems or opportunities for improvement in the larger community system in which the inpatient psychiatric service provider is located, the inpatient psychiatric service provider shall discuss these issues with the relevant community mental health board(s), and such discussions shall be documented.

Collaboration between inpatient providers and community stakeholders best promotes patient recovery. Hospitals are encouraged to coordinate with community service providers upon the patient's admission and discharge to promote continuity of care, and in the case of dually served treatment refractory patients. OhioMHAS suggests that hospital and community stakeholders converge to develop an integrated therapeutic plan for the treatment refractory patient. Specifically, inpatient providers are encouraged to develop a relationship with local law enforcement to discuss management of escalating patient situations prior to occurrence.