

PSYCHIATRIC SERVICES

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
If inpatient psychiatric services are not provided, does your hospital have written policies and procedures to provide for the safe management of patients requiring psychiatric services until they can be safely transferred to an appropriate facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If inpatient psychiatric services are not provided, do your written policies address the use of restraints or seclusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are restraints and seclusion used only on the order of a physician or a licensed independent practitioner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
In the absence of an order does an RN make the decision that the use of a physician restraint or seclusion is the least restrictive procedure appropriate at the time of the emergency situation with an order obtained as soon as possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are physician/LIP orders for restraints or seclusion rewritten every twenty-four (24) hours and a full record of any restriction of activity for any patient recorded in the patient record along with the reason for restriction, the type of restriction used, the time of starting and ending the restriction and regular observations of the patient while restricted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If inpatient psychiatric services are provided, is your psychiatric medical director qualified in terms of education, experience and competency? (Continue with the following questions for inpatient psychiatric services.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the medical director appointed by the governing body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do your written and approved policies give the medical director responsibility for implementing rules of the medical staff governing psychiatric privileges, quality and scope of care and patient safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the psychiatric nursing supervisor qualified in terms of experience, education and competency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do your written and approved policies give the psychiatric nurse supervisor the authority to implement and enforce hospital policies and procedures governing psychiatric care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Is the psychiatric nurse supervisor responsible for evaluating the competency of all nursing personnel assigned to psychiatric services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do your hospital's registered nurse staffing patterns meet the care needs and activity demands of each patient in the psychiatric unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all staff provided appropriate orientation prior to being considered part of the staff counted for compliance with minimum staffing requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there documentation in all staff personnel files of appropriate in-service and training programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your social work staff actively participate in the treatment teams and in the development of comprehensive treatment programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are personnel providing activity therapy qualified in terms of education, experience and competency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is therapy only provided under a physician's order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is all therapy documented and in the patient's medical record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the quality and appropriateness of acute psychiatric services revised and evaluated on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Note: The following questions apply only to freestanding psychiatric hospitals. Hospitals and units excluded from inpatient PPS under 42 CFR 412 must also abide by the reimbursement criteria for PPS-excluded hospitals §3104A .					
Does the medical record identify the degree and intensity of the treatment provided to individuals who are furnished services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the medical record represent the actual experience of the individual in the facility and include:					
a. the status of the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. interventions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. effect of interventions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. outcomes of interventions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the medical record identify the legal status of the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
On admission, is there a provisional or admitting diagnosis on every patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is immediate treatment given to any identified physical illness that needs immediate attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Has the care team identified and addressed the potential impact of the physical illness on the outcome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do social service records include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. specific reasons for the patient's admission or readmission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. a description of the patient's past and present biopsychosocial functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. family and marital history, dynamics, and patient's relationships with family and significant others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. pertinent religious and cultural factors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. history of physical, sexual and emotional abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. significant aspects of psychiatric, medical, and substance abuse history and treatment as presented by family members and significant others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. educational, vocational, employment and military service history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. identification of community resources including previously used treatment sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. identification of present environmental and financial needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. a social evaluation of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- patient strengths and deficits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- high risk psychosocial issues requiring early treatment planning and intervention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- unattended child(ren)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- prior noncompliance to specific treatment and/or discharge interventions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- potential obstacles to present treatment and discharge planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. discharge planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. conclusions and recommendations related to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- anticipated necessary steps for discharge to occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- high-risk patient and/or family psychosocial issues requiring early treatment planning and immediate intervention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- specific community resources/support systems to be used in discharge planning, i.e. housing, living arrangements, financial aid and aftercare treatment sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- anticipated social worker's role(s) in treatment and discharge planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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m. identification of the informant(s) and sources of information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. whether information is considered reliable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. patient participation relative to treatment and discharge planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
p. integration of significant data including identified high risk psychosocial issues into the treatment plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital take steps to insure the information is reliable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If an abnormal physician finding or laboratory finding was identified, was follow-up done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was a screening neurological examination done and recorded at the time of the physical examination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the screening neurological or history indicated a need for a comprehensive neurological exam, was it ordered, completed and recorded timely in the medical record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the psychiatric evaluation include:					
a. the patient's chief complaints and/or reaction to hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. why the patient is in the hospital — was it his/her idea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. past history of any psychiatric problems and treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. any chronic illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. severity of the past illness/treatment's interference with patient's adjustment and/or development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. persistent symptoms/sign/behaviors that must be addressed in order to favorably impact on the future psychiatric course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. medications and other supports that have helped the patient in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. past family, educational, vocational, occupational and social history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. familial predisposition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. patient's educational level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. job's held by the patient, duration, now employed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. the patient's ability to get along with people, as a child and now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. specific signs and symptoms and other factors that justify the diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. length of illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. recurrence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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p. precipitating factors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
q. treatment prior to hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
r. current medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the medical record list the patient's strengths or assets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the medical record include an individualized plan that is patient-specific?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If packaged plans are used, are adaptations made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the individual treatment plan relate to the problems being addressed and include short-term and long-term goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the anticipated outcomes measurable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do staff follow the methods, approaches and interventions as stated in the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital integrate its activities, therapies, treatments, and patient routines to work for the patient's therapeutic interest and not for the hospital's convenience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are treatment plan meetings regularly scheduled and conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the patient does not attend plan meetings, are reasons documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
When possible is the patient included in the decision making?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the patient familiarized with the treatment plan and encouraged to accept responsibility for engaging in the treatment regime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

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Key Resources and Links

- [19 CSR 30-20.132](#)