

CRITICAL ACCESS HOSPITALS

PSYCHIATRIC SERVICES					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Note: Psychiatric units excluded from inpatient PPS under 42 CFR 412 must also abide by the reimbursement criteria for PPS-excluded hospitals §3104A .					
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"/>		
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
In the absence of a physician: a. does a registered professional nurse make the decision that the use of a physical restraint or seclusion is the least restrictive procedure appropriate at the time of an emergency situation? b. is the physician notified immediately and a physician's order obtained as soon as possible after the occurrence of an emergency?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
Are physician orders for use of physical restraints or seclusion rewritten every twenty-four hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is a full record of any restriction of activity for any patient recorded on the nurses' notes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the record include the: a. reason for the restriction? b. type of restriction used? c. time of starting and ending the restriction? d. regular observations of the patient while restricted?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
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"/>		

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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"/>		
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"/>		

Helpful Hints

Key Resources and Links

- [19 CSR 30-20.132](#)