

POLICIES AND PROCEDURES MANUAL

KEYSTONE COMMUNITY RESOURCES, INC.

KEYSTONE INDEPENDENT LIVING, INC.

**Policy Title:**

3800 PSYCHIATRIC
REVIEW PROCEDURE

Chapter:

Chapter 5 Human Resources

Effective Date:

04/04/2006

Revision Date:

08/04/2009

Policy Number:

06-100-002

Executive Director

SCOPE:

- Chapter 3800 – Child Residential and Day Treatment Facilities

INTRODUCTION:

The purpose of this policy is to clarify role responsibilities regarding psychiatric appointments in the 3800 programs. This policy discusses the psychiatric visitation requirements for all children residing in 3800 programs

DISCUSSION:

Scheduling of Appointments:

1. 3800 Program Guidelines require children who are prescribed psychotropic medication see the psychiatrist at least once every 30 days. All other children should be seen on a PRN basis identified by the Psychiatrist. At a minimum, each child will be seen annual
2. The administrative clinical assistant is responsible for all tracking and scheduling of psychiatric review appointments.
3. Notification of psychiatric appointments will be provided by way of a memo released one week prior to the appointments. All add-on emergency appointments will be indicated on a revised memo distributed the day before the appointment. *New admissions to the program will need to be scheduled to attend the next scheduled appointment. Following this initial assessment, he will be scheduled in accordance with the rest of his home.*

4. If an individual is identified to be in need of an earlier appointment than scheduled, the Psychiatric Assistant, Anna Narcoonis must be contacted. This is the only party permitted to make additions or removals to the appointment. The Psychiatric Assistant will be responsible for formally communicating with Program Coordinator, as they are the responsible party for completing the necessary paperwork and ensuring the individual is present.
**The Psychiatric Assistant will add an individual to the appointment list if medical or clinical staff make recommendations based on their specific area of expertise. Any problems in respect to appointment scheduling will be reported to the appropriate Residential Director.*
5. The Program Coordinator is responsible for verbally notifying the residential units of any revised appointments, and ensuring that all individuals are present for appointments.

Psychiatric Medication Review Sheet:

1. A psychiatric medication review sheet will be completed for all visits to the psychiatrist, including full psychiatric reviews, discharge recommendations, etc...
2. Prior to scheduled appointments, the Program Coordinator is responsible for providing a completed psychiatric medication review sheet. The comment section on this sheet will be filled out by the Program Coordinator, based on recommendations provided by the treatment team. This information should be forwarded to the Medical Secretary one week in advance. Any changes or adjustments can be made at the time of the appointment
3. The psychiatric medication review sheet will accompany the client to the appointment, along with the medical chart.
4. The Psychiatrist will complete the review sheet during the appointment.
5. Following the appointment, the Psychiatric Assistant and the nurse will review the sheet for any potential errors, and forward to the Program Coordinator for typing/distribution.
6. The Program Coordinator will make all necessary changes to the original psychiatric medication review sheet including medication changes, diagnosis changes, etc... in preparation for the next appointment.
7. The Program Coordinator will distribute copies of the completed medication review sheet to Residential Director, Program Manager, Therapist, and Case Manager within 24 hours of the appointment.
8. A copy of the completed psychiatric medication review sheet will be filed in the client copy chart at Hickory. The medical Secretary will also review and take note of return appointment date for tracking purposes.
9. The medical secretary will take weights from the psychiatric review sheet and document weights on the weight charts located in clients medical chart.
10. The Program Coordinator will forward to residential group homes for file in medical charts. Program Managers are responsible for filing of documents within 7 days of receipt.

Psychiatric Appointments:

1. Program Managers are responsible for ensuring that scheduled individuals arrive to appointments in a timely manner.
2. Medical charts must accompany individuals to all psychiatric appointments.
3. The Program Coordinator will be responsible for ensuring that all individuals have their weight taken and documented on the psychiatric review sheet prior to seeing the psychiatrist.
4. Each individual will be accompanied in the appointment by the Program Manager and/or the Program Coordinator.
5. The Psychiatric Assistant is responsible for ensuring that all appointments move in a timely manner. This includes ensuring that everyone stays focused on the appointment at hand.

Other Documentation:

1. All psychiatric orders made by the psychiatrist will be documented on the Psychiatric Prescription Form. This includes prescriptions, blood work, changes in medications or dosage, labs, etc...
If there is a change in diagnosis, the Psychiatric Assistant will be responsible for communicating the switch to other team members and altering existing documentation to reflect this change.
2. Following the appointment, the nurse will complete a Personal Care Form that will be forwarded to the group home at the completion of each individual's appointment. The Personal Care Form will document any medication changes, medication side effects, and important communications. Additionally, medication side effect sheets will be provided.
3. The Personal Care form will be reviewed and signed by all residential staff that work with the individual. In addition, the Program Manager will review the Personal Care Form at the regular staff meeting. After everyone has reviewed and initialed the form, it will be stored in the Personal Care Binder.
4. Psychiatric Medication Consent Forms will be completed by nursing for any new or changed medication. These forms need to be signed before a child can start new medications. Case Management will forward communication to families/counties regarding changes.
5. Individuals over the age of 14 may sign their own consent forms for the prescribed medications. Case Management will still communicate changes with family and county
6. Individuals under the age of 14 require guardian consent to start the medication. Case Manager and area nurse will work together to obtain the necessary approval. Verbal consent may be provided and temporarily accepted if witnessed and documented by two witnesses. The Case Manager will then mail out the consent for signatures.
7. Case Management will forward the completed consents to nursing for review. They will then forward them to the Program Manager for filing in client medical files.