

SUBJECT: PHYSICIANS' RESPONSIBILITIES

EFFECTIVE
DATE: 08-17-09 (replaces 9-13-04)

APPROVED BY:

Reviewed: 02-04-11 _____

Executive Director

Medical Director

POLICY

It is the policy of McIntosh Trail CSB that physician responsibilities include clinical services provided for Mental Health and Addictive Diseases consumers and medical and psychiatric services for Developmental Disabilities consumers. It is recognized that many of these services will be provided by appropriately trained staff, who are under the supervision of physicians. These procedures address the provision of medical/psychiatric services and the supervision of service providers.

PROCEDURE

1. A physician is responsible for the provision of a medical/psychiatric assessment for every Mental Health or Addictive Diseases consumer who enters service in this agency. This assessment includes an evaluation of whether the consumer's needs can be safely and effectively managed in the agency as an alternative to hospitalization.
 - a. Face to face assessment for the purposes of diagnostic evaluation and service planning is scheduled within 30 days of admission or readmission to agency mental health services or addictive disease services.
 - b. This time frame is accelerated under the following circumstances:
 1. When the consumer's condition on presentation is medically (physiologically) or psychiatrically fragile, warranting referral to resources for medical treatment or admission to a hospital residential crisis stabilization for psychiatric stabilization.
 2. When admission to sub-acute detox is involved for an addictive diseases consumer.
 3. When residential service is provided for a severely medically fragile DD consumer.
 4. When consumer is discharged from State hospital or crisis stabilization.
 - c. Psychiatric assessment guidelines are noted in the Physician Manual.
2. A physician is responsible for review and signing of the comprehensive individualized service plan for mental health and addictive diseases services. A physician is responsible for reassessment of each consumer's condition and level of care when indicated by consumer needs.

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PROCEDURE (CONTINUED)

3. A physician is responsible for medical assessments performed on consumers (the need for which is dictated by the requirements of the service for which the consumer is in need). Medical assessment, including physical and mental status exams, may be performed by the physician or by appropriately trained staff under the physician's supervision.
4. A physician is responsible for ordering and assessing all medical procedures and laboratory screens. Guidelines for monitoring through laboratory studies are noted in agency's Physician Manual.
5. A physician is responsible for medical services provided for physiological or psychiatric problems appropriate to the consumer's needs.
 - a. Medical services available through this agency are noted in the agency's Medical Service Plan.
 - b. Consumers in need of medical services not provided by this agency are referred elsewhere for these services as specified in the agency's Medical Service Plan.
 - c. Consumers in need of HIV testing and Hepatitis B immunization are referred to appropriate resources.
 - d. A physician is responsible for ordering type of diet for consumers in treatment programs regularly serving meals.
6. Under physician supervision, designated and approved staff may provide such medical management activities as: medication administration and monitoring; screening of physiological conditions; screening for need to schedule assessments by the physician; and other tasks in the course of implementing the physician's orders.
7. A physician is responsible for prescription, monitoring, modification, and discontinuation of all medications and somatic therapies which may be used in the habilitative and therapeutic process. (See Medication Monitoring policy.)
8. A physician is responsible for providing clinical oversight and coordination of the total therapeutic regimen of MH and AD consumers and of the medical and psychiatric services provided to DD consumers by the agency.

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PROCEDURE (CONTINUED)

9. A physician is responsible for notification of the consumer, or supervision of the notification of the consumer, of any medical complications or conditions identified in the assessment, including education related to HIV (AIDS virus) and implications of intravenous drug use for consumers with a history of intravenous drug use.
10. A physician is responsible for sufficient documentation in the consumer record to demonstrate the quality of care being provided and to allow the appropriateness of care to be monitored and evaluated.
11. A clinical nurse specialist, psychiatric/mental health, may provide services under a nurse protocol delegating authority by the physician for the following:
 - a. Provide psychiatric and physical assessment of consumers, formulate diagnostic impressions, authorize services within state guidelines, and document adequately in consumer's record.
 - b. Assess the need for medication management and order or dispense any necessary medications for consumers during crisis or initial assessments, or manage medication previously prescribed by the physician or make appropriate medication changes, in accordance with the agreed upon classification of medications.
 - c. Order any diagnostic treatments necessary to assess current consumer status or to assess therapeutic levels of previous medications or new medications being ordered; may also order diets and refer for medical treatment or psychiatric stabilization.
 - d. Evaluate for admission and discharge for Pine Woods Crisis Stabilization Program according to admission, continued stay and discharge criteria.
 - e. Perform any of duties normally assigned to nurses including venipuncture or administering medication.

Attachment: CNS Protocol



ADVANCED PRACTICE REGISTERED NURSE PROTOCOL

January, 2011

Nurse Protocol as defined for McIntosh Trail CSB shall consist of delegation of authority to the clinical nurse specialist, psychiatric/mental health by the physician for the following:

1. Authority to provide psychiatric evaluation and physical assessment of consumers, formulate diagnosis, and document such in consumer's record.
2. Authorize services according to and in compliance with state guidelines, including seclusion and/or restraint.
3. Authority to assess the need for medication management including: order any necessary medications for consumers during crisis or initial assessments, manage medication previously prescribed by the physician, or make appropriate medication changes, in accordance with the agreed upon classifications of medications and other parameters.
4. Authority to order any diagnostic treatments necessary to assess current consumer status or to assess therapeutic levels of previous medications or new medications being ordered.
5. Authority to evaluate for admission and discharge for Pine Woods Crisis Stabilization Program according to established admission, continued stay, and discharge criteria and in compliance with state CSP standards.
6. Authority to further manage the physical and mental health care of consumer through:
 - a. Telephone consultation with, or about, consumers for psychiatric, physical health, diagnostic or therapeutic purposes.
 - b. Supportive psychotherapy and individual, family, or group psychotherapy or training, in context of psychiatric or detox services.
 - c. Referrals to additional resources as needed for psychiatric or physical health care management.
 - d. Initiation of involuntary commitment if the consumer is a danger to self or others, in accordance with state of Georgia law and guidelines.
7. Authority to dispense medications according to the agency's dispensing procedure for sample medications and pharmaceutical company patient assistance program medications.
8. Authority to perform any of duties normally assigned to nurses including venipuncture or administering medication.



Supervision/Consultation/Duties of Physicians

A physician shall provide general supervision for routine psychiatric care, assessment, and management of stable chronic psychiatric problems, and provide consultation and/or accept referrals for complex psychiatric problems. A physician will be available for weekly supervision and immediate consultation when requested.

Methods of supervision and consultation may include case presentation and review, consumer record review, diagnostic category review, psychopharmacological agent category review, disability-specific treatment plan or protocol review, and direct observation.

A physician shall be available by telephone or electronic pager when not physically available on the premises.

Clinical record review will occur at least quarterly through medical staff chart audits sampling procedure.

Parameters

A. General:

1. The CNS shall adhere to standards of Nursing and Medical Practice Acts of the State of Georgia.
2. The CNS shall maintain licensure and certification as required by GBN rules and regulations regarding Advance Nursing Practice.
3. The CNS shall be aware of the limits of his or her expertise and shall refer consumers with complex medical/psychiatric needs requiring knowledge outside of their expertise to the physician.
4. The CNS shall be given at least one half-hour for initial assessments and at least fifteen minutes for follow-up appointments in outpatient settings.
5. The CNS will provide documentation in consumer record which meets agency documentation expectations, including legibility of handwriting, as well as signed and printed name.

B. Medication:

1. Medication Classifications

The following medications are authorized for ordering by the clinical nurse specialist as delegated by the supervising physician:

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| 1. Anti-depressants | 6. Mood stabilizers |
| 2. Anti-psychotics | 7. Beta blockers |
| 3. Anxiolytics | 8. Antihistamines |
| 4. Antiparkinsonians | 9. Antihypertensives |
| 5. Sedative-hypnotics | 10. Anti-seizure medications |

2. The nurse is authorized to order medications with FDA approved psychiatric indications as well as Pine Woods Formulary, patient assistance program medications, and samples accepted by physicians for consumer use.
3. The nurse is authorized to order the initiation of agency-established substance dependence withdrawal protocols and other established and approved treatment protocols.
4. The nurse will follow accepted treatment algorithms and expert consensus guidelines. Cases outside these parameters and FDA indications will be reviewed with physician.
5. The nurse will utilize PDR guidelines for appropriate dosing schedules. Cases requiring doses outside these guidelines will be reviewed with physician.
6. The nurse will follow agency guidelines for Psychopharmacological Use (found in Physician Manual), including commonly accepted indications and recommendations for monitoring of effects and side effects.
7. The nurse may order non-prescription medications for residential consumers.
8. The nurse may order continuation of previously prescribed medications for residential consumers.
9. The ordering of any medications outside these identified parameters must be approved by the Medical Director or supervising/attending/authorizing physician.

This protocol has been agreed upon by McIntosh Trail Community Service Board Medical Director, the supervising/authorizing Physician, and the Clinical Nurse Specialist for the purpose of providing medical/psychiatric/substance abuse services to agency consumers.