BHS Policies and Procedures

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BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: Psychiatric-Mental Health Nurse Practitioners General Procedure and Protocol in CBHS

Issued By: Jo Robinson, MFT
Director of Community Behavioral Health Services

Date: February 17, 2015

(New Policy)

Purpose:
To formally recognize the role of the Psychiatric-Mental Health Nurse Practitioner (PMHNP) in the provision of services in Community Behavioral Health Services (CBHS) and to fully utilize their skill set to support the wellness and recovery of clients, and to maximize the effectiveness of the medical-clinical team.

Scope:
This policy applies to CBHS PMHNPs working in CBHS clinics including contract agencies. Each agency must have their own site-specific Standardized Procedures developed in collaboration with the medical director, clinic director, supervising physicians and PMHNPs.

Policy:
A. Policy Development, Review and Approval

1. All Standardized Procedures are developed collaboratively by designated nurse practitioners and physicians and must conform to all eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.
2. All Standardized Procedures are to be approved by Medical Quality Improvement Committee whose membership consists of a PMHNP, physicians, pharmacists and Quality Management staff. Final approval will be by Executive Committee.
3. All Standardized procedures are to be kept in a central file, by the CBHS administrative designee; and at each clinic employing nurse practitioners. This should include approval sheets dated and signed by the clinic Medical Director, supervising physicians and those nurse practitioners covered by the Standardized Procedures.
4. All Standardized Procedures are to be reviewed periodically at a minimum of every three years by nurse practitioners, medical directors, and designated supervising physicians.
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4. All Standardized Procedures are to be reviewed periodically at a minimum of every three years by nurse practitioners, medical directors, and designated supervising physicians.
5. Changes in or additions to the Standardized procedures may be initiated by any of the signatories and must be approved by authorizing personnel and accompanied by a dated and signed approval sheet.

B. Standardized Procedure functions

1. A PMHNP is a registered nurse who has additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health / illness; and who has met the requirements of Section 1482 of the Nurse Practice Act.

2. The psychiatric-mental health nurse practitioner (PMHNP) is a professional health care provider who assumes responsibility and accountability for assessment and care maintenance of patients with behavioral health care needs.

3. The role of the PMHNP is to meet the behavioral health needs of patients in the outpatient Behavioral Health System. In collaboration with the supervising physician the PMHNP assesses, diagnoses, plans treatment, and manages care for patients. This includes:
   a) Medication management
   b) Patient and family education
   c) Psychotherapeutic techniques including group and individual therapy
   d) Ordering and interpreting laboratory and diagnostic tests

4. PMHNPs may perform the following functions within their training specialty area and consistent with their competency, experience and credentials:
   a) Assessment of mental status
   b) Diagnosis, management, and treatment of episodic and chronic illnesses
   c) Health promotion and education
   d) General evaluation of health status

5. Standardized Procedure functions are to be performed in areas which allow for the general supervision (defined by Medicare Title 42; Section1: 42C.F.R.410.32), where the supervising or consulting physician is to be available to the PMHNP by telephone, electronically, or in person when required.

C. Requirements

1. The Standardized Procedures developed for use by the nurse practitioners are designed to describe the steps of care for given patient situations. They are to be used in the following circumstances:
   a) General evaluation of mental status
   b) Management of acute behavioral health illnesses
   c) Management of chronic behavioral health illnesses
2. Problem specific guidelines may be used to supplement the patient care process and not to define it absolutely. Alteration and adjustments may be necessary in an individual patient’s situation.

D. Experience and/or training requirements

Each nurse practitioner performing standardized procedure functions must have a registered nursing license, be a graduate of an approved nurse practitioner program and be certified as a nurse practitioner by the California Board of Registered Nursing.

Each nurse practitioner who furnishes/orders drugs and devices must have a furnishing number issued by the Board of Registered Nursing. PMHNPs who furnish controlled substances must also have a current Drug Enforcement Agency (DEA) registration certificate.

The PMHNP will have documented graduate or post graduate training in advanced practice psychiatric nursing.

E. Method of initial and continuing evaluation

General competency is initially evaluated during the probationary period by the supervising physician or designee. Each nurse practitioner is assigned to a supervising physician who is responsible to annually evaluate appropriateness of practice and clinical decision making. This will be done in conjunction with Department Performance Evaluations.

A Quality Assurance review process is established to assure that compliance to standards relating to important standards of care is maintained. Quality issues may be identified through patient complaints, physician, peer, or management observation, self-identified by the nurse practitioner and/or chart reviews.

F. Persons authorized to perform standardized procedures

The current record of nurse practitioners authorized under the provisions of this Standardized procedure is maintained by CBHS administrative designee. Each clinic will also maintain a record of practicing nurse practitioners in the medication room.

G. Scope of supervision

Each nurse practitioner is to function under the supervision of a supervising or consulting physician. There is a limit of four NPs per supervising physician at one time to meet California drug and device furnishing requirements.

H. Circumstances in which NP is to communicate with a physician

Physician consultation or referral or intervention is to be obtained in situations which go beyond the competence or scope and practice of the NP or as specified under the following circumstances:

a) Problem which is not resolving as anticipated
b) Historical, physical or laboratory findings inconsistent with the clinical picture, or
c) At the request of patient, patient representative, NP or physician.
I. **Settings**
The PMHNP may perform Standardized procedures within their training, specialty area and consistent with their competency, experience and credentials. Standardized procedure functions are to be performed in areas which allow for the supervising or consulting physician to be available to the PMHNP by telephone, electronically, or in person where required, in accordance with the state or federal directives.

J. **Record keeping requirements**
All interactions with patients are to be recorded in the medical record in a timely manner according to current CBHS Documentation Policy.

K. **Periodic review**
All Standardized procedures are to be reviewed periodically at a minimum of every three years by the clinic Medical Director, PMHNPs and other supervising physicians.

L. **Role of the PMHNP on the CBHS medical team**
Psychiatric mental health nursing is a specialized area of nursing practice committed to promoting mental health through the assessment, diagnosis and treatment of human responses to mental health problems and psychiatric disorders. Essential components of this specialty practice include health and wellness promotion through identification of mental health issues, prevention of mental health problems, and care/treatment of persons with psychiatric disorders.

The PMHNP, in collaboration with a supervising physician, assumes primary responsibility and accountability for assessment and care maintenance of patients with behavioral health care needs. They work in collaboration with the clinical-medical team and as integrated team members are uniquely positioned to complement the specialized care provided to patients.

An essential component of nursing training and philosophy is health promotion and the PMHNP has expertise in designing and implementing interventions to respond to common health risks in people with mental illness. A PMHNP can help integrate medical and psychiatric care. Patients with chronic mental illness are at high risk for multiple physical problems. Prolonged mental illness often results in detrimental health behaviors such as a sedentary lifestyle, poor eating and sleeping habits, strained relationships and poor lifestyle and coping choices (smoking, substance abuse). In addition, common newer antipsychotic drugs have a lower risk of some adverse reactions than older drugs, but they put patients at greater risk for obesity, cardiovascular disease and diabetes. The PMHNP can help to identify and monitor coexisting chronic diseases.

The PMHNP has expertise in promoting positive health behaviors and self-care skills through education and counseling and employs evidence-based practice guidelines to provide comprehensive, patient centered, recovery-oriented care. A core component of recovery-oriented care is engaging the patient in treatment. Defined by Shea, (1998, p 10) engagement refers to “the ongoing development of a sense of safety and respect from which patients feel increasingly free to share their problems, while gaining an increased confidence in the clinician’s potential to understand them.”
Contact Person: CBHS Medical Director

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