

TRICARE/CHAMPUS STANDARDS FOR INPATIENT REHABILITATION AND PARTIAL HOSPITALIZATION FOR THE TREATMENT OF SUBSTANCE USE DISORDERS (SUDRFs)

I. ORGANIZATION AND ADMINISTRATION

A. Definitions

Inpatient Rehabilitation Center

An inpatient rehabilitation center is a facility, or distinct part of a facility, that provides medically monitored, interdisciplinary, addiction-focused treatment to adolescents and/or adults who have psychoactive substance use disorders. When a center treats adolescents and adults on the same campus or in the same building, the adolescent service is separated physically and programmatically from the adult service. When a center is a subunit or part of a larger treatment program, it must be physically and programmatically distinct.

An inpatient rehabilitation center is an organized, interdisciplinary, clinical service in which qualified health care professionals provide 24-hour-per-day, seven-day-per-week, medically monitored assessment, evaluation, and treatment. Qualified professionals provide individualized treatment for patients with biomedical and emotional/behavioral problems severe enough to require a structured therapeutic environment in which 24-hour observation and monitoring are available.

An inpatient rehabilitation center is appropriate for patients whose addiction-related symptoms, or concomitant physical and emotional/behavioral problems reflect persistent dysfunction in several major life areas. A structured rehabilitation environment is necessary to arrest active addiction and help the patient function without pathological use of mood-altering chemicals. Treatment is specific to the psychoactive substance use disorder. Interdisciplinary teams and support services manage detoxification and/or conjoint treatment of medical conditions that do not require intensive medical care.

Inpatient rehabilitation is differentiated from acute inpatient psychiatric treatment, and from treatment of acute biomedical/emotional/behavioral problems that require primary medical and nursing services. Such problems are either life threatening and/or severely incapacitating and often occur within the context of a discrete episode of addiction-related biomedical or psychiatric dysfunction.

An inpatient rehabilitation center is differentiated from a partial hospitalization center, which serves patients with substance use disorders who exhibit emotional/behavioral dysfunction but can function in the community.

An inpatient rehabilitation center is differentiated from a group home, sober-living environment, halfway house, or three-quarter-way house. Such facilities provide monitored living and refer patients for specific professional services as needed. Group homes and halfway houses serve broad and varied patient populations with significant family-related and/or social skills dysfunctions.

An inpatient rehabilitation center is also differentiated from therapeutic schools, which are educational programs supplemented by addiction-focused services. Therapeutic schools serve a varied student population with significant dysfunctions in social, academic, or vocational areas. The schools do not necessarily provide 24-hour, seven-day-per-week therapeutic services to all students.

Two other settings that require differentiation from an inpatient rehabilitation center are facilities that treat patients with primary psychiatric diagnoses other than psychoactive substance use or dependence, and facilities that care for patients with the primary diagnosis of mental retardation or developmental disability.

Partial Hospitalization Center

A partial hospitalization center is an addiction-focused service that provides active treatment to adolescents and/or adults. A medical director and/or clinical director has oversight responsibility for treatment, which is ambulatory, interdisciplinary, and time limited. Clinical services are individualized, structured, coordinated, and therapeutically intensive, and are provided in a therapeutic milieu.

Partial hospitalization is a generic term for day, evening, or weekend programs that treat patients with psychoactive substance use disorders according to a comprehensive, individualized, integrated treatment plan. Partial hospitalization programs may be freestanding units, components of community mental health centers, or part of a hospital complex. Regardless of type, they must be identified as separately organized units providing treatment of substance use disorders.

A partial hospitalization center is organized, interdisciplinary, and medically monitored. It is staffed by professionals and other personnel trained in the treatment of addictions, according to the intensity of patient services provided. Services are designed to fit individualized patient needs, and the structured treatment program contains a minimum of fifteen regularly scheduled hours per week. When the partial hospitalization center treats adolescents and adults on the same campus or in the same building, the adolescent service must be separated physically and programmatically from the adult service.

A partial hospitalization center is appropriate for patients who have addiction-related symptoms and concomitant physical and emotional/behavioral problems but can function in the community.

B. Eligibility

1. To be eligible for TRICARE/CHAMPUS certification, the facility is required to be licensed and fully operational for a period of at least six months with a minimum patient census of the lesser of six patients or 30 percent of bed capacity.

2. The facility is currently accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) under the Accreditation Manual for Mental Health, Chemical Dependency, and Mental Retardation/ Developmental Disabilities Services, or by the Commission on Accreditation of Rehabilitation Facilities as an alcoholism and other drug dependency rehabilitation program under the Standards Manual for Organizations Serving People with Disabilities, or other designated standards approved by the Director, TMA.

3. The facility has a written participation agreement with TMA. The facility is not considered a TRICARE/CHAMPUS-authorized provider, and TRICARE/CHAMPUS benefits are not paid for services provided until the date upon which a participation agreement is signed by the Director, TMA, or a designee. Retroactive approval is not given.

4. Where different certification, accreditation, or licensing standards exist, the more exacting standard applies. Regulations take precedence over standards and standards take precedence over participation agreements.

C. Governing Body

1. A governing body is responsible for the policies, bylaws, and activities of the facility. If owned by a partnership or single owner, the partners or single owner are regarded as the governing body.

2. The governing body or chief executive officer provides written notification to TMA 30 days prior to changes in: chief executive officer; medical director or clinical director; purpose or philosophy; volume of services; licensure, certification, or accreditation status; and location.

3. The governing body provides leadership and sufficient resources to ensure that appropriate and adequate services are delivered to all patients. To accomplish this, the governing body:

- a. Specifies the qualifications, authority, and responsibilities of its members;
- b. Establishes bylaws, rules, regulations, policies, and procedures in accordance with legal requirements and TRICARE/CHAMPUS standards;
- c. Conducts regular meetings and maintains minutes of all deliberations and actions;
- d. Conducts business based upon its rules, regulations, and defined responsibilities;
- e. Establishes a mission statement that provides the basis for strategic planning;
- f. Adopts a plan of operation consistent with the mission statement with goals and objectives that reflect the long-range direction of the facility;
- g. Appoints a chief executive officer (CEO) to implement policies and procedures and oversee the day-to-day operation of the facility;

- h. Appoints a medical director to oversee the medical care provided and a clinical director to oversee the clinical program;
 - i. Authorizes the establishment of a medical or professional staff organization to oversee and direct patient care services;
 - j. Establishes bylaws, rules, and regulations to govern the activities of the medical or professional staff organization;
 - k. Ensures that sufficient clinical staff are available to provide necessary and appropriate patient care services;
 - l. Ensures that sufficient administrative and support staff are available to maintain the administrative, health, and safety aspects of the facility;
 - m. Oversees the system of financial management and accountability;
 - n. Ensures that the physical, financial, and staffing resources of the facility are adequately insured;
 - o. Approves the initiation, expansion, or modification of programs, services, and resources; and
 - p. Evaluates the performance of the CEO, medical director and clinical director on an annual basis, using specific performance criteria.
4. The governing body is responsible for the continuing development and improvement of patient care. To accomplish this, the governing body:
- a. Reviews, revises, and updates the plan of operation on at least an annual basis;
 - b. Approves all policy changes for the facility as documented in the minutes of the governing body meetings;
 - c. Appoints members to the medical or professional staff and grants clinical privileges on the basis of verified expertise and practice;
 - d. Reappoints medical or professional staff and renews clinical privileges on the basis of continued competence, adherence to staff rules and regulations, and quality-of-care reviews;
 - e. Approves a system to ensure that direct care staff are supervised by a qualified health care professional;
 - f. Approves a system of quality assessment and improvement which evaluates the efficiency, appropriateness, and effectiveness of programs and services provided;

- g. Approves admission criteria that clearly reflect the medical necessity for treatment at a residential level of care;
 - h. Reviews reports from various evaluation activities to determine that identified problems are appropriately addressed and that care is improved;
 - i. Ensures that the facility maintains continued compliance with state licensing regulations and national accreditation standards; and
 - j. Establishes an organizational structure to facilitate communication between the CEO, medical director, administrative staff, medical or professional staff, and the governing body.
5. If a business relationship exists between a governing body member and the facility, a conflict-of-interest policy defines the member's authority, responsibility, and restrictions.
6. Orientation and continuing education programs are provided to members of the governing body to enhance their awareness of the facility and its services.
7. The governing body conducts an annual review of its documented performance in meeting its purposes, responsibilities, goals, and objectives.

D. Chief Executive Officer

1. The chief executive officer (CEO) is appointed by the governing body and meets the following minimum qualifications:
- a. Has a master's degree in business administration, public health, hospital administration, nursing, social work, or psychology, or
 - b. Meets similar educational requirements prescribed by TMA; and
 - c. Has five years of experience in the field of mental health, addictions, or behavioral health.
2. The CEO assumes responsibility for operating the facility according to governing body policies.
3. The CEO plans, develops, and implements programs and services, recruits and directs staff, and ensures the appropriate utilization of resources. The CEO:
- a. Implements an organizational structure that facilitates communication, delineates responsibility, and specifies lines of clinical and administrative authority and responsibility;
 - b. Prepares a manual of policies and procedures that is reviewed annually and revised as necessary;

c. Develops a strategic plan that specifies the facility's long- and short-term goals and objectives. The plan is evaluated annually, and results are reported to the governing body;

d. Ensures the development of an effective evaluation program to analyze and report patterns and trends in clinical performance and service delivery; and

e. Prepares detailed reports for the governing body regarding the facility's operations including pertinent findings related to the quality of care.

4. The CEO, along with the medical director and clinical director, establishes a plan of operation that is approved by the governing body, reviewed annually, and revised as necessary. The plan provides an overview of service delivery and differentiates between adult and adolescent programs. The plan describes the:

a. Theoretical orientation of the facility;

b. Clinical characteristics of the population served;

c. Admission, continued-stay, and discharge criteria;

d. Process for determining the eligibility and medical necessity for admission;

e. Interdisciplinary treatment planning, review, and revision processes;

f. Specific services provided;

g. Therapeutic modalities offered;

h. Outside resources providing services that are not available within the facility;

i. Qualifications of staff for each service and therapeutic modality;

j. Responsibilities of each professional discipline and their relationships with each other;

k. Supervision provided to staff who are not eligible to practice independently;

l. Methods to involve family members; and

m. Processes for transition, discharge, and follow-up care.

E. Medical Director

1. The medical director is appointed by the governing body and meets the following qualifications:

a. Is a graduate of an accredited school of medicine or osteopathy who is licensed to practice medicine in the state where the facility is located; and

- b. Is certified by the American Society of Addiction Medicine; or
 - c. Has 1 year or 1,000 hours of experience in the treatment of psychoactive substance use disorders.; or
 - d. Is a psychiatrist with experience in the treatment of substance use disorders.
2. The medical director is responsible for:
- a. Overseeing all medical care provided;
 - b. Planning, development, and implementation of all activities related to medical treatment of patients;
 - c. Serving as a liaison to the medical or professional staff to ensure that matters of medical importance are conveyed to the CEO and the governing body;
 - d. Developing, in conjunction with the clinical director, medical and professional staff, the behavior management plan;
 - e. Submitting regular reports to the governing body about medical affairs, including unusual occurrences;
 - f. In conjunction with the clinical director, develops and implements a peer review system, that monitors professional practice; and
 - g. Developing, in consultation with the clinical director, medical and professional staff, an effective quality assessment and improvement program.

F. Clinical Director

- 1. The clinical director must be either a psychiatrist or doctoral level psychologist and is appointed by the governing body.
- 2. The clinical director shall possess requisite education and experience including credentials applicable under state practice and licensing laws appropriate to the professional discipline.
- 3. The clinical director shall satisfy at least one of the following requirements:
 - a. Certification by the American Society of Addiction Medicine; or
 - b. One year or 1,000 hours of experience in the treatment of psychoactive substance use disorders; or
 - c. Is a psychiatrist or doctoral level psychologist with experience in the treatment of substance use disorders.

4. The clinical director shall have a minimum of five years' clinical experience in the treatment of substance use disorders specific to the ages of the population served.

5. When the medical director and clinical director are separate positions, the governing body shall establish their individual responsibilities.

6. The clinical director is responsible for:

a. Overseeing the clinical program;

b. Participating in the planning, development, and implementation of the clinical programs and services;

c. Developing, in conjunction with the medical director, medical and professional staff, the behavior management plan;

d. Developing and implementing a peer review system, in conjunction with the medical director, that monitors professional practice; and

e. Developing, in consultation with the medical director, and the medical and professional staff, an effective quality assessment and improvement program.

f. May submit regular reports to the governing body about clinical affairs, including unusual occurrences;

g. May serve as a liaison to the medical or professional staff to ensure that matters of clinical importance are conveyed to the CEO and the governing body;

7. If qualified, the medical director may also serve as clinical director.

G. Medical or Professional Staff Organization

1. The medical or professional staff organization is established by the governing body. The organized staff is accountable for patient care and is responsible for:

a. Making recommendations to the governing body concerning appointments and reappointments to the medical or professional staff;

b. Determining the specific clinical privileges that may be granted and the training and experience required for each;

c. Defining clinical privileges based upon the services provided and the ages, disabilities, and clinical needs of the patients served; e.g., specialty groups for trauma victims;

d. Maintaining rules and regulations that support the goals and objectives of the facility;

e. Ensuring the ethical conduct of individual staff members;

f. Establishing position requirements and verifying the qualifications of all staff providing direct patient care;

g. Implementing a system to evaluate the performance and current competence of its members; and

h. Overseeing the patient care responsibilities of staff who are not members of the medical or professional staff.

H. Personnel Policies and Records

1. The facility maintains written personnel policies, updated job descriptions, and comprehensive personnel records.

2. Job descriptions for full-time, part-time and contracted employees are criteria-based and clearly contain:

a. Position title, required education and training, prior work experience, and other qualifications;

b. Lines of supervision, responsibility, authority, and communication;

c. Duties and responsibilities corresponding to education, training, and experience; and

d. Annual performance appraisals with objective evaluation criteria, ratings, and comments.

3. Individual personnel records contain:

a. Application for employment;

b. Verification of the qualifications for the position;

c. Criteria-based job description;

d. Pre-employment reference checks;

e. Signed acknowledgment that the employee understands policies on patient abuse and neglect and confidentiality;

f. Pre-employment health examinations to ensure that all employees are able, physically and mentally, to perform their duties;

g. Annual performance appraisals;

h. Documented attendance at educational and training programs, including orientation and in-service courses;

i. Any complaints, allegations, inquiries or findings of patient abuse or neglect;
and

j. Warnings or disciplinary actions.

I. Staff Development

1. The facility provides appropriate training and development programs for administrative, professional, support, and direct care staff.

a. Orientation and training programs are relevant to the care and treatment of adults and adolescents. The programs are specific to the skills, responsibilities, and duties of the staff.

b. Instruction in life safety, disaster planning, and fire safety including the proper use of fire extinguishers, is provided at orientation and annually thereafter.

c. Instruction in cardiopulmonary resuscitation is required to maintain current certification.

d. All direct care staff receive relevant in-service education in emergency first aid, human growth and development, behavioral management, clinical observation, and clinical record documentation.

e. Staff training and development activities are provided by individuals who are qualified by education, training, and experience.

f. Staff training and development programs are influenced by the results of evaluation activities and are documented on a regular basis.

J. Fiscal Accountability

1. The facility maintains complete and accurate financial records of income and disbursements which are open to inspection upon reasonable notice by the United States government or its authorized agents. The facility:

a. Has a schedule of public rates and charges for all services provided, and makes this available to all referral sources and families.

b. Has an independent audit performed at least annually.

c. Maintains insurance coverage on all buildings, equipment, physical resources, and vehicles. Adequate comprehensive liability insurance protects patients, staff, and visitors.

K. Designated Teaching Facilities

1. Students, residents, interns, or fellows providing direct clinical care are under the supervision of a qualified staff member approved by an accredited university or medical school.

2. The teaching program is approved by the Director, TMA or a designee. To be an approved teaching program the facility has:

a. A written contract or letter of agreement between the accredited university and the governing body. The contract or letter of agreement designates:

(1) the qualified health care professional providing supervision;

(2) the nature and extent of supervision required; and

(3) the supervisor's medical and legal responsibilities for all clinical care provided by the student, resident, intern, or fellow.

b. A description of the training program within the plan of operation, specifying the assignments, supervision, and documentation required;

c. A medical or professional staff organization to recommend the privileges granted, under supervision, to students, interns, residents, or fellows; and

d. A medical director or clinical director to oversee the training program and provide regular reports to the governing body.

L. Emergency Reports and Records

1. The facility notifies TMA of any serious occurrence involving TRICARE/CHAMPUS beneficiaries.

a. Reportable occurrences include life-threatening accidents, a patient death, patient disappearances, suicide attempts, cruel or abusive treatment, physical or sexual abuse, or any equally dangerous situation.

b. The occurrence is reported by telephone to the Director, TMA or a designee, on the next business day; a full written account is sent within seven days.

c. The occurrence and contact with TMA are documented in the patient's clinical record.

d. Notification is provided to the next of kin or legal guardian and, if required by state or commonwealth law, the appropriate legal authorities.

2. When TRICARE/CHAMPUS beneficiaries are absent without leave and are not located within 24 hours, the incident is reported by telephone to TMA on the next business

day. If the patient is not located within three days, a written report of the incident is made to TMA.

3. Any disaster or emergency situation, natural or man made, such as fire or severe weather, is reported by telephone within 72 hours, followed by a written report within seven days, to TMA.

4. All of the facility financial and clinical records are available for review by TMA during announced or unannounced on-site reviews and inspections. The on-site review includes an examination of any clinical records, regardless of the source of payment.

II. TREATMENT SERVICES

A. Staff Composition

1. A written plan describes the composition and number of staff required to meet the medical and clinical needs of patients.

a. Staffing patterns are based on the characteristics and special needs of the population served, the patient census, and the types and intensity of services required.

b. Sufficient full-time professional staff provide clinical assessments, active therapeutic interventions, and ongoing program evaluation.

c. Clinicians providing individual, group, and family therapy meet CHAMPUS requirements for qualified mental health providers of care, and operate within the scope of their license.

d. To meet the identified medical and clinical needs of patients, an inpatient rehabilitation center has qualified health care professionals on site 24 hours per day, seven days per week.

(1) Physicians are available 24 hours per day, seven days per week to respond to medical and psychiatric emergencies for the inpatient rehabilitation program and during the hours of operation for the partial program.

(2) When detoxification services are provided, a registered nurse is on duty every shift to plan, assign, supervise, and evaluate nursing care.

(3) RNs and other treatment staff are assigned depending upon the number, location, and acuity level of the patients.

(4) Medical and professional consultation and supervision are readily available during service hours.

(5) Liaison relationships are maintained with other psychiatric and human service providers for emergency services.

e. The management of medical care is vested in a physician.

(1) A physician member on active duty in the military medical corps or U.S. Public Health Services does not meet the requirement.

(2) A resident or intern does not meet the requirement.

f. The course of treatment is prescribed and supervised by a qualified health care professional.

g. Professional staff who perform assessments and/or treat patients have a background in chemical dependency and, when applicable, experience in treating adolescents with substance use disorders.

h. The qualifications, training, and experience necessary to assume specific clinical responsibilities are specified in writing and verified prior to employment.

B. Staff Qualifications

1. Within the scope of its programs and services, the facility has a sufficient number of professional, administrative, and support staff to address the medical and clinical needs of patients and to coordinate the services provided.

a. Qualified health care professionals meet state licensure, registration, or certification requirements to practice in their respective disciplines.

b. Professional staff meet the following educational and experience requirements:

(1) a physician, other than a psychiatrist, has a medical or osteopathic degree from an accredited university;

(2) a psychiatrist has a medical or osteopathic degree from an accredited university, is licensed by the state, and has completed an approved psychiatric residency;

(3) a psychologist has a doctoral degree from an accredited university, and has two years of clinically supervised experience in psychological health services, with one year postdoctoral and one year in an organized psychological services program;

(4) a certified psychiatric nurse specialist has a master's degree from an accredited school of nursing with a specialty in psychiatric or mental health nursing, or addiction treatment. The nurse has two years of post-master's degree practice in the field of psychiatric or mental health nursing or addiction treatment;

(5) a social worker has a master's degree in social work from a graduate school accredited by the Council on Social Work Education, and has two years of post-master's degree, supervised clinical social work practice;

(6) a staff nurse has a minimum of a diploma or an associate degree in nursing, and is licensed by the state in which he/she is practicing;

(7) a professional counselor, marriage and family counselor, or pastoral counselor has a master's degree in mental health or behavioral sciences from an accredited university, has two years of supervised, post-master's degree practice, and is supervised by a qualified member of the professional staff;

(8) an occupational therapist, recreational therapist, or expressive art therapist has at least a bachelor's degree from an accredited college or university, is nationally registered or certified, and is licensed or certified in his/her respective field when this is offered or required by the state where the facility is located;

(9) a teacher has a bachelor's degree from an accredited university and is certified as a teacher in the respective state;

(10) an addiction therapist has a master's degree in mental health or behavioral sciences from an accredited university, three years of experience in alcohol and/or drug abuse counseling;

(11) an addiction counselor has a bachelor's degree from an accredited university, five years of experience in alcohol and/or drug abuse counseling, and is supervised at least weekly by a qualified member of the professional staff; and

(12) direct service staff, e.g., patient care assistants, have at least a high school diploma or equivalent. These staff offer support and assistance to patients but do not provide therapy, e.g., individual, family, couples, or group. They receive documented supervision from qualified health care professionals.

2. Facilities that employ master's or doctoral level staff who are not qualified health care providers have a supervision program to oversee and monitor their provision of clinical care.

a. All care provided is the responsibility of a licensed or certified health care professional, as previously defined in this section.

b. To provide services, nonlicensed clinicians:

(1) Have a master's or doctoral degree from an accredited university or professional education program in a health care discipline; and

(2) Practice under a licensed or certified health care professional for a two-year period during which time the nonlicensed clinician is actively working toward licensure or certification.

c. Supervision provided to nonlicensed clinicians is specified in writing and meets the following requirements:

(1) The supervisor is employed by the facility and provides clinical supervision only in privileged areas;

- (2) The supervisor meets at least weekly on an individual basis the supervisee and provides additional on-site supervision as needed;
- (3) Supervisory sessions are regularly documented by the clinical supervisor;
- (4) Clinical documentation meets clinical records and quality assessment and improvement standards; and
- (5) All clinical entries by the supervisee are reviewed and countersigned by the supervisor.

C. Patient Rights

1. The facility protects all individual patient rights, including civil rights, under applicable federal and state laws.

a. Policies and procedures clearly describe the rights of the patients and the facility's methods to guarantee these rights.

b. Patients and families are informed of their rights in language that they understand.

c. All patients are treated with dignity and respect, and are afforded full protection of their basic personal and privacy rights. For inpatient rehabilitation facilities:

(1) The right to privacy is based on individual developmental and clinical requirements;

(2) Patients may contact an attorney;

(3) Patients may send and receive mail without hindrance unless clinically contraindicated and restricted by a physician's or responsible clinical psychologist's order;

(4) Patients may have private telephone contact with members of their immediate family or guardian unless clinically contraindicated and restricted by a physician's or responsible clinical psychologist's order;

(5) Patients may have private visits with their family or guardian unless clinically contraindicated and restricted by a physician's or responsible clinical psychologist's order;

(6) All orders to restrict patient rights are supported by a written justification of clinical need and are reviewed every seven days;

(7) Mail, telephone calls, and family visits are not restricted by treatment philosophy, level, phase, or milieu program design;

(8) Patients are not required to dress in distinctive clothing for behavioral control purposes or as a consequence for misconduct;

(9) Except at admission, body searches for the detection of contraband require a written physician's order. The order and the justification are documented in the clinical record; and

(10) The facility provides opportunities for patients to attend religious services and to seek religious counsel unless clinically contraindicated.

d. The facility maintains a safe environment; patients are protected from physical or emotional harm by other patients, staff, and visitors.

e. The facility protects the right of confidentiality for all patients, their families, and significant others. Personal pictures, videotapes, or audio recordings are not obtained without written permission.

f. Informed consent is obtained from the patient, family, or legal guardian, as appropriate, authorizing emergency medical care, including surgical procedures.

g. Parents, families, legal guardians, and significant others, as appropriate, are informed of the patient's treatment progress at regular intervals.

h. The patient, family, or legal guardian have the right to present complaints or grievances about the facility or the care received. The facility has procedures for responding to these complaints.

i. When applicable, the patient and family are provided with written descriptions of the principles, methods, and interventions used in behavior management. If a level or phase system is implemented:

(1) level achievement is not considered to be an objective of the interdisciplinary treatment plan;

(2) level achievement or lack thereof does not affect the provision of therapeutic services, including passes when clinically indicated;

(3) level achievement or lack thereof does not negate a timely discharge once the therapeutic goals and objectives have been attained; and

(4) the level or phase system is not used to compromise the basic rights of the patient.

j. When food services are provided, patients receive adequate and nutritious meals with accommodations for special diets, and are not denied food as a method of behavior management.

k. The patient and family, when appropriate, receive education regarding all medications prescribed, including benefits, side effects, and risks.

l. Patients have the right to refuse treatment and medications. If a patient or family refuses treatment, the facility makes documented, reasonable efforts to understand the issues involved and resolve the conflict. If the conflict cannot be resolved the facility:

(1) terminates treatment on reasonable notification of patient, family, or legal guardian; or

(2) seeks legal alternatives to ensure that the patient's safety and treatment needs are met.

m. Any research involving TRICARE/CHAMPUS beneficiaries has prior approval from TMA and complies with the regulations protecting human subjects of the Department of Health and Human Services (45 CFR 46).

2. The facility has a written policy regarding patient abuse and neglect.

a. All facility staff, patients, and families as appropriate, are informed of the policy.

b. All incidents of suspected abuse and neglect are reported promptly to the appropriate state agencies.

D. Behavior Management

1. Behavior management is based on a comprehensive, written plan that describes a full range of interventions utilizing positive reinforcement methods and clear implementation guidelines.

2. Policies and procedures for behavior management are developed by the medical director, the clinical director and medical/professional staff and approved by the governing body. They are implemented on the basis of the following considerations:

a. Behavior management is individualized to ensure appropriate consideration of the patient's developmental level, psychological state, cognitive capacity, and other clinically relevant factors;

b. Time-out is a brief, voluntary separation from program, activities, or other patients, and is initiated by the patient or at the request of staff to help the patient regain self-control;

c. Physical holding is a brief, involuntary procedure initiated by the staff to enable a patient to regain self-control; and

d. Restraint or seclusion are considered extraordinary interventions to be used only by professional staff in an emergency.

(1) Such interventions imply a severity of dysfunction and the need for a level of care beyond the scope of a facility.

(2) A physician's order is obtained within the hour and the patient is assessed for transfer to an appropriate level of care.

e. If any part of a facility is locked to ensure patient safety, the rationale is based on clinical or medical needs and the security measures are consistent with the treatment philosophy, mission statement, and admission criteria.

E. Admission Process

1. The admission process helps the patient to fully use the medical, clinical, and program services of the facility. The patient, family and significant others as appropriate, are familiarized with the treatment program and how the facility addresses patient capabilities and medical/ clinical needs.

a. Preadmission information is obtained to evaluate the medical and/or psychological necessity for admission. Recent psychiatric, psychological, and psychosocial evaluations are reviewed.

b. Written admission criteria describe the extent and complexity of the substance use disorders and the appropriateness of inpatient and/or partial hospitalization care.

c. Medical or psychological determinations shall be rendered by qualified mental health professionals who meet TRICARE/CHAMPUS requirements for individual professional providers and who are permitted by law and the facility to refer patients for admission.

d. The facility accepts only those patients who meet the conditions outlined in the admission criteria, and for whom the facility has an operational program.

e. The facility observes and maintains compliance with the conditions of licensure under which it operates, including age, sex, type, and number of patients accepted.

f. No one is denied admission on the basis of race, religion, national origin, or sexual orientation.

g. Patients and families who are not accepted for treatment are provided with alternative recommendations and referrals as needed.

(1) Referral policies and procedures specify needs and services the facility cannot provide.

(2) Referrals for examination, assessment, and consultation are discussed with the patient and/or family prior to admission.

h. During the admission process, the patient and family are clearly apprised of the expectations for treatment and the services provided.

(1) Written and signed documentation verifies that patients and family members understand the clinical care that will be provided.

(2) The policies and procedures for emergency medical and psychiatric care are explained, including transfer or referral and the means of transfer, e.g., family, facility staff, or ambulance service.

i. All admissions are planned and approved by a qualified mental health provider and preauthorized by TMA.

F. Assessments

1. Professional staff are responsible for current addiction-focused assessments of all patients. Consideration is given to the fundamental clinical needs of patients including, but not limited to, their physical, psychological, social, developmental, family, educational, environmental, and recreational needs.

2. Assessments conducted within 30 days prior to admission may be used if reviewed and approved for treatment planning purposes by the responsible physician or doctoral level clinical psychologist. If a patient is admitted directly from acute care, the existing medical history may be incorporated into the clinical record if reviewed and approved by the responsible physician.

a. A medical history and assessment is completed within 24 hours of admission to inpatient rehabilitation or within three working days of admission to partial hospitalization. A physician, qualified physician assistant, or nurse practitioner completes a medical history that contains the patient's history of licit and illicit drug use; a medical history denoting physical problems associated with addictions; a physical examination sensitive to pathological substance use; serology, urinalysis, and other routine laboratory studies as indicated; and an assessment of speech, vision, and hearing. For adolescents, physical development and sensorimotor functioning are also assessed, and immunizations are reviewed and completed using the schedule recommended by the American Academy of Pediatrics. When the medical history and assessment is conducted by a physician assistant or nurse practitioner, a physician must countersign.

b. A nursing assessment is completed by a registered nurse. In a inpatient facility that provides detoxification services or nursing care to address physical health problems the assessment is completed on the day of admission or within three treatment days of admission to a partial hospital program. The nursing assessment defines the patient's nursing needs; emphasizes biological and cognitive dimensions of addiction; notes nutritional problems and responses associated with physical illness; and assesses for alcohol and/or other drug withdrawal using an established norm or scale.

c. An alcohol and drug history evaluation is conducted by a qualified health care professional within 24 hours of admission for inpatient care and by the third treatment day for partial care. The evaluation consists of a chronological history of drugs used and includes: the patient's age at the onset of use; the duration, methods, patterns, circumstances, and consequences of use; family and peer use of alcohol and other drugs; and the responses to previous substance use treatment.

d. An emotional and behavioral evaluation is completed by a qualified health care professional within three days of admission to inpatient rehabilitation and by the fifth

treatment day in partial hospitalization. The evaluation documents the reason for admission; current clinical presentation; psychosocial stressors related to substance use; current potential risk to self or others; history of present illness; psychiatric, alcohol, and drug history; and a mental status examination. The evaluation includes a developmental assessment for adolescents and results in diagnoses on Axes I through V, based on the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. If completed by a nonlicensed staff, the evaluation is reviewed and approved by a responsible member of the professional staff organization.

e. A social assessment is completed by a qualified health care professional within three days of admission to inpatient rehabilitation and by the fifth treatment day in partial hospitalization. The social assessment documents the presenting problems necessitating admission; childhood history and significant losses; sexual history and history of any physical or sexual abuse; family dynamics, including relationships with parents, siblings, and significant others; peer group relationships; current and past home situation; impact of any medical condition; impact of the patient/family's financial circumstances; and impact of religious, ethnic, and cultural influences on the patient and family.

f. A family assessment for adolescent patients is completed by a qualified health care professional within three days of admission to inpatient rehabilitation and by the fifth treatment day in partial hospitalization. The family assessment documents the inter-generational family structure including births, deaths, marriages, separations, and divorces; significant medical, mental health, and substance use problems among immediate and extended family members; family values, attitudes, and beliefs that have an impact on the patient's use of psychoactive substances; significant communication patterns and dynamics that have a bearing on the patient's use of substances; strategies for involving the family in treatment; and recommendations and goals for family therapy, if indicated.

g. A psychological evaluation is completed by a doctoral level psychologist for all adolescent patients and, when appropriate, for adult patients. The psychological evaluation is completed within five treatment day of the request and assesses intellectual, cognitive, and perceptual functioning; identifies stressors and coping mechanisms; and provides neuropsychological screening and personality assessment if clinically indicated.

h. A skills assessment is completed by a qualified activity therapy professional for all adolescent patients and adult patients as appropriate. The skills assessment is completed within three days of admission to inpatient rehabilitation and by the fifth treatment day in partial hospitalization. It provides data to plan therapeutic activities and assesses activity patterns prior to admission; aptitudes and/or limitations; activities of daily living; perceptual motor skills; communications skills; social interaction skills; creative abilities; and impact of physical limitations.

i. An educational assessment is completed by a qualified teacher for all adolescents, and for adults as appropriate within three days of admission to inpatient rehabilitation and by the fifth treatment day in partial hospitalization. It may include an evaluation of educational and vocational history; current classroom observations; achievement testing; and identification of learning disabilities. If completed within the past 12 months, the educational assessment may be added to the patient record if reviewed and approved by the facility's director of education.

j. Additional assessments include legal, nutritional, neuropsychological, neurological, speech, hearing and language, and any others that may be clinically indicated. Unless otherwise specified by a physician's order, these assessments are completed by qualified health care professionals within three days of admission to inpatient rehabilitation and by the fifth treatment day in partial hospitalization. If an assessment is delayed due to the patient's condition, an explanation is recorded in the clinical record.

G. Clinical Formulation

1. A clinical formulation is developed on all patients by a qualified mental health provider. The clinical formulation is reviewed and approved by the responsible physician or doctoral level licensed clinical psychologist. The clinical formulation is generally organized into a Descriptive Section including the nature, severity, and precipitant of the individual's mental health disorder; an Explanatory Section including the rationale for the development and maintenance of the symptoms and dysfunctional life patterns; and the Treatment-Prognostic Section serving as the explicit blueprint governing treatment interventions and prognosis. The clinical formulation:

- a. is completed prior to the development of the master treatment plan;
- b. incorporates significant clinical interpretations from each of the multidisciplinary assessments;
- c. identifies patient strengths and limitations, current psychosocial stressors, present level of functioning, developmental issues to be considered, degree of risk to self or others, and significant treatment issues;
- d. interrelates the assessment material and indicates the focus of treatment strategies;
- e. clearly describes the clinical problems to be addressed in treatment, including plans for discharge; and
- f. substantiates Axes I through V diagnoses, using the current Diagnostic Statistical Manual of Mental Disorders of the American Psychiatric Association.

H. Treatment Planning

1. A qualified health care professional is responsible for the development, implementation, supervision, and assessment of an individualized, interdisciplinary treatment plan.

- a. A preliminary treatment plan is completed within 24 hours of admission and consists, at a minimum, of a physician's admission note and orders.
- b. A master treatment plan is completed within five days of admission to inpatient rehabilitation, and by the seventh treatment day for partial hospitalization. The master plan:

- (1) Clearly articulates the clinical problems that are the focus of treatment;
- (2) Identifies individual treatment goals that correspond to each identified problem;
 - (a) Goals and objectives are specific outcome statements based on the anticipated response to treatment.
 - (b) Treatment goals and clinical needs are discussed with the patient and, when appropriate, with the parent, family, or legal guardian.
- (3) identifies individualized and observable or measurable objectives that represent incremental progress toward attaining goals;
- (4) describes strategies of treatment, responsible clinicians, and interventions that address individual needs and assist the patient in achieving identified objectives and goals;
- (5) includes specific, individualized discharge criteria, which identify essential goals and treatment objectives to be met prior to termination of treatment; and
- (6) identifies needed services that are not provided directly by the facility.
- (7) specifies goals, objectives, and treatment strategies for the family, if appropriate and clinically indicated.

c. The treatment plan is regularly weekly for effectiveness and revised when major changes occur in treatment. Objectives and strategies are modified to reflect the patient's response or lack of response to the individualized treatment program. The results are recorded in the clinical record.

l. Discharge and Transition Planning

1. Transition planning addresses the continuing care needs of patients. It involves modifying the treatment plan to facilitate the termination of treatment and identifying resources to maintain therapeutic stability following discharge.

a. During transition planning, the living situation, ongoing treatment needs, and educational/vocational needs are assessed.

b. The treatment plan includes strategies to facilitate termination, address temporary regression, and promote adjustment to a less intensive level of care.

c. Community and therapeutic resources are identified to help the patient and family maintain the stability achieved in treatment.

J. Clinical Documentation

1. Clinical records are maintained for each patient. The records serve as a basis for the planning of patient care and treatment and to provide ongoing evaluation of the individual patient's progress in treatment.

2. Each clinical record contains: essential demographic data; consent forms; clinical assessments formulations; treatment plans and updates; consultation reports; laboratory reports; doctor's orders; unusual occurrences; special behavioral interventions; progress notes; and a discharge summary.

3. Clinical records are maintained and controlled by an appropriately qualified records administrator or technician.

a. Written policies and procedures ensure that records are current, accurate, confidential, and safely stored.

b. Current records are kept in patient care areas and are immediately accessible to staff.

c. Policies and procedures adhere to federal guidelines for the release of confidential information specific to alcohol and other drug treatment.

K. Progress Notes

1. Progress notes clearly document the course of treatment for the patient and family. The entries provide information for review, analysis, and modification of the treatment plan. Progress notes include:

a. a description of the interventions made by the provider in accordance with the treatment plan and the patient's response in measurable, observable and/or quantifiable behavioral terms;

b. interpretations of the responses to treatment;

c. justification, implementation, and interpretation of the effectiveness of interventions for behavior management;

d. justification for changes in medication, and a description of any side effects and adverse reactions; and

e. date and length of the therapy session.

2. All clinical entries are legible, contemporaneous, sequential, signed, and dated. At a minimum, the following are required:

a. During detoxification, nursing notes on each shift and physician notes daily;

- b. A weekly nursing note on progress in treatment for inpatient rehabilitation partial hospitalization;
- c. A weekly note by the responsible psychiatrist or doctoral level clinical psychologist and a monthly evaluation of the patient's response to all treatment provided;
- d. Updates, at least weekly, of the interdisciplinary treatment plan and treatment plan reviews;
- e. Weekly progress notes on group and therapeutic services;
- f. Progress notes on individual and family therapy, within 24 hours of each session for detoxification and inpatient rehabilitation and within 48 hours for partial hospitalization; and
- g. A discharge summary completed within fifteen days and signed by a qualified health care professional.

L. Therapeutic Services

1. Multidisciplinary services are provided to address the assessed clinical needs of each patient. For adolescents, services are adapted to the individual developmental stage and comprehension level. Services that are clinically contraindicated are documented in the patient record.

a. Inpatient rehabilitation provides a professionally staffed seven-day-per-week therapeutic program. Services for adolescents are adapted to the individual developmental state and comprehension level. Milieu activities are incorporated with medical and nursing services; individual, group, and family therapy; addiction counseling services; health and addiction education for families and significant others; educational, physical health, dietary, pharmacy, and emergency services as appropriate; and a range of other therapies administered on an individual and/or group basis.

b. Partial hospitalization provides addiction counseling, medical monitoring and/or management for less than 24 hours a day. Services for adolescents are adapted to the individual developmental state and comprehension level. Milieu activities are incorporated with medical and nursing services; individual, group, and family therapy; addiction counseling services; health and addiction education for families and significant others; educational, physical health, dietary, pharmacy, and emergency services as appropriate; and a range of other therapies administered on an individual and/or group basis.

2. Psychotherapy Services Individual, group, and family therapy are provided at a frequency and intensity appropriate to the individualized clinical needs of the patient. These are offered as indicated in the treatment plan by qualified health care professionals who practice within the scope of their license.

3. Addiction Counseling Services Individual, group, and family addiction counseling services are offered by health care professionals to address the impact of substance use on biopsychosocial functioning.

4. Therapeutic Educational Services As appropriate, therapeutic educational services are provided or arranged to meet the specific needs of adolescent and adult patients.

a. When educational services are provided, the necessary resources and equipment are available to meet the specific educational needs of the patients.

b. The educational services sustain the educational/ intellectual development of patients and provide remedial opportunities for those who have fallen behind.

c. Teachers are certified by the state in which the facility is located.

(1) If teachers are not certified in special education, the facility retains a special education teacher to provide consultation and supervision.

(2) If the educational services not accredited by a state agency, the facility makes this clear in its policies, brochures, and applicant information.

(3) If the facility's school program is accredited or approved by a state agency, applicable documentation of accreditation or approval is made available to TMA.

5. Therapeutic Activities A range of therapeutic activities are provided to help the patient meet treatment goals and develop healthy leisure and life skills.

a. All therapeutic activities are managed and directed by a qualified occupational therapist/recreational therapist.

b. The facility provides the necessary resources and equipment to support the recreational and leisure needs of the patients.

c. Adult and adolescent patients help plan leisure and social activities during the day, in the evening, and on the weekend.

M. Ancillary Services

1. Emergency Services Policies and procedures for emergency services define the facilities to be used and the qualified and responsible staff who assess the situation and arrange transfers, as indicated.

a. A written agreement is maintained with each facility providing emergency services.

b. Appropriate information is exchanged between the referring and receiving facilities.

c. In accordance with written policy and legal requirements, parents, legal guardians, or significant others are notified in an emergency.

2. Physical Health Services Physical health services are available, 24 hours per day, seven days per week for inpatient programs and during hours of operation for partial

programs, either directly or through contractual arrangement. The physical health services necessary for patient evaluation and treatment are provided.

a. Physical health services include, but are not limited to: complete medical history and physical examinations; pathology and laboratory services; vision, hearing, and dental services; and radiology services.

b. Contractual agreements include a description of the services provided and the reporting requirements.

3. Pharmacy Services The facility, when appropriate, provides or contracts for pharmacy services. Written policies and procedures govern the safe storage and administration of drugs and meet applicable federal, state, and local laws and regulations.

a. A registered pharmacist is responsible for:

(1) Developing written policies and procedures that govern safe storage, preparation, distribution, and administration of drugs in accordance with applicable laws and regulations;

(2) Dispensing drugs and chemicals;

(3) Developing a formulary in conjunction with the medical staff;

(4) Recording monthly inspections of all drug storage units, including emergency boxes, emergency carts, and stock medications; and

(5) Approving a medication administration program and participating in staff development activities.

b. The emergency box is stocked with drugs as indicated by the attending physician's list. The pharmacist checks the emergency box monthly and after each use.

c. All medications administered are documented.

(1) Only authorized physicians write medication orders.

(2) The prescribing physician signs telephone orders within 72 hours.

(3) Medications are administered by authorized physicians, registered nurses, or licensed practical nurses under the supervision of a physician or registered nurse.

(4) If self-administration of medication is ordered, the patient is supervised by a qualified staff member.

d. Medications prescribed in a manner not approved by the Food and Drug Administration require approval by the medical director, and are justified in the clinical record.

e. A qualified physician, nurse, or pharmacist informs the patient and family or legal guardian as appropriate, of the benefits, side effects, and risks associated with prescribed medications.

4. Dietary Services When provided by the facility, dietary services are under the supervision of a registered dietician. The dietician develops a diet manual and approves menus that are nutritionally and calorically adequate, taking into consideration patients' special needs.

a. Dietary personnel comply with federal, state, and local laws concerning food preparation and handling.

b. The dietary services meet all applicable local, state, and federal regulations concerning the handling, preparation, and distribution of food.

(1) Supplies are clearly labeled and nonfood supplies, including cleaning materials, are stored separately.

(2) Food is protected from contamination and spoilage.

(3) Food preparation areas, utensils, and equipment are thoroughly cleaned and sanitized after each period of use.

(4) All food items are stored above floor level in covered containers that are insect and vermin proof.

(5) Perishable foods are stored at proper temperatures.

(6) All reusable eating and drinking utensils are sanitized after use. Broken or chipped dishes, glasses, and cooking utensils are discarded.

(7) Garbage is disposed of in a sanitary manner to prevent the transmission of disease.

(8) Dining areas are attractive and clean, and the furnishings are in good repair.

III. PHYSICAL PLANT AND ENVIRONMENT

A. Physical Environment

1. The buildings and grounds of the facility are maintained, repaired, and cleaned so that they are not hazardous to the health and safety of patients, staff, and visitors.

a. All space, supplies, equipment, motor vehicles, and facilities, both within and outside the facility, meet applicable federal, state, and local requirements for safety, fire, health, and sanitation.

b. Equipment and furnishings are of safe and sturdy construction. Furniture is comfortable, attractive, and age appropriate.

c. Sufficient staff and resources are provided to carry out preventive maintenance and regular housekeeping services.

d. Repair and replacement of broken items is done promptly.

e. Windows and doors used for ventilation are screened.

2. The physical environment is appropriate to the nature of the services provided and the patients served.

a. Indoor and outdoor areas are provided where patients can gather for reading, study, relaxation, entertainment, or recreation.

b. Recreational areas and equipment meet the developmental and clinical needs of the patients.

3. In an inpatient rehabilitation center, all sleeping areas meet state licensure requirements, promote comfort and dignity, and provide adequate space and privacy for the patients.

a. No more than four patients are housed in a sleeping room unless provisions are made for adequate privacy.

b. Each patient has his/her own bed consisting of a level bedstead and a clean mattress in good condition.

c. All mattresses are fire retardant and have water repellent covers or protectors.

d. Linens, blankets, pillows, and towels are furnished by the facility. Linens and towels are changed at least weekly.

e. Sleeping rooms have windows or skylights.

4. The facility makes appropriate provisions for personal hygiene.

a. All toilets have secured seats, are kept clean, are in good working order, and have partitions and doors.

b. All bathtub and shower areas are appropriately partitioned for privacy.

c. Bathrooms are cleaned thoroughly each day.

d. Toothbrushes, toothpaste, soap, and other items of personal hygiene are provided if necessary.

e. Nondistorting mirrors are furnished in each bathroom.

5. Separate areas and adequate space are provided for therapeutic services including educational, rehabilitative, and vocational services.

6. A comprehensive smoking policy is established for patients, staff, and visitors.

B. Physical Plant Safety

1. The facility is of permanent construction and maintained in a manner that protects the lives and safety of patients, staff, and visitors.

2. The facility complies with all applicable building codes, fire, health and safety laws, ordinances, and regulations in the state in which it is located. Current inspection reports are retained for TMA review.

a. The fire inspection meets or exceeds the regulations set by the local fire marshal (as governed by local ordinances), and may never be less than those regulations set by the state fire marshal.

b. Buildings in which patients are housed overnight or receive treatment are in compliance with the appropriate provisions of the Life Safety Code of the National Fire Protection Association or equivalent protection is provided and documented.

c. The health inspection meets or exceeds the regulations set by the local health ordinances (where applicable) but may never be less than those regulations set by the state health department.

d. Levels of lighting are maintained throughout the facility that are appropriate for the purpose of the designated area.

3. The number, type, capacity, and location of fire extinguishers and/or smoke detectors comply with all applicable local or state fire regulations. All staff are instructed in the use of fire extinguishers. Fire extinguishers are inspected and serviced as required.

4. All fire safety systems are kept in good operating condition. Fire safety systems are inspected regularly and records are kept on file. An electronic fire alarm system automatically notifies the fire department. If such a system is not available, an alternative method is implemented.

5. Regular safety inspections are conducted by a safety committee. The personnel responsible for safety evaluations receive appropriate training. Monthly safety inspections are documented and maintained on file.

6. Specific safety measures are provided for areas of the facility that present unusual hazards to patients, staff, or visitors. Special consideration is given to building and campus features that may cause harm such as "invisible glass doors" and recreation equipment. All stairways have handrails.

C. Disaster Planning

1. The facility has written plans and policies for taking care of casualties arising from internal and external disasters. The plans are rehearsed at least every six months.
2. The facility is prepared to handle internal and external disasters such as explosions, fires, or tornadoes. The plan incorporates evacuation procedures approved by qualified fire, safety, and other appropriate experts.
3. The plans for internal and external disasters include instructions on the use of alarm and smoke detection systems, methods of fire containment, plans for notifying appropriate personnel, and posted evacuation routes.
4. Disaster plans are made available to all facility personnel, and evacuation routes are posted in appropriate areas within the facility.
5. Records are maintained regarding the disaster training offered to employees.
6. Regular fire drills are conducted for each shift and on each patient unit. At least one drill is conducted monthly.
7. An evaluation of all drills concerning internal and external disasters is made at least every six months.

IV. EVALUATION SYSTEM

A. Evaluation Activities

1. The facility has a written plan of evaluation to examine the overall quality of patient care and services. Evaluation activities include, but are not limited to, quality assessment and improvement, utilization review, patient records, drug utilization review, risk management, infection control, safety, and facility evaluation.
2. The system of evaluation meets guidelines set forth by accrediting bodies, such as the JCAHO or CARE, and regulatory agencies of local, state, and federal government.

B. Quality Assessment and Improvement

1. The facility has a program that monitors the quality, appropriateness, and effectiveness of the care, treatment, and services provided for patients and their families.
2. Quality assessment and improvement activities include, but are not limited to, clinical peer review, outcome studies, incident reporting, and the attainment of programmatic, clinical, and administrative goals.
 - a. The evaluation system involves all of the disciplines, services, and programs of the facility, including administrative and support staff activities.

b. The evaluation system identifies opportunities for improving the effectiveness and efficiency of patient care.

3. The quality monitoring process uses explicit clinical indicators, i.e., well-defined, measurable variables related to the provision and outcome of patient care.

a. The clinical indicators identify high-volume, high-risk, and problem-prone areas of clinical practice.

b. The clinical indicators focus on structural, process, and outcome measures.

c. Each clinical indicator requires the establishment of a threshold to determine when a problem or opportunity to improve care exists.

4. The clinical director, in consultation with the medical director and professional staff organization, is responsible for developing and implementing quality assessment and improvement activities throughout the facility. A similar methodology is applied to services, departments, disciplines, programs, and patient populations.

C. Utilization Review

1. Utilization review activities include, but are not limited to, concurrent and retrospective studies examining the distribution of services as well as the clinical necessity of treatment.

2. The written utilization review process identifies the appropriateness of admission, continued stay, and timeliness of discharge as part of the effort to provide quality patient care in a cost-effective manner.

3. The utilization review process identifies the under-utilization, over-utilization, and inefficient use of the facility's resources, both concurrently and retrospectively.

4. A conflict-of-interest policy applies to all staff involved in the utilization review process.

5. A confidentiality policy protects both the patients and clinical staff involved in the utilization review activity and maintains the confidentiality of the findings and recommendations.

6. The source of payment is not used as the basis for determining patient reviews.

7. Review information is reported to the relevant departments, services, and disciplines for further recommendations and corrective actions as appropriate.

8. The findings of the utilization review process are used as a basis for revising the plan of operation, including a review of staff qualifications and staff composition.

9. The CEO is responsible for the utilization review process.

D. Patient Records

1. The facility monitors and evaluates the completeness of patient records, including timeliness of entries, appropriate signatures, the pertinence of clinical entries particularly with regard to regular recording of progress/non-progress in treatment plan.
2. Qualified health care professionals review a representative sample of patient records on a monthly basis.
3. Conclusions, recommendations, actions taken, and the results of actions are monitored and reported.

E. Drug Utilization Review

1. The facility establishes objective criteria for monitoring and evaluating the prophylactic, therapeutic, and empiric use of drugs.
2. The monitoring of drug usage ensures that medications are administered appropriately, safely, and effectively.
3. Data are collected on the drugs most frequently prescribed, those prescribed for other than FDA-approved use, and those with known or suspected adverse reactions or interactions with other drugs.
4. The review process involves physicians, nurses, pharmacists, administrative and management staff, and other personnel as needed.
5. Minutes document the classes of drugs reviewed, the findings, conclusions, recommendations, and actions taken.
6. The results of drug evaluations are disseminated to nursing and medical staff, and are incorporated into other data in the evaluation system involving practice patterns, clinical performance, and staff competence.

F. Risk Management

1. A risk management program is implemented to prevent and control risks to patients and staff, and to minimize costs to the facility associated with patient care and safety.
2. Risk management activities are coordinated with other evaluation programs including safety monitoring, utilization review, infection control, drug utilization review, and patient record reviews.
3. The risk management findings are reviewed quarterly to identify clinical problems or opportunities to improve patient care.
 - a. Minutes are maintained that include conclusions, recommendations, and the corrective action(s) taken to reduce patient/staff risk and cost.

b. The findings related to risk management are included in the facility evaluation.

c. A summary report is submitted to the governing body indicating the findings and results of risk management activities.

G. Infection Control

1. The facility implements policies and procedures for the surveillance, prevention, and control of infections.

2. A qualified staff person is assigned responsibility for the management of infection surveillance, prevention, and control.

3. All staff involved in direct patient care and patient care support are involved in infection control activities.

a. Training is provided for all new employees on infection control, personal hygiene, and their responsibility to prevent and control infection.

b. Education on the prevention and control of infection is provided at least annually for staff in all the departments, services, and programs involved in patient care.

4. Records and reports of actual and potential infections among patients and staff are documented. Patterns and trends are monitored through the use of aggregated data.

H. Safety

1. The facility implements a safety monitoring system as described below:

a. An incident reporting system reviews all accidents, injuries, and safety hazards. Incidents are investigated and evaluated, and follow-up actions are documented and tracked.

b. Disaster training, safety orientation, and continuing safety education are monitored through a review of reports and an evaluation of drills.

c. A continuous safety surveillance system exists that detects and reports safety hazards related to patients, staff, or visitors.

d. A multidisciplinary safety committee evaluates the safety monitoring activities, with the authority to take action when conditions pose a threat to people, equipment or buildings.

I. Facility Evaluation

1. The CEO and other administrative staff develop a strategic plan with specific goals and objectives to evaluate the various functions of the facility.

2. The annual goals and objectives for each program component or service are related to the patient population served.
3. The strategies to meet the objectives are defined.
4. The criteria by which the programs and services are to be evaluated are specified.
5. The programs, services, and organization are evaluated annually.
 - a. An explanation is given of any variance or failure to meet the goals and objectives.
 - b. The findings of this evaluation are documented and reported to the governing body.