

BHS Policies and Procedures



City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: Psychiatric-Mental Health Nurse Practitioner (PMHNP) General Procedure and Protocol in Behavioral Health Services

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Director of Behavioral Health Services

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Manual Number: 3.07-6

References: Title 16, CCR
Section 1474 Medicare Title 42;
Section 1: 42 CFR410.32

Substantive Revision. Replaces Policy 3.07-6 version dated May 29, 2018.

Purpose:

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

Scope:

This policy applies to BHS PMHNPs working in BHS clinics including contract agencies. Each agency must have their own site-specific procedures developed in collaboration with the site Medical Director, Clinic Director, Supervising Physician(s) and PMHNP(s).

Background:

Psychiatric mental health nursing practice is a specialized area of nursing committed to promoting mental health through the assessment, diagnosis and treatment of mental health and substance use disorders. Essential components of this specialty practice include health and wellness promotion through identification of, prevention of and care/treatment of persons with mental health and substance use disorders. The PMHNP, in collaboration with a Supervising Physician, assumes primary responsibility and accountability for the assessment and care of clients with behavioral health 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 clients.

Policy:

I. Policy Development, Review and Approval

- A. All Standardized Procedures are developed collaboratively by designated PMHNPs, Supervising Physicians and Administrators and must conform to all eleven steps of the

Standardized Procedure Guidelines as specified in Title 16, CCR Section 1474. All Standardized Procedures must be approved by the Medication Use Improvement Committee whose membership consists of at least one PMHNP, Physicians, Pharmacists and Quality Management staff. Final approval will be by the Executive Committee.

- B. All Standardized Procedures are to be kept in a central file by the BHS Administrative Designee; and at each clinic employing one or more PMHNPs. This should include approval sheets dated and signed by the clinic Medical Director, Supervising Physician(s), and PMHNP(s) covered by the Standardized Procedures.
- C. All Standardized Procedures are to be reviewed periodically at a minimum of every three years by PMHNPs, clinic Medical Directors and designated Supervising Physicians.
- D. Changes in or additions to the Standardized Procedures may be initiated by any of the signatories and must be approved by Authorizing Personnel and be accompanied by a dated and signed approval sheet.

II. Standardized Procedure Functions

- A. A PMHNP is a registered nurse (RN) 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.
- B. The PMHNP is a professional healthcare provider who assumes responsibility and accountability for the assessment and care maintenance of clients with behavioral health needs.
- C. The role of the PMHNP is to meet the behavioral health needs of clients in the outpatient Behavioral Health System. In collaboration with the Supervising Physician, the PMHNP assesses, diagnoses, plans treatment and manages care for clients. This includes:
 - 1. Psychiatric assessment including assessment of substance use disorders and mental status evaluation
 - 2. Diagnosis, management and treatment of acute, episodic and chronic illness
 - 3. Health promotion and client and family education
 - 4. Medication support services
 - 5. Psychotherapeutic techniques including group and individual therapy
 - 6. Ordering and interpreting laboratory and diagnostic tests
 - 7. General evaluation of health status
- D. Standardized Procedure functions are to be performed in areas which allow for the general supervision (defined by Medicare Title 42; Section 1: 42C.F.R.410.32), where the Supervising or Consulting Physician is to be available by telephone, electronically or in person when required. Each PMHNP is to function under the supervision of a Supervising or Consulting Physician. There is a limit of four PMHNPs per Supervising Physician at one time to meet California drug and device furnishing requirements.
- E. Physician consultation or referral or intervention is to be obtained in situations which go beyond the competence or scope and practice of the PMHNP or as specified under the following circumstances:

1. Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started
2. Acute decompensation of client situation
3. Problem which is not resolving as anticipated
4. History, physical or lab findings inconsistent with the clinical picture
5. Upon the request of client, PMHNP or Supervising Physician

III. Requirements

- A. The Standardized Procedures developed for use by PMHNPs are designed to describe the steps of care for given client situations. They are to be used in the following circumstances:
 1. General assessment and evaluation of mental status
 2. Management of acute behavioral health illness
 3. Management of chronic behavioral health illness
- B. Problem specific guidelines may be used to supplement the client care process and not define it absolutely (e.g. various BHS guidelines related to psychotropic use available on BHS public website:
<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp>). Alteration and adjustments may be necessary in an individual client's situation.

IV. Experience and training requirements

- A. Each PMHNP performing Standardized Procedure functions must have a registered nursing license, be a graduate of an approved Nurse Practitioner training program and be certified as a Nurse Practitioner by the State of California Board of Registered Nursing.
- B. Each PMHNP who furnishes drugs and devices must have a furnishing number issued by the California Board of Registered Nursing. PMHNPs who furnish controlled substances must also have a current Drug Enforcement Agency (DEA) registration certificate. PMHNPs who furnish buprenorphine must have an X-number registration certificate issued by the DEA.
- C. Each PMHNP will have documented graduate or post-graduate training in advanced practice psychiatric nursing.
- D. PMHNP must have appropriate psychiatric training and experience in child and adolescent behavioral health to evaluate and treat the psychiatric illnesses of children and adolescents in BHS, San Francisco Health Network (SFHN).

V. Method of initial and continued evaluation

- A. General competency is initially evaluated during the probationary period by the Supervising Physician or designee. Each PMHNP is assigned a Supervising Physician who is responsible to annually evaluate appropriateness of practice and clinical decision

making. The Supervising Physician shall be a BE/BC general psychiatrist when the PMHNP is the practice of psychiatry with adults and older adults. The Supervising Physician shall be a BE/BC Child and Adolescent psychiatrist when the PMHNP is in the practice of psychiatry with children and youth under the age of 18. This will be done in conjunction with the Departmental Performance Appraisal and Evaluation process.

- B. A quality assurance review process is established to assure that compliance to important standards of care is maintained. Quality issues may be identified through client complaints, physician, peer, or management observation, self-identified by the PMHNP and/or through records reviews.

VI. Persons authorized to perform Standardized Procedures

- A. The current record of PMHNPs authorized under the provisions of this Standardized Procedure is maintained by BHS Administrative Designee. Each clinic site will also maintain a record of authorized PMHNPs in their medication room or other designated area.

VII. Practice setting

- A. Standardized Procedures are to be performed by PMHNPs at all BHS clinics, including all contract agencies. They remain in effect for any work-related outreach, including home visits, street medicine, hospital visits etc.

VIII. Record keeping requirements

- A. All interactions with clients are to be recorded in the medical record in a timely manner according to current BHS Documentation Policy.

IX. Statement of Approval of the Standardized Procedure

- A. Each clinic site should complete this document. Signatures of all PMHNPs, Supervising Physicians and Clinic Medical Director are required.

Signature: _____ Date: _____

Printed Name with Discipline: _____

Practice Site: _____

Signature: _____ Date: _____

Printed Name with Discipline: _____

Practice Site: _____

Signature: _____ Date: _____

Printed Name with Discipline: _____

Practice Site: _____

X. Standardized Protocol for performing a diagnostic assessment, formulating diagnoses and establishing a treatment plan

- A. Definition: This protocol covers the management of common behavioral health conditions seen in the outpatient setting, such as depressive disorders, schizophrenia and related psychosis, bipolar disorder, anxiety disorders, trauma-related disorders, substance use disorders and personality disorders.
- B. Database:
 - 1. Subjective data collection: Perform symptom analysis and collect supporting data as appropriate to chief complaint or identified problem, including past medical history, past psychiatric history, family history, pregnancy and lactation status, and risk factor analysis.
 - 2. Objective data collection: Perform mental status exam. Perform physical exam as indicated. Review available medical, nursing and diagnostic data. When indicated obtain collateral information.
- C. Treatment Plan:
 - 1. Diagnosis:
 - a. Formulate diagnosis based upon section B. This should be most consistent with the subjective and objective findings. If diagnosis is not clear, assessment to level of surety plus differential diagnosis.
 - b. Assessment of severity including functional impairments should be documented.
 - 2. Treatment:
 - a. Laboratory testing and other studies (e.g. psychological testing) when appropriate.
 - b. Patient education and counseling.
 - c. Furnishing medication if appropriate (see section X.C.4 below)
 - d. Follow-up appointments for further evaluation and treatment if indicated.
 - e. Consultation and referral (e.g. for psychotherapy, to neurology, to primary care, etc.) as appropriate.
 - 3. Physician Consultation: As described in the General Policy Component II.F.
 - 4. Furnish/order appropriate medications and/or devices: The selection of pharmacologic therapy may include, but is not limited to, consideration of the following factors:
 - a. History of past allergies
 - b. Current medications
 - c. Medication is appropriate for the identified problem
 - d. Dosage adjustment to individual client needs, within therapeutic range
 - e. Determination of pregnancy or lactation status
 - f. Medication side effects
 - g. Other client health conditions

Contact Person:

BHS Director of Pharmacy, 415-255-3703

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