

**BEHAVIORAL HEALTH INPATIENT FACILITIES  
WORKGROUP MEETING NOTES**

May 8, 2012

Regular text = paraphrased discussion

*Italics=Department's response*

***Bold, italics and indented=rule change***

**R9-10-310(A)(1)(c) and (f)**

Are there some evaluations that can be performed by and instances when the explanation of risks and benefits can be done by a registered nurse?

*The Department believes that a facility can establish in policies and procedures when it would be appropriate for a registered nurse to conduct the evaluation or explain the risks and benefits of a transport. The Department plans to change the rule as follows:*

***R9-10-310(A)***

- 1. Facility policies and procedures:***
  - a. Specify the process by which the sending facility personnel members coordinate the transport and the services provided to a patient to protect the health and safety of the patient;***
  - b. Establish the criteria for determining what a patient evaluation includes based on the patient's psychological condition, medical condition, and the type of services the patient is expected to receive at the receiving facility;***
  - c. Require an evaluation of the patient according to the criteria established in subsection (A)(1)(b) by a medical practitioner, registered nurse, or behavioral health professional before transporting the patient and after the patient's return;***
  - d. Specify the sending facility's patient medical records that are required to accompany the patient, including the medical records related to the services to be provided to the patient at the receiving health care institution or other facility;***
  - e. Specify how the sending facility communicates patient medical record information that the sending facility does not provide at the time of transport but is requested by the receiving health care institution or other facility; and***
  - f. Specify how a medical practitioner, registered nurse, or behavioral health professional explains the risks and benefits of the transport to the patient or the patient's representative based on the:***
    - i. Patient's condition, and***
    - ii. Mode of transport; and***

**R9-10-316**

Should "other persons" be included? The draft language allows for preemptive action based on a perceived threat. *The Department is concerned about possible abuse of restraint and seclusion but recognizes the facility's responsibility to intervene when any individual is being harmed.*

*The Department plans to change the rule as follows:*

***R9-10-316***

***An administrator of a facility that is licensed to use restraint or seclusion shall ensure that:***

- 2. An order for restraint or seclusion is:***
  - a. Written by a physician or registered nurse practitioner, and***
  - b. Not written as a standing order or an as-needed basis;***
- 3. Restraint or seclusion is:***
  - a. Not used as a means of coercion, discipline, convenience, or retaliation;***
  - b. Only used when all of the following conditions are met:***
    - i. Except as provided in subsection (4), after obtaining an order for the restraint or seclusion;***
    - ii. In an emergency situation;***
    - iii. For the management of a patient's violent or self-destructive behavior,***

- iv. *When less restrictive interventions have been determined to be ineffective, and*
- v. *To ensure the physical safety of the patient or to stop physical harm to another individual; and*
- c. *Discontinued at the earliest possible time; and*
- 4. ~~*Restraint or seclusion is:*~~
  - a. ~~*Only ordered by a physician or a registered nurse practitioner, and*~~
  - b. ~~*Not written as a standing order or on an as-needed basis;*~~
- 4. ~~*Restraint is not used as a preemptive action;*~~
- 4. *If there is an emergency situation where a patient or another individual is being physically harmed by the patient's violent or self-destructive behavior, a personnel member:*
  - a. *May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for restraint or seclusion; and*
  - b. *Shall obtain an order for restraint or seclusion of the patient during the emergency application of restraint or seclusion;*

**R9-10-317(B)(3)**

A medical practitioner may not be present in the facility but may be available through telemedicine. Will the availability of a medical practitioner through telemedicine and a registered nurse providing hands-on evaluation meet the intent of the rule?

*The Department believes that the rule emphasizes the necessity for a physician, a registered nurse practitioner, or a physician assistant to be present in the facility to ensure patients receive the appropriate level of service based on the acuity of this population. In addition, there are limitations placed on a registered nurse's scope of practice requirements. The registered nurse cannot be placed in the position of rendering a diagnosis. Regarding telemedicine, this electronic service may not be readily available to all rural communities, nor could it be depended upon because of possible technological disruptions. The Department does not plan to change the rule.*

**R9-10-317(B)(6)**

A **question** was raised regarding whether the nurse required should be an RN or LPN.

*The Department has defined "nurse" to be a registered nurse or practical nurse as in A.R.S. § 32-1601.*

**R9-10-317(B)(11) and (12)**

A **question** was raised regarding the requirements of an agency to keep a log and to offer support to individuals who are not admitted for observation/stabilization services – is this a burden to the agency?

*The Department noted that agencies are already performing these tasks.*

**R9-10-317(B)(14)(a)**

The space requirement for observation chairs will have an impact on our facility. It will decrease our patient capacity significantly and won't improve safety. Can this requirement be changed?

*The Department is concerned with communicable disease, the ability for a combative patient to physically harm another patient, and the feasibility of maneuvering a gurney around observation chairs. The stakeholders were asked to suggest revised language and to send their suggestions to Barb Lang or to respond on Survey Monkey. The Department received written comments suggesting that the rule be changed from 3 ft. between each observation chair to "2 ft. between chairs and 4 ft. between the front of one chair and the back of another." The Department believes that 3 ft. between chairs is necessary and consistent with requirements for emergency rooms, recovery areas, etc. The Department does not plan to change the rule.*

**R9-10-317(B)(17)**

It's understood that an agency that provides observation/stabilization services should be prevented from keeping a patient for 23 hours and 59 minutes, then "walk the patient outside," only to re-enter the agency to begin a new 24-hour patient stay. Yet, the rule that disallows an admission until two hours from discharge seems problematic.

Often a patient will be released, become intoxicated immediately following release, and the police need to access services. Can this requirement be more flexible?

The Department will amend the rule to reflect a circumstance whereby an individual may be readmitted when less than two hours has lapsed from discharge. The Department plans to change the rule as follows:

17. **If an individual is not being admitted as an inpatient to the facility or to another health care institution, before discharging the individual from a designated area for observation/stabilization, a personnel member:**
  - a. **Identifies the specific needs of the individual after discharge;**
  - b. **Identifies any resources including family members, community social services, peer support services, and Regional Behavioral Health Agency staff that may be available to assist the individual; and**
  - c. **Documents the information in subsection (B)(17)(a) and the resources in subsection (B)(17)(b) in the individual's medical record;**
18. **When an individual is discharged from a designated area for observation/stabilization a personnel member:**
  - a. **Provides the individual with discharge information that includes:**
    - i. **The identified specific needs of the individual after discharge, and**
    - ii. **Resources that may be available for the individual; and**
  - b. **Contacts any resources identified as required in subsection (B)(17)(b);**
- ~~17.~~ 19. **Except as provided in subsection (B)(20), an individual is not re-admitted to a facility for observation/stabilization services within two hours after the individual's discharge from the facility that provided observation/stabilization services to the individual; and**
20. **An individual may be re-admitted to a facility for observation/stabilization services within two hours after the individual's discharge from the facility that provided observation/stabilization services to the individual if:**
  - a. **It is at least one hour since the time of the individual's discharge,**
  - b. **A law enforcement officer accompanies the individual to the facility,**
  - c. **Based on a screening of the individual, it is determined that re-admission for observation/stabilization is necessary for the individual, and**
  - d. **The name of the law enforcement officer and the reasons for the determination in subsection (B)(20)(c) are documented in the individual's medical record.**

#### **R9-10-318(2)**

Shouldn't this say registered nurse under the direction of a physician rather than a behavioral health professional?

Yes. Because requirements for a registered nurse, skills and qualification, and documentation of skills and knowledge are contained elsewhere in the draft language, the Department plans to change the rule as follows:

- ~~2.~~ **A behavioral health professional who provides detoxification services has the skills and knowledge necessary to provide detoxification services and the behavioral health professional's skills and knowledge are verified and documented**

#### **R9-10-318(5)**

Should the requirement that a "registered nurse be present at the facility at all times" be removed?

Yes, the requirement for a registered nurse to be present at the facility at all times is elsewhere in the draft language. The Department plans to change the rule as follows:

- ~~5.~~ **A registered nurse is present at the facility at all times**

#### **R9-10-318(6)**

Should the language "admitted to the facility" be removed?

Yes. The Department plans to change the rule as follows:

6. **A patient who needs immediate medical services ~~the facility is unable to provide~~ is ~~admitted to the facility or~~ transferred to a facility capable of meeting the patient's immediate medical needs.**

#### **R9-10-319(B)(2)**

Can we be allowed to contact Arizona Poison Control rather than have a current toxicology book on hand? Textbooks change and are costly. The Arizona Poison Control is readily accessible and it's a free 800 number. *The Department believes that it is necessary for a personnel member to have access to a current toxicology book either on the premises or online to look up side effects, drug interactions, etc. in addition to Arizona Poison Control to access in an emergency.*

**R9-10-319(C)(2)**

Is it necessary to require a window in the medical storage room?

*The Department is ensuring consistency with current Chapter 10 Health Care Institution rules. This is needed as a measure to prevent unauthorized access. The Department does not plan to change the rule.*

**R9-10-320(B)(4)**

Was the word "no" placed in the Section an error?

*It is not an error. The Department intentionally stated "no future editions or amendments..." because each instance of a revision to the U.S. Dietary Guidelines would require notice to the regulated community.*

**A comment** was raised regarding patient dietary preferences based on religious beliefs.

*The current rules require policies and procedures to "Cover the process for obtaining patient preferences for social, recreational, or rehabilitative activities and meals and snacks." To ensure this information is used for menu planning, the Department plans to change the rule as follows:*

**B.** *A registered dietitian or director of food services shall ensure that:*

**4.** *Meals for each day are planned using:*

**a.** *Meal planning guides from ... incorporated by reference....Center for Nutrition Policy and Promotion; and*

**b.** *Preferences for meals and snacks obtained from patients;*

**R9-10-321(6)(a)**

The rule requires garbage and refuse to be stored in plastic bags – this can be dangerous.

*The Department plans to change the rule as follows:*

**6.** *Garbage and refuse ~~are~~:*

**a.** *In areas that are used for food storage, food preparation, or food service, are stored in a plastic bag in a covered container;*

**b.** *In areas that are not used for food storage, food preparation, or food services, are:*

**i.** *Stored according to the requirements in subsection (6)(a), or*

**ii.** *Stored in a paper-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and*

**c.** *Is removed from the facility premises at least once a week.*

**R9-10-321(7) and (10)**

The noted temperatures are changing from the current rules – was that intentional?

*Yes. The Department is ensuring consistency with current Chapter 10 Health Care Institution rules.*

**R9-10-321(B)**

Should this rule include that smoking is prohibited within 20 feet of the facility?

*No. This prohibition is in state statute. In general, licensing rules do not repeat statutory language.*

**R9-10-321(D)(4)(b)(ii)**

Does this require a bathroom door?

*No. The Department plans to change the rule as follows:*

**b.** *In the patient bathroom:*

**ii.** *If there is a door to the patient bathroom or a door to the shower area, the door swings out to allow for staff emergency access;*

**R9-10-321(B)(6)(h)(i)**

Why are the proposed rules requiring 60 square feet of floor space for a private bedroom? The current rules only require 50 square feet?

*The Department believes that 60 square feet is the minimum standard. The Department does not plan to change the rule.*

**R9-10-321(B)(6)(k)**

Must I have a clothing rod or hook in the bedroom?

*No. The Department plans to change the rule as follows:*

- 6. A patient bedroom complies with the following:**
  - i. Contains for each patient occupying the bedroom:**
    - ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or a chest of drawers;**
  - k. ~~Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a patient to cause self-injury;~~**

**R9-10-321(B)(8)(a)(b)(c)(d)**

**Comments** were raised regarding door knobs – is the Department requiring anti-ligature or ADA door knobs? Is the Department requiring patient bedroom doors to swing in both directions to prevent barricades? What about anti-ligature door hinges? Should hinges be on the outside of the door?

*Door levers and door hinges are required to be anti-ligature. Bedroom doors are not required to swing in both directions. The rule does not require hinges on the outside of the door. The Department does not plan to change the rule.*

**R9-10-322(1)**

Does this require all patients to leave the premises for every fire drill? If yes, this could be a significant risk to patient health and welfare.

*The Department plans to change the rule so that during a fire drill the patients are evacuated to a designated area determined by the facility, to ensure patient health and safety as follows:*

- 2. Each fire drill is documented and the documentation includes:**
  - b. The amount of time taken for all employees and patients to evacuate ~~the facility to a~~ designated area;**

**R9-10-322(3)**

What is the intent of having a record of the employees who participated in the fire drill for a period of 12 months?

*The Department needs verification that employees actually participated in these drills and are satisfactorily trained for an emergency. The Department does not plan to change the rule.*