Crisis Stabilization Unit Services

1. Cx Consent Req. (65E-12.106 (5)(C)) Does the release of information include the following: (1) Specific name/program permitted to make the disclosure, (2) Name of the individual/organization to which the disclosure is to be made; Name of the client, (3) Purpose of the disclosure, (4) How much and what kind of information to be disclosed, (5) Signature of the client/legal guardian, Date on which consent is signed, (6) Statement that the consent is subject to revocation at any time, (7) Date which consent will expire if not revoked before?

2. Cx CSU Req (65E-12.107.5.d.1; HB7021) Continuity of Care: Prior to discharge, did staff, with the client consent and in the presence of the client, meet face-to-face, or by other electronic means, with family, friends, employers, legal guardians, legal representative, natural supports and/or case manager, etc., to assure all efforts are made to prepare client for returning to a less restrictive setting and to review the discharge plans?

3. Cx CSU Req (65E-12.107) Is the physical examination (with medical history) completed within 24 hours of admission?

4. Cx CSU Req (65E-12.107.2.d; HB 7021) Is an Emotional and Behavioral Assessment completed by a Mental Health Professional (or other unit staff under the supervision of a MHP) within 72 hours of arrival at the receiving facility and entered into the clinical record?

5. Cx CSU Req (65E-12.107.4) Was a service implementation plan initiated with documented input from the person receiving services and signed by the person receiving services, the responsible physician, psychiatrist, or a staff member privileged by policies and procedures within 24 hours of the individual's admission?

6. Cx CSU Req (65E-12.107.5.a.5) Are therapeutic activities (including recreational, educational, and social) provided 3-hours-a-day, 7-days-a-week, with the client's participation or nonparticipation in the clinical record?

7. Cx CSU Req. (65E-12.106 (5)(C) (1-18)) If administered, is there a record of medical treatment and administration of medication within the clinical record?

8. Cx CSU Req. (65E-12.107.2.d; HB 7021) Does the emotional and behavioral assessment include a psychiatric evaluation with mental status exam, by physician, psychiatrist, clinical psychologist, clinical social worker, or psychiatric nurse?

9. Cx CSU Req. (65E-12.107.2.d) Does the emotional and behavioral assessment include ethnic and cultural factors?

10. Cx CSU Req. (65E-12.107.2.d) Does the emotional and behavioral assessment include: social supports, current living situation, and employment history?

11. Cx CSU Req. (65E-12.107.2.d.1) Does the emotional and behavioral assessment include history of emotional, behavioral, and substance abuse problems and treatment?

12. Cx CSU Req. (65E-12.108.2.) Was a nursing assessment initiated at the time of admission and completed within 24 hours, by a registered nurse as part of the assessment process?

13. Cx CSU Req. (65E-12.107.2.d.2) Does the emotional and behavioral assessment include: Need for family / S.O. participation, family circumstances and childhood history?

14. Cx CSU Req. Required Plan Reviews: Are the service plan reviews and reassessments signed and dated?

15. Cx Discharge (65E-12.107.5.d.1; HB7021) At discharge, was a personalized crisis prevention plan completed (in the health record and a copy provided to the client) demonstrating client input and identifying stressors, early warning signs of symptoms, and strategies to manage a crisis?

16. Cx Invol. Exam. (394.463 F.S.; HB 7021) Was the individual examined within the 72 hour examination window with the clock beginning when the individual arrives at the receiving facility?

17. Cx Minors (65E-12.106.22) Are there specifically defined services and supervision in the CSU for minors under 18 years old?

18. Cx Minors (65E-12.106.22) Does the provider ensure that minors under 14 y/o are not admitted in a room or ward with an adult?

19. Cx Minors (65E-12.106.22) If minors who are 14 y/o and older are admitted to a bed in a room or ward in the mental health unit with an adult, does the clinical record contain documentation by a physician that such placement is medically indicated or for reasons of safety & is it reviewed and documented daily?

20. Cx Patient Rights (HB 7021) If a patient's right to communicate was restricted, did a qualified professional record the restriction and the underlying reasons in the patient's clinical file within 24 hours, and immediately serve the document of record to the patient, patient's attorney, and the patient's guardian, guardian advocate, or representative?

21. Cx Psychiatric Eval (65E-12.107 (2) (d) (1-3); HB 7021) Was a direct psychiatric evaluation completed by a physician, psychiatrist, clinical psychologist, clinical social worker, or psychiatric nurse to include a mental status examination which includes behavioral descriptions, including symptoms, not summary conclusions, and concise evaluation of cognitive functioning. A diagnosis, made by the physician, psychiatrist, clinical psychologist, clinical social worker, or psychiatric nurse recorded in the individual's clinical record?

22. Cx Requirements (65E-12-106.5 & 6) Does the record contain medical history and physical examination?

23. Cx Requirements (65E-12-106.5 & 6) Does the record contain consent to treatment or an emergency treatment order?

24. Cx Requirements (65E-12-106.5 & 6) Does the record contain orientation documentation?

25. Cx Requirements (65E-12-106.5 & 6) Does the record contain referral information?

26. Cx Requirements (65E-12-106.5.c.18) Does the record contain individualized discharge plan?

27. Cx Requirements (65E-12-106.5 & 6) Does the record contain physician medication and treatment orders and a record of medical treatment and administration of medication, if administered?

28. Cx Requirements (65E-12-106.5 & 6) Does the record contain the individual's name and address; and for minors, the name, address, and telephone number of guardian, or representative(s)?

29. Cx SANDR (CFOP 155-21) Personal Safety Plans: Were specific intervention techniques from the Personal Safety Plan offered or used prior to a restraint event and documented in the resident's medical record after each use of restraint?

30. Cx SANDR (CFOP 155-21) Verbal De-escalation: Does the provider's procedure require that less restrictive verbal de-escalation interventions/calming strategies are employed before physical interventions, unless physical injury is imminent? Are these verbal de-escalation attempts documented within the clinical record?

31. Cx SANDR (CFOP 155-21) Containment: Was nursing staff called immediately when containment was initiated? Was an order obtained when containment or prone containment was initiated? Nursing staff must be called immediately, and an order shall be obtained either during or immediately after the restraint event, and the duration must be limited to the time the individual poses an imminent risk of serious harm. Nursing staff must assess the resident as soon as possible, including checking the resident's circulation and vital signs. The resident must be seen and assessed (including respiration and other vital signs) by a nurse within 15 minutes of the restraint and at least every hour thereafter while the resident is in restraints.

32. Cx SANDR (CFOP 155-21) Initiating Restraint Use: Did a clinician, physician or other licensed practitioner authorize the implementation of restraint (if permitted by the facility to order restraint and stated within their protocol)? If restraint was initiated prior to a written order, was it in the case of an emergency? Was the resident's assigned psychiatric practitioner consulted as soon as possible, if the practitioner did not order the restraint?

33. Cx SANDR (CFOP 155-21) Initiating Restraint Use: Was an examination of the resident conducted within one hour by the physician or delegated to an Advanced Practice Registered Nurse (APRN) or Physician's Assistant (PA) (if authorized by the facility and stated within their protocol)? A Registered Nurse (RN) may conduct the examination within one hour if authorized by the facility and trained according to paragraph 7 of this operating procedure. If the face-to-face evaluation is conducted by a trained Registered Nurse, the attending physician who is responsible for the care of the resident must be consulted as soon as possible after the evaluation is completed.

34. Cx SANDR (CFOP 155-21) Does the Restraint Use Examination include the following: (a) A face-to-face assessment of the resident's mental status and physical condition; (b) A review of the clinical record for any pre-existing medical diagnosis and/or physical condition which may contraindicate the use of restraint; (c) A review of the resident's medication orders, including an assessment of the need to modify such orders during the period of restraint; (d) An assessment of the need or lack of need to elevate the resident's head and torso during restraint; (e) A determination of whether to continue or terminate the restraint; and, (f) A determination that the risks associated with the use of restraint are significantly less than not using restraint? Is Documentation of the examination, including the time and date completed, included in the resident's medical record?

35. Cx SANDR (CFOP 155-21) Do the Restraint Use Written Orders include the following: (a) Completed Order Sheet and included in the resident's medical record; (b) Specify the facts and behaviors justifying the intervention and identify the time of initiation and expiration of the authorization; (c) Specify the type of restraint ordered; (d) Specify the positioning of the resident for respiratory and other medical safety considerations; residents will never be restrained in a prone position; (e) Specify the physical proximity of the staff member assigned to observe the resident. (i.e., within arms-length, outside the room, etc.); (f) Include any special care or monitoring instructions, including medical risk considerations for age and fragility issues; and, (g) Include the criteria for release?

36. Cx SANDR (CFOP 155-21) Restraint Use Written Orders Signatures: Do all of the clinicians' orders have signatures either on paper or electronically? The last page of a paper order shall have a clearly printed or stamped signature line with the authorizing clinician's name, license type (MD, APRN, PA, Ph.D., Psy.D., or Ed.D.), and the date and time of the order. The order, if the first, shall be stamped on the first page as "Original Order." Facilities shall maintain signature logs with the names, titles, and sample signatures of clinicians. Facilities with electronic records shall comply with this requirement in the electronic system. At no time shall staff use a signature stamp.

37. Cx SANDR (CFOP 155-21) Restraint Use Expiration: Did the written order expire before the client was ready for release (4 hour limit)? If the resident does not meet criteria for release before the order expires, the order can be extended for up to an additional four hours after consultation and review by an APRN or physician, as defined in s. 394.455.21, Florida Statutes, in person or by telephone with an RN who has physically observed and evaluated the resident. This original order may only be extended for a total of 24 hours. After 24 hours, a new original order for restraint must be written. Were all orders for restraint signed within 24 hours of the initiation of restraint?

38. Cx SANDR (CFOP 155-21) Monitoring Residents in Restraint: Are restrained residents on Continuous Visual Observation?

39. Cx SANDR (CFOP 155-21) Restraint Documentation: Is the following information documented in the resident's medical record for each use of restraint: (a) The emergency situation resulting in the restraint event; (b) Alternatives or other less restrictive interventions attempted, as applicable, or the clinical determination that less restrictive techniques could not be safely applied; (c) The name and title of the staff member initiating restraint; (d) The date/time of initiation and release; (e) The resident's response to restraint, including the rationale for continued use of the intervention; and, (f) That the resident was informed of the behavior that resulted in restraint, and the criteria necessary for release from restraints?

40. Cx SANDR (CFOP 155-21) Resident Release from Restraint: Does the documentation include the name and title of the staff releasing the resident; and the date and time of release? Upon release from restraint, a nurse shall observe, evaluate and document the resident's physical and psychological condition. After a restraint event, a debriefing process shall take place to decrease the likelihood of a future seclusion or restraint event for the resident and to provide support. Is a summary of the incident review documented in the resident's medical record?

41. Cx SANDR (CFOP 155-21) Recovery Team Review of Incident: Within 2 working days after any restraint event, did the recovery team meet and review the circumstances preceding its initiation and review the resident's recovery plan and personal safety plan to determine whether any changes are needed in order to prevent the further use of restraint? Did the recovery team also assess the impact the event had on the resident and provide any counseling, services, or treatment that may be necessary as a result? Did the recovery team analyze the resident's clinical record for trends or patterns relating to conditions, events, or the presence of other residents immediately before or upon the onset of the behavior warranting restraint,

and upon the resident's release from restraint? Did the recovery team review the effectiveness of the emergency intervention and develop more appropriate therapeutic interventions? Are all of the above-mentioned reviews documented within the resident's clinical record?

42. Cx SANDR (CFOP 155-21) Personal Safety Plans: Were residents offered Personal Safety Plan forms to complete, with assistance from staff if necessary, listing calming strategies and triggers?

43. Cx SANDR (CFOP 155-21) Personal Safety Plans: Was the safety plan form reviewed at least every 12 months to determine if changes are necessary? Within two working days of release from restraint, was the safety plan reviewed by the recovery team and updated if necessary?