

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

OFFICE OF THE MEDICAL DIRECTOR

**4.6 PARAMETERS FOR THE PSYCHIATRIC TREATMENT OF PATIENTS  
IN INSTITUTIONS FOR MENTAL DISEASE (IMD)**

January 2002

**I. PSYCHIATRIC ASSESSMENT**

- A. The physician in charge of admitting and treatment should be a Board Eligible or Board Certified psychiatrist.
- B. No resident should be admitted without prior authorization from the physician in charge of treatment. The physician should be apprised of all information necessary to make this decision.
- C. Psychiatric assessments should be completed within 5 working days. They should be comprehensive, complete, and utilize collateral sources of information when available. Assessment should document symptoms and clinical history, include identification of specific psychiatric and medical diagnoses, determination of functional disability, and support the need for current treatment and setting.
- D. DSM-IV diagnostic nomenclature and conventions should be used and diagnostic assessments should be presented in a 5-axis format.
- E. Assessments should document symptoms, clinical history, and functional disability in a manner that should support the need for treatment.
- F. Assessments include, recommendations for tests, appropriate consultations, and diagnostic procedures that are indicated and should be of clinical value for the diagnosis given.
- G. Follow up assessments should occur often enough to adequately document progress.

**II. GOAL-ORIENTED TREATMENT PLANS**

- A. Treatment goals should be realistic for the given diagnosis,

severity of symptoms, and current functional disability, and should include those that are necessary to achieve maximal functional independence.

- B. Treatment goals should be those which can be accomplished in a time frame consistent with the optimal length of stay in this treatment setting for consumers with this diagnosis, severity of symptomatology, and functional disability.
- C. Discharge goals should:
  - 1. Be clearly stated with predicted discharge placement;
  - 2. State the degree to which symptoms and functional disability should be reduced in order to accomplish the discharge plan; and
  - 3. Be reviewed at each multidisciplinary conference (which should be held quarterly.) No resident should be discharged without adequate planning, including direction from the attending psychiatrist, and input from the treatment team, conservator/family, resident, and the Department of Mental Health IMD Liaison.

### III. GENERAL PSYCHIATRIC SERVICES

- A. Psychiatric services should be those generally acknowledged as the most safe and effective treatment available for achieving the documented treatment goals. Consumers should receive treatments that are within the standard of treatment accepted for the documented diagnosis, symptomatology, and functional disability.
- B. Psychiatric services should be available and efficiently deliverable within the residential treatment setting.
- C. The frequency and duration of clinical visits should be that which is necessary to properly and actively reassess current clinical status and response to treatment.

- D. Psychiatric services should be consistent with patient or surrogate goals.
- E. Use of psychotherapy should be consistent with the most current version of the Parameters for the Use of Psychotherapy issued by the Office of the Medical Director, Los Angeles County Department of Mental Health.
- F. Medication usage should be consistent with the most current version of the Parameters for the use of Psychoactive Medications issued by the Office of the Medical Director, Los Angeles County Department of Mental Health.

#### IV. CLINICAL DOCUMENTATION AND THE MEDICAL RECORD

- A. Clinical documentation should meet all legal requirements associated with the medical record, including:
  - 1. Every entry and subsequent alteration in the medical record should be legible, dated and timed, and signed;
  - 2. No erasures or other obliteration of the record are acceptable. Errors should be lined out with a single line and dated with initials of the writer;
  - 3. The medical record should be complete;
  - 4. The record should be kept safe and appropriately confidential. Access to the chart should be for only those involved in the care of the client, or by the written consent of the client; and
  - 5. The medical record should be immediately available for inspection by all parties with legal mandate to review it.
- B. Clinical documentation should be sufficient to determine the following:
  - 1. The diagnostic formulation is appropriate,
  - 2. The care setting is appropriate,
  - 3. The care provider type is appropriate,

4. The assessment is complete and timely,
5. The treatment plan is appropriate,
6. The treatment goals are medically appropriate,
7. The treatment intensity (duration and frequency) is appropriate based upon the severity of symptomatology and functional disability,
8. The therapeutic modalities are medically appropriate,
9. The rate of progress is appropriate for the diagnosis and treatment plan, and relates to the initial functional limitations,
10. There are appropriate ongoing post-treatment referrals and discharge planning,
11. Any specific complications of treatment or deterioration of clinical status are not indicative of insufficient quality of care and are appropriately managed,
12. The degree of consumer or surrogate satisfaction with the care provided,
13. The adequacy of physician collaboration with other care providers involved with the case,
14. All physician notes, physician orders, and laboratory results to be in the current record, and
15. The occurrence of any sentinel events (e.g., suicide attempts, self mutilation, accidents requiring medical treatment, illness requiring hospitalization or ER visit, unsafe sexual behavior, assaults, AWOL, death.)

## **V. RESPONSIBILITIES OF PSYCHIATRISTS WITH PATIENTS IN IMDS**

- A. The treating psychiatrist is responsible to ensure 24/7 emergency availability for telephone consultation by himself/herself or a specifically designated colleague, and this information should be available at all times for the IMD clinical staff on duty.

- B. The treating psychiatrist should be available for consultation with case managers and members of the treatment team.
- C. The treating psychiatrist should be available for consultation with other social and legal systems.
- D. The treating psychiatrist, or another, approved psychiatrist should testify, when necessary, in LPS Conservatorship hearings.
- E. The treating psychiatrist should consult whenever appropriate with other general physicians and physician specialists who are providing care to his/her patients, and document this in the medical record.
- F. The treating psychiatrist, or the medical director (if a psychiatrist) should attend multidisciplinary meetings in order to provide medical input into the treatment planning.