

**COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH**

**PSYCHIATRIC MENTAL HEALTH
NURSE PRACTITIONER
STANDARDIZED PROCEDURES**

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I. DEVELOPMENT, REVIEW AND APPROVAL OF PMHNP STANDARDIZED PROCEDURES

1. All DMH standardized procedures for PMHNPs are developed by an interdisciplinary committee of psychiatrists, nurses, and administrators, in compliance with Title 16, California Code of Regulations (CCR), Section 1474; Medical Board of California, Title 16, CCR Section 1379, and the California Business and Professions (B&P) Code.
2. Standardized procedures are the legal mechanism for PMHNPs to perform functions which otherwise would be considered the practice of medicine.
 - a. The DMH standardized procedures for furnishing by PMHNPs consists of the content of the DMH Parameters for the Use of Psychoactive Medications.
3. Standardized procedures are maintained at the site where the Psychiatric Mental Health Nurse Practitioner (PMHNP) is assigned.
 - a. PMHNP Standardized Procedures, and DMH Parameters for the Use of Psychoactive Medications shall be kept at each site in a manual that includes a dated and signed approval sheet of the persons covered by the standardized procedures and parameters.
 - b. All standardized procedures will be reviewed periodically and revised as indicated..
 - c. Changes made to the standardized procedures are reviewed by the Clinical Policy Committee (CPC) and approved by the Medical Director.

II. SETTING AND SCOPE OF PMHNP PRACTICE (FUNCTIONS)

1. SETTING

The PMHNP may function within any setting operated through the Los Angeles County – Department of Mental Health. This includes: in the field, in clients' homes, in primary care clinics, or in any location in the community as required by clients' needs.

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2. SCOPE OF PMHNP PRACTICE (FUNCTIONS)

PMHNPs will:

- a. assume principal responsibility for the mental health care of clients, under DMH written standardized procedures and under the supervision of the DMH Psychiatrist/Physician, in compliance with the California Business and Professions (B&P) Code, Section 2836 and other applicable codes.
 - i. Clients may be seen for the initial medication assessment by a PMHNP with the agreement and under the supervision of the DMH psychiatrist/physician. The psychiatrist/physician supervisor may choose to do the initial medication assessment, and then a PMHNP may be assigned to continue the client's medication and to assume full responsibility for the psychiatric services required by the client.
 - ii. A multidisciplinary team that includes a psychiatrist shall review the client's case after the initial evaluation/assessment.
- b. furnish medications as necessary for clients according to the DMH Parameters for the Use of Psychoactive Medications, including Antipsychotic, Mood Stabilizing, Antidepressant, Anxiolytic Medications, and according to the DMH Parameters for the Use of Psychoactive Medications in Individuals with Co-Occurring Substance Abuse.
 - i. The PMHNP furnishes the medication and enters the information into the DMH Electronic Prescription Tracking System .
- c. administer medications (including injectables) as necessary for client needs. Medication administration by a PMHNP does not require a standardized procedure.

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- d. dispense (hand to patients) drugs, using required pharmacy containers and labeling. (Pharmacy law, B&P Code Section 4076; AB 1545)
- e. sign for delivery or receipt of complimentary samples of medication that have been requested by the PMHNP's psychiatrist supervisor. Sample meds are logged per DMH policy. (Pharmacy Law, B&P Code Section 2836.1; AB 1545)
- f. complete and sign the Doctor's First Report of Occupational Injury or Illness (Labor Code, Section 3209.10, AB 2919.)
- g. comply with DMH Policy No.103.1, "Standards for Prescribing and Furnishing Psychoactive Medications.
- h. obtain psychiatric and medical histories and perform a psychiatric assessment and overall health assessment for any presenting problem.
- i. order and interpret specific laboratory studies for the client when indicated.
- j. provide additional psychiatric mental health treatment, including, but not limited to, psychotherapy, psychosocial rehabilitation, and recovery modalities. (CA Evidence Code, Section 1010-1027, Article 7, [k])
- k. provide or ensure case management and coordination of treatment
- l. make referrals to primary care practitioners, and/or Mental Health Psychiatrists/Physicians for consultation or to specialized health resources for treatment, retaining responsibility for mental health care of the client, as well as any subsequent modifications to the client's care as needed and appropriate.
- m. document in the clients' record, goals, interventions clinical outcomes and the effectiveness of psychiatric medication in sufficient detail so that any DMH Psychiatrist/Physician can review and evaluate the effectiveness of the care being given, in accordance with DMH Clinical Documentation policies Nos.: 104, 08, 104.09,104.10.

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- n. identify aspects of PMHNP care important for quality monitoring, such as symptom management and control, health behaviors and practices, safety, client satisfaction and quality of life.
 - i. Utilize existing quality indicators or develops new ones to monitor the effectiveness of care provided by the nurse practitioner.
 - ii. Formulate recommendations to improve mental health care and client outcomes.
- o. provide patient/client health education related to medications, psychiatric conditions and health issues.

III. MANAGEMENT OF CONTROLLED SUBSTANCES

1. PMHNPs participate in the process of furnishing and ordering controlled substances under Standardized Procedures (B&P code, section 2836.1, section f, SB 816, H&S Code 11056).
2. Definition: controlled substances are defined as those scheduled drugs that have a high potential for dependency and abuse.
 - a. Schedule II drugs require successful completion of an Advanced Pharmacology continuing education course that includes Schedule II controlled substances based on standards developed by the California Board of Registered Nursing.
 - i. This course must be successfully completed prior to the application to the United States Drug Enforcement Administration (DEA) for a Schedule II registration number.
 - b. Schedule II drugs are furnished in compliance with the DMH Parameters for the Use of Psychoactive Medications.
 - c. When Schedule II or III drugs are furnished or ordered by a nurse practitioner, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the furnishing supervisor. (See Appendix C.)

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- i. A copy of the section of the nurse practitioner's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner furnishing the order.

IV. FURNISHING SUPERVISION BY A DMH PSYCHIATRIST PURSUANT TO CA BUSINESS AND PROFESSIONS CODE SECTION 2836

1. **Furnishing Supervision/Supervisor** for purposes of this standardized policy is defined as supervision by a DMH physician required for the furnishing or ordering of drugs or devices by a PMHNP pursuant to California (CA) Business & Professions Code Section 2836.1. **(Reference 6.1)**
2. Each PMHNP will at all times have a supervisory relationship with a specifically identified DMH physician in compliance with B&P Code Section 2836.
3. No DMH physician shall provide concurrent Furnishing Supervision for more than 4 PMHNPs.(B&P Code, Section 2836(e))
4. The Furnishing Supervisor is not required to be present at the time of the patient/client assessment/examination, but must be available for collaboration/consultation at least by telephone.
5. Ongoing case specific Furnishing Supervision occurs as needed, with frequency determined by the PMHNP and / or the Furnishing Supervisor. The consultation, including recommendations, is documented as considered necessary by the Furnishing Supervisor in the clinical record.
 - a. Additional Furnishing Supervision occurs as described below under "Quality Improvement."
6. Furnishing Supervision is obtained as specified in the patient-specific furnishing protocols and under the following circumstances:
 - a. Emergent conditions requiring prompt medical intervention after stabilizing care has been started;

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- b. Acute exacerbation of a client's situation;
 - c. History, physical or lab findings that are inconsistent with the clinical formulation or diagnostic or treatment uncertainty.
 - d. Upon request of the client, another clinician or Furnishing Supervisor.;
 - e. Upon request of the PMHNP.
 - f. Furnishing Supervision is required when furnishing medications in a manner that requires additional clinical documentation in compliance with of DMH Medication Parameters.
7. PMHNPs shall also be supervised in compliance with DMH Policy 106.8, Clinical Supervision.

V. QUALIFICATIONS - EDUCATION AND LICENSING

1. Education and training:
A Masters degree in Nursing from an accredited college or university with a specialty in Psychiatric/Mental Health Nursing AND completion of an approved Adult, Child, or Family Nurse Practitioner program.

OR

completion of an approved Master's level Psychiatric Mental Health Nurse Practitioner Program issued by an accredited college or university

2. Licenses and Certification:
 - a. Currently licensed by the State of California Board of Registered Nursing as a Registered Nurse;
 - b. Currently certified by the State of California as a Nurse Practitioner;
 - c. Possession of a California State-issued medication Furnishing Number;
 - d. Possession of a DEA Number: Issued by the Drug Enforcement Administration (PL 4024 (B); H&S code 11056). The DEA number

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is required to prescribe controlled drugs. Drugs and/or devices furnished by PMHNPs may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substance Act, Division 10 (commencing with Section 1100) of the Health and Safety Code and shall be limited to those drugs agreed upon by the PMHNP and the psychiatrist/physician supervisor, and specified in the DMH Parameters for the Use of Psychoactive Medications.

VI. QUALITY IMPROVEMENT

1. PMHNPs participate in the identification of problems that may pose harm for clients to facilitate change and improvement in client care.
 - a. PMHNPs complete clinical risk management reports when necessary and inform appropriate personnel.
 - b. PMHNPs note errors or inconsistencies in client records and intervene to correct and resolve these.
 - c. PMHNP cases shall be evaluated by the Furnishing Supervisor.
 - d. The Furnishing Supervisor conducts an annual review of the PMHNP's performance, and gives input into the Annual Performance Evaluation.
2. PMHNPs maintain and upgrade clinical skills as required to meet professional standards and DMH requirements.

APPENDIX A

LAC - DMH FORMULARY and Treatment Authorization Requests (TAR)

APPENDIX B

CALIFORNIA CODE OF REGULATIONS, BUSINESS AND PROFESSIONS
CODE, Section 2834-2837

APPENDIX C

Policy 103.1, Attachment 1

PATIENT-SPECIFIC FURNISHING PROTOCOL

A Patient-Specific Furnishing Protocol must contain the following elements:

1. The protocol, including specific drug (s), specific strength, specific dosage schedule. e.g. Drug A, 10 mg One tablet PO bid;
2. The manner in which it differs from standardized procedure, e.g., More than one medication of this class used simultaneously;
3. The duration of protocol's effect: e.g., Up to 6 months;
4. The rationale for the deviation from standardized furnishing procedure;
5. A statement of presence of agreement by both furnishing clinician and furnishing supervisor;
6. The signature of first party (at time of note;) and
7. The signature of second party with time and date (within 5 business days.)

The Patient -Specific Furnishing Protocol document must be placed in the medication note section of the clinical record or a specific form designated for that purpose.

Copies of all Patient-Specific Furnishing Protocols must be sent to the Supervising Mental Health or Regional Medical Director for review.

Any new Patient-Specific Furnishing Protocol renders invalid any pre-existing protocol for that client.

APPENDIX D

REFERENCES

CALIFORNIA BOARD OF REGISTERED NURSING Practice documents. Available at BRN website, www.ca.rn.gov

CALIFORNIA CODE OF REGULATIONS, Business and Professions Code Section 4076

CALIFORNIA EVIDENCE CODE, Section 1010-1027, Article 7, [k].

CALIFORNIA HEALTH AND SAFETY CODE, 11056

CALIFORNIA LABOR CODE, Section 3209.10

.LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH “Parameters for the Use of Psychoactive Medications.” Available at http://dmh.lacounty.gov/ToolsForClinicians/Clinical_Practice/clinical_guidelines.html

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH POLICY AND PROCEDURES MANUAL