



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

July 2, 2010

GENERAL LETTER NO. 3-A-6

ISSUED BY: Division of Mental Health and Disability Services

SUBJECT: Employees' Manual, Title 3, Chapter A, **MENTAL HEALTH INSTITUTES**, Contents (pages 2 through 6), revised; Contents (page 7), new; pages 1, 6, 8, 16, 25, 29, 30, 31, 34 through 43, 47, 48, 50 through 53, 62, 77, 78, 81, 82, 90, 92, 98, 100, 102 through 105, 109, 110, 118, 119, 120, 126, 130 through 134, 136, 138, 144, 147, 152, and 154, revised; and pages 118a and 118b, new.

Summary

Chapter 3-A is revised to:

- ◆ Add language to clarify the Department's process for completing evaluations ordered under Iowa Code section 812.3 and Rules of Criminal Procedure section 22.2(8).
- ◆ Add language to implement 2010 Iowa Acts, Senate File 2352, which requires notification to law enforcement of discharge after some emergency admissions.
- ◆ Remove specific abuse reporting procedures and instead direct that all reports of suspected abuse shall be made through the Department of Inspections and Appeals reporting system.
- ◆ Incorporate language referencing a written agreement with the Department of Corrections governing the transfer of dangerous individuals to a correctional facility.
- ◆ Delete references to the deputy director for field operations and replace them with references to the administrator of the Division for Mental Health and Disabilities Services to reflect the Department's new administrative structure.

Effective Date

July 1, 2010

Material Superseded

This material replaces the following pages from Employees' Manual, Title 3, Chapter A:

<u>Page</u>	<u>Date</u>
Contents (pages 2-6)	May 15, 2009
1, 6, 8, 16, 25, 29, 30, 31, 34-43, 47, 48, 50-53, 62, 77, 78, 81, 82, 90, 92, 98, 100, 102-105, 109, 110, 118, 119, 120, 126, 130-134, 136, 138, 144, 147, 152, 154	May 15, 2009

Additional Information

Refer questions about this general letter to the administrator of the Division for Mental Health and Disability Services.

	<u>Page</u>
Approval of Application or Commitment	38
All Voluntary Applications or Commitments.....	38
Mental Health or Dual Diagnosis Admission.....	40
Mental Health Involuntary Admission	40
Emergency Admission: Iowa Code Section 229.22	41
Documentation of Law Enforcement Notification	41
Substance Abuse Voluntary Admission	42
Substance Abuse Involuntary Admission	42
Mental Health or Substance Abuse Private-Pay Admission	43
Informed Consent.....	43
Individual Notification on Restraint and Seclusion	44
Core Data Sheet.....	44
Readmission	45
Admission Performance Improvement.....	45
Admission Data Collection and Review	45
Admission Reporting Requirements	47
Admission Employee Training	47
Policy on Outpatient Services and Community Consultation	48
Outpatient Treatment.....	48
Outpatient Admission Approval	48
Outpatient Billings	48a
Outpatient Treatment Billing Rate for Individual Counseling	48a
Outpatient Treatment Billing Rate for Day Treatment	48a
Private-Pay Outpatient	48a
Community Consultation.....	48b
Community Consultation Billing Rate	48b
Community Consultation Billings	48b
Direct Medical Services.....	48b
Billing Direct Medical Services.....	48b
Policy on Court-Ordered Evaluations	48c
Evaluations Principles	48c
Reports to the Court	49
Mental Health Evaluation	49
Competency to Stand Trial Evaluation.....	50
Insanity or Diminished Responsibility Evaluation	50
Substance Abuse Evaluation.....	51
Substance Abuse Sentencing Evaluation.....	51
Court Report Performance Improvement	51
Court Report Data Collection and Review.....	52
Court Report Reporting Requirements.....	52
Court Report Employee Training on Court-Ordered Evaluations.....	52

Page

Policy on Treatment and Treatment Plans 53

- Treatment Principles53
- Treatment Services54
- Assessment55
 - Clinical Admission Assessment.....55
 - Comprehensive Assessment56
- Treatment Plans57
 - Education Plan.....58
- Plan Time Lines58
- Plan Coordination59
- Court-Ordered Treatment59
 - Incompetent to Stand Trial Under Iowa Code Section 812.6.....59
 - Insanity or Diminished Responsibility: Iowa Code Section 2.22(8).....60
- Treatment Records60
- Court Reports on Involuntary Commitments61
 - Mental Health or Substance Abuse Commitments61
 - Incompetent to Stand Trial Under Iowa Code Section 812.6.....61
 - Insanity or Diminished Responsibility: Iowa Code Section 2.22(8).....62
- Treatment Performance Improvement62
 - Treatment Plan Monitoring63
 - Treatment Data Collection and Review.....63
 - Treatment Employee Training64

Policy on Restraint and Seclusion..... 65

- General Principles65
- Acceptable Methods of Restraint67
- Prohibited Restraint Actions.....67
- Acceptable Use of Seclusion67
- Prohibited Seclusion Actions68
- Orders for Restraint and Seclusion68
 - Initiation of Restraint and Seclusion68
 - Continuation of Restraint or Seclusion.....70
- Monitoring Restraint and Seclusion.....71
 - Face-to-Face Assessments71
 - Ongoing Monitoring.....71
 - Termination of Restraint or Seclusion.....73
 - Post-Event Analysis.....74
 - Post-Event Individual Debriefing74
 - Post-Event Debriefing75

	<u>Page</u>
Time Out.....	75
Other Standards.....	76
Restraint and Seclusion Performance Improvement.....	76
Restraint and Seclusion Data Collection.....	76
Restraint and Seclusion Reporting Requirements.....	77
Restraint and Seclusion Employee Training.....	78
Policy on Clinical Care.....	80
Clinical Care Principles.....	80
Clinical Care Performance Improvement.....	81
Data Collection on Clinical Care.....	82
Employee Training on Clinical Care.....	82
Policy on Risk Management.....	84
Risk Management Principles.....	84
Individual Risk Screening.....	85
Risk Factors.....	85
Short Term Admission Screening.....	86
Long Term Admission Screening.....	87
Individual Risk Management Plan.....	88
Individual Risk Review.....	89
Organizational Risk.....	89
Reporting Unexpected Events.....	90
Risk Performance Improvement.....	91
Risk Data Collection and Review.....	91
Risk Criterion Review.....	92
Risk Employee Training.....	92
Policy on Incident Management.....	93
Incident Management Principles.....	93
Personnel Practices.....	94
General Incident Management Policies.....	95
Individual Safety.....	97
Elopement.....	97
Elopement Reporting.....	98
Incident Reporting and Tracking.....	99
Employee Reporting Requirements.....	100
Reporting Requirements for Volunteers and Contractors.....	101
Supervisor Reporting Requirements.....	101
Superintendent or Designee Reporting Requirements.....	102
Reports to Law Enforcement.....	102
Reports to Guardians and Families.....	103

	<u>Page</u>
Incident Investigation.....	103
Type 1 Incident Investigations.....	104
Type 2 Incident Reviews.....	105
Clinical or Treatment Team Review of Incidents.....	106
Corrective Actions.....	107
Incident Performance Improvement.....	108
Incident Data Collection and Review.....	108
Corrective Actions.....	109
Incident Data Review.....	110
Incident Reporting Requirements.....	110
Incident Employee Training.....	111
Policy on Discharge.....	112
Discharge Principles.....	112
Discharge Planning Process.....	113
Discharge Plan.....	114
Voluntary Mental Health Admissions.....	115
Departure Without Notice.....	116
Discharge Against Medical Advice With Notice.....	116
Involuntary Mental Health Admissions.....	116
Immediate Custody Under Iowa Code Section 229.11.....	116
Psychiatric Evaluation Under Iowa Code Section 229.13.....	117
Treatment Ordered Under Iowa Code Sections 229.14 and 14A.....	117
Elopement Under Iowa Code Section 229.14B.....	118
Emergency Admission Under Iowa Code Section 229.22.....	118
Law Enforcement Notification.....	118a
Documentation of Law Enforcement Notification.....	118a
Competency to Stand Trial Under Iowa Code Section 812.3.....	118b
Incompetent to Stand Trial Under Iowa Code Section 812.5.....	118b
Evaluation under Rules of Criminal Procedure Section 2.22(8)(b).....	118b
Commitment Under Rules of Criminal Procedure 2.22(8)(e).....	119
Transfer of Dangerous Individuals.....	119
Department of Corrections Approval.....	119
Employees Designated to Make and Approve Requests.....	120
Discharge to Alternative Placement.....	120
Dual Diagnosis Admissions.....	120
Voluntary Substance Abuse Admissions.....	121
Discharge Against Medical Advice With Notice.....	121
Discharge Without Notice.....	121

	<u>Page</u>
Involuntary Substance Abuse Admissions	122
Immediate Custody Under Iowa Code Section 125.81	122
Substance Abuse Evaluation Under Iowa Code Section 125.83	122
Continued Placement Under Iowa Code Section 125.84(2)	123
Elopement: Substance Abuse Under Iowa Code Chapter 125.....	123
District Court Order for Evaluation Under Iowa Code Section 901.4A	124
District Court Order for Treatment Under Iowa Code Section 901.5(8).....	124
Discharge Performance Improvement	125
Discharge Data Collection and Review.....	125
Discharge Reporting Requirements	126
Discharge Employee Training	126
Policy on End of Life.....	127
End of Life Principles	127
Near Death	128
Hospice Care.....	128
Deaths Covered.....	129
Confidentiality	129
Internal Procedures.....	130
Physician Responsibilities	130
Nursing Responsibilities	131
Reporting Deaths.....	132
County Medical Examiner Report.....	132
Medical Examiner Preliminary Investigation	133
Individual's Next of Kin Report.....	133
Department of Inspection and Appeals Report.....	134
Court, Sheriff, and Others Report.....	134
Central Point of Coordination Report.....	135
Centers for Medicaid and Medicare Services (CMS) Report	135
Joint Commission Report.....	135
Protection and Advocacy Services Report	135
Administrator Report	136
Facility Autopsy Request.....	136
Request Process	136
Seeking Next of Kin Authorization	137
Next of Kin Authorized Autopsy.....	138
Autopsy Reports	138
Property of Deceased Individual.....	138
Property of Small Value	138
No Administrator or Heirs.....	139

	<u>Page</u>
Mortality Administrative Reviews.....	139
Type 1 Incident Investigation	139
Physician’s Death Review	140
Nursing Peer Death Review	141
Mortality Review Committee.....	142
Independent Physician Peer Review	145
Policy on Peer Review.....	146
Peer Review Principles.....	146
Peer Review Required.....	147
Review Schedule	147
Peer Review Performance Improvement.....	147
Peer Review Data Collection and Review	148
Peer Review Employee Training	149
Policy on Quality Management	150
Quality Management Principles	150
Institute Leadership Responsibilities	151
Structures and Process.....	151
Environment	153
Quality Performance Improvement.....	154
Quality Reporting Requirements.....	154
Quality Employee Training.....	155

Overview

The purpose of each mental health institute is to operate as a regional mental health institute providing one or more of the following:

- ◆ Person-centered treatment, training, care, habilitation, and support services for individuals with mental illness or a substance abuse problem that supports the individual's recovery plan.
- ◆ Facilities, services, and other support to the communities located in the region being served by a mental health institute so as to maximize the usefulness of the mental health institutes while minimizing overall costs.

The mental health institute shall assure that:

- ◆ The professional clinical employees are committed to providing treatment services in the most integrated manner possible to maximize good health and well being of the persons being served.
- ◆ Services provided comply with current professional standards and that an ongoing process shall be in place to evaluate clinical judgment against practice standards along with the implementation of processes that continuously seek to improve the quality of the services provided.
- ◆ Written policies and procedures are established, maintained, and adhered to that comply with applicable federal and state law, policy, regulations, and that policies and procedures reflect a commitment to quality through integrated teamwork.
- ◆ Each facility's policies shall be subject to the review and approval of the administrator.

Legal Basis

Iowa Code chapter 125 provides for the voluntary or involuntary treatment of individuals who have an addiction or dependency, either physical or psychological, on a chemical substance.

Iowa Code Chapter 218 governs the general administration of the Department's facilities.

- ◆ **Sexual abuse:** Any sexual contact between an individual and a caretaker is sexual abuse. Sexual abuse occurs when there is any sexual contact with a minor. Sexual abuse includes but is not limited to:
 - Inappropriate touching,
 - Attempted or actual sexual relations,
 - Penetration,
 - Solicitation,
 - Indecent exposure,
 - Sexual assault,
 - Invasion of privacy for sexual gratification,
 - Use of sexually explicit language to harass or suggest sexual activity, or
 - Sexual exploitation (having individuals perform sexual acts with other individuals for the employee's benefit or sexual gratification).

- ◆ **Verbal abuse:** Any oral (including tone of voice), written or gestured language to belittle, ridicule, scorn, assault, dehumanize, otherwise denigrate, socially stigmatize, or show contempt for an individual. Such behaviors include but are not limited to:
 - Yelling,
 - Swearing,
 - Name-calling,
 - Teasing,
 - Insulting, or
 - Use of disrespectful or derogatory terms to describe an individual.

“Administrator” means the administrator of the Department's Division of Mental Health and Disabilities Services.

“Admission” means the acceptance of an individual as a resident at a mental health institute on either a voluntary or involuntary basis.

“Adult” means an individual 18 years of age or older.

“Adverse drug reaction” means an unexpected and untoward reaction to medication.

“Allegation” means an assertion of misconduct or wrongdoing that has yet to be proven or confirmed by supporting evidence.

“Ambulatory restraint” means the use of restraints such that an individual is still able to walk and move from one place to another while in restraints.

“Chemotherapy” means a treatment of an individual by use of a drug or a substance that cannot be legally delivered or administered to the ultimate user without a physician’s prescription or medical order.

“Child” means an individual under the age of 18.

“Clinical services” means a group of specialized practices addressing the biopsychosocial needs of an individual. For the purposes of this policy, these practices include the specialized care provided by licensed practitioners in the fields of dentistry, medicine, neurology, neuropsychiatry, nursing, nutrition, occupational therapy, pharmacology, physical therapy, psychiatry, psychology, social work, and speech and language pathology.

“Community integration” means the process of including persons with mental illness in the environments, activities, and social networks of typical persons.

“Competency-based training” means a type of training in which the student must demonstrate, through testing or observed practicum, a clear understanding of the learning material presented.

“Contractor” means a person employed under a personal services contract by the institute that has direct personal contact with an individual.

“County of admission” means for:

- ◆ An adult voluntary admission, the county whose central point of coordination (CPC) process authorized the admission.
- ◆ An adult involuntary commitment, the county in which the committing court is located.

“Department” means the Iowa Department of Human Services.

“DIA” means the Department of Inspections and Appeals.

“Discharge” means another provider has accepted responsibility for providing services and supports to an individual, the individual no longer needs services, or the individual has rejected services and the mental health institute no longer has legal responsibility for providing direct services to the individual.

“Serious injury” means injury, self-inflicted or inflicted by another, resulting in significant impairment of a person’s physical condition, as determined by qualified medical personnel. Serious injuries include but are not limited to, injuries that:

- ◆ Are to the genitals, perineum, or anus;
- ◆ Result in bone fractures;
- ◆ Result in an altered state of consciousness;
- ◆ Require a resuscitation procedure including CPR and Heimlich maneuver;
- ◆ Result in full thickness lacerations with damage to deep structures;
- ◆ Result in injuries to internal organs;
- ◆ Result in a substantial hematoma that causes functional impairment;
- ◆ Result in a second-degree burn involving more than 20% of the total body surface area;
- ◆ Result in a second-degree burn with secondary cellulitis;
- ◆ Result in a third-degree burn involving more than 10% of the total body surface area;
- ◆ Require emergency hospitalization; or
- ◆ Result in death.

“State case” means the determination made under [Iowa Code section 252.16](#) that identifies an individual as not having legal settlement in an Iowa county and places funding responsibility with the state.

“Suicide attempt” means self-injurious behavior with a nonfatal outcome accompanied by evidence (either explicit or implicit) that the person intended to die.

“Suicide threat” means verbally expressing the intent to harm but not having attempted to harm oneself.

“Time out” means a method used with an individual’s voluntary consent to assist the individual to regain emotional control by providing access to a quiet location or an unlocked quiet room away from the individual’s immediate environment. Time out is not considered seclusion only if the individual is free to decide when to leave the room or location and return to the individual’s normal treatment milieu.

Response to Report

Mental health institute written policies and procedures shall assure that:

- ◆ Notification of grievances filed shall be provided to the human rights committee.
- ◆ All allegations and rights violation allegations shall be immediately reported to the superintendent or the superintendent's designee.
- ◆ The superintendent or the superintendent's designee shall report to the administrator all allegations of grievances or rights violations that are submitted to the human rights committee for investigation. The report shall be made by Email not later than 12 noon on the next business day after submittal to the human rights committee.

Allegations of Abuse

Mental health institute written policies and procedures shall assure that all allegations of rights violation that meet the definition of abuse shall be reported and investigated under the policies governing abuse investigations. (See [Policy on Incident Management](#).)

Grievances

It is the policy of the Department of Human Services that individuals shall have the right to grieve an action of a department employee that the individual believes is a violation of the individual's rights or not in the individual's best interest.

Grievance Filing Process

Mental health institute written rights violation process policies and procedures shall assure that:

- ◆ A grievance filing process is developed and implemented for use by an individual who believes one or more of the individual's rights have been violated or has any other complaint. The process shall:
 - Specify the right for an individual or the individual's parent, guardian, legal representative, or family contact to file a written or oral grievance;

- Corrective action plans shall identify the tasks, timelines, outcomes to be accomplished, and the employees responsible for implementation.
- Corrective action plans shall be implemented in a timely manner.
- The results of corrective action plans shall be documented.
- ◆ The superintendent or the superintendent's designee shall:
 - Approve all corrective action plans, and
 - Any proposed modification to content or timeline.
- ◆ There is a monitoring process to assure that all corrective actions shall be developed and implemented as written.

Personnel Practices

Mental health institute written policies and procedures shall assure that:

- ◆ Any employee, volunteer, or contractor who has been found to have violated the rights of an individual shall be subject to sanctions up to, and including, dismissal or termination of contract.
- ◆ All decisions on type and severity of disciplinary actions taken against employees shall:
 - Be made timely; and
 - Be based on an evaluation of the type and severity of the incident based on the evidence in the *MHI individual Grievance*, form [470-4498](#) (see 3-A-Appendix) prior personnel actions taken with the employee, and other components of just cause.

Human Rights Performance Improvement

Mental health institute written policies and procedures shall assure that quality management practices are in place to monitor the reporting of and review of grievance and alleged rights violations; identify systemic issues, actual or potential, needing corrective action; and monitor the completion and implementation of corrective action plans.

Human Rights Data Collection and Review

Mental health institute policies and procedures shall assure the collection of data on grievances or alleged rights violations as described in this section. Data collection shall include, at minimum, the following categories and shall be provided monthly in the format defined by the administrator:

- ◆ Name of individual for whom grievance or alleged rights violation is filed
- ◆ Case number
- ◆ Date of grievance or alleged rights violation
- ◆ Date the grievance or alleged rights violation was reported
- ◆ Time of the grievance or alleged rights violation
- ◆ Treatment unit
- ◆ Location where grievance or alleged rights violation occurred
- ◆ Type of grievance or alleged rights violation
- ◆ Immediate action taken with employees
- ◆ Immediate action taken with individual
- ◆ Names of individual and employee involved
- ◆ Names of all witnesses
- ◆ Names of other individuals directly or indirectly involved
- ◆ Reported causes of the grievance or rights violation
- ◆ Outcomes of the human rights committee investigation
- ◆ Date the human rights committee investigation began
- ◆ Date the human rights committee investigation completed
- ◆ Final personnel action taken and date

Human Rights Reporting Requirements on Rights Data

Mental health institute written policies and procedures shall assure that:

- ◆ The monthly reporting process of grievances or rights violation allegations and related investigative findings to the institute quality council shall be defined.
- ◆ The data collected shall be available for analysis by each data element collected.

- ◆ The facility shall provide the administrator's office with:
 - A monthly summary report of individual grievances or rights violations filed,
 - A quarterly summary of the analysis of the investigations of grievances or rights violations identifying systemic issues,
 - A quarterly summary of how the data analysis from investigations was used to identify systemic issues, and
 - A quarterly summary of how the data analysis was used to address systemic issues and improve the quality of life of individuals.

Human Rights Employee Training

Mental health institute written policies and procedures shall assure that:

- ◆ New employees, volunteers who work on a regular basis, and contractors shall receive competency-based training on the following human rights topics before having contact with individuals receiving services:
 - Individuals' rights as citizens or residents of the State of Iowa and the United States;
 - The rights enumerated in this policy;
 - The mental health institute's philosophy, policy, and practice on protecting and promoting individuals' rights;
 - Programmatic restrictive interventions;
 - The grievance process;
 - Reporting suspected rights violations;
 - Institute processes in reviewing suspected rights violations; and
 - The role of the human rights committee.
- ◆ All employees shall receive annual human rights awareness training. Annual training sessions may be an abbreviated version of the comprehensive curricula however, all employees shall demonstrate competency on all rights-related topics.
- ◆ Employee training and education shall be regularly documented for each employee in a manner that permits the information to be available individually and in aggregate form.

Mental Health Adult Admission: State or County Expense

Mental health institute written policies and procedures shall assure that where hospitalization expenses are payable in whole or in part by state or county expense:

- ◆ An application shall be accepted only when the application has been made and authorized through the central point of coordination process of the board of supervisors of the individual's county of residence.
- ◆ The board of supervisors or the board's officially designated agent shall sign the application before the application is accepted.
- ◆ The central point of coordination of the county of residence shall determine the legal settlement of the individual for whom application is made in accordance with [Iowa Code section 252.16](#) and [441 IAC 29.4\(230\)](#).
- ◆ The administrator or the administrator's designee shall also sign the application when the individual has been determined or alleged to be a state case.

Mental Health Admission for Minors

Mental health institute written policies and procedures shall assure that:

- ◆ Application for admission of a minor shall be made directly to the mental health institute.
- ◆ The minor individual shall be informed of the right to object to the hospitalization and, if the minor objects, the admission request shall be referred to the juvenile court as provided under [Iowa Code section 229.2\(1\)](#).

Dual Diagnosis

Mental health institute written policies and procedures shall assure that in addition to application requirements for a mental health admission, the individual claiming a dual diagnosis shall also have a diagnostic evaluation substantiating the substance abuse diagnosis.

Voluntary Application Process: Private Pay

Mental health institute written policies and procedures shall assure that:

- ◆ Individuals may make application for admission as a private-pay patient directly to the mental health institute provided that:
 - The individual, or another responsible person, shall agree to pay for the cost of care and treatment in advance and at a rate determined by the administrator, and
 - No part of the cost of the admission is charged to the state or a county.
- ◆ Application for admission for inpatient services when services are payable by a third party shall be accepted when:
 - The contract with the third party payer has been approved by the administrator, and
 - No part of the cost of the admission shall be charged to a county.

Voluntary Substance Abuse Admission

Mental health institute written policies and procedures shall assure that all applications for voluntary substance abuse admission:

- ◆ Shall be made using *Application for Voluntary Admission – Substance Abuse Treatment*, form [470-0423](#) (see 3-A-Appendix). The application shall be signed by the applicant, the applicant's guardian, or the applicant's legal representative.
- ◆ Shall be accompanied by *Authorization to Obtain or Release Health Care Information*, form [470-3951](#) or [470-3951\(S\)](#) (see 1-C-Appendix), consenting to release of all information the mental health institute needs to determine the appropriateness of the admission. The consent shall be signed by the applicant or the applicant's parent, guardian, or the applicant's legal representative.

Substance Abuse Adult Admission: State or County Expense

Mental health institute written policies and procedures shall assure that for an adult substance abuse admission:

- ◆ The individual shall have had a preliminary intake and assessment completed by an approved treatment facility as provided in [Iowa Code section 125.43A](#).
- ◆ When the individual has been determined or alleged to be a state case, the administrator or the administrator's designee shall also sign the application.

Involuntary Commitment Process

Mental health institute written policies and procedures shall assure, for individuals committed to the institute, that:

- ◆ An appropriate court order has been issued indicating the legal Iowa Code authority under which the order is issued. Appropriate authority includes:
 - Iowa Code Section 229.11 or section 125.81, immediate custody.
 - Iowa Code Section 229.13 or 125.83, psychiatric or substance abuse evaluation inpatient treatment order.
 - Iowa Code Section 229.14 or 125.84(2), treatment order.
 - Iowa Code Section 229.14A, placement or transfer of placement order.
 - Iowa Code Section 229.22, magistrate's approval for emergency admission.
 - Iowa Code Section 812.3, determination of competency.
 - Iowa Code Section 812.6, commitment for treatment.
 - Rule of Criminal Procedure 2.22(8), psychiatric evaluation.
 - Rule of Criminal Procedure 2.22(8), commitment for treatment.
 - Iowa Code Section 901.4A, district court-ordered evaluation.
 - Iowa Code Section 901.5, district court-ordered treatment.
- ◆ An individual being committed to the dual-diagnosis program shall be committed under Iowa Code Chapter 229.

- ◆ When an individual is delivered to a mental health institute for emergency admission as authorized in [Iowa Code section 229.22](#), the admitting physician shall:
 - Examine the individual to determine whether or not the individual is seriously mentally impaired and because of that impairment, likely to physically injure the individual's self or others if not immediately detained.
 - Immediately communicate with the nearest available magistrate as defined in [Iowa Code section 801.4\(10\)](#) and provide the magistrate with the circumstances of the individual.

When the peace officer delivering an individual is present during the facility's communication with the magistrate and requests to talk with the magistrate to request the magistrate to order notice of discharge to law enforcement, the admitting physician shall provide the peace officer with the opportunity make the request to the magistrate.

- Admit the individual if the magistrate provides verbal authorization for the admission, or immediately release the individual if the admission is not authorized.

Application or Commitment Denial Process

Mental health institute written policies and procedures shall assure that a voluntary application or a commitment shall be denied if:

- ◆ Any of the requirements for admission or commitment are not met;
- ◆ The mental health institute does not have adequate services to meet the individual's treatment needs;
- ◆ The admission would result in overcrowding;
- ◆ There is clear evidence that the individual has an appropriate and more integrated setting available; or
- ◆ The individual for whom voluntary application is made is not competent to give informed consent for admission or treatment and does not have a parent, guardian, or legal representative with the legal authority to give consent.

Bed Availability

Mental health institute written policies and procedures shall assure that when an application for voluntary or a court-ordered admission is received and the mental health institute does not have a bed available for the admission, the mental health institute shall:

- ◆ Notify the central point of coordination or the committing court of the lack of an appropriate bed,
- ◆ Contact the other mental health institutes to determine if an appropriate bed is available,
- ◆ If an appropriate bed is available, coordinate the referral of the admission with the central point of coordination or the committing court, or
- ◆ If an appropriate bed is not available, consult with the central point of coordination or the committing court to assist in finding another appropriate placement.

Approval of Application or Commitment

It is the policy of the Department of Human Services that voluntary applications or involuntary commitments are approved only after it has been determined that the individual meets the definition of mental illness or substance abuse and a preliminary diagnostic evaluation has established the need for the admission.

All Voluntary Applications or Commitments

Mental health institute written policies and procedures shall assure that, before an application or commitment is approved:

- ◆ The individual clearly meets the definition of mental illness or substance abuse.
- ◆ A preadmission diagnostic evaluation or assessment clearly shows that:
 - Community resources have been considered, and
 - It has been determined that the mental health institute is the most integrated setting according to the individual's current needs, based on generally accepted professional standards of care.

- ◆ The individual's parent, guardian, or legal representative has been involved in the admission process.
- ◆ The individual's parent, guardian, or legal representative and any local state, county employees and county designated mental health providers involved in the admission are notified that:
 - The mental health institute's goal is to return the individual to community services in the most integrated setting appropriate to the individual's needs,
 - The discharge process begins at admission, and
 - The individual has the right to participate in the planning process including the right to approve or disapprove any discharge plan.
- ◆ The mental health institute has determined that it has the available services to meet the individual's current treatment needs.
- ◆ The admission will not result in overcrowding.
- ◆ The application or commitment complies with catchment area guidelines in [441 IAC 28.11\(218\)](#), or the administrator has approved a request for out-of-catchment-area placement.
- ◆ Funding responsibility has been clearly established or, when in dispute, the process for resolving disputes established in [Iowa Code section 225C.8](#) has been initiated.
- ◆ The individual has completed *Authorization to Release Information for Settlement and Assignment of Insurance Benefits*, form [470-0430](#) (see 3-A-Appendix). If the individual is not clinically able to sign the release upon admission, the signature shall be obtained as soon as clinically possible.
- ◆ The individual has been notified of the mental health institute's unauthorized departure procedures using *Hospital Procedure in the Event of Unauthorized Departure*, form [470-4495](#) (see 3-A-Appendix).
- ◆ The chief medical officer or the chief medical officer's medical employee designee has approved the admission.

Mental Health or Dual Diagnosis Admission

Mental health institute written policies and procedures shall assure that for a mental health or dual diagnosis admission:

- ◆ The application has been completed and approved through the central point of coordination process of the individual's county of residence using form [470-0420](#), *Application for Voluntary Admission – MHI* (see 3-A-Appendix), for all adult voluntary mental health and dual diagnosis applications where hospitalization expenses are payable in whole or in part at state or county expense.
- ◆ The county of application has made or is making a legal settlement determination in accordance with [Iowa Code section 252.16](#) and [441 IAC 29.4\(230\)](#).
- ◆ The application includes a completed and signed *Authorization to Obtain or Release Health Care Information*, form [470-3951](#) or [470-3951\(S\)](#) (see 1-C-Appendix).
- ◆ The applicant or the applicant's parent, guardian, or legal representative has provided informed consent to treatment using *Consent to Treatment*, form [470-0428](#) (see 3-A-Appendix).
- ◆ A minor has given consent to a voluntary admission during the preadmission diagnostic evaluation, or, if consent was not given, the admission has been approved by a juvenile court in accordance with [Iowa Code subsection 222.13A\(2\)](#).
- ◆ For all dual diagnosis applications and commitments, the individual has had a diagnostic evaluation substantiating the substance abuse diagnosis.

Mental Health Involuntary Admission

Mental health institute written policies and procedures shall assure that for an involuntary mental health admission:

- ◆ The court order has been received and is an appropriate order.
- ◆ All individuals shall have been asked to complete and signed *Authorization to Obtain or Release Health Care Information*, form [470-3951](#) or [470-3951\(S\)](#). (See 1-C-Appendix.)

- ◆ The individual or the individual's parent, guardian, or legal representative has been asked to provide informed consent to treatment using *Consent to Treatment*, form [470-0428](#) (see 3-A-Appendix).
- ◆ An individual delivered to the mental health institute for emergency admission under [Iowa Code section 229.22](#), has been approved for admission by a magistrate.

Emergency Admission: Iowa Code Section 229.22

Mental health institute written policies and procedures shall assure that when a magistrate verbally authorizes the emergency admission of an individual under Iowa Code section 229.22, the mental health institute shall:

- ◆ Examine and detain the individual for a period not to exceed 48 hours from the time the order is dated, excluding Saturdays, Sundays, days on which the court is closed, and holidays.
- ◆ Provide only the treatment, including chemotherapy, necessary to preserve the individual's life or to appropriately control behavior by the individual that is likely to result in physical injury to the individual or to others.
- ◆ Determine whether notice to a law enforcement agency before the individual's discharge is required by:
 - A magistrate's verbal or written order, or
 - A law enforcement agency having given written notice on a form prescribed by the Department of Public Safety as provided in Iowa Code subsection 229.22(2).
- ◆ Track all required law enforcement notifications to assure that they are made within the required time lines and made to the appropriate law enforcement agency.

Documentation of Law Enforcement Notification

Mental health institute written policies and procedures shall assure that magistrate orders and law enforcement written notifications shall be documented in the individual's facility record. Documentation of a magistrate's verbal order shall specify the law enforcement agency to which notice is to be provided.

Substance Abuse Voluntary Admission

Mental health institute written policies and procedures shall assure that for a substance abuse voluntary admission:

- ◆ The preliminary intake and assessment made as provided in [Iowa Code section 125.43A](#), confirmed that the admission is appropriate to the individual's substance abuse service needs.
- ◆ The county of application has made a legal settlement determination in accordance with [441 IAC 29.4\(230\)](#).
- ◆ The applicant or the applicant's parent, guardian, or legal representative shall provide informed consent to treatment using *Consent to Treatment*, form [470-0428](#) (see 3-A-Appendix).
- ◆ The individual making application is an adult.
- ◆ The individual making application does not need detoxification.
- ◆ The individual making application or being committed is medically stable.

Substance Abuse Involuntary Admission

Mental health institute written policies and procedures shall assure that for a substance abuse involuntary admission:

- ◆ The court order has been received and is an appropriate order.
- ◆ The individual or the individual's parent, guardian, or legal representative has been asked to provide informed consent to treatment using *Consent to Treatment*, form [470-0428](#) (see 3-A-Appendix).
- ◆ The individual being committed is an adult.
- ◆ The individual being committed being committed does not need detoxification.
- ◆ The individual being committed being committed is medically stable.

Mental Health or Substance Abuse Private-Pay Admission

Mental health institute written policies and procedures shall assure that for a mental health or substance abuse private-pay admission:

- ◆ The individual meets all the requirements for a mental health or substance abuse voluntary admission, and
- ◆ Payment has been made as required.

Informed Consent

Mental health institute written policies and procedures shall assure that:

- ◆ Informed consent for care and treatment shall be given:
 - By the individual if competent to give informed consent.
 - By the individual's parent, guardian, legal representative, or upon order of the committing court if the individual is not competent to give informed consent.
- ◆ A general informed consent for services shall be obtained using *Consent to Treatment*, form [470-0428](#). (See 3-A-Appendix.)
- ◆ The general consent shall be renewed no less frequently than every 12 months.
- ◆ Specific informed consent shall be obtained for participation in treatment that includes:
 - Invasive or potentially harmful procedures,
 - Use of restraints,
 - Use of a behavior-modifying medication,
 - Use of medical consents that are restrictive based on a medical condition,
 - Use of aversive stimuli or response cost,
 - Non-emergency transfer to another facility, or
 - Participation in experimental research.
- ◆ Without a signed consent, or without an appropriate court order for treatment, the only treatment provided shall be that which is necessary to:
 - Preserve the individual's life, or
 - Appropriately control behavior that is likely to result in physical injury to the individual or to others if allowed to continue.

Admission Reporting Requirements

Mental health institute written policies and procedures shall assure that:

- ◆ The monthly process for reporting admissions to the facility's management team is defined.
- ◆ The data collected shall be available for analysis by each data element collected.
- ◆ The facility shall provide the administrator's office with:
 - A monthly summary of applications received, approved, and denied,
 - A quarterly summary of the quality council's analysis of identified systemic issues, and
 - A quarterly summary of how the data analysis was used to improve the application process.

Admission Employee Training

Mental health institute policies and procedures shall assure that:

- ◆ New employees who will be responsible for processing admission applications and court orders shall receive competency-based training on the following topics:
 - State laws governing the admission and commitment of individuals to the mental health institute.
 - Mental health institute policy and philosophy on admitting individuals only when a professional determination is made that the mental health institute is the most integrated setting available for the individual.
 - Determination of legal settlement.
 - The central point of coordination process.
 - Catchment areas.
- ◆ All employees responsible for processing admission applications shall receive annual competency-based training.
- ◆ Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.

- ◆ Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- ◆ Training shall be implemented in a timely manner.

Policy on Outpatient Services and Community Consultation

Mental health institutes may offer voluntary outpatient services to individuals. The goal shall be to prevent hospitalization and maintain the individual in an appropriate community setting. Outpatient services may include individual counseling or day treatment as part of the inpatient program.

Outpatient Treatment

Mental health institute written policies and procedures shall assure that:

- ◆ Application for outpatient treatment shall be made using the same process as an application for voluntary admission.
- ◆ Treatment shall be based on an assessment of the individual's need as defined in [Comprehensive Assessment](#).
- ◆ Treatment shall be based on a treatment plan as defined in [Treatment Plans](#).

Outpatient Admission Approval

Mental health institute written policies and procedures shall assure that voluntary outpatient admission approval is given only when:

- ◆ An application has been submitted using, as appropriate, form 470-0420, *Application for Voluntary Admission – MHI*, or 470-0425, *Application for Voluntary Admission – Substance Abuse*.
- ◆ An application has been approved through a central point of coordination process, when required, and by a county board of supervisors.
- ◆ When the individual is or is alleged to be a state case, the administrator, or the administrator's designee shall also sign the application.

Competency to Stand Trial Evaluation

Mental health institute policies and procedures shall assure that the individual is evaluated by a psychiatrist or a licensed, doctorate-level psychologist and that the report required under [Iowa Code section 812.3](#) shall be prepared and sent to the court.

The report shall state whether or not, in the mental health evaluator's opinion, the individual:

- ◆ Is suffering from a mental disorder which prevents the individual from:
 - Appreciating the charges against the individual;
 - Understanding the proceedings; or
 - Effectively assisting in the individual's defense.
- ◆ Will endanger the public safety if released from custody.
- ◆ Can, if ordered, be treated at a mental health institute or a resource center, or requires treatment with the Department of Corrections.

NOTE: If at any time the medical director determines that the individual may have mental retardation, the medical director shall consult with the superintendent of a resource center to determine if assistance is needed in completion of the evaluation.

Insanity or Diminished Responsibility Evaluation

Mental health institute policies and procedures shall assure that:

- ◆ The individual shall be promptly evaluated.
- ◆ The report provided under [Rules of Criminal Procedure section 2.22\(8\)](#) shall be prepared and sent to the court and shall include:
 - A diagnosis for the individual,
 - An opinion as to whether or not the individual is mentally ill and dangerous to self or others, and
 - A determination as to whether the individual can be returned to the custody of the sheriff or whether continued custody is necessary to ensure the individual's safety or the safety of others.
- ◆ Notice that the report has been filed shall also be provided to the sheriff and the county attorney of the county of commitment.

NOTE: If at any time the medical director determines that the individual may have mental retardation, the medical director shall consult with the superintendent of a resource center to determine if assistance is needed in completing the evaluation.

Substance Abuse Evaluation

Mental health institute policies and procedures shall assure that a report provided under [Iowa Code section 125.84](#), states one of the following:

- ◆ That individual does not, as of the date of the report, require further treatment.
- ◆ That the individual is a chronic substance abuser, is in need of full-time custody and inpatient treatment in a facility, and is likely to benefit from treatment.
- ◆ That the individual is a chronic substance abuser and in need of treatment, but does not require full-time hospitalization. The report shall contain a recommendation for appropriate treatment.
- ◆ That the individual is a chronic substance abuser who is in need of treatment, but in the opinion of the chief medical officer is not responding to the treatment provided. The report shall contain a recommendation for alternative placement.

Substance Abuse Sentencing Evaluation

Mental health institute policies and procedures shall assure that a report provided under [Iowa Code section 901.4A](#) shall provide an evaluation of the individual's abuse of alcohol or other controlled substances and the need for treatment.

Court Report Performance Improvement

Mental health institute written policies and procedures shall assure that quality assurance practices are in place to:

- ◆ Monitor the quality of the evaluations and subsequent reports to the court in terms of professional guidelines and the effectiveness of the reports in assisting the courts meet the treatment needs of the individuals evaluated.
- ◆ Monitor the timeliness of the court reports.
- ◆ Identify actual or potential systemic issues needing corrective action.
- ◆ Monitor the implementation and completion of corrective action plans.

Court Report Data Collection and Review

The mental health institute policies and procedures shall assure the collection of data on evaluations and court reports shall at a minimum, include the following categories:

- ◆ Facility number for each individual ordered for evaluation.
- ◆ Type of evaluation ordered.
- ◆ Ordering court.
- ◆ Date order received.
- ◆ Date report due.
- ◆ Date extension of report due date received (if applicable).
- ◆ Date report submitted.
- ◆ Timely yes/no.

Court Report Reporting Requirements

The mental health institute policies and procedures shall assure that:

- ◆ The monthly process of reporting court report data to the management team is defined.
- ◆ The data collected shall be available for analysis by each data element collected.
- ◆ The facility provides information to the administrator's office monthly using the required data.

Court Report Employee Training on Court-Ordered Evaluations

Mental health institute policies and procedures shall assure that:

- ◆ All new employees who are responsible for tracking and preparing evaluations and court reports shall receive competency-based training on:
 - Policies and procedures for doing evaluations and making court reports;
 - State laws governing evaluations and reports; and
 - What information is tracked and how the information is tracked.
- ◆ Employee training and education shall be documented in each employee's training record.

- ◆ The training curriculum shall be updated to reflect current professional standards, policies, and procedures for evaluations.
- ◆ Employee training shall be implemented in a timely manner.

Policy on Treatment and Treatment Plans

It is the policy of the Department of Human Services that treatment provided to individuals shall be based on:

- ◆ A comprehensive assessment of the individual's needs, and
- ◆ A treatment plan that focuses on alleviating the symptoms that keeps the individual from returning to the community.

Treatment Principles

The mental health institute written policies and procedures shall assure that:

- ◆ The treatment process begins with an integrated assessment process conducted by qualified mental health professionals that identifies the service needs, strengths, and recovery goals of the individual with the goal of developing the individual's treatment plan.
- ◆ All members of the individual's treatment team provide input into the assessment.
- ◆ Treatment and treatment plans are person-centered, person-driven, and recovery-focused.
- ◆ The treatment planning process:
 - Incorporates the findings of the assessment,
 - Identifies the clinical and other key services to meet the individual's recovery goals, and
 - Is based on best practices.
- ◆ Individuals, parents, guardians, and legal representatives are involved in the treatment and treatment planning process or, at the request and with the consent of the individual, any other family contact member or individual.
- ◆ Individual progress towards the treatment plan outcomes is routinely monitored and as necessary, clinical or other services are adjusted.
- ◆ Clinical and direct care employees are competency-based trained to provide services.

- ◆ The committing court shall be immediately notified if at any time it is determined there is substantial probability that the individual has acquired the ability to appreciate the charges, understand the proceedings, and effectively assist in the individual's defense.
- ◆ The committing court shall be immediately notified if at any time it is determined there is no substantial probability that the individual will be restored to competency in a reasonable amount of time.

Insanity or Diminished Responsibility: Iowa Code Section 2.22(8)

Mental health institute policies and procedures shall assure that court reports are submitted as follows when an individual is deemed to be insane or of diminished responsibility pursuant to Iowa Code section 2.22(8):

- ◆ A written status report shall be provided to the committing court regarding the individual's mental disorder within 30 days of the individual's commitment. The report shall:
 - Describe the individual's mental condition and
 - State the chief medical officer's prognosis if the individual's condition has remained unchanged or has deteriorated.
- ◆ The chief medical officer shall also include a statement as to whether or not the individual remains mentally ill and dangerous to self or others.
- ◆ If the individual remains committed beyond 30 days, progress reports shall be provided to the committing court no less than every 60 days while the individual remains in custody providing the same information as required in the initial report.
- ◆ If at any time it is determined that the individual is either no longer mentally ill or no longer dangerous to self or others, the chief medical officer shall immediately notify the committing court and request discharge of the individual.

Treatment Performance Improvement

Mental health institute written policies and procedures shall assure that quality management practices are in place to monitor the quality of treatment and treatment plans, individually and collectively.

- ◆ Specific data on each restraint and seclusion episode is collected and aggregated on a monthly basis. This data shall be a component of the data reviewed for quality assurance purposes and shall include at a minimum:
 - Individual demographic information, including age, sex, and ethnicity.
 - Information about the precipitating event and alternative interventions used.
 - Information about the episode, including date, time, length, type of restraint used, and the physical location where the restrained or secluded individual is placed.
 - Any individual or employee injuries incurred during restraint.
 - The type and time of medical orders, including the time written or authorized and the prescribing medical staff.
 - Use of psychoactive medications to prevent or to enable discontinuation of restraint or seclusion.

Restraint and Seclusion Reporting Requirements

Mental health institute written policies and procedures shall assure that:

- ◆ A process is identified for notifying the superintendent, the Department of Inspections and Appeals (DIA), and the administrator when there is a serious injury to an individual or an employee in relationship to the implementation of restraint or seclusion.
- ◆ A process is defined and implemented for notifying the administrator, DIA, the Centers for Medicaid and Medicare Services (CMS), and the Joint Commission if the institute is accredited, of each death that occurs:
 - While a individual is in restraint or seclusion,
 - Within 24 hours after the individual has been removed from restraint or seclusion, or
 - Within one week after restraint or seclusion (if known to the institute) where it is reasonable to assume that use of restraint or seclusion contributed directly or indirectly to an individual's death.

For purposes of this policy, "reasonable to assume" includes but is not limited to deaths related to restrictions of movement for prolonged periods of time, chest compression, restriction of breathing, or asphyxiation.

- ◆ The initial report of a death to the administrator shall be made by direct phone contact during business days, evenings, weekends, and holidays within two hours of the event. A written report of the event shall be submitted by Email to the administrator no later than 12 noon on the next business day.
- ◆ The report of death to DIA shall be made within 24 hours of the event, using the DIA reporting system.
- ◆ The report to CMS shall be made by phone no later than the close of business the next business day following knowledge of the individual's death. Employees shall document the date and time the death was reported to CMS in the individual's medical record.
- ◆ The report to the Joint Commission shall be made in writing by completing the "Self Report of Sentinel Event" form available through the Joint Commission's extranet home page under the "Continual Compliance Tools" section.

The report shall be completed and submitted no later than the close of business on the next business day following knowledge of the individual's death.
- ◆ The date and time all reports were made shall be documented in the individual's institute record.
- ◆ The process for monthly reporting of restraint and seclusion data to the institute's quality assurance committee, the medical director, the superintendent, and the administrator is defined.

Restraint and Seclusion Employee Training

Mental health institute written policies and procedures shall assure that:

- ◆ Initial and ongoing competency-based education and training on restraint and seclusion is provided to all employees whose job description includes the responsibility to:
 - Order restraint or seclusion,
 - Implement restraint or seclusion,
 - Monitor individuals in restraint or seclusion, or
 - Assess the individual's physical or psychological well-being.
- ◆ Employees shall receive this training before being authorized to order, use, or monitor restraint or seclusion.

Clinical Care Performance Improvement

Mental health institute written policy shall assure that quality of clinical care is measured through clinical indicators and performance measures consistent with current professional standards and guidelines.

Each mental health institute shall ensure that clinical care and allied health services are consistent with current professional knowledge, both in care planning and service delivery. At minimum, the mental health institute policy and procedures shall assure that:

- ◆ Each specialty area shall maintain easily retrievable information on current accepted standards of practice and clinical indicators related to the specialty area's discipline.
- ◆ Each specialty area shall develop and maintain internal quality improvement initiatives based on the principles of quality management and clinical care, including:
 - Regularly scheduled peer reviews or case studies in accordance with the administrator's policy,
 - Regularly scheduled departmental team meetings to foster open communication, cohesiveness and cross-educational opportunities,
 - Ongoing review of clinical processes to determine efficiency, relevancy, and opportunities for streamlining or improvement, and
 - Ongoing research in the field, via journals, Internet, etc., to ensure programming is consistent with currently accepted standards of practice.
- ◆ The resources necessary to implement the Department's policies shall be allocated, secured, and maintained to provide optimal clinical care.

Data Collection on Clinical Care

Mental health institute written policies and procedures shall assure that:

- ◆ Each profession required to do peer review shall develop appropriate quality indicators for quality improvement purposes in the profession's area and these indicators shall be identified in a quality indicator report.
- ◆ All quality indicators shall be reviewed no less than annually to ensure their applicability and relevancy to clinical care.
- ◆ Recommendations for change or expansion shall be made to the superintendent and chief medical officer.
- ◆ Data collected shall be reviewed and analyzed no less than monthly with the findings reported at management team meetings.
- ◆ The office of the administrator shall work with mental health institute employees to assess required changes, updates, or removal of data sets.

Employee Training on Clinical Care

Quality is affected by knowledge, and knowledge is fluid. Continued learning and education are fundamental to sound clinical practice. Each mental health institute shall create and maintain a learning environment that supports on-going education initiatives.

Mental health institute policies and procedures shall assure that:

- ◆ All new employees who will be providing direct services or supports to individuals shall receive competency-based training on the fundamental aspects of clinical care, including:
 - Psychiatric healthcare services,
 - The bio-psycho-social treatment approach, and
 - The importance of integrated clinical care.
- ◆ All clinical employees shall receive annual competency-based refresher training on clinical care.

Reporting Unexpected Events

Mental health institute written policies and procedures shall assure that:

- ◆ Unexpected events that occur that create a risk that could influence or be disruptive to the provisions of services to or safety of individuals shall be reported. Such events includes but are not limited to the following:
 - Fire;
 - Employee theft, assault, illegal drug activity, criminal activity;
 - Damage to physical plant or operations resulting from natural disasters;
 - Major disruption in institute operation systems such as phone, electrical communications, heating or air conditioning, utilities;
 - Work-related death or serious injury to an employee; or
 - Any other event that is or may become disruptive to the normal operation of the mental health institute and may affect the public outside the mental health institute.
- ◆ Any event that immediately and significantly disrupts the operation of the mental health institute or is of interest to the public shall be reported within two hours of the event by direct phone contact with the administrator during business days, evenings, weekends, and holidays.
- ◆ A written report of the event shall be submitted by Email to the administrator no later than 12 noon on the next business day.
- ◆ All other situations shall be reported to the administrator by Email no later than 12 noon on the next business day.

Risk Criterion Review

Mental health institute written policies and procedures shall assure that the risk factors identified under [Individual Risk Screening](#) are reviewed annually along with the established criteria to:

- ◆ Ensure adherence to current professional standards, and
- ◆ Determine what, if any, modifications or additions need to be made.

The review shall be done in collaboration with the administrator.

Risk Employee Training

Each mental health institute shall create and maintain a learning environment that supports on-going education initiatives. Specifically, mental health institute policies and procedures shall assure that:

- ◆ New employees shall receive competency-based training on the following:
 - Identified individual risk factors,
 - Bio-psycho-social treatment approach,
 - Quality of care,
 - Clinical indicators and performance measures,
 - Individual risk management plans,
 - Plans and procedures for managing organizational risks, and
 - The employee's roles and responsibilities in identifying, assessing, and addressing risk issues, and reporting actual or potential risks.
- ◆ Employees shall receive annual training on the areas identified above. Annual training sessions may be an abbreviated version of the initial curricula. However, all employees shall demonstrate competency on all risk related topics.
- ◆ Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- ◆ Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- ◆ Training shall be implemented in a timely manner.

- ◆ Law enforcement shall be contacted for assistance in accordance with locally established agreements when the individual:
 - Is involuntarily committed and is known to be or might be off campus, or
 - Is on campus or off campus and presents a danger to self or others, or
 - Has not been located within 45 minutes of the initiation of the extended search.
- ◆ The superintendent or the superintendent's designee shall determine when to end the organized, extended search.

Elopement Reporting

Mental health institute policy and procedures shall assure that:

- ◆ When an extended search has been initiated upon an elopement, the superintendent or the superintendent's designee shall report to the administrator by direct phone contact within two hours of the initial report of the elopement.
- ◆ The superintendent or the superintendent's designee shall report to the administrator by direct phone contact within two hours of receipt of a report that during the elopement, the individual:
 - Has sustained a serious injury,
 - Has threatened or harmed anyone,
 - Is alleged to have committed a crime, or
 - Has engaged in high-risk behavior.
- ◆ Reports shall be made during business days, evenings, weekends, and holidays.
- ◆ The superintendent or the superintendent's designee shall submit to the administrator a written report of the event no later than 12 noon on the next business day.

Employee Reporting Requirements

Mental health institute written policies and procedures shall assure that:

- ◆ An employee shall immediately report all incidents verbally to the employee's first line supervisor. This includes incidents that may be reported to the employee by a contractor or volunteer.

If the incident is an allegation of abuse that involves the employee's supervisor, the report shall be made to the supervisor's supervisor.

- ◆ An employee mandatory reporter who in the course of employment reasonably suspects that a dependent adult or child has been abused by a caretaker shall report the alleged abuse to the Department of Inspection and Appeals (DIA) within 24 hours of knowledge of the alleged abuse using DIA's reporting system.

- ◆ When an employee suspects, has knowledge of, or receives a report of non-caretaker abuse that may have been caused by a person other than a mental health institute employee, contractor, or volunteer, the employee shall verbally report this information immediately to the employee's supervisor.

The supervisor shall immediately report the allegation to the superintendent, who shall determine the appropriate action needed to protect the safety of the child or dependent adult.

- ◆ All information pertaining to any allegation or report and subsequent investigation of an incident shall be kept confidential, including the name and position of the person making the report.

- ◆ All employees shall immediately report to their first line supervisor all calls to law enforcement pertaining to incidents or other activities occurring at the mental health institute, whether the call was made by an individual or made by the employee personally.

Superintendent or Designee Reporting Requirements

Mental health institute written policies and procedures shall assure that the superintendent or the superintendent's designee shall report incidents to the administrator or the administrator's designee as follows:

- ◆ The following incidents shall be reported by direct phone contact with the administrator within two hours of receipt of initial incident report during the business days, evenings, weekends, and holidays:
 - All allegations of abuse resulting in serious injury,
 - All allegations of sexual abuse,
 - All allegations of neglect involving elopement,
 - Lack of supervision which result in sexual contact between individuals,
 - Peer to peer assault resulting in serious injury,
 - All deaths caused by abuse or which are suspicious or unexpected,
 - All serious injuries of unknown origin,
 - All medical emergencies resulting in hospitalization,
 - All suicides and attempted suicides, and
 - All calls made to law enforcement.
- ◆ A written report of the event shall be submitted by Email to the administrator no later than 12 noon the next business day.
- ◆ All other serious injuries or allegations of abuse shall be reported by Email to the administrator no later than 12 noon on the next business day.

Reports to Law Enforcement

Mental health institute written policies and procedures shall assure that the following shall be reported to law enforcement authorities:

- ◆ All allegations of sexual abuse shall be reported within two hours of receiving notification.
- ◆ All abuse investigation findings that lead to the suspicion that a criminal act has been committed shall be reported as soon as identified.
- ◆ Any other reports or information identified in jointly developed agreements with local law enforcement authorities shall be reported.

Reports to Guardians and Families

Mental health institute written policies and procedures shall assure that the following shall be reported to parents, guardians, legal representatives, and family contacts:

- ◆ Incidents requiring a Type 1 investigation, reported within 24 hours.
- ◆ All other incidents, reported in a timely manner.

Incident Investigation

Mental health institute written policies and procedures shall assure that:

- ◆ All incidents shall be investigated or reviewed.
- ◆ Each mental health institute shall submit an investigation process to the administrator for approval.
- ◆ Incidents shall be categorized into type 1 and type 2 for purposes of distinguishing the specifics of the investigation review process.
- ◆ All persons who perform investigations or reviews shall be trained and competent in carrying out these duties.
- ◆ All employees, volunteers, or contractors involved in the investigative process shall cooperate with the investigators and shall be apprised of the following:
 - Any incidents of "witness tampering," such as threats, intimidation, or coercion of employees, volunteers, contractors, or individuals involved in the investigation, shall be examined and, if confirmed, shall be regarded and addressed in accordance with violence in the work place policies.
 - All verbal and written statements shall be presented with truthfulness and made without discussion or collaboration with other persons.
 - Employees shall maintain confidentiality at all times during the investigation, including not discussing or disclosing any information pertaining to the investigation except as requested by the investigator.
- ◆ An employee who is the subject of an investigation shall not participate in the investigation of the allegation.

Type 1 Incident Investigations

Mental health institute written policies and procedures shall assure that:

- ◆ Type 1 investigations shall be done for:
 - All allegations of abuse.
 - All serious injuries.
 - All suspicious or unexpected deaths, and all deaths allegedly caused by abuse.
 - All allegations of sexual abuse.
 - All suspicious injuries.
 - All injuries resulting from restraint.
 - All suicides or suicide attempts.
 - All individual sexual assaults of another individual.
 - All physical assaults resulting in serious injury.
 - Any physical assault when in the professional judgment of the superintendent, a type 1 investigation is deemed appropriate based on:
 - The nature of the incident,
 - The potential of harm from the incident, or
 - The prior incident frequency or history of the individuals involved.
 - Other incidents as assigned by the superintendent or the administrator.
 - All other incidents in which an initial type 2 incident review or clinical or interdisciplinary team review indicates a potential allegation of abuse.

- ◆ All type 1 investigations shall be conducted by an employee who:
 - Is a member of the management team, the clinical director, a program director, a nursing services supervisor, or a comparable person from another mental health institute in accordance with the plan approved by the administrator.
 - When possible, is not in the direct line of supervision of the employee against whom the abuse is alleged.
 - Has received training for conducting investigations.
 - Is able to work collaboratively with law enforcement officials when needed.
- ◆ All type 1 investigations shall:
 - Commence within four hours of the reporting of the incident; and
 - Be completed within five business days of the reporting of the incident.
- ◆ Investigation written reports shall be made using *MHI Type 1 Incident Investigation Report*, form [470-4496](#) (see 3-A-Appendix).
- ◆ The superintendent or the superintendent's designee shall review all investigation reports for thoroughness, accuracy, completeness, coherence, objectivity, and approval. Any subsequent corrections or revisions deemed necessary shall be submitted on a timely basis as an addendum.
- ◆ All type 1 investigation reports shall be given final approval by the superintendent.

Type 2 Incident Reviews

Mental health institute written policies and procedures shall assure that:

- ◆ A process approved by the administrator shall be in place to review all incidents that will not have a type 1 investigation, in order to evaluate:
 - The cause of the incident,
 - The impact on the individual, and
 - The need for corrective action.
- ◆ Supervisory or administrative employee shall conduct type 2 incident reviews.

Corrective Actions

Mental health institute written policies and procedures shall specify:

- ◆ Person responsible for corrective action
- ◆ Date plan is to be completed
- ◆ Date documentation was received indicating corrective action completed
- ◆ Corrective action type
- ◆ Date institute investigation began
- ◆ Date institute investigation completed
- ◆ Outcomes of the investigation
 - Abuse substantiated or unsubstantiated
 - Cause of injury of unknown origin remains unknown
- ◆ Notifications
 - Guardian, legal representative, parents, and family contact
 - Superintendent
 - Administrator
 - Department of Inspections and Appeals (DIA)
 - Law enforcement, if appropriate
- ◆ Final personnel action taken
- ◆ Date DIA declined to investigate, if applicable
- ◆ Date DIA started investigation, if applicable
- ◆ DIA finding, if any
- ◆ Review by treatment program manager
- ◆ Review by treatment program administrator

The information shall be tracked and provided in the format defined by the administrator.

Incident Data Review

Mental health institute policies and procedures shall assure that:

- ◆ The mental health institute's superintendent, chief medical officer, director of nursing, and other designated clinical employees shall review data from all investigations to assure that:
 - Problems are timely and adequately detected;
 - Timely and adequate protections are implemented;
 - Timely and appropriate corrective actions are implemented; and
 - Root causes are identified, when possible, that lead to corrective action.
- ◆ Mental health institute records of the results of every investigation and review of incidents or serious injuries shall be maintained in a manner that permits investigators and other appropriate employee to easily access each investigation involving a particular employee or individual.

Incident Reporting Requirements

Mental health institute written policies and procedures shall assure that:

- ◆ The monthly reporting process of incidents and investigative findings to the mental health institute's management team shall be defined.
- ◆ The data collected shall be available for analysis by each data element collected.
- ◆ The mental health institute shall provide to the administrator:
 - A monthly summary report on the incident reports;
 - A quarterly summary of the analysis identifying systemic issues; and
 - A quarterly summary of how the data analysis was used to address systemic issues and improve the quality of life of individuals.

- ◆ The individual shall be finally discharged upon receipt by the mental health institute of the court order confirming the individual's discharge by the court.
- ◆ For any individual whose admission was approved through the central point of coordination process, notice of the discharge shall be given to the central point of coordination of the county of admission.

Elopement Under Iowa Code Section 229.14B

Mental health institute written policies and procedures shall assure that for an involuntarily committed individual who elopes:

- ◆ The Division's policy on elopement shall be implemented.
- ◆ Immediate notice shall be given to the sheriff.
- ◆ The committing court shall be notified before the discharge is made.

Emergency Admission Under Iowa Code Section 229.22

Mental health institute written policies and procedures shall assure for individual whose emergency admission was ordered pursuant to Iowa Code section 229.22 that:

- ◆ The individual shall be discharged at any time the court terminates the emergency order.
- ◆ The individual is discharged at the end of 48 hours from the time the order is dated, unless an application for the individual's involuntary hospitalization is filed sooner. The 48-hour period shall exclude Saturdays, Sundays, days on which the court is closed, and holidays.
- ◆ For individuals for whom law enforcement notification is required, when notice has been given and the law enforcement agency has not taken custody of the individual by the end of the 48-hour period, the individual shall be discharged.
- ◆ For any individual whose admission was approved through the central point of coordination process, notice of the discharge shall be given to the central point of coordination of the county of admission.

Law Enforcement Notification

Mental health institute written policies and procedures shall assure that when notification to a law enforcement agency is required before discharge, as provided in Iowa Code section 229.22(2), notice shall be given as follows:

- ◆ When ordered by the magistrate, notice of intent to discharge shall be provided as soon as the decision to discharge has been made:
 - By telephone to the dispatch of the law enforcement agency named in the in the magistrate’s verbal or written order, and
 - By electronic mail to the dispatch of the law enforcement agency named in the magistrate’s verbal or written order.
- ◆ When required by written notification provided by the peace officer delivering the individual to the facility using the form specified by the Department of Public Safety, notice of intent to discharge shall be provided as soon as the decision to discharge is made:
 - By telephone to the dispatch of the law enforcement agency that employs the peace officer who provided the notice, and
 - By electronic mail to the law enforcement agency that employs the peace officer who provided notice.
- ◆ The individual shall be discharged six hours after required notice has been given unless the individual is picked up earlier by the notified law enforcement agency. Regardless of when notice has been given, in no case shall an individual be held beyond the 48-hour period.

Documentation of Law Enforcement Notification

Mental health institute written policies and procedures shall assure that all required notifications shall be documented in the individual’s facility record. Documentation shall include but not be limited to:

- ◆ Law enforcement agency notified,
- ◆ Type of notification provided,
- ◆ Time notification was provided,
- ◆ Telephone number called,
- ◆ Name of law enforcement agency person who received the call,
- ◆ Address the electronic mail was sent to,
- ◆ Name of employee providing notification, and
- ◆ Responses received from the law enforcement agency.

Competency to Stand Trial Under Iowa Code Section 812.3

Mental health institute written policies and procedures shall assure for an individual committed to determine competency to stand trial that:

- ◆ The individual shall be discharged only upon order of the court and in accordance with the order.
- ◆ The individual shall be discharged only to a law enforcement officer who has a court order to transport the individual.
- ◆ If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the central point of coordination of the county of admission.

Incompetent to Stand Trial Under Iowa Code Section 812.5

Mental health institute written policies and procedures shall assure for an individual committed for treatment pursuant to Iowa Code section 812.5 that:

- ◆ The individual shall be discharged only upon order of the court and in accordance with the order.
- ◆ The individual shall be discharged only as ordered by the court.
- ◆ If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the central point of coordination of the county of admission.

Evaluation under Rules of Criminal Procedure Section 2.22(8)(b)

Mental health institute written policies and procedures shall assure for an individual committed for psychiatric evaluation that:

- ◆ The individual shall be discharged only upon order of the court and in accordance with the order.
- ◆ The individual shall be discharged only to a law enforcement officer who has a court order to transport the individual.
- ◆ If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the central point of coordination of the county of admission.

Commitment Under Rules of Criminal Procedure 2.22(8)(e)

Mental health institute written policies and procedures shall assure for an individual committed for treatment pursuant to the Rules of Criminal Procedure, section 2.22(8)(e), that:

- ◆ The individual shall be discharged only upon order of the court and in accordance with the order.
- ◆ The individual shall be discharged only as ordered by the court.
- ◆ If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the central point of coordination of the county of admission.

Transfer of Dangerous Individuals

NOTE: The following policy is based on a letter of agreement between the Department and the Department of Corrections that was finally approved on December 28, 2000, and is on file in the office of the administrator.

Mental health institute written policies and procedures shall assure that:

- ◆ When an individual becomes incorrigible and is unmanageable to the extent that the individual is dangerous to the safety of others,
- ◆ The superintendent determines that a request should be made to the district court for an order for the transfer of the individual to the Iowa Medical and Classification Center, and
- ◆ The superintendent shall, before requesting the court order, submit to the director of the Department of Corrections or designee a request for review and approval of the request for transfer order.

Department of Corrections Approval

Mental health institute written policies and procedures shall assure that the transfer order shall not be submitted before the approval is received from the Department of Corrections.

NOTE: The Department of Corrections shall notify the superintendent of approval within 24 hours of the request.

Employees Designated to Make and Approve Requests

The Department shall designate the employees at each facility who are authorized to make transfer requests to the Department of Corrections.

NOTE: The Department of Corrections shall have available, at all times, a designated employee who shall be authorized to receive and approve the request.

Discharge to Alternative Placement

Mental health institute written policies and procedures shall assure that when it is determined by the chief medical officer that the individual is seriously mentally impaired and in need of full-time custody and care but is unlikely to benefit from further hospital treatment:

- ◆ A report shall be made to the committing court to that effect.
- ◆ An alternative placement shall be identified in cooperation with the central point of coordination employee of the individual's county of residence and recommended to the court.
- ◆ The individual may be transferred to the alternative placement before the court order if a request for a placement hearing has not been filed.
- ◆ If a request for placement hearing has been filed, the placement shall be made only when the court order is received that orders the placement.
- ◆ When physical custody of the individual is transferred to the other facility, the individual shall be discharged from the mental health institute.

Dual Diagnosis Admissions

Mental health institute written policies and procedures shall assure that discharges from a dual-diagnosis program are made in accordance with the policies governing voluntary and involuntary mental health admissions.

Discharge Reporting Requirements

Mental health institute written policies and procedures shall assure that the facility provides the administrator's office:

- ◆ A monthly summary report on individuals placed during the month; and
- ◆ An annual comprehensive report and assessment of the barriers that exist to discharging individuals to least restrictive community settings.

Discharge Employee Training

Mental health institute written policies and procedures shall assure that:

- ◆ New employees who participate in the development of an individual treatment plan shall successfully complete competency-based training on the development of individual treatment plans, including policies and procedures on the development and implementation of individual treatment plans.
- ◆ Employees who participate in the discharge planning process shall be trained in the Department and mental health institute policies regarding discharge planning.
- ◆ Employees who participate in development of an individual support treatment plan shall be trained in the identification of barriers to integrated living and the development of strategies to overcome the barriers.
- ◆ Employees shall understand, encourage, and assist in implementing the Department and mental health institute policy of moving individuals to the least restrictive setting consistent with the individual's needs.
- ◆ Employees who participate in the development of an individual treatment plan shall receive refresher training at least every 12 months.
- ◆ Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- ◆ Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- ◆ Training shall be implemented in a timely manner.

- ◆ To an individual, agency, law enforcement, licensing, or accrediting body, which is governed by the same confidentiality requirements as the Department, the information required to perform their legal duties.
- ◆ To an individual or agency legally required to be notified as defined in this policy, the information legally required in the notification.

Internal Procedures

Mental health institute written policies and procedures shall assure that:

- ◆ Procedures are developed and implemented for providing timely notice of all reported deaths to all the employees responsible for implementation of this policy, including but not limited to:
 - The medical director,
 - The director of nursing,
 - Directors of treatment programs, and
 - Social work services.
- ◆ The responsibilities of each employee are clearly specified, including:
 - Duties or responsibilities and
 - Expected time frames.

Physician Responsibilities

Mental health institute written policies and procedures shall assure that when a death occurs in the facility, a physician shall:

- ◆ Pronounce death.
- ◆ Provide immediate notice to the superintendent, the administrator, or the superintendent or administrator's designee.
- ◆ Identify the body.
- ◆ Care for the body and secure the death scene, including any possible evidence related to the death, pending instructions from the medical examiner.

- ◆ Assure that the details and circumstances surrounding the death and the actions employees took in response to the death are documented. This documentation shall include but is not limited to:
 - The facts used to establish death,
 - The time of death, and
 - The apparent cause of death (in the physician's best professional judgment).
- ◆ Certify cause of death and complete the death certificate as required in [Iowa Code section 144.28](#) within 72 hours of receipt of the death certificate from the undertaker or other person responsible for filing the certificate.

Mental health institute written policies and procedures shall assure that when a death occurs outside the facility, a physician shall contact the hospital where the death occurred or the physician attending the decedent at the time of death to:

- ◆ Confirm date, time, and place of death,
- ◆ Determine the apparent cause and circumstances of the death,
- ◆ Determine if the county medical examiner was notified of the death,
- ◆ Determine if the death meets any of the reporting requirements in this policy, and
- ◆ Document the findings in the individual's facility record.

Nursing Responsibilities

Mental health institute written policies and procedures shall assure that:

- ◆ The director of nursing is immediately notified of an individual's death.
- ◆ The nurse present at or called to the death scene shall:
 - Assist the physician in documenting the facts surrounding the death and securing the death scene, or
 - In the absence of a physician, document the facts surrounding the death and secure the death scene pending further instructions from the medical examiner.

Reporting Deaths

Mental health institute written policies and procedures shall assure that all deaths are reported to the individual's next of kin, the Division, and otherwise as required by accreditation standards, policy, or by law.

The superintendent or the superintendent's designee, as specified in the facility's policy, shall be responsible for making the following reports:

- ◆ County medical examiner report
- ◆ Individual's next of kin report
- ◆ Department of Inspection and Appeals report
- ◆ Court, sheriff, and others report
- ◆ Central point of coordination report
- ◆ Centers for Medicaid and Medicare Services report
- ◆ Joint Commission report
- ◆ Protection and Advocacy report
- ◆ Administrator report

The following sections give more details on each of these reports.

County Medical Examiner Report

Mental health institute written policies and procedures shall assure that:

- ◆ A report of death shall be made immediately upon knowledge of the death to the medical examiner of the county in which the death occurred. The employee may:
 - Call the county medical examiner directly, or
 - Call the local sheriff and have the dispatcher page the responding medical examiner.
- ◆ For a death occurring outside the facility, the facility shall report the death to the medical examiner even if there is information that someone else has reported the death to ensure independent compliance with the law.
 - Covered deaths occurring outside the state shall be reported to the medical examiner for the county in which the facility is located to assure compliance with the law.
 - The notice shall be documented and include the name of the employee who gave the notice and date and time notice was given.

- ◆ For a death occurring in the facility:
 - The body, clothing, and any articles upon or near the body shall not be disturbed or removed from the position in which it is found.
 - Physical or biological evidence shall not be obtained or collected from the body without authorization of the county medical examiner or state medical examiner.

Exceptions may be made for the purpose of:

- Preserving the body from loss or destruction, or
- Permitting the passage of traffic on a highway, railroad, or airport, if the failure to immediately remove the body might endanger life, safety, or health.

Medical Examiner Preliminary Investigation

Mental health institute policies and procedures shall assure that:

- ◆ The information requested by the medical examiner is provided promptly,
- ◆ All employees work cooperatively with the medical examiner,
- ◆ The information provided the medical examiner is documented, and
- ◆ Payment shall be promptly made to the medical examiner upon receipt of a signed itemized bill.

Individual's Next of Kin Report

Mental health institute written policies and procedures shall specify which employees are responsible to assure that notice of the death of an individual. Notice shall be given as follows:

- ◆ By telephone to the next of kin within one hour of knowledge of the death to:
 - Ask which funeral home is to be used,
 - Respond to questions,
 - Notify the next of kin of the right to request an autopsy, at the next of kin's expense, if the medical examiner does not order an autopsy, and
 - Determine whether further follow-up with next of kin will be needed.

- ◆ By written notice sent by certified mail to the decedent's nearest relative within three days of the date of death.

Department of Inspection and Appeals Report

Mental health institute written policies and procedures shall assure that, except for the Civil Commitment Unit for Sexual Offenders, notice of any death is provided to the Department of Inspection and Appeals (DIA) within 24 hours of the death using the DIA reporting system.

Court, Sheriff, and Others Report

Mental health institute written policies and procedures shall assure that for the death of an involuntarily committed individual:

- ◆ Notice shall be sent by certified mail within three working days of the death to:
 - The clerk of the district court of the county from which the individual was committed, and
 - The sheriff of the county from which the individual was committed.
- ◆ Notices shall be provided within three working days of the death to:
 - The central point of coordination of the county from which an adult individual was committed, using the *DHS Institutional Core Data*, form [470-4161](#) (see 3-A-Appendix).
 - The individual's targeted case manager (if one is assigned) by regular mail.

Administrator Report

Mental health institute written policies and procedures shall assure that reports of all deaths are made to the administrator or the administrator's designee as follows:

- ◆ All deaths caused by abuse or suicide or which are suspicious or unexpected shall be reported by direct phone contact with the administrator within two hours of receipt of notice of the death during business days, evenings, weekends, and holidays.
- ◆ A written report of the event shall be submitted by Email to the administrator no later than 12 noon on the next business day.
- ◆ All other deaths shall be reported by Email to the administrator no later than 12 noon on the next business day.

Facility Autopsy Request

Mental health institute policies and procedures shall provide for seeking an autopsy when an autopsy is not ordered by the medical examiner, the next of kin has not obtained an autopsy, and:

- ◆ There is no clear cause of death, or
- ◆ The circumstances of the death suggest the findings of an autopsy might be useful, or
- ◆ It is believed that the information can be used in the facility's performance improvement activities.

Request Process

Mental health institute written policies and procedures shall provide that if the facility wants to request an autopsy:

- ◆ The facility shall request that the medical examiner order an autopsy.
- ◆ If the medical examiner does not order the autopsy, the facility shall request that the next of kin authorize an autopsy.
- ◆ If both refuse to authorize an autopsy, the superintendent shall consult with the administrator or the administrator's designee as to whether additional steps shall be taken to seek an autopsy.

Next of Kin Authorized Autopsy

Mental health institute written policy and procedures shall include the procedure for arranging for a next of kin authorized autopsy to be performed that includes at a minimum:

- ◆ Identifying the pathologist to be used,
- ◆ Making arrangements for the pathologist to examine the body, and
- ◆ Getting the consent for the autopsy to the pathologist.

Autopsy Reports

Mental health institute written policies and procedures shall assure that, when an autopsy report is received:

- ◆ A copy of the report is made available to the next of kin,
- ◆ A copy of the report is provided to the administrator, and
- ◆ A copy is placed in the deceased individual's facility record.

Property of Deceased Individual

Mental health institute written policies and procedures shall assure at the time of death of an individual that:

- ◆ The superintendent or the superintendent's designee shall immediately take possession of all property of the deceased individual left at the facility.
- ◆ When there is a duly court appointed and qualified representative for the deceased individual, property in the possession of the facility shall be delivered to the representative.

Property of Small Value

Mental health institute written policies and procedures shall assure that the property left by the decedent shall be delivered to a surviving spouse or heirs of the decedent if:

- ◆ Within one year of the death of the decedent, administration of the estate has not been granted,
- ◆ The estate of the deceased is so small to make the granting of administration inadvisable, and
- ◆ There is no claim for Medicaid estate recovery.

- ◆ If the autopsy report is not available at the time of the meeting of the death review committee, this shall not delay the committee's meeting, review, and report.

When the autopsy report is received, the superintendent or administrator shall review the autopsy with the facility's medical director and with the independent peer review physician, when one is required, to determine whether the findings require another meeting of the full committee.

- ◆ The information provided to the committee and the proceedings of the committee shall be confidential. Members of the committee shall not disclose any written or verbal information from the meeting to any other party other than other members of the committee.
- ◆ Upon completion of the written report, all written information provided to the committee members shall be returned to the chair of the committee.
- ◆ The written and verbal information provided the committee and the written report of the committee shall be considered a confidential administrative record and shall be maintained in a secure file separate from the individual's record.

One copy of the written information used by the committee and the report shall be maintained as a part of the confidential administrative record. All duplicate copies shall be destroyed.

- ◆ The report and related documents may be released to another employee of the mental health institute for administrative purposes with consent of the superintendent.
- ◆ A copy of the report shall be provided to the facility's quality performance improvement system.
- ◆ A copy of the report shall be provided to the administrator and to the Department's attorney general representative.
- ◆ Any other release of the confidential administrative record shall require the approval of the administrator.
- ◆ The superintendent shall be responsible for implementing and tracking implementation of all the recommendations made by the committee.
- ◆ The report shall not be used for any personnel actions.

Peer Review Required

Mental health institute written policies and procedures shall assure that the following professional specialties employed shall conduct specialty peer reviews:

- ◆ Dentistry
- ◆ Dietary
- ◆ Medicine
- ◆ Neurology
- ◆ Neuropsychiatry
- ◆ Nursing
- ◆ Occupational therapy
- ◆ Physical therapy
- ◆ Psychiatry
- ◆ Psychology
- ◆ Social work
- ◆ Speech and language pathology

Review Schedule

Mental health institute written policies and procedures shall assure that the administrator shall approve all peer review schedules.

Peer Review Performance Improvement

Mental health institute written policies and procedures shall assure that quality management practices are in place to monitor the implementation of peer review:

- ◆ Identify systemic issues, actual or potential, needed corrective action; and
- ◆ Monitor the completion and implementation of corrective action plans.

- ◆ The council shall be composed of leaders in the areas of administration, clinical review and direct service management including but not limited to:
 - The superintendent or designee, who shall chair the council;
 - The director of quality management;
 - The business manager;
 - The assistant superintendents;
 - The medical director;
 - The directors of psychology, nursing;
 - The directors or lead persons in dietary, occupational therapy, physical therapy, speech/language therapy, and;
 - Other key persons.
- ◆ The quality council shall:
 - Review clinical and performance outcome reports that focus on individual safety and wellness, client growth and independence, and institute practices. The reports shall include quality indicators as determined by the administrator.
 - Review and refine systems and processes to better integrate and streamline services.
 - Assist interdisciplinary teams as appropriate.
- ◆ The quality council shall keep minutes of its actions in the format specified by the administrator. At a minimum, the minutes shall, include the following information:
 - The meeting date, chairperson, members present, members absent, and the recorder.
 - The topics discussed at the meeting, a list of the handouts used, and a summary of the discussion.
 - The corrective actions identified, the person responsible for implementation, and the due date.

Quality Performance Improvement

Mental health institute written policies and procedures shall address quality assurance and quality improvement efforts directed towards improvement of services and shall assure that:

- ◆ Key performance data shall be routinely collected and analyzed.
- ◆ Quality performance indicators and reporting formats shall be identified by July 1 of each year.
- ◆ Corrective or improvement activities shall be based upon relevant data.
- ◆ Data collection activities shall assure data integrity and reliability.

Quality Reporting Requirements

Mental health institute written policies and procedures shall assure that:

- ◆ Systems and methods shall be in place to assure the collection of key performance and performance data on a monthly basis. Other data items will be collected as defined by the quality council or the administrator.
- ◆ At a minimum, the outcome and quality indicators shall include the data items determined by the administrator.
- ◆ Quality council minutes shall be provided to the administrator on a monthly basis in a format determined by the administrator.
- ◆ Written policies and procedures shall assure that performance and quality management data is provided on a monthly basis to the quality council.
- ◆ Policies and procedures shall assure that monthly data is reported to the administrator in the required format.