



# Ohio Department of Mental Health

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30 East Broad Street  
Columbus, Ohio 43215-3430

Phone: 614.466.2596  
TDD: 614.752.9696  
Fax: 614.752.9453  
www.mh.state.oh.us

## **Private Psychiatric Service Providers Areas of Focus for 2006 through 2009**

Per OAC 5122-14-03 (E) and (F), annual license renewal is required, and the Ohio Department of Mental Health (ODMH) conducts on-site surveys of Private Psychiatric Inpatient Providers once during a three-year cycle. While ODMH does review compliance with all Administrative Rules while on-site, surveys will also focus on specific areas that may be high risk, high volume and/or problem prone or targeted for improvement based on current inpatient trends.

Below are the target areas of focus selected by ODMH for the next three-year survey cycle. If you have specific questions or comments, please contact Denise Cole, JD, MSN, RNC, at 614.644.6166 or by e-mail [coled@mh.state.oh.us](mailto:coled@mh.state.oh.us).

### **5122-14-10 PATIENT SAFETY AND PHYSICAL PLANT REQUIREMENTS**

#### **(G) Seclusion and Restraint**

- Review of documentation for the initial and ongoing assessment and consideration of perceived medical and/or psychiatric contraindications for the use of seclusion and restraint, as well as documentation of patient identified triggers and coping plan to prevent seclusion and restraint (5122-14-10 (G)(2) and (3)).
- Review of policies and procedures, as well as review that documentation consistently reflects that the least restrictive environment of care is maintained at all times. Documentation must also reflect all interventions attempted prior to the utilization of seclusion and/or restraint, as well as documentation of attempts to process the event with the person served and/or their family or significant other.

### **5122-14-12 PROGRAM, SPECIALTY SERVICES AND AFTERCARE REQUIREMENTS**

#### **(T) The inpatient provider shall make arrangements for each patient for aftercare as specified in the treatment plan.**

- Review of discharge plan as identified in the written individualized treatment plan that is responsive and timely to the treatment needs of the patient (5122-14-13)(I)(2)(g)).
- Will assess that patients discharged will have a crisis management plan in place that may include a mechanism to contact a physician, a support group, individual supportive services and/or interim medication management resources.
- A plan for aftercare shall be developed by the clinical treatment team with active participation by the patient. The parent, guardian, or family shall also participate when appropriate, with permission of the patient.

### **5122-14-13 MEDICAL RECORDS, DOCUMENTATION AND CONFIDENTIALITY**

#### **(I) Each patient shall have a written individualized treatment plan.**

- Review of documentation of the active participation, or refusal, by the patient, family member(s) or significant other.