

**DEPARTMENT OF BEHAVIORAL HEALTH and DEVELOPMENTAL DISABILITIES
BEHAVIORAL HEALTH LICENSING UNIT**

**SITE VISIT REVIEW TOOL FOR DESIGNATION OF
EMERGENCY RECEIVING, EVALUATION AND TREATMENT FACILITIES (ERETFs)**

Reference: Rules and Regulations for Hospitals Chapter 111-8-40	Policy	Practice	Review Element/Comments
PSYCHIATRIC AND SUBSTANCE ABUSE SERVICES (Ref. 111-8-40-.37)			
1. Each ERETF shall have a detailed description of the scope of services under which the agency operates.			
2. The organization and administration of Psychiatric and Substance Abuse Services shall have a plan for the service which clearly defines lines of authority, responsibility, and accountability and which includes provision for adequate staffing to provide patient care according to generally accepted standards of practice.			
3. Policies and Procedures shall be developed and implemented that address the special needs of the population served.			
4. The agency shall provide emergency receiving, evaluation and treatment services 24-hours a day, 7 days a week and shall have the capacity to admit and discharge seven days a week.			
HOSPITAL INSPECTIONS AND REQUIRED REPORTS (Ref. 111-8-40-.07)			
The organization shall be available during all hours of operation for observation and examination by properly identified representatives of the Department.			
HOSPITAL-PATIENT COMMUNICATION (Ref. 111-8-40-.10)			
1. The organization shall develop, implement and enforce policies and procedures to ensure that each individual is: <ul style="list-style-type: none"> a. Informed about the hospital's Grievance process, including whom to contact to file a grievance or complaint; b. Provided an opportunity to give Informed Consent, or have the individual's legally authorized representative give Informed Consent, as required by state law, with documentation of provision of such opportunity in the individual's medical record; c. Afforded the right to refuse medical treatment to the extent permitted by law; d. Have Advance Directives honored in accordance with the law; e. Provided communication of information in a method that is effective for the recipient 			
HUMAN RESOURCES (Ref. 111-8-40-.12)			
1. The organization shall select and organize sufficient qualified and competent personnel to meet the individual's needs and in a manner appropriate to the scope and complexity of the services offered.			
2. The organization shall establish and implement Human Resource policies and procedures <ul style="list-style-type: none"> a. The organization shall have a written description of responsibilities and job duties, with qualification requirements for each position or job title. b. The organization shall have in place a mechanism and requirement for initial, regular and targeted health screenings of personnel who are employed or under contract with the organization or providing individual care services within the agency setting. 			

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c. The organization shall have and implement a planned program of training for personnel.			
QUALITY MANAGEMENT (Ref. 111-8-40-.13)			
The governing body shall establish and approve a plan for the organization's Quality Management program, which includes the use of peer review committees. The purpose of the Quality Management program is to measure, evaluate and improve the provision of individual care.			
INFECTION CONTROL AND PREVENTION (Ref. 111-8-40-.16)			
1. All staff participates in Infection Control Program.			
2. Special procedures for infection control investigation and control of outbreaks. <ul style="list-style-type: none"> a. Availability of laboratory b. A system for obtaining appropriate clinical specimens of culture c. Access to information in order to investigate outbreaks d. Essential hospital staff to direct immediate response to outbreaks 			
3. Policy and Procedures in relation to infection control; <ul style="list-style-type: none"> a. Isolation system. b. Handling and disposing of hazardous waste. c. Cleaning, disinfecting and sterilization of all areas. d. Standards for hand washing. e. Communicable disease health screening for employees. 			
4. Infection control education plan for hospital employees and volunteers. <ul style="list-style-type: none"> a. Included in orientation b. On-going training in Isolation, asepsis, universal precautions; c. Programs in outcome response to surveillance program. 			
5. Designated departments responsible for reporting communicable disease by law.			
6. Infection control program reevaluated annually. <ul style="list-style-type: none"> a. Effectiveness of lowering risks; b. Improving trends; c. Reflects necessary changes. Authority O.C.G.A. Sec.31-7-2.1			
LABORATORY SERVICES (Ref. 111-8-40-.25)			
1. Emergency laboratory services are available at all times.			
2. A written description of all laboratory services is available for ERETF staff.			
3. Laboratory procedures and reports must be included in individual's chart. <ul style="list-style-type: none"> a. A timely notification will be provided to physician and nursing staff of all critical values. b. Any report with epidemiologic significant pathogens must be sent to the infection control program. O.C.G.A. Ch. 31-22 Sec.31-7-2.1			
STERILE PROCESSING SERVICES (Ref. 111-8-40-.17)			
The ERETF must have a designated sterile processing service for decontamination, cleaning, sterilizing, of reusable equipment, instruments, and supplies.			
FOOD AND DIETARY SERVICES (Ref. 111-8-40-.23)			
1. Clinical supervision of the dietary service shall be provided by a registered dietician. The responsibilities of the dietician include but are not limited to: <ul style="list-style-type: none"> a. Evaluation of individual's nutritional status and needs; <ul style="list-style-type: none"> i. Nutritionally at risk clients will be evaluated within 24 hours of admission. b. Reviews and approves all menus; c. Participates in all policy and procedure development, review and revision; 			

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<ul style="list-style-type: none"> d. Guides all staff on nutritionally balanced meals and sanitation e. Maintains documentation of individual's nutrition. 			
<ul style="list-style-type: none"> 2. The physical environment for food service activities must meet the requirements of state regulations for food service. 			
<ul style="list-style-type: none"> 3. Dietary services shall be delivered in accordance with the nutritional needs of the ERETF individuals. <ul style="list-style-type: none"> a. A current therapeutic manual approved by the dietician and medical staff, shall be available to all staff. b. Written order for diet modification prescription should be written in the medical orders. c. When clinical indicated the dietary staff shall provide education regarding diets and nutritional needs. The education will be documented in the individual's medical record. d. 3 meals a day will be provided with no more than 15 hours elapsing between dinner and breakfast. e. Meals can be provided outside the normal meal service hours. f. Food allergies must be noted. g. Snacks are available. h. A policy shall be in place for possible food drug interaction. <p>Authority O.C.G.A. Sec. 31-7-2.1</p>			
PHARMACEUTICAL SERVICES (Ref. 111-8-40-22)			
<ul style="list-style-type: none"> 1. The hospital shall provide effective pharmaceutical services. 			
<ul style="list-style-type: none"> 2. Management of drugs. The pharmacist shall be responsible for the management of drugs within the hospital. <ul style="list-style-type: none"> a. Pharmaceutical services shall provide all information related to drugs. b. Loss and theft of controlled substances must be reported to the pharmacy director and hospital administration. c. All pharmaceuticals must be stored and locked. e. Outdated, mislabeled, or unusable drugs shall not be available for use; f. If prescription does not have a time limit on it the drug will be discontinued as per medical staff guidelines. f. Drug administration, errors, reactions and incompatibilities, shall be immediately reported to the pharmacist and the attending physician. 			
<ul style="list-style-type: none"> 3. Drugs brought into the hospital by an individual may be administered only if the drug is accurately identified, stored, secured and ordered by the physician. If the drug cannot be administered the drug will be kept in a secure place and returned upon d/c. <p>O.C.G.A. Secs. 16-4-77</p>			
MEDICAL STAFF (Ref. 111-8-40-11)			
<ul style="list-style-type: none"> 1. Each ERETF shall have an organized medical staff that operates under bylaws adopted by the medical staff and approved by the governing body. The bylaws provide the exercise of medical staff throughout committees. 			
<ul style="list-style-type: none"> 2. Medical staff Bylaws and regulations will be adopted and enforced by the medical staff. <p>O.C.G.A. 31-7-2.1, 31-7-.15</p>			
MEDICAL RECORDS (Ref. 111-8-40-18)			
<ul style="list-style-type: none"> 1. The ERETF should have efficient and organized medical records. Establishes policies and procedures for the maintenance and responsibility of all individual's records. <ul style="list-style-type: none"> a. The ERETF must maintain a list of acceptable abbreviations, symbols medical terminology; b. The medical records will have a system to verify author of entries. c. The ERETF will maintain all policies and procedures in regards to individual confidentiality and HIPPA laws. d. All medical records must be completed within 30 days after discharge. Provided 			

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<p>communication of information in a method that is effective for the recipient</p> <p>e. The medical records must be kept for 5 years past the age of majority if the individual is a minor. All other medical records must be kept at least until the fifth anniversary of the individual's discharge.</p>			
<p>2. All entries into the medical records should be accurate and legible.</p> <p>a. The medical records must support admission, diagnosis, transfer and discharge;</p> <p>b. Date and signature on all entries;</p> <p>i. Late entries must be labeled late.</p> <p>c. Verbal and telephone orders must only be taken when no other means is feasible;</p> <p>i. The telephone order must be immediately entered into the medical record, signed, dated, and timed.</p> <p>ii. The order needs to be repeated and verified, by the individual taking the order.</p> <p>iii. This order must be authenticated by the person giving it, no later than 30 days post discharge.</p>			
<p>3. Upon completion Individual records should contain at a minimum:</p> <p>a. The date and time of admission;</p> <p>b. Admitting diagnosis and clinical symptoms;</p> <p>c. Name of attending physician;</p> <p>d. Allergies;</p> <p>e. Advanced directives;</p> <p>f. History and Physical;</p> <p>g. Post admission nursing assessment;</p> <p>h. Diagnostic assessment data;</p> <p>i. Reports from consultations;</p> <p>j. Consultation reports;</p> <p>k. Plan of care;</p> <p>l. Medical orders;</p> <p>m. Progress notes;</p> <p>n. Treatment records;</p> <p>o. Consents;</p> <p>p. Date and time of discharge;</p> <p>q. Final Diagnosis, disposition, discharge summary.</p>			
NURSING SERVICES (Ref. 111-8-40-.21)			
1. The ERETF shall have 24 hour nursing care.			
<p>2. Nursing Services shall be directed by a license professional nurse. Responsibilities include but are not limited to:</p> <p>a. Supervision and evaluation of nursing clinical activities.</p> <p>b. Establish and review all policies and procedures for nursing services based on standard of practices.</p> <p>c. Evaluate the effectiveness of these practices in coordination of the hospital's quality management team.</p> <p>d. Ensure nursing personnel are oriented to the policy and procedures.</p>			
<p>3. A plan that organizes, administrates, delineates individual care and ensures staff's qualifications and competencies.</p> <p>a. Includes types and numbers of nursing personnel necessary to provide appropriate nursing care for each individual.</p> <p>b. Specialty areas require competencies requirements and staffing based on acuity and required ratio.</p> <p>c. Assignments reflect the needs of the individuals.</p>			
4. Delivery of nursing services must be in accordance with generally accepted standards of practice.			
5. A licensed nurse must be on duty at all times.			
6. Blood transfusions and other blood products shall be administered by licensed nursing			

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staff in accordance with hospital policy. O.C.G.A. Sec.31-7-2.1			
FIRE AND SAFETY REQUIREMENTS (Ref. 111-8-40-.14)			
A fire and safety program shall be developed which includes compliance with the applicable provisions of the <i>Life Safety Code (NFPA 101)</i> , as enforced by the State Fire Marshall.			
DISASTER PREPAREDNESS (Ref. 111-8-40-.15)			
The organization shall prepare for potential emergency situations that may affect individual care by the development of an effective disaster preparedness plan that identifies emergency situations and outlines an appropriate course of action. The plan must be reviewed and revised annually, as appropriate, including any related agreements.			
PATIENT ASSESSMENT AND TREATMENT (Ref. 111-8-40-.19)			
1. All medical and individual care services provided by the organization shall be under the direction of a licensed physician who has been granted organizational privileges.			
2. The organization shall develop an appropriate assessment of the individual's condition and needs at the time of admission.			
3. A History and physical examination shall be completed within the first twenty-four (24) hours after admission.			
4. A basic Nursing Assessment, to include at least the evaluation of physical and psychological status of the individual sufficient to develop an initial plan of care, shall be completed within the first twelve (12) hours after admission.			
5. Inquiry as to the status of any Advance Directives for the individual shall be made at the time of admission.			
DISCHARGE PLANNING AND TRANSFERS (Ref. 111-8-40-.20)			
The organization shall utilize an effective and on-going discharge planning process that identifies post inpatient needs and arranges for appropriate resource referral and follow-up care.			