I. PURPOSE: To provide guidelines for assessing patient’s psychiatric needs while they are at the Montana State Hospital (MSH) Forensic Mental Health Facility (FMHF).

II. POLICY: Patients’ psychiatric needs will be evaluated in a systematic manner at regular intervals throughout their stay. This information will facilitate prompt and accurate decision making about each patient’s care.

III. DEFINITIONS: None

IV. RESPONSIBILITIES:

A. Nursing staff: Notify the Licensed Independent Practitioner (LIP) of any new admission to the FMHF as soon as the patient physically arrives at the facility, if not beforehand.

B. LIPs: Assess the patient, complete an admission psychiatric evaluation, and chart the progress of the patient per policy standards.

C. Admissions staff: Send out a list of the patients due for recommittment no later than three (3) weeks prior to the due date.

V. PROCEDURE:

A. The Admission Psychiatric Evaluation is performed by a LIP within seven (7) days of the patient's admission to the MSH FMHF. The evaluation will be documented in a report and include the following information:

1. Identifying data
2. Chief complaint/reason(s) for admission
3. History of present illness
4. Past history (psychiatric, medical, substance abuse, social, family)
5. Mental status examination
6. Summary and Formulation
7. DSM 5 diagnoses
8. Determination of patient strengths/assets
9. Estimated length of stay
10. Initial plan for treatment
B. Psychiatric reassessments will occur when there are major changes in the patient’s condition. Progress notes will be recorded by the attending LIP. The frequency of the progress notes is determined by the condition of patient, but will be recorded at least monthly for the first two (2) months and at least every ninety (90) days thereafter.

The progress notes will contain recommendations for revisions in the treatment plan as indicated, as well as precise assessment of the patient’s progress in accordance with the original or revised treatment plan.

C. An Annual Psychiatric Summary will be completed for each patient on a yearly basis. This report will summarize the following information:
1. Pertinent past history
2. Hospital course (including response to medications)
3. Medications
4. Mental status examination
5. DSM 5 diagnoses
6. Treatment plan

D. An annual Dangerousness Assessment will be completed for criminally court-ordered patients in lieu of the Annual Psychiatric Summary.

VI. REFERENCES: CMS Hospital Licensure Standards – § 482.61; Administrative Rule of Montana 37.106.1915 and 37.106.1621.

VII. COLLABORATED WITH: Medical Staff, Medical Director, Forensic Psychiatrist, Director of Health Information, Director of Nursing, Hospital Administrator, and Clinical Services Director.

VIII. RESCISSIONS: None, new MSH FMHF policy.

IX. DISTRIBUTION: All MSH FMHF policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Medical Director

XII. ATTACHMENTS:
A. Psychiatric Assessment Template
B. Annual Psychiatric Template

___________________________/___/__  ___________________________/___/__
John W. Glueckert       Date    Thomas Gray, MD       Date
Hospital Administrator  Medical Director
MONTANA STATE HOSPITAL
ADMISSION PSYCHIATRIC EVALUATION
Month, Day, Year

MSH#:
Date of Admission:
Date of Evaluation:
Referral Source:
Age:
Sex:
Marital Status:
Occupation:
Legal Status:

Chief Complaint:

Source of Information:
  1.

History of Present Illness:

PAST HISTORY

Psychiatric History:

Drug and Alcohol History:

Family History:

Medical History:

Social History:

Work History:

Marital History:

Military Service:

Criminal History:

Current Living Situation:

MENTAL STATUS

STRENGTHS AND ASSETS

SUMMARY AND FORMULATION
**Diagnoses:**
Primary:
   2.
   3.

Other Conditions That May Be a Focus of Clinical Attention:
   1.
   2.

Core Measures:
Physical health –
Education –
Employment Skills –
Family Support –
Knowledge on illness and treatment –

Initial Treatment Plan:

Level of Supervision:

Estimated Length of Stay: days.

Certification Requirement: Pursuant to Federal Regulation 424.14(b)

(X) The admission of this patient was medically necessary for diagnostic study and/or treatment is reasonably expected to improve this patient’s condition.

   OR

( ) The patient was admitted to the hospital based on an emergency detention status or at the request of the court and does not require inpatient acute psychiatric care.

____________________________________                            _____
, MD                          Date/Time
Staff Psychiatrist
Montana State Hospital

R:
T:
MONTANA STATE HOSPITAL
ANNUAL PSYCHIATRIC EVALUATION
Month, Day, Year

MSH#:
Date of Admission:
Date of Evaluation:
Age:
Sex:
Marital Status:
Occupation:
Current Legal Status:

History of Present Illness:

PAST HISTORY

Psychiatric History:

Drug and Alcohol History:

Family History:

Medical History:

Social History:

Work History:

Marital History/Children:

Military Service:

Criminal History:

Living Situation:

HOSPITAL COURSE

MENTAL STATUS

STRENGTHS AND ASSETS

SUMMARY AND FORMULATION
Diagnoses:
Primary:
1.
2.

Other Conditions That May Be a Focus of Clinical Attention:
1.
2.

Medications:

Treatment Plan:

Level of Supervision:

Estimated Length of Stay:

Certification Requirement: Pursuant to Federal Regulation 424.14 (b)

( X ) The admission of this patient was medically necessary for diagnostic study and/or treatment is reasonably expected to improve this patient’s condition.

OR

(   ) The patient was admitted to the hospital based on an emergency detention status or at the request of the court and does not require inpatient acute psychiatric care.

__________________________
, MD
Staff Psychiatrist
Montana State Hospital

Date/Time

R:
T: