



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

NON-STANDARD TREATMENT INTERVENTIONS

Effective Date: June 1, 2020

Policy: TX-26

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- I. **PURPOSE:** To ensure appropriate review and oversight of non-standard treatment interventions proposed by clinical staff at Montana State Hospital (MSH).
- II. **POLICY:** MSH staff are encouraged to be creative and resourceful in designing treatment interventions for individual patients, particularly those who are treatment refractory or have not had positive responses to conventional interventions. Treatment provided by all practitioners must be consistent with generally accepted standards of care. All interventions must have a potential benefit which is greater than the potential risks. Consensus must be reached among members of the patient's treatment team, clinical supervisors and hospital administration that any non-standard or unusual treatment approach is likely to result in successful attainment of treatment objectives. Staff members with questions or concerns about a treatment intervention are urged to discuss it with the treating professional and appropriate treatment team, and to inform their supervisor, the Medical Director, and/or the Hospital Administrator.
- III. **DEFINITIONS:**
 - A. **Non-Standard Treatment Intervention:** A therapeutic intervention or approach which is not commonly used, but for which in a particular circumstance there is a sound clinical reason to attempt.
- IV. **RESPONSIBILITIES:**
 - A. All staff have an obligation to support therapeutic interventions prescribed by licensed clinical professionals and to appropriately raise questions and address concerns regarding the efficacy and propriety of any treatments provided to patients, particularly any which appear to be unsound.
 - B. Licensed clinical professionals have a responsibility to explain the rationale for any treatment intervention provided to a patient, and must be able to address reasonable questions or concerns from others about any non-standard interventions attempted.
 - C. Supervisory and management staff have a responsibility to ensure any treatment provided to a patient is based on sound clinical judgment and may prohibit the use of any questionable treatment intervention.
- V. **PROCEDURE:**
 - A. Staff members having concerns that a particular treatment intervention appears non-standard or unsound are expected to raise the issue with the licensed independent

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- prescriber and/or other appropriate members of the treatment team. The staff member should also inform their supervisor, the Medical Director, and/or the Hospital Administrator of the issue and the reason for the concern.
- B. Any treatment which is considered experimental or part of a research project must meet all requirements of M.C.A. § 53-21-147.
- C. Upon receiving notice of a staff member or patient having a concern regarding a non-standard treatment, the Medical Director and Hospital Administrator will determine whether review and discussion of the proposed non-standard treatment is necessary beyond that conducted by the respective treatment team. If so, they will work collaboratively to establish such a process to determine whether the non-standard treatment should be carried out. The review process may vary depending on the nature of the proposed intervention, and availability of resources.
- D. When time prevents a review before the intervention occurs, a post-event review may be initiated to evaluate clinical appropriateness and lessons learned.
- VI. REFERENCES:** M.C.A. § 53-21-147, Right not to be subjected to experimental research.
- VII. COLLABORATED WITH:** Hospital Administrator, Medical Director.
- VIII. RESCISSIONS:** TX-26, Non-Standard Treatment Interventions dated May 22, 2015; TX-26, Non-Standard Treatment Interventions dated January 20, 2012; TX-26, *Non-Standard Treatment Interventions* dated February 24, 2009.
- IX. DISTRIBUTION:** All hospital 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:** None.

Signatures:

Kyle Fouts
Hospital Administrator

Thomas Gray
Medical Director