



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 11, POLICY 019

PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) STANDARDIZED PROCEDURES

- A. PURPOSE:** To outline a policy and procedure for standardized procedures, which are the legal mechanism for Nurse Practitioners (NPs) to perform functions which otherwise would be considered the practice of medicine; as well as define the scope of practice of NPs within Yolo County Health and Human Services Agency (YCHHSA).
- B. FORMS REQUIRED/ATTACHMENTS:**
- a. Attachment A – Standardized Procedures Guidelines
 - b. Attachment B – Physician/Nurse Practitioner Statement of Approval and Agreement
- C. DEFINITIONS:**
- a. **Furnishing:** The act of making a pharmaceutical agent or agents available to the client in strict accordance with a standardized procedure (B&P Code, Article 8, Sections 2836.2, 2836.3).
 - b. **Furnishing Supervision:** Supervisor for purposes of this policy is defined as supervision by a physician/psychiatrist required for the furnishing ordering of drugs or devices by a PMHNP (B&P Code, Section 2836.1).
 - c. **Holding Out:** A nurse practitioner is qualified to use the title “Nurse Practitioner” after having met the standards as set forth by the State of California Board of Registered Nursing (BRN) (CCR, Title 16, Section 1482; B&P Code, Sections 2715, 2834-2836).
 - d. **Standardized Procedures:** Policies and protocols formulated by organized health care systems for the performance of standardized procedure functions (CCR, Title 16, Section 1471c).
- D. POLICY:** Standardized procedures for Psychiatric Mental Health Nurse Practitioners (PMHNPs) working within YCHHSA Care Teams are developed by an interdisciplinary committee of psychiatrists, nurses, and administrators in compliance with California Code of Regulations (CCR), Title 16, Section 1474; Medical Board of California, CCR, Title 16, Section 1379; and the California Business and Professions (B&P) Code. Standardized procedures are maintained at the site where the PMHNP is assigned. The PMHNP standardized procedures and YCHHSA Policy titled “Standards for Prescribing and Monitoring Psychoactive Medications” shall be kept accessible in the Care Teams and Policies and Procedures folders.

E. PROCEDURE

1. Qualifications – Education and Licensing

a. Education and Training

- i. Master's degree in Nursing from an accredited college or university with a specialty in psychiatric/mental health nursing AND completion of an approved Adult, Child, or Family NP program.

OR

- ii. Completion of an approved Master's level PMHNP program issued by an accredited college or university.

b. Licensure and Certification

- i. Currently licensed by the State of California BRN as a Registered Nurse;
- ii. Currently certified by the State of California as a Nurse Practitioner;
- iii. Possession of a California State-issued medication Furnishing Number, or is actively pursuing an NP Furnishing Number by accumulating supervised hours;

AND

- iv. Possession of a Drug Enforcement Administration (DEA) Number issued by the DEA (PL 4024b; Health & Safety Code 11056). PMHNPs may be actively pursuing an NP Furnishing Number by accumulating supervised hours. The DEA number is required to prescribe controlled drugs, and may include Schedule II through Schedule V controlled substances of the California Uniform Controlled Substance Act, Division 10 of the Health and Safety (H&S) Code.

2. Setting

- a. The PMHNP may function within any setting operated through the YCHHSA Adult System of Care (ASOC) or Children's System of Care (CSOC). This includes mental health clinics, mental health urgent care, client's homes, primary care clinics, substance use treatment programs, or in any location in the community as required by clients' needs.
- b. The PMHNP may function within the County contracted Psychiatric Health Facility (PHF) and Crisis Residential facility. Services provided by the PMHNP within the PHF and Crisis Residential may include admissions, discharges, labs, and prescribing medications.

3. Scope of PMHNP Practice (Functions)

a. The PMHNP will:

- i. Assume principal responsibility for the mental health care of clients under YCHHSA written standardized procedures and under the supervision of the supervising physician/psychiatrist, in compliance with the California B&P Code, Section 2836 and other applicable codes.

- ii. Complete initial medication assessment and assume full responsibility for the psychiatric services required by the client, consulting with the supervising physician/psychiatrist as needed and as established by the supervising physician.
- iii. Furnish medications as needed for clients including, but not limited to, Antipsychotic, Mood Stabilizing, Antidepressant, Anxiolytic, Sedative/Hypnotic, and other Psychoactive Medications in individuals with co-occurring substance abuse.
- iv. Document furnishing of medication in the client's medical record, noted within the progress note and OrderConnect.
- v. Administer medications (including injectables) as necessary for client needs. Medication administration by a PMHNP does not require a standardized procedure. Administration will be documented in the client's medical record.
- vi. Dispense (hand to clients) drugs/samples, using required pharmacy containers and labeling (Pharmacy Law, B&P Code, Section 4076; AB 1545), according to YCHHSA policy.
- vii. Sign for delivery or receipt of complimentary samples of medication. Sample medications are logged per YCHHSA policy (Pharmacy Law, B&P Code, Section 2836.1; AB 1545).
- viii. Complete and sign the Doctor's First Report of Occupational Injury or Illness (Labor Code, Section 3209.10; AB2919).
- ix. Comply with YCHHSA policy titled "Standards for Prescribing and Monitoring Psychoactive Medications", and all other applicable medication policies.
- x. Obtain psychiatric and medical histories, and perform a psychiatric assessment and health screening for any presenting problem.
- xi. Ensure medical/psychiatric case management and coordination of treatment in agreement with team and supervising physician/psychiatrist.
- xii. Make referrals to primary care practitioners, and/or mental health physician/psychiatrist for consultation or to specialized health resources for treatment, retaining responsibility for mental health care of the client, as well as any subsequent modifications to the client's care as needed and appropriate.
- xiii. Document in the client's medical record, all goals, interventions, clinical outcomes, and the effectiveness of psychiatric medication in sufficient detail so that any ASOC or CSOC physician/psychiatrist can review and evaluate the effectiveness of the care being given. Documentation will be according to YCHHSA standards.
- xiv. Identify aspects of PMHNP care important for quality monitoring, such as symptom management and control, health behaviors and practices, safety, client satisfaction, and quality of life.

- 1) Utilize existing quality indicators or develop new ones to monitor the effectiveness of care provided by the PMHNP.
 - 2) Formulate recommendations to improve mental health care and client outcomes.
- xv. Provide client health education related to medications, psychiatric conditions, and health issues.

4. Management of Controlled Substances

- a. PMHNPs participate in the process of furnishing and ordering controlled substances.
 - i. Schedule II drugs require successful completion of an Advanced Pharmacology continuing education course that includes Schedule II controlled substances based on standards developed by the California BRN.
 - ii. The above course must be successfully completed prior to the application to the United States DEA for a Schedule II registration number.
 - iii. When Schedule II drugs are furnished or ordered by a NP, the controlled substances will be furnished/ordered in accordance with a client-specific protocol approved by the treating or supervising physician/psychiatrist.

5. Furnishing Supervision by Physician/Psychiatrist

- a. Each PMHNP will have a supervisory relationship with a specifically identified physician/psychiatrist within YCHHSA.
- b. No physician/psychiatrist at YCHHSA will provide concurrent Furnishing Supervision for more than four (4) PMHNPs (CA B&P Code, Section 2836.1).
- c. The Furnishing Supervisor is not required to be present at the time of the client assessment/examination, but must be available at all times during working hours for collaboration/consultation at least by telephone.
- d. Ongoing case specific Furnishing Supervision occurs as needed, with frequency determined by the PMHNP and/or the Furnishing Supervisor. The consultation, including recommendations, is documented as considered necessary by the Furnishing Supervisor in the medical record.
 - i. Additional Furnishing Supervision occurs as described below under "Quality Improvement".
- e. Furnishing Supervision will be obtained under the following circumstances:
 - i. Emergent conditions requiring prompt medical intervention – after stabilizing care has been initiated.

- ii. Acute exacerbation of a client's situation.
 - iii. History, physical, or lab findings that are critical.
 - iv. Upon request of the client or another clinician.
- f. The Furnishing Supervisor will conduct an annual review of the PMHNP's performance. If the PMHNP is a contracted employee, the Furnishing Supervisor will give feedback to the contracting agency at least annually.

6. Quality Improvement

- a. PMHNPs participate in the identification of problems that may pose harm for clients in order to facilitate change and improvement in client care.
 - i. PMHNPs complete clinical risk management reports when necessary, and inform appropriate personnel.
 - ii. PMHNPs note errors or inconsistencies in client records and intervene to correct and resolve these issues.
 - iii. PMHNP cases will be evaluated by the Furnishing Supervisor.
 - iv. Furnishing Supervisor will give input into the Annual Performance Evaluation.
- b. PMHNPs maintain and upgrade clinical skills as required to meet the professional standards of the BRN and YCHHSA.
- c. Medical Records of PMHNPs' clients are included in the Quality Improvement peer review process, and medication monitoring utilization review.

7. Policy Development and Approval

- a. Policies and standardized procedures for PMHNPs will be developed in a collaborative process including the YCHHSA Medical Director, Nurse Practitioners, and ASOC/CSOC psychiatrists and appropriate management.
- b. All policies will be reviewed and approved according to YCHHSA policy titled "Policy and Procedures Development Review and Publication", and will be approved by the Executive Leadership Team and Agency Director prior to publication and implementation.
- c. The Agency Director and Medical Director, as applicable, will sign the policies and standardized procedures.
- d. Review of PMHNP related policies will be conducted annually and as needed per policy titled "Policy and Procedures Development Review and Publication".

8. Statements of Approval and Agreement

- a. Furnishing Supervisors will sign a document stating they have reviewed and approved this "Psychiatric Mental Health Nurse Practitioner (PMHNP) Standardized Procedures" policy (see Attachment B).
- b. Furnishing Supervisors and their substitutes will sign a document stating their agreement to provide the appropriate level of physician/psychiatrist consultation to the PMHNP he/she supervises (see Attachment B).
- c. PMHNPs will sign a document stating they agree to provide psychiatric care in accordance with the "Psychiatric Mental Health Nurse Practitioner (PMHNP) Standardized Procedures" policy (see Attachment B).
- d. Statement of approval and agreement forms will be kept on file by the Quality Management (QM) unit.

9. Guidelines/Standards

- a. PMHNPs are to be familiar with the current standards in the American Psychiatric Association (APA) Practice Guidelines (<http://psychiatryonline.org/guidelines>).
- b. Treatment decisions will be made on an individual basis, using clinical expertise in the best interest of the client.

10. References

Board of Registered Nursing, California Code of Regulations, Title 16, Section 1474

California Business and Professions Code, Sections 1480; 1482; 1484; 2715; 2834-2836

California Code of Regulations, Title 16, Sections 1471c; 1472; 1474

California Health and Safety Code 11056

Labor Code, Section 3209.1; AB 2919

Medical Board of California, California Code of Regulations, Title 16, Section 1379

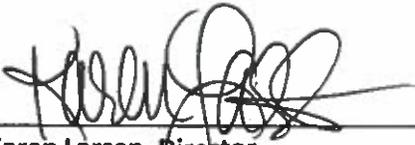
Nursing Practice Act, Section 2725

Pharmacy Law, Business and Professions Code, Section 4076; AB 1545

YCHHSA Policy "Policies and Procedures Development Review and Publication"

YCHHSA Policy "Standards for Prescribing and Monitoring Psychoactive Medications"

Approved by:



Karen Larsen, Director
Yolo County Health and Human Services Agency

10/18/17

Date



Leigh Harrington, Medical Director
Yolo County Health and Human Services Agency

10/19/17

Date

Effective Date: 09/01/2017

Attachment A
Standardized Procedures Guidelines

- A. As per Section 1474 of the California Code of Regulations, standardized procedures will include a written description of the method used in developing and approving them and any revision.
- B. Each Standardized Procedure will:
 - 1. Be in writing, dated, and signed by the organized health care system personnel authorized to approve it.
 - 2. Specify which standardized procedure functions registered nurses may perform and under what circumstances.
 - 3. State any specific requirements that are to be followed by registered nurses in performing particular standardized procedure functions.
 - 4. Specify any experience, training, and/or education requirements for performance of standardized procedure functions.
 - 5. Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.
 - 6. Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
 - 7. Specify the scope of supervision required for performance of standardized procedure functions, for example, telephone contact with the physician.
 - 8. Set forth any specialized circumstances under which the registered nurse is to communicate immediately with a client's physician concerning the client's condition.
 - 9. State the limitations on settings, if any, in which standardized procedure functions may be performed.
 - 10. Specify client record keeping requirements.
 - 11. Provide for a method of periodic review of the standardized procedures.

**Attachment B
Physician/Nurse Practitioner Statement of Approval and Agreement**

PHYSICIAN STATEMENT OF APPROVAL AND AGREEMENT

I, _____ MD, hereby approve the "Psychiatric Mental Health Nurse
Practitioner (PMHNP) Standardized Procedures" policy adopted _____.
Name Date

By approval, I agree that the Psychiatric Mental Health Nurse Practitioners under my supervision providing psychiatric care in the Adult/Children's System of Care will function in accordance with the standardized procedures described in the above policy.

X _____ MD Date: _____
Primary Supervising Physician Signature

MD License Number: _____

X _____ MD Date: _____
Secondary Supervising Physician Signature

MD License Number: _____

PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER AGREEMENT

I have read and understood the Yolo County Health and Human Services Agency policy titled "Psychiatric Mental Health Nurse Practitioner (PMHNP) Standardized Procedures" adopted 09/01/2017.

Accordingly, I, _____ PMHNP agree to provide psychiatric care in accordance
Name
with the standardized procedures described in the above policy. I will practice within my clinical expertise, clinical privileges, and licensure/certification.

RN License Number: _____ DEA Number: _____

NP Furnishing Number: _____ NP Certification Number: _____

X _____ NP Date: _____
Nurse Practitioner Signature