Safety Assessment and Documentation

Western Behavioral Health (WBH) expects all facilities to provide treatment to members in a safe environment. WBH performs routine record reviews to review treatment record documentation and also to ensure that measures are being taken to address areas related to safety. Two important areas are the assessment of the potential for harm to self and others, and the presence of emergency plans upon discharge from a facility.

Providers should assess members for suicidal ideation and homicidal ideation throughout a member's treatment. If a member is being treated in any outpatient setting and expresses suicidal or homicidal ideation, the provider should take appropriate actions to ensure that the member and others are safe.

Upon admission for any inpatient hospitalization, including mental health, inpatient and non-hospital chemical dependency rehabilitation and detoxification, a Psychiatric Evaluation should clearly document that the member was assessed for both suicidality and homicidality. Members being treated in an inpatient setting should also be assessed for suicidal and homicidal ideation frequently during the stay and prior to discharge to ensure the member's safety, as well as the safety of others.

WBH routinely monitors the documented assessment for suicidality and homicidality by the attending physician upon a member's admission to an inpatient mental health unit through quality record reviews. In 2006, for inpatient mental health documentation of assessment for suicidality was 85%, and documentation for homicidality was 60%. On inpatient and non-hospital chemical dependency units (detoxification and rehabilitation) documentation for the assessment of homicidality was 100%. In 2006, WBH added the indicator 'Cognitive Status Assessment' for chemical dependency units. The 2006 rate for this indicator was 100%.

Assessment of these indicators is critical in drug and alcohol facilities. In addition, many members are dually diagnosed with both chemical dependency and mental health problems. Careful evaluation of these members is needed to determine the most appropriate setting in which to provide treatment while ensuring safety. All mental status exams conducted by a mental health or chemical dependency provider should include the assessment for both suicidality and homicidality. Corrective action was requested from those providers who did not meet the goal of 80%.

A personalized crisis plan should be developed by the facility and reviewed with the member upon discharge from any hospitalization. The crisis plan should include the phone number of the appropriate county or other service agency for mental health emergencies, as well as any information specific to the member. Chemical dependency facilities usually refer to the crisis plan as a "Relapse Plan". The relapse plan should include a crisis phone number, such as the phone number of the discharging provider, the aftercare provider, sponsor, and local 12 Step meetings such as AA and NA, as well as any information specific to that member.

WBH routinely monitors the presence of crisis plans through record reviews. In 2006, 82% of the inpatient mental health charts indicated that a documented crisis plan was in place upon discharge. 96% of all chemical dependency charts that were reviewed contained a relapse plan. Corrective action was requested from those providers that did not meet the goal of 80%.

WBH will continue to monitor these areas through record reviews in 2007. Providers are encouraged to continue or implement these measures to improve patient safety in their settings.