Title 22. Social Security

Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

Chapter 2 Acute Psychiatric Hospital

Article 3. Basic Services

Amend Section 71213 to read as follows:

§ 71213 Psychiatric Nursing Service General Requirements for California Department of State Hospitals

(a) Written policies and procedures shall be developed and maintained by the director of nursing in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(b) The responsibility and the accountability of the nursing service to the medical staff and hospital administration shall be defined.

(c) There shall be a written organized staff education program which shall include orientation and in-service education and training.

(1) There shall be written objectives, plans for implementation and an evaluation mechanism.

(d) There shall be a written patient care plan developed for each patient in coordination with the total mental health team. This plan shall include goals, problems/needs and approach and shall be available to all members of the mental health team.

(e) There shall be a written nursing audit procedure and evidence that audit procedures are in effect.

(f) There shall be a method for determining staffing requirements based on assessment of patient needs. This assessment shall take into consideration at least the following:

(1) The ability of the patient to care for himself.

(2) His degree of illness.

(3) Requirements for special nursing activities.

(4) Skill level of personnel required in his care.

(5) Placement of the patient in the nursing unit.

(g) There shall be documentation of the methodology used in making staffing determinations. Such documentation shall be part of the records of the nursing service and be available for review.

(h) There shall be a written staffing pattern which shall show:

(1) Total numbers of staff including full-time and full-time equivalents.

(2) The available nursing care hours for each nursing unit.

(3) The categories of staff available for patient care.

(i) There shall be a record retained for six months of the written staffing pattern available for review by the Department at any given time.

(j) This section shall apply only to hospitals operated by the California Department of State Hospitals.

Note: Authority cited: Sections 1275, 1276.4, and 131200, Health and Safety Code. Reference: Sections 1276, 131050, 131051, and 131052, Health and Safety Code.

Adopt Section 71213.1 to read as follows:

§ 71213.1 Psychiatric Nursing Service General Requirements

(a) Written policies and procedures shall be developed and maintained by the director of nursing in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(b) The responsibility and the accountability of the nursing service to the medical staff and hospital administration shall be defined.

(c) There shall be a written organized staff education program which shall include orientation and in-service education and training.

(1) There shall be written objectives, plans for implementation and an evaluation mechanism.

(2) The hospital shall maintain documentation that temporary health care personnel completed orientation and competencies prior to assigning temporary health care personnel to be independently responsible for direct patient care.

(d) The personnel involved in a patient's care shall develop and implement a documented patient care plan for each patient.

(1) The initial patient care plan shall be based upon the individual patient assessment performed by a registered nurse and evaluation performed by a member of the medical staff.

(2) The patient care plan shall be updated in coordination with the personnel involved in the patient's care when the patient's needs or goals for care change.

(3) Patient observation implemented to reduce risk of harm to patient or others may only be decreased following a physician or psychiatrist order and a nursing assessment, both of which are documented in the patient's care plan.

(4) This plan shall include goals, problems, needs, and approach, and shall be available to all personnel involved in the patient's care.

(e) There shall be a written nursing audit procedure and evidence that audit procedures are in effect.

(f) This section shall apply to hospitals not operated by the California Department of State Hospitals.

Note: Authority cited: Sections 1275, 1276.4, and 131200, Health and Safety Code. Reference: Sections 1276, 131050, 131051, and 131052, Health and Safety Code.

Amend Section 71215 to read as follows:

§ 71215. Psychiatric Nursing Service Staff for California Department of State Hospitals

(a) The psychiatric nursing service shall be under the direction of a registered nurse who shall meet at least the following qualifications:

(1) Master's degree in psychiatric nursing or related field with experience in administration; or

(2) Baccalaureate degree in nursing or related field with experience in psychiatric nursing and two years of experience in nursing administration; or

(3) Four years of experience in nursing administration or supervision and with experience in psychiatric nursing.

(b) The director of nurses shall not be designated to serve as charge nurse.

(c) Sufficient registered nursing personnel shall be provided to:

(1) Assist the director of nurses for evening and night services and when necessary for day services.

(2) Give direct nursing care based on patient need.

(3) Have a registered nurse on duty at all times.

(4) Plan, supervise and coordinate care given by licensed vocational nurses, psychiatric technicians and other mental health workers.

(d) Each nursing unit shall have a registered nurse, licensed vocational nurse or psychiatric technician on duty at all times.

(e) Licensed vocational nurses and psychiatric technicians may be utilized as needed to assist registered nurses in ratios appropriate to patient needs.

(f) Mental health workers may be utilized as needed to assist with nursing procedures.

(g) This section shall apply only to hospitals operated by the California Department of State Hospitals.

Note: Authority cited: Sections 1275, 1276.4, and 131200, Health and Safety Code. Reference: Sections 1276, 1316.5, 131050, 131051, and 131052, Health and Safety Code.

Adopt Section 71215.1 to read as follows:

§ 71215.1 Psychiatric Nursing Service Staff

(a) The psychiatric nursing service shall be under the direction of a registered nurse licensed by the California Board of Registered Nursing pursuant to Business and Professions Code section 2700 who shall meet at least the following qualifications:

(1) Master's degree in psychiatric nursing or related field with experience in administration; or

(2) Baccalaureate degree in nursing or related field with experience in psychiatric nursing and two years of experience in nursing administration; or

(3) Four years of experience in nursing administration or supervision and with experience in psychiatric nursing.

(b) For the purposes of this section, “licensed nurses” includes psychiatric technicians, licensed vocational nurses, and registered nurses.

(c) The director of nurses serving pursuant to subdivision (a) shall not be designated to serve as a charge nurse.

(d) Registered nursing personnel shall be provided to:

(1) Assist the director of nurses for evening and night services and when necessary for day services.

(2) Give direct nursing care based on patient need.

(3) Have a registered nurse on duty and awake at all times.

(4) Provide ongoing patient assessments as defined in Business and Professions Code, section 2725(b)(4). Such assessments shall be performed, and the findings documented in the patient’s medical record, for each shift, and upon receipt of the patient when they are transferred to another patient care area.

(5) Provide for the planning, supervision, implementation, and evaluation of the nursing care provided to each patient. The implementation of nursing care may be delegated by the registered nurse responsible for

the patient to other licensed nursing personnel or may be assigned to unlicensed mental health workers, subject to any limitations of their licensure, certification, level of validated competency, and regulation.

(e) The director of nurses shall establish a multidisciplinary staffing committee. Membership shall include the director of nurses, at least one member of the hospital's executive team or a governing board member, and at least 50 percent of the membership shall be comprised of registered nurses providing patient care in the hospital.

(f) The multidisciplinary staffing committee shall develop, implement, and maintain documented policies and procedures that address the following minimum requirements:

(1) How multidisciplinary staffing levels are determined in each staffing plan to ensure patient needs are met.

(2) How adjustments in staffing are determined when patient needs change during a shift, including the assignment of responsibility and authority for the maintenance of staffing levels.

(3) What data the hospital shall collect and the specific measures the hospital shall analyze to validate that the policies and procedures accurately determine staffing levels that meet patient needs.

(g) The hospital administration shall approve staffing procedures developed pursuant to subdivision (f), and the governing body shall approve policies developed pursuant to subdivision (f).

(h) The hospital shall maintain, at all times, the following minimum nurse-to-patient ratios:

(1) At least one licensed nurse for every six adult patients.

(2) At least one licensed nurse for every five patients below the age of eighteen.

(i) For the purposes of determining nurse to patient ratios, licensed vocational nurses, psychiatric technicians, or a combination of both, shall not exceed 50 percent of the licensed nurses on the unit.

(j) Only licensed nurses providing direct patient care shall be included in the nurse-to-patient ratio.

(k) Licensed nurse-to-patient ratios represent the maximum number of patients that shall be assigned to one licensed nurse at any one time. “Assigned” means the licensed nurse has responsibility for the provision of care to a particular patient within their scope of practice. There shall be no averaging of the number of patients and the total number of licensed nurses on the unit during any one shift nor over any period of time. Nothing in this section shall prohibit a licensed nurse from assisting with specific tasks within their scope of practice for a patient assigned to another nurse. “Assist” means that licensed nurses may provide patient care beyond their patient assignments if the tasks performed are specific and time-limited.

(l) Nurse administrators, nurse supervisors, nurse managers, charge nurses, and other licensed nurses shall be included in the calculation of the licensed nurse-to-patient ratio only when those licensed nurses are providing direct patient care. Nurse administrators, nurse supervisors, nurse managers, charge nurses, and other licensed nurses must have documented, unit specific competencies prior to providing direct patient care. When a nurse administrator, nurse supervisor, nurse manager, charge nurse, or other licensed nurse is engaged in activities other than direct patient care, that nurse shall not be included in the ratio. Nurse administrators, nurse supervisors, nurse managers, charge nurses, and other licensed nurses who have demonstrated current competence to the hospital in providing care on a particular unit may relieve licensed nurses during breaks, meals, and other routine, expected absences from the unit.

(m) Staffing shall comply with the policies and procedures developed pursuant to subdivision (f) and the considerations in subdivision (n), which may require the hospital to exceed the minimum ratios in subdivision (h).

(n) The hospital shall consider the following elements when determining staffing levels above the minimum ratios:

(1) Patient acuity, including, but not limited to:

(A) Risk of harm to self or others, including suicide risk and violence risk assessments.

(B) The ability of each patient to independently perform activities of daily living.

(C) Degree of illness.

(2) Skill level and skill mix of personnel required for patient care and risk mitigation, including licensed personnel and unlicensed mental health workers.

(3) Requirements for special nursing activities.

(4) Placement of the patient in the nursing unit.

(5) Time required to conduct assessments, care planning, and discharge planning or preparation needed to safely discharge a patient and reduce the likelihood of hospital readmission.

(o) The staffing committee shall validate the effectiveness of the process to determine staffing needs at least annually and report to the governing body.

(p) The hospital shall retain staffing documentation for a period of three years including:

(1) Staffing plans developed in compliance with the policies and procedures described in subdivision (f) for the time period between licensing surveys.

(2) Documentation of the actual time worked for licensed nurses and their unit assignments for each shift.

(3) Documentation of the actual time worked and their unit assignments for each shift for unlicensed personnel used to assist with patient care or mitigate risk.

(q) If the Department determines that additional personnel are necessary to meet patient needs or ensure the safety of the patients or personnel, the Department may require a hospital to provide additional personnel.

(r) This section shall apply to hospitals not operated by the California

Department of State Hospitals.

Note: Authority cited: Sections 1275, 1276.4, and 131200, Health and Safety Code. Reference: Sections 1276, 1316.5, 131050, 131051, and 131052, Health and Safety Code.