State of Iowa Department of Corrections

Policy and Procedures

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Applicability: Institutions
Policy Code: Public Access
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Chapter 10: Forensic Psychiatric Hospital
Sub Chapter: Treatment
Related DOC Policies: FPH-31, HSP-710, HSP-711
Administrative Code Reference: 481
Subject: Mental Health Observation
PREA Standards: NA
Responsibility: Warden Mike Heinricy, Dr. Theresa Clemmons
Effective Date: October 2024
Authority:

1. PURPOSE

To ensure the welfare of patients demonstrating signs and symptoms of mental illness are monitored and addressed.

2. POLICY

It is the policy of the Forensic Psychiatric Hospital to provide care and management of patients who have demonstrated signs and symptoms of a mental illness that require a higher level of observation.

3. DEFINITIONS - As used in this document:

A. Mental Health Observation (MHO) - A status for those patients with status/behavior changes that warrant closer observation.

B. Mental Health Care Providers - Qualified health care professionals who by virtue of their education, credentials and experience are permitted by law to prescribe medications. These include physicians, physician assistants and nurse practitioners.

C. Mental Health Care Professionals - Qualified health care professionals who by virtue of their education, credentials and experience are permitted to care for the

mental health needs of patients. These include psychologists, nurses, social workers and mental health counselors.

4. PROCEDURE

Mental Health Observation Status may be utilized for patients with:

- Changes in their activities of daily living/behavior or functioning.
- Changes in their social interactions/social support groups.
- An increase in psychiatric symptoms (depression, anxiety, psychotic/ recklessness).
- The need to monitor medication adjustments or changes in medication compliance.

A. Authorization/Notification

1. A mental health care provider, when on duty, usually initiates MHO status. In the absence of a mental health care provider, MHO may be initiated by onsite RN.
2. Once MHO status has been initiated, the appropriate mental health care provider and Shift Supervisor will be notified within one hour.
3. Upon returning to duty, the mental health care provider will assume overall management responsibilities of all MHO plans.
4. Upon notification, the mental health care provider will interview the patient and appropriately document the patient's history and behavior.

B. Documentation and Monitoring Standards

1. Several components may be included in an MHO order of a patient within the FPH. These components will be specifically selected per individual patient and determined by the mental health care provider/professional. These components may include:

    a. Restricted to unit.

b. No private room, except female patients, or if authorized as part of the patient's treatment plan.

c. Assigned to a room directly visible from staff desk.

d. Staff observation while in the bathroom.

e. No belt, shoestrings or sharps.

f. No eyeglasses or any other prosthetic devices unless specifically approved in the treatment plan. These items may be checked in and out and must be in view and not allowed in the patient's room.

g. On unit job duties will be staff supervised.

h. Locker in patient's room will be kept locked.

2. If the patient is placed in a seclusion room, security staff will initiate an *Observation/Restraint/Seclusion Log*, **FPH-31 F-1**. All completed Observation/Restraint/Seclusion logs are to be forwarded to the FPH records administrator to be filed and/or scanned in the mental health subsection of the patient health file. Observation/Restraint/Seclusion logs will be retained for a limited period of time not to exceed five (5) years.

3. Initiate Mental Health Observation Protocol Form, **HSF-711A**, in Medical ICON.

4. Staff will randomly monitor patients at a minimum of 15 minutes. Documentation will be entered on **FPH-31 F-1**, *Observation/Restraint/Seclusion Log*.

5. The mental health care provider will enter a progress note in the patient health record at least weekly.

6. Nursing staff will enter a progress note each workday.

7. Vitals and weight will be documented in the health record every seven days.

8. A room inspection will be completed by security staff and recorded on the *Observation/Restraint/Seclusion Log*, **FPH-31 F-1**, every shift.

9. The mental health care provider will be notified of any significant behaviors or concerns.

C. Discontinuation of MHO

1. Criteria to be considered for discontinuation of MHO status:

    a. Improvement in symptoms.

    b. The patient is now compliant with medication regime.

    c. Noted improvement in social interactions.

    d. The patient is able to perform daily activities, such as personal hygiene, clean his/her room, etc.

2. The mental health care provider has final responsibility for terminating MHO status. In all circumstances, mental health care providers/professionals, as well as the Shift Supervisor, shall be notified of final termination.