PROCEDURE AND PROTOCOL
FOR BEHAVIORAL HEALTH NURSE PRACTITIONERS
Attachment A, BHRS Policy 97-10

I. PURPOSE

A. Function

To provide comprehensive healthcare in the shared management of clients in outpatient, skilled nursing, residential, and private home settings, by a registered and certified nurse practitioner (herein referred to as NP).

B. Circumstances

1. Setting: Outpatient clinics, skilled nursing facilities, residential care settings, group homes, individual’s private residences, and any future assignment within Behavioral Health & Recovery Services (BHRS) as designated.

2. Supervision: Supervision of medical services will be provided by the designated physician supervisor(s) assigned by the Behavioral Health Medical Director or his/her designee. One of these physicians will always be available in person or by telephone.

II. REQUIREMENTS FOR NURSE PRACTITIONERS

A. Background

Through either references or past experience, the NP in California must demonstrate an ability to fulfill the duties of a certified Nurse Practitioner (Nursing Practice Act 2835.5). The NP must be a registered nurse, who has been certified as NP by the California Board of Registered Nursing (herein referred to as California Nursing Board). The NP must demonstrate continued proficiency by taking continuing education courses relevant to client needs and identified needs of Behavioral Health and Recovery Services, and, maintain a valid license and certification to practice nursing and nurse practitioner functions in the State of California. And the NP must possess a current furnishing number and DEA number or obtain these within six (6) months of hire, and maintain both throughout employment as NP.

NPs who hold National Board-certification as a Psychiatric NP will be able to perform full psychiatric assessment, diagnosis, formulation, treatment planning, and mental health/medication support services independently, with indirect supervision by a physician. NPs who do not hold the Psychiatric NP National Board certification, but hold a master or higher graduate degree in psychiatric nursing, or related mental health field, will be
considered “Board Eligible”, and could function as the “Board Certified” Psychiatric NPs. NPs who hold a master or higher graduate degree in a field in public health nursing would need at least two years of clinical experiences working in a mental health setting to be considered equivalent to “Board Eligible”. NPs who do not have a master degree, but have more than 4 years of clinical experiences working in a mental health setting could be considered “Board Eligible”.

NPs who do not have Psychiatric NP-board certification, or are not considered “Board-Eligible”, shall need close supervision by the designated physician supervisor. The documentation of assessment (including diagnosis and formulation), treatment planning, and all follow-up services require co-signature by the supervising physician. Their work time at BHRS under such supervision will be counted towards the clinical experiences needed to qualify for above described “Board Eligible” status.

NPs who do not have a master or higher degree in psychiatry or a related mental health field, but have become “Board Eligible”, could then provide basic counseling, but not formal psychotherapy.

B. Performance Evaluation

Annual performance evaluations on all nurse practitioners will be completed by the supervising physician(s). Consultation may be sought from other healthcare professionals. If the Nurse Practitioner performs other duties during some of his/her scheduled work assignment, additional performance evaluations shall be performed by other assigned supervisors according to usual BHRS personnel policy.

III. NP STUDENTS

A. RN’s enrolled in accredited advanced practice Psychiatric/Mental Health NP programs may be accepted as trainees in BHRS. The NP student must be supervised by a physician and/or by an employed BHRS NP with the agreement of that NP’s supervising physician.

B. As with all trainees, the supervisor will co-sign all clinical documentation of services delivered by the NP student. Medical notes will be co-signed by medical staff. Notes for services not restricted to medical staff may be signed by another designated licensed, waived or registered member of the clinical team.

C. NP students will be asked to sign this standardized procedure at the outset of the clinical placement.

IV. PROTOCOL

A. Definitions
This protocol covers the delivery of behavioral health care for clients seen in the County outpatient setting, and as outlined on the BHRS Standardized procedure for Furnishing Drugs and Devices.

B. Scope of Practice

Scope of practice is exercised in collaboration with the supervising physician. The NP will consult in an expeditious manner with the supervising physician in complex situations where the initial assessment requires prompt diagnostic and/or therapeutic intervention and will initiate appropriate treatment per physician or according to a specific treatment protocol.

1. Collect database information by taking behavioral health and medical history and constructing a problem list. Collect and record data in the electronic medical record (Avatar) using PIN or other identified record form.

2. Evaluate symptoms/complaints of an acute and chronic nature. Diagnose and treat common behavioral health problems in the behavioral health population. Collaborate and consult closely with physicians to collect the data for less common and/or more complicated health problems.

3. Perform routine initial evaluations and preventive health measures, including health care maintenance procedures, and other common screening laboratory procedures. BHRS will identify and define “routine” lab/x-ray tests.

4. Monitor changes in clients with persistent mental health illnesses. Provide support and counseling for clients with chronic disease in regard to psycho-social, environmental and physical well-being.

5. Institute emergency medical measures in life-threatening situations.

6. Incorporate into the Plan of Care, provisions for preventive measures to improve health status based upon individual cultural, psychological, social and environmental factors.

7. Institute referrals and coordinate client services to promote continuous comprehensive care.

8. Provide information for client and family (as appropriate), to enable clients to make realistic decisions in managing health and related problems and to insure joint responsibility of the client with professional health team members for the outcomes of the clients care.
9. Advise and counsel clients/families concerning normal developmental and maturational states, and also concerning normal life crises. Assess and intervene in common developmental and behavioral problems of individuals and the family as a whole.

10. Medications

   a. May regulate medication dosages with the agreement of supervising physician (meeting all requirements for Nursing Practice Act 2836.1).

   b. May initiate, furnish, if in possession of a furnishing license, appropriate medications covered under protocols approved by BHRS Service,

   c. Medications furnished shall be those listed in the BHRS Formulary.

11. Record Keeping Requirements

   Records will be kept by the NP on all clients in Infoscriber, using approved progress notes, medication sheets and problem lists. Activities of the NP are monitored by the BHRS Medical Director and the supervising physician.

V. DEVELOPMENT OF THIS STANDARDIZED PROCEDURE

   This standardized procedure was developed by BHRS Management and is adapted from existing procedures of the Hospitals and Clinics Division.

   This standardized procedure was approved by the following:

   Approved: __Signature on File________  Approved: __Signature on File________
   Robert Cabaj, M.D.                      Stephen Kaplan, Director
   Medical Director                       Behavioral Health & Recovery Services

   ____________ (5-22-15)                  ____________ (5-22-15)
   Date                                   Date

I acknowledge receipt of this Procedure and Protocol for Nurse Practitioners working in Behavioral Health and Recovery Services. I agree to abide by this Procedure and Protocol.

__________________________________________
Nurse Practitioner or NP Student

__________________________________________
Date

http://smchealth.org/bhrs-documents 97-10
Behavioral Health Nurse Practitioner Protocols, Attach A Amend 5-22-15