

# *Department of Mental Health*

## *Inpatient Licensing Division*

### ***Clinical Competencies/Operational Standards Related to Co-Occurring Medical Conditions***

#### ***Free-Standing Psychiatric Units/Facilities***

Psychiatric units in free standing hospitals are expected to have the capability, or the ability to secure the capability within a reasonable period of time, (in hours or, for very complex medical care needs, days) to provide necessary medical care to patients requiring inpatient psychiatric hospitalization who also have medical conditions requiring the following services.

**Each inpatient psychiatric unit in a free-standing facility shall have policies to assure that it has the capacity to provide care for persons with the following medical needs or conditions. If resources are not immediately available for patients with certain medical conditions, the facility must have a plan (e.g., securing “just in time” training for nurses from a specialty nurse educator, availability of a specialist to consult with the attending psychiatrist, etc.) to secure the resources necessary to provide the care through training, supplemental staff, etc., within a reasonable period of time:**

- Continuous Positive Airway Pressure (CPAP)
- Diabetes Maintenance Care & Monitoring
- Alcohol Detoxification (See specific competencies required for treatment of co-occurring Substance Use Disorders)
- Opiate Detoxification (See specific competencies required for treatment of co-occurring Substance Use Disorders)
- Methicillin-resistant *Staphylococcus aureus* (MRSA) or other antibiotic-resistant or communicable infections
- Assistive devices/ specialty equipment (e.g., walkers, canes, wheelchairs, hospital beds, specialty mattresses)
- Anticoagulation therapies
- Eating disorders – stable
- Incontinence
- Seizure disorders – stable
- Respiratory conditions – stable
- Wound care (stages 1 & 2 only)

Each facility shall ensure that all staff designated to provide the listed services receive education and demonstrate competencies (i.e., upon hire, as needed, and/ or annually) that are consistent with their role in patient care regarding the above competencies. Each facility shall

further ensure that medical and nursing care staff are trained in and can demonstrate knowledge of the facility's policy or plan for securing the resources necessary to provide the listed services and to provide just-in-time training to all staff who will provide care to the patient being admitted.

DMH recognizes that some capabilities may be beyond the capacity of certain general inpatient units within general hospitals. It is necessary; however, that these capabilities be present within the Commonwealth's hospital system, even if they may require extra resources, transportation or preparation. Facilities are encouraged to develop these capabilities, either through direct service arrangements, affiliations with outside providers or otherwise. These capabilities include, but are not limited to:

- Patient in need of internal medicine resources on site
- Oxygen Therapy
- Occupational Therapy (OT)/ Physical Therapy (PT)
- Foley catheter
- Ostomy care
- Pregnancy

A facility with available beds may deny admission to a patient whose needs have been determined by the facility medical director, or the medical director's physician designee when unavailable\* to exceed the facility's capability at the time admission is sought. The medical director's determination must be written, and include the factors justifying the denial and why mitigating efforts, such as utilization of additional staff, would have been inadequate. [See DMH Licensing Bulletin #18-01 - *Documentation of Unit Conditions and Facility Denial of Inpatient Care* and 104 CMR 27.05 (3) (d).]

\* The medical director's physician designee must be a physician who is vested with the full range of the medical director's authority and responsibility in the medical director's absence.