|  |
| --- |
| 1. GENERAL STATEMENT OF POLICY:   The Psychiatry Clinic is a nonprofit clinic in the Texas Tech University Health Sciences Center. The Psychiatry Clinic provides mental health and substance abuse services to individuals of all age groups (See Attached Scope of Care). Since its establishment in 1972, the Psychiatry Clinic has enjoyed a long-standing tradition of providing quality, cost-effective services to patients from Lubbock, Texas, and surroundings communities.  The TTU/TTUHSC Board of Regents is responsible for overall direction and control of TTUHSC Ambulatory Clinic. An important mandate of TTUHSC is to provide need-determined health care services for the region. Additionally, the TTUHSC Psychiatry Outpatient Clinic is an integral part of the overall medical curriculum for undergraduate medical students. The Department of Psychiatry has an approved psychiatry residency-training program, which has been in operation since 1981. The clinical divisions established for teaching and training include: inpatient adult mental health, outpatient adult mental health, outpatient substance abuse, outpatient child/adolescent mental health, integrated neuropsychiatry consultation/liaison services and community psychiatry.   1. SCOPE:   The purpose of this plan is to describe programs, services, organization and staffing of the Psychiatry Clinic. This important planning established a basis for staff organization and composition. The primary responsibility for implementation of the organization plan rests with the chairman of the  Department of Psychiatry. The plan included guidelines against which quality of patient services can be evaluated.   1. ADMINISTRATION:   MISSION  The primary mission of the Psychiatry Outpatient Clinic is to provide quality clinical services to individuals and their families who are experiencing mental health and chemical dependency problems and to enhance emotional wellness. The Psychiatry Outpatient Clinic plans, organizes, and provides a range of services to meet identified needs of its patients. The Clinic works cooperatively with state and local health care providers to deliver effective and efficient services and assure continuity of care and service delivery. The Psychiatry Outpatient Clinic also provides exceptional educational opportunities for physicians who are in training to be psychiatrists and for medical students at TTUHSC.  PHILOSOPH Y  The following basic philosophical assumptions underlay the mission of the Psychiatry Outpatient Clinic and serves as a basis for determination of the Clinic’s service goals and objectives, treatment programs, methods of service delivery and staff composition.   1. The Psychiatry Outpatient Clinic’s service shall be accessible to all patients regardless of sex, race, creed, color or national origin. 2. Each patient served by the Psychiatry Outpatient Clinic is entitled to maximum benefits, which can be obtained from a course of outpatient psychiatric and substance abuse treatment, and all patients shall be treated with respect and dignity. 3. While treatment approaches and modalities may vary based on needs of patients; generally a patient-centered, humanistic treatment approach will be utilized by the Psychiatry Outpatient Clinic staff. This assumption underscores that clients have or can develop resources to help themselves and that individuals can improve the quality of their lives and personal relationships. 4. Quality treatment services must be based on comprehensive and accurate clinical assessments including physical, emotional/behavior and psychosocial needs of the individual and/or family as well as their abilities and readiness. 5. Effective treatment services must be based on a comprehensive individualized treatment plan developed with active participation from the patient which reflects holistic consideration of individual , fundamental, and clinical needs 6. The Psychiatry Outpatient Clinic strives to assure that patient services are provided as effectively and cost- efficiently as possible, and that methods are established to specify desirable values and related criteria against which quality and appropriateness of services can be measured.   ORGANIZATION OF CLINIC PROGRAMS  The Psychiatry Outpatient Clinic provides outpatient services to children, adolescents and adults. The Clinic, which is located 3601 4th Street 1A116, provides outpatient services from 8:00am to 5:00pm Monday through Friday. The Intensive Outpatient Program for chemical dependency offers groups from 5:30pm to 9:00pm. EAP services are offered until 9:00pm by appointment. Emergency services are provided to patients via telephone answering service with the Psychiatry residents, faculty, and other clinical staff on-call.  The structure for the Psychiatry Outpatient Clinic is based on a team model. Monthly faculty, staff, and departmental meetings are held to address clinical and administrative issues and overall performance improvement for the department.  SERVICE DELIVERY PROCESS  Admission Criteria  The Psychiatry Outpatient Clinic is committed to providing quality diagnostic, evaluation and treatment services, which are minimally disruptive to clients as well as cost effective and efficient.  Criteria for admission include:   1. DSM-IV Axis l disorder. 2. DSM-IV Axis ll disorder. 3. Physical health problems, which create secondary psychiatric symptoms. 4. Individuals with impaired personal functioning, behavior, and thinking. 5. Individuals with demonstrated impairment in social, family or occupational functioning. 6. Individuals with potential danger to self, family or others. 7. Individuals who have recently been discharged from inpatient or residential treatment programs and are sufficiently stable to participate and benefit from the outpatient services.   Intake/ Admission  Admissions to the clinic are governed by the professional staff bylaws, rules and regulations as well as specific policies and procedures. The intake process is also guided by the underlying philosophical assumption that effective individualized treatment must be based on comprehensive assessment of each patient. Patients contact the clinic by calling or seeing the outpatient screener, who completes a screening form and determines appropriate referral based on psychiatric and financial needs. If appropriate, the prospective patient is given an appointment by the screener. The patient is mailed a detailed assessment form to complete and bring to the appointment.  Upon arrival to the initial appointment, the patient signs the required consents (See Patient Relations section) and receives information regarding the patients’ rights and grievance procedure.  Assessments  The intake/admission process consists of a comprehensive assessment and evaluation. If needed, a more comprehensive psychiatric evaluation, psychological evaluation and specialty assessment are completed based on initial assessment activity and requirements of the initial treatment.  Treatment Planning  Providers utilize state of the art, high quality psychiatric services of all types in treating their patients. Treatment planning is conducted for all patients of the psychiatric clinic. The initial plan is completed at the first visit and includes: immediate treatment and objectives and related interventions/ services and benefit of treatment. Patient involvement in the treatment planning is documented in the progress notes  The comprehensive treatment plan includes specific problems/needs, treatment goals, treatment objectives, interventions/services, and time frames. The primary provider is responsible for completion of the treatment plan.  Development of both the initial and comprehensive treatment plans also includes active participation of the patient, and as appropriate, family members or significant others. The clinical strategy and focus of treatment, as well as responsibilities for specific areas of active patient/family participation, are thoroughly reviewed with the patient. Maximum effort is made to ensure that the patient and family understand the intent and purpose of the treatment planning process as well as their responsibilities.  Treatment plan reviews are conducted every 12 months or earlier if needed. The review focuses on status of core problems and needs of achievement of related specific treatment goals.  Progress notes are regularly recorded and include a chronological summary of the patient’s participation and response to treatment. In addition, all treatment services are documented and status on achieving treatment objectives is summarized or cross-referenced on a regular basis. Ideally, termination of outpatient services involves a gradual process on agreed upon achievement of goals and objectives and patient confidence to withdraw from primary treatment.  AFFILIATED RESOURCES  The Psychiatry Outpatient Clinic has established informal referral agreements with community-based resources in its primary service area for provision of specialized clinical, medical or other support services. In addition to specific staff members, the clinic utilizes providers for the following services:   * Clinical Laboratory Services * Pharmacy Services * Medical Service including medical emergencies and special referrals * Speech, Language and Hearing Services * Educational Services * Vocational Rehabilitation Services   The above services are provided through non-written referral agreements. Appointments for these services are coordinated by the primary provider.  ORGANIZATIONAL RELATIONSHIPS AND STAFF COMPOSITION  Professional Staff Organization  Having specified the Psychiatry Outpatient Clinic’s method of service organization and service delivery, the remaining component of the organization plan requires delineation of a method for organization and composition of staff. This portion of the plan provides a framework to ensure that a sufficient number of qualified staff are available to provide treatment services in each program.  In accordance with the Clinic’s professional staff rules and regulations, a professional staff organization has been established to ensure proper clinical direction and supervision as well as delineate specific clinical roles and responsibilities for staff who have direct treatment responsibilities. Specific qualifications based on education, licensure/certification, training, experience and demonstrative current competence have been established for membership on the professional staff and for specific areas of clinical practice. All professional staff are privileged to provide basic services and treatment modalities offered by the Clinic. Some categories of clinical privileges (marital therapy, substance abuse, working with children and adolescents and long term reconstructive therapy) require additional training and experience.  Roles and Responsibilities  The following basic staff roles and responsibilities have been established.  Chairman  The chairman is ultimately responsible for overseeing all clinical treatment rendered to all patients. The Chair functions as a supervisory capacity to all clinical personnel. The Chair is required to approve clinical policies and procedures for the clinic and to concur in the recommendation of the clinical staff appointments. The Chair serves on committees and endeavors to maintain open and effective communication with other members to the treatment team.  Functions may include:   * Conducting Faculty and departmental meetings * Providing general and direct clinical supervision * Providing education and training * Identify and provide educational resources   Staff Psychiatrists  Attending physicians fully trained in psychiatry are responsible for patient care and supervising residents.  Functions include:   * Conducting psychiatric assessment * Developing and implementing treatment plans * Conducting individual psychotherapy * Conduction psychopharmacological evaluations * Prescribing medication * Medication management * Providing education and training * Identifying appropriate educational resources   Resident Psychiatrist  Residents participate in initial assessments, individual psychotherapy, and psycho pharmacotherapy, under the direct supervision of faculty psychiatrists and psychologists.  Psychologists  Clinical psychologists function as primary therapists to provide psychological testing; individual, group and family psychotherapy.  Functions Include:   * Conducting psychological assessments   + - * Developing and implementing treatment plans       * Conducting individual psychotherapy       * Conducting group psychotherapy       * Conducting case reviews and case management       * Conducting psychological testing       * Providing education and training       * Identify and provide educational resources   Substance abuse counselor  Under the general, and appropriate, direct supervision of the SWIAD Medical Director, substance abuse counselors function as primary therapists to provide counseling either individually or in groups (Licensed by the Texas Commission on Alcohol and Drug Abuse). See SWIAD Policy and Procedure Manual.  Supervisory Process  Overall administrative and direct line supervision originates with the Chairman of the Department of Neuropsychiatry. Administrative (direct line) supervision is a management process and is facilitated through staff meetings in each program, as well as activities of the Department faculty. This process enables effective communication and sharing of ideas, as well as staff participation, as appropriate in the administrative/clinical management process.  Specific responsibilities for clinical supervision have been discussed above for each staff position. Clinical supervision is designed to complement the process of clinical privilege for those staff that may need more direction and guidance. The process of clinical supervision is carried out primarily through observation of staff performance, including their participation in staff meetings and specific case review.  In addition to administrative and clinical supervision, an ongoing process of treatment or team supervision is carried out by the Chair. The component of supervision focuses on specific treatment services and the overall service delivery process. It is designed to both complement administrative and clinical supervision provided to staff as well as to focus primary authority and responsibility to specific treatment services and related decision making.  Whenever possible, informal supervision is provided at all levels of the organization. The more formalized process of supervision involving administrative, clinical and treatment services is documented primarily through minutes of program and staff meetings as well as individual supervisory sessions. This process is augmented by a chart audit process, which is reported monthly.  Supervision is culminated each year through performance evaluations, which are completed on all staff as outlined in TTUHSC personnel policies and procedure. Outcome finding from quality assurance, faculty meetings and the supervisory process are all utilized as part of performance evaluations. The evaluations reflect both supervisor and staff input, including objectives for performance and development.  ORGANIZATION COMMUNICATION AND REPORTING  The Psychiatry Outpatient Clinic maintains a responsive system for management communication and reporting. A meeting is held on a monthly basis for all office and support staff. Any problems or changes are discussed and solutions are proposed and approved. The Clinical Administrator chairs the meeting and has final authority over all decisions. Final decisions are then communicated either verbally or in writing.  The Faculty meets monthly to discuss organizational and procedural issues. Decisions or changes are communicated by memos or in full staff meetings. Issues, of which require input of the entire professional staff, are voted on during these meetings. The departmental administrator’s office maintains minutes of all applicable committee meetings.  STAFFING PLAN  Specific staff allocations for the Clinic are reviewed each fiscal year in accordance with projected service volume and caseload management needs. |