

**CENTRAL STATE HOSPITAL
POLICY/PROCEDURE**

SUBJECT: External Communications Among the Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD), Regional Coordinators, Regional Hospitals and the Director of Regional Operations

ANNUAL REVIEW: June

RESPONSIBLE FOR REVIEW: Chief Executive Officer

LAST REVISION DATE: June 2008

I. POLICY

A. PURPOSE:

The promulgation of this policy will provide for a systematic approach for the CSH Chief Executive Officer, Regional Coordinator and the DMHDDAD to be informed of scheduled or tentative scheduled dates for surveys/inspections by accreditation or regulatory agencies at Central State Hospital (CSH).

This policy will also provide guidelines to ensure that mechanisms are in place at Central State Hospital to ensure accreditation/inspections/surveys/updates/recommendations, or decisions provided to the facility are communicated to DMHDDAD providers and the DMHDDAD.

II. DEFINITIONS

For guideline purposes, the following definition will be used:

1. **External Review** means any accreditation survey or certification or licensure review conducted by organizations such as, but not limited to, The Joint Commission (TJC), the Office of Regulatory Services (ORS), Centers for Medicare and Medicaid Services (CMS), or the State Fire Marshall.

III. PROCEDURE

The guidelines that follow are designed to facilitate timely communication of accurate information regarding external reviews conducted at CSH, to appropriate individuals in the Division's State Office, Regional Offices, and Regional Hospitals.

1. At the time that CSH becomes aware in advance of an announced external review OR on the day when an unannounced external review occurs, the CEO will notify the Regional Coordinator and the DMHDDAD via email and will provide the following information:
 - a) organizational unit(s) being reviewed
 - b) date(s) of review
 - c) reviewing agency
 - d) type of review
 - e) number and type(s) of reviewers
2. Each day of the review, the Service Chief of the focused survey/inspection area shall communicate any debriefing information to CSH CEO. The Service Chief will ensure Exit Surveys are coordinated and communicated to the CEO's office.
3. Each day for the duration of the survey, the CEO will communicate an end-of-day summary, via email, to the following:
 - a) DMHDDAD Director, Regional Operations
 - b) All Regional Coordinators
 - c) All Hospital Services Administrators

INFORMATION TO INCLUDE:

- I. applicable CSH Treatment Unit/Service Areas
 - II. date(s) of review
 - III. reviewing agency
 - IV. type of review
 - V. number and type(s) of reviewers
 - VI. summary of the days activities, such as sites visited, questions asked, issues raised, findings shared, and other pertinent information
3. The CEO/designee will forward a copy of the exit interview minutes to the Regional Coordinator and the DMHDDAD within five (5) business days following the exit interview. The CEO will ensure any debriefing communicated to staff are disseminated via e-mail to all DMHDDAD facilities, the Regional Coordinators and the Division immediately.
 4. The CEO will FAX a copy of the written external review report to the Regional Coordinator and the DMHDDAD within one (1) business day of receipt of the written report from the reviewing organization.
 5. The CEO will submit a plan of correction (POC) to the Regional Coordinator. The Regional Coordinator will be responsible for reviewing and approving the final POC. The CEO/designee will send a copy of the final POC via FAX to the DMHDDAD

within one (1) business day of completion. The CEO will forward a final/approved POC to the primary agency.

5. When CSH receives an e-mail on any follow up correspondence from the reviewing organization, the CEO/designee will forward a copy to the hospital's Regional Coordinator and the DMHDDAD within one (1) business day of receipt.
6. If CSH receives a follow-up visit by an external agency, repeat the process outlined in item III.

IV. REFERENCES:

Division of Mental Health, Mental Retardation, Substance Abuse Policy Memorandum 2.105, Communications Among Institution, The Division and Various Licensing and Accrediting Agencies, Section II.

Approved by:

This policy has been approved by the CEO and CMO in July 2008.