

DEPARTMENT OF THE ARMY  
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER  
6900 Georgia Avenue, NW  
Washington, DC 20307-5001

Nursing Policy

28 July 2005

**Scope of Patient Care and Service**

**1. UNIT TITLE:** Ward 53, Psychiatric Continuity Services

**2. Description** The Psychiatric Continuity Service (PCS) is a multidisciplinary, intensive outpatient behavioral health service and tertiary referral clinic serving the National Capital Area, the North Atlantic Regional Medical Command, and the entire U.S. Army. The PCS provides consultation, evaluation and management of the full spectrum of psychiatric, psychological and behavioral disorders with the exception of acute medical emergencies, or other behavioral disturbances better managed in an Emergency Department setting. PCS is a step down or step up unit providing less intensive care than that required of inpatient psychiatry but more than routine outpatient care. Treatment plans will be tailored for the individual patient and can include individual, group, family and other services as required

**3. Patient Population Served:** The patients treated in the PCS are adults, aged 18 and above. The PCS performs approximately 6,000 patient visits annually. Of these, 20+ new patients per month are evaluated. Our patients are beneficiaries of the Tricare health plan, which affords full-parity coverage for mental illness and guaranteed access standards. Patients who are referred for an evaluation are to be seen within 3 days of the request. The priorities for service are AD OIF/OEF, National Guard, Reservists, Tricare Prime enrollees, and Tricare Standard enrollees (on a space-available basis). Non-Enrolled patients are entitled to evaluation and stabilization of an urgent condition in order to enable referral to the appropriate healthcare setting. Patients are referred only by consultation with a Healthcare Provider. All requests for service are triaged either telephonically or in person. The PCS maintains a daily walk in clinic for patients with urgent needs. Patients who cannot be seen within access standards are referred to the Civilian Healthcare Network.

**4. Conditions and Diagnosis Treated:** The PCS evaluates and treats patients with the full spectrum of psychiatric disorders from situational problems to complex psychiatric disorders. Administrative evaluations are also performed in accordance with Army Regulations to determine Fitness for Duty, Medical Disability, or eligibility to hold a security clearance or perform special duties. Treatments include individual, marital, and group therapies as well as medication management. Therapies offered are determined by clinical need.

a. High volume: Patients with depressive illness account for 46%, 38% is Major Depression alone and 9% are Major Depression with psychotic features. Bipolar Affective disorders account for 15% and PTSD approximately 26%.

b. High Risk: The PCS evaluates and treats both acutely- and chronically-suicidal patients. Suicidal patients receive a suicide risk assessment and are managed

according to their risk. Patients with acute and chronic psychotic illness are also considered high risk for behavioral disturbance and medication side effects

c. Problem Prone: Complex, dual diagnosis (substance abuse with mental illness) patients are managed in conjunction with the Army Substance Abuse Prevention (ASAP) Clinic.

d. High Cost: Patients with chronic illness

e. Excluded Patients/Services: The PCS does not perform Electro-Convulsive Therapy (ECT); all patients requiring ECT are referred to the Inpatient Psychiatry Service.

## 5. STANDARDS OR PRACTICE GUIDELINES:

- a. AR 570-4, Manpower Management, 15 May 2000.
- b. FM 8-501, The Workload Management System for Nursing, Nov 1990.
- c. WRAMC Regulations
- d. WRAMC Nursing Polices
- e. Unit level standard operating procedures
- f. American Nurses Association, Scope and Standards of Practice, 2004.
- g. Springhouse, Nursing Procedures, Lippincott, 2004. To accompany software program: Procedures, Version 2.2, Lippincott, 2004
- h. Laraia, M.T. and Stuart, G.W., Principles and Practice of Psychiatric Nursing, 8th Ed., Elsevier, 2005.
- i. American Psychiatric Association Clinical Guidelines
- j. American Psychological Association Guidelines
- k. Joint Veterans Affairs/Department of Defense guidelines.
- l. National Association of Social Workers Guidelines

**6. TREATMENTS AND ACTIVITIES PERFORMED:** All clinical activities are performed in accordance with the Scope of Practice and Competency Based Orientation.. The patients are assessed by the psychiatrists, the clinical nurse, social worker, occupational therapist, art therapist, , and a substance abuse counselor using discipline specific methods. The results of the individual and group assessments are compiled and a multidisciplinary treatment plan is formulated and implemented with the patient's informed consent. The treatment modalities utilized are pharmacotherapy (initiation, adjustment or reinstatement of medication regimen), structured individual and group therapy utilizing principles of crisis management, psycho education, relapse prevention, and the development of adequate coping strategies.

## 7. Personnel Providing Care:

- a. Nursing:
  - 1) Registered nurses
  - 2) Mental Health Specialist
  - 3) Psychiatric Nursing Assistants
  - 4) Psychiatric Clinical Nurse Specialist
  - 5) Psychiatric Technicians

- b. Other Personnel:
  - 1) Psychiatrists
  - 2) Psychologist
  - 3) Social Workers
  - 4) Pharmacists
  - 5) Chaplains
  - 6) Occupational Therapists
  - 7) Art Therapist
  - 8) Addiction Counselor

Staffing requirements are determined by ongoing analysis of patient needs, utilization management, and training needs. Adequate levels and mix of staff are maintained to ensure the highest quality of behavioral health care and safety. Staffing is reduced whenever the needs of the Army necessitate deployment to an Operational Area. These losses are managed through adjusting workload and backfilling positions with Contract Providers.

c. Unit core staffing plan

<u>Ward 53</u>	ASAM Authorizations TDA 0202		Weekday Staffing Matrix (excluding Head Nurse and Wardmaster)				Weekend Staffing Matrix (excluding Head Nurse and Wardmaster)	
	Military	Civilian	Day	Evening	Night	Day	Evening	Night
<b>CNS</b>	0	1	1	0	0	0	0	0
<b>Psych RN</b>	0	3	3	0	0	0	0	0
<b>MH NCO</b>	3	0	1	0	0	0	0	0
<b>PNA</b>	0	3	2/3	0	0	0	0	0
<b>MH SP</b>	2	0	2	0	0	0	0	0
<b>MSA</b>	0	1	1	0	0	0	0	0

8. **Hours of Service:** Monday through Friday 0700-1530.