



#1	Risk to harm self	Acute Inpatient 2008
Met	Not Met	Validating Elements
Patient Status		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clinical Patient presenting with: <ul style="list-style-type: none"> <input type="checkbox"/> A suicide attempt <li style="text-align: center;">OR <input type="checkbox"/> Recurring self-injurious behavior that is severe or significantly increased in type, intensity, or frequency <li style="text-align: center;">OR <input type="checkbox"/> Imminent risk to act on threats to seriously harm self <li style="text-align: center;">OR <input type="checkbox"/> Life-endangering behavior (e.g., running away)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diagnosis DSM-IV-TR working diagnosis, Axis I-V, including rule-outs
Settings-Resources		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level of Care Secure, structured, inpatient, psychiatric setting required to prevent self-harm and assure safety
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intensity Need for 24-hour, unit-based, medical, nursing and other clinical services to provide: <ul style="list-style-type: none"> • Ongoing assessment of risk of harm to self • Safety precautions (e.g., restraint, close observation) • Continuous monitoring of clinical status with potential for immediate intervention
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternatives Less intensive level of care, including stabilization: <ul style="list-style-type: none"> <input type="checkbox"/> Was not successful <li style="text-align: center;">OR <input type="checkbox"/> Is inadequate due to risk of self-harm <li style="text-align: center;">OR <input type="checkbox"/> Is insufficient to prevent further deterioration
Clinical Actions		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Assessment Comprehensive multidisciplinary assessment by licensed mental health clinicians initiated or completed including: <ul style="list-style-type: none"> • Clinical evaluation by a psychiatrist, including assessments of medications, medical and neurological status • Psychosocial evaluation including assessment of school performance, learning problems, physical and sexual abuse, peer relationships, and family and home environment • Medical evaluation by a pediatrician or primary care physician, including laboratory evaluation for sexually transmitted diseases, pregnancy and substance abuse if clinically indicated • Assessment of legal status for patients admitted involuntarily • Substance use evaluation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coordination Attempt to involve patient's family or legal guardian, school personnel, and existing mental health and primary care clinicians
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coordination Notification and coordination with relevant social service agencies particularly if abuse or neglect is suspected or involved
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coordination Obtain clinical information from prior and current clinicians
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Planning Develop a preliminary interdisciplinary treatment plan for inpatient stay, and initiate discharge planning
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Treatment Initiate structured therapeutic program and other psychiatric interventions with short-term goals, including: <ul style="list-style-type: none"> • Decreased psychiatric symptoms • Improved functioning • Decreased risk to self
Considerations		
Assessment of self-harm includes a review of history of suicide attempts, as well as evaluation of current suicidal ideation, intent, plan, means, risk factors, and protective factors		

Steps to Complete a Review

1. Choose criterion (example: Risk to harm self).

MCAP's exclusive service-focused methodology allows reviewers to choose a criterion based on the treatments ordered in the physician's plan of care.

2. Review criterion sections and check off all exclusions and validating elements.

For a criterion to be qualified according to clinical necessity and best practice standards, each validating element must be met.

3. Collect Quality, Delay or Reason Codes for adequate explanation of outcomes. This data can be collected, reported and analyzed to accurately identify areas for improving patient flow and reducing LOS.

Reviewers can add Quality and Delay Codes for qualified reviews or Reason Codes for non-qualified reviews. These codes are fully customizable to meet the needs of your facility or health system.