

Partners in Recovery

Grand Rounds

CMC or Department Name: Partners in Recovery Direct Care Clinics								
CMC or Department Procedure Name and Number: Grand Rounds								
Date of Inception:								
Previous Approval Date:								
Current Approval Date:								
Operational Scope:	<input checked="" type="checkbox"/> Clinical	<input type="checkbox"/> QI	<input type="checkbox"/> Network	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Claims	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other

PROCEDURES

Purpose:

To provide a detailed procedural guide for conducting Grand Rounds in the Direct Care Clinics (DCC). This desktop procedure identifies the basic structure of the activity including persons responsible, types of cases to select presentation format, case didactic discussion parameters, clinical/educational objectives, and frequency.

I. Basic Structure

- A. **Audience:** Target audience includes Case Managers, Clinical Liaisons, Clinical Coordinators, Rehabilitation Specialist, Nursing Staff, Substance Abuse Counselors, Therapists, Clinical Directors, Medical Staff, Area Medical Directors, Regional Clinical Directors, Regional Directors, other providers, and invited guests as appropriate.
- B. **Length:** Each Grand Rounds should be between 60 and 90 minutes in length to allow time for follow-up discussion of previous cases for 5-20 minutes.
- C. **Frequency:** The conference will occur no less frequently than quarterly.
- D. **Presenter:** The primary presenters will be the Clinical Coordinator and Behavioral Health Medical Practitioner.
- E. **Responsible party:** The Co-Leaders/Facilitators of the Grand Rounds activity will be the Clinical Director and Chief Psychiatrist. They will be responsible for the decision of which case to select.

II. Presentation and Discussion Format

- A. Each Grand Rounds will consist of 5 parts: identification of the issue(s) to be addressed, review of progress of previously discussed cases, new case presentation, didactic session, assessment and development of possible treatment alternatives or options, and challenges of implementation.
- B. The presentation will include the person's goals and strengths, chief complaint, history of present illness, past psychiatric history, socio-developmental history include substance

abuse and legal issues, medical problems, medications, non-medical treatment, and mental status exam.

- C. The Didactic Session should be specific to the presentation including:
 - 1. mental health promotion;
 - 2. prevention of mental illness and substance abuse;
 - 3. treatment practices, and best practices;
 - 4. challenges to implementation;
 - 5. strategies for meeting those challenges;
 - 6. lessons learned;
 - 7. modification of the ISP treatment goals and identification of those members of the team who will help to implement them; and
 - 8. follow up on the case presented in 3 months as a way to discuss whether case presentation has impacted treatment progress.
- D. Formulate recommendations and treatment options.
- E. Review barriers to implementing the plan.

III. Identification of Clinical/Educational Objectives (samples below):

- A. Discuss the differences between psychosis and organic causes of confusion.
- B. Define major categories of psychiatric illness including thought (schizophrenia), mood, anxiety, somatoform and personality disorders.
- C. Demonstrate ability to interact with violent person and discuss protection techniques for the person and staff members.
- D. Demonstrate ability to conduct an initial evaluation of person with acute psychiatric disorders.
- E. Demonstrate ability to perform a mental status exam.
- F. Demonstrate ability to assess suicide risk.
- G. Discuss the indications for emergent and routine psychiatric consultation.
- H. Discuss the indications and side effects of the major classes of psychotherapeutic agents including anti-psychotics, anxiolytics, antidepressants, and mood stabilizers.
- I. Be familiar with the techniques for identification and intervention for person presenting with alcohol or substance abuse.
- J. Discuss the implications of co-morbid medical conditions.

IV. Interface with “Challenging Case Conference”

The RBHA, as part of a Quality Improvement activity, will on a monthly basis choose a specific clinical case or specific clinical team to conduct a Challenging Case Conference in collaboration with the Department of Behavior Health Services (DBHS). This conference will be conducted in lieu of the quarterly Grand Rounds and will be chosen randomly by the RBHA in collaboration with the DCC Leadership. The DCC attendees will include all clinical team members associated with the person’s direct clinical care and the DCC leadership. Since this case conference is conducted under a QI activity with DBHS it will be kept confidential. Attendees will have to sign a confidentiality agreement for these conferences. **For formal guidelines on this format, please refer directly to the attached “Draft” document from DBHS dated January 26, 2008.**

V. Administrative Issues for Grand Rounds

- A. Maintain sign-in sheets and list the clinical/educational objectives at the top.
- B. Encounter for this activity if appropriate.
- C. Consider obtaining CME or CEU for this activity.
- D. Consider inviting guest speakers.
- E. Complete one page evaluation of Grand Rounds activity.

VI. Applicable Core Material

- A. Development Disability
- B. Coordination of care
- C. Psychosocial stressors
- D. Recovery and resiliency
- E. Treatment options
- F. Behavioral challenges
- G. Long term hospitalization
- H. Alternative living environments
- I. Physical/Sexual abuse
- J. Legal issues
- K. Medical disorders
- L. General Anxiety
- M. Addictive Behavior
- N. Alcohol dependence
- O. Drug dependence
- P. Substance abuse
- Q. Mood and Thought Disorders
- R. Acute psychosis
- S. Bipolar disorder
- T. Depression
- U. Suicidal risk
- V. Schizophrenia
- W. Neurotic Disorders
- X. Anxiety/Panic
- Y. Organic Psychoses
- Z. Delirium
- AA. Dementia
- BB. Personality Disorders
- CC. Psychosomatic Disorders
- DD. Hysteria/Conversion