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Addiction Treatment And Rehabilitation Services Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES				
5.5.	The HF shall be accredited by one of the below accrediting organisations for mental health services within 24 months from licensure activation:				
5.5.1.	Joint Commission Behavioural Health Care Accreditation.				
5.5.2.	Commission on Accreditation of Rehabilitation Facilities (CARF).				
5.7.	The HF providing addiction treatment and rehabilitation services must undergo renewal of the accreditation based on the validity of the accrediting agency.				
6	STANDARD TWO: HEALTH FACILITY REQUIREMENTS				
6.2.	Addiction treatment and rehabilitation services shall be provided in HF that are licenced by DHA to provide these services.				
6.4.	The HF should install and operate equipment required to provide the proposed services in accordance with the manufacturer's specifications.				
6.7.	The HF shall have the appropriate equipment and trained healthcare professionals to manage critical and emergency cases by providing the below provisions:				
6.7.1.	Staff are trained in Basic Life Support (BLS) or equivalent.				
6.7.2.	Availability of adequate equipment and medications for cardiopulmonary resuscitation as per DHA policies and procedures.				
6.7.4.	Availability of a defibrillator.				

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6.8.2.	All patients who are classified as minors or less than eighteen (18) years of age shall be accompanied by their parents or legal representative for the treatment session and have the involvement of the parents or legal representative in the patient care.				
6.9.	The following services should be available in the HF providing addiction treatment and rehabilitation services at the outpatient level:				
6.9.1.	The outpatient services should have provisions for both new and follow up of existing patients.				
6.9.2.	Patient assessment; all patients should undergo clinical assessment (i.e. history taking and examination) by a licensed psychiatrist. The assessment should enable clinical diagnosis and formulating a treatment and/or intervention plan. Adequate infrastructure should be available, ensuring comfort and privacy for the patients.				
6.9.3.	Patient counselling/psychosocial interventions/psycho-education; all patients (and their family/attendants, if available and only if the patient is a minor or agrees to involve them) should be assessed by a licensed psychiatrist and should receive counselling / psychosocial interventions / psycho-education, as per the clinical needs.				
6.10.	The following services should be available in HF providing addiction treatment and rehabilitation services at the inpatient level:				
6.10.1.	Hospitals with an approved addiction rehabilitation service should have an exclusive addiction treatment and rehabilitation ward. While the duration of the inpatient treatment may vary as per patients' individual needs, all efforts must be made to provide the inpatient treatment for an adequate length of time however not				

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	to exceed the treatment duration and rehabilitation more than one year.					
6.10.2.	Assessment by the psychiatrist(s); at least once per day during the rounds.					
6.10.3.	Availability of nursing care on a 24 hrs basis.					
6.10.4.	Availability of emergency care (on-call doctor) on a 24 hrs basis.					
6.12.1.	The HF should have a Memorandum of Understanding (MOU's) with the nearest HF providing emergency services to transfer the patient(s) as per DHA policy.					
6.13.	All HF providing addiction treatment and rehabilitation services should have access to basic laboratory services. Specifically, the following investigations should be made available:					
6.13.1.	Routine blood tests (FBC, ESR, Platelets, etc.).					
6.13.2.	Liver function tests.					
6.13.3.	Routine biochemistry (e.g. Blood Sugar, Blood Urea, and Serum Creatinine).					
6.13.4.	Urine screening for drugs.					
6.16.	The HF shall maintain a Charter of Patients' Rights and Responsibilities posted at the entrance of the premises in two languages (Arabic and English).					
7	STANDARD THREE: HEALTHCARE PROFESSIONALS, STAFFING AND HUMAN RESOURCES REQUIREMENTS					
7.1.	All HCP should hold an active DHA license as per the Professionals Qualification Requirements (PQR) and work within their scope of practice.					
7.6.	The HF has to ensure staffing is aligned with listed services and staffing requirements meet the patient load.					
7.7.	The HF shall be led by a licensed consultant/specialist psychiatrist.					
7.8.	The HF should ensure the availability of a multi-disciplinary teams					
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	such as:				
7.8.1.	Licensed psychiatrist,				
7.8.2.	Clinical psychologists,				
7.8.3.	Clinical social workers,				
7.8.4.	Psychologist,				
7.8.5.	Internist or general practitioner,				
7.8.6.	Mental Health nurse,				
7.8.7.	Registered Nurse,				
7.8.8.	Pharmacist, and				
8	STANDARD FOUR: PATIENT ASSESSMENT AND ADMISSION				
8.1.1.	All patients must be assessed in a triage room by the nursing staff as follows:				
a.	Vital signs.				
b.	Initial Nursing Assessment (Risk for fall, suicide, aggression and withdrawal score).				
c.	Drug Screening.				
d.	Blood Test (routine blood test).				
e.	Addiction Severity Index (ASI) Part II Assessment.				
8.1.2.	All patients will be assessed by rehabilitation specialist as follows:				
a.	ASI part I.				
b.	Interpretive summary.				
8.1.3.	All patients will be assessed by a psychiatrist as follows:				
a.	Psychiatrist assessment.				
b.	Required treatment plan.				
8.1.4.	All the patients' required admissions will be assessed by General Practitioner or internist as follows:				
a.	Medical Assessment.				
8.2.	Patient Admission Process:				

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8.2.3.	No patient is admitted without clinical justification, which was identified during the assessment process.				
8.2.4.	The medical history and physical examination should be obtained on the day of admission.				
8.2.5.	The patient should sign the General Consent and Treatment Contract upon admission.				
b.	The treatment duration and rehabilitation should not exceed one year.				
9	STANDARD FIVE: PATIENT CARE PLAN				
9.2.	Each patient should be given an individualised treatment plan that is reviewed at least twice-weekly to ensure they receive the best and most appropriate care through the stages of treatment.				
9.5.4.	Medication arrangements shall be individualised, especially highlighting stabilisation medication, recording of medication administration, consent to medication and arrangements for self-medication where appropriate.				
9.7.	All individual treatment planning meetings should be documented in the patient record, with a progress note and identification of all persons participating in the treatment planning meeting.				
10	STANDARD SIX: TESTING SERVICES				
10.2.	The requirement of continuous abstinence of all patients is maintained by conducting individualised, should be randomised and regular drug/alcohol screens.				
10.3.	The availability of an internationally recognised Evidential Breath Analyser is a must to conduct alcohol testing.				
10.4.	Urine drug screens are conducted to determine what substances are present in the patient's system.				
10.5.	The primary mechanism for urine testing will be done by a urine drug screening kit as part of the admission process.				
10.7	Urine Drug Screening shall be conducted as follows to rule out any				

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	risk of relapse:				
10.7.1.	Outpatient setting: patients should be tested with the urine drug screening kit, and samples should be sent to a laboratory for confirmation.				
10.7.2.	Detox: patients should be tested upon admission with the urine drug screening kit, and samples should be sent to a laboratory for confirmation.				
10.7.3.	Inpatient and Detox: a random drug screening should be conducted at least twice a week, and after family visits, using a urine drug screening kit, and samples should be sent to the laboratory for confirmation.				
10.9.	When obtaining a urine sample, patients should be observed by a trained staff member of the same gender to ensure the specimen's integrity. Collections and observations are conducted respectfully.				
10.10.	Urine kits should be registered and approved by MOHAP. HF should maintain registration for audit purposes.				
10.11.	Drug testing laboratory requirements:				
10.11.1.	The laboratory shall be licensed by DHA.				
10.11.2.	Each lab should have a procedure manual/ or electronic system, which includes the principles of each test, preparation of reagents, standards and controls, calibration procedures, the sensitivity of the method used for testing, cut off values, mechanism of reporting results, criteria for unacceptable specimens and results, corrective actions to be taken when the test system is outside of acceptable limits, and copies of all procedures and dates on which they are in effect should be maintained as part of the manual.				
10.11.3.	The testing procedure of each laboratory shall be capable of detecting drugs, drugs metabolites, adulterants, and substituted specimens.				
10.11.4.	Drug testing laboratory should use the chain of custody procedure				

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	to maintain control and accountability of specimens from receipt through completion of testing, reporting of results, during storage, and continuing until final disposition of specimens. The date and purpose should be documented on a laboratory chain of custody form each time a specimen is handled or transferred, and every individual in the chain should be identified.				
10.11.5.	The laboratory shall have the capability of conducting the necessary tests for Narcotics and Psychotropic Substances, especially blood/urine alcohol concentration or by performing a breath test.				
11	STANDARD SEVEN: PATIENT RECORDS AND CONFIDENTIALITY				
11.1.	The HF shall provide documentation of the following activities within the patient health records:				
11.1.1.	Patient Admission.				
11.1.2.	Patient Informed Consents.				
11.1.3.	Patient Assessment.				
11.1.4.	Diagnosis and Treatment plan.				
11.1.5.	Record of medical care provided to the patient during visit and admission.				
11.1.6.	Transfer of critical/complicated cases when required.				
11.1.7.	Clinical laboratory services requests and results.				
11.1.8.	Diagnostics and imaging services requests and results.				
11.1.9.	Medication management, prescription and administration.				
11.1.10.	Patient discharge and follow up plan.				
11.2.	HF shall maintain the following in the patient health records:				
11.2.1.	Patient's information should be accurate, accessible, up-to-date and secure.				
11.2.2.	Patient's information records should be stored in a manner that protects patient's privacy and meets applicable regulations.				

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11.2.9.	The authorised staff only have timely access to patient information.				
12	STANDARD EIGHT: MEDICATION MANAGEMENT AND USE				
12.5.	Medication should be administered only by a registered health professional nurse or medical practitioner according to the documented instructions of the attending doctor/psychiatrist.				
12.5.1.	Self-administration of prescribed medication should be observed by or is done under the supervision of such registered staff members.				
13	STANDARD NINE: TREATMENT				
13.5.2.	A qualified physician should prescribe all detoxification programmes and medication in consultation with the Medical director and psychiatrist.				
13.5.4.	Patients who require detoxification shall be medically monitored and assessed onsite at least twice per week by either a qualified physician or psychiatrist. Qualified addiction nurses shall monitor patients twenty-four hours per day.				
13.6.2.	Medication used in detox programmes may include:				
a.	Benzodiazepines.				
b.	Antidepressants.				
c.	Antipsychotic.				
d.	Opioid receptor agonists.				
13.6.3.	Alcohol , Benzodiazepines, heroin and opiate addiction medications may include:				
a.	Naltrexone (TREXAN).				
b.	Methadone (PHYSEPTONE).				
c.	Buprenorphine/Naloxone (SUBOXONE) and Buprenorphine (Buvidal)				
d.	Lofexidine (alpha2- receptor agonist).				

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13.7.	Nicotine addiction Medications may include:				
a.	Bupropion (Zyban) and varenicline (CHAMPIX).				
b.	Nicotine replacement therapies may be used such as patches, sprays, gum, and lozenges. These products are available over the counter.				

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