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PENINSULA REGIONAL MEDICAL CENTER
Part of Peninsula Regional Health System

## Patient Care Manual

Subject: Behavioral Health Services: Admission/Discharge Criteria

**Effective Date:**
**Approved by:**
**Responsible Parties:**
**Revised Date:**
**Reviewed Date:**
**Keywords:**

**Scope**
PRMC

**Purpose**
To provide criteria that identifies patients appropriate for care

**Policy**
Most admissions will go through the triage process in our Behavioral Health area in the Emergency Department. Please refer to their policies and procedures for further detail. Some patients from our medical floors may be referred directly to the inpatient units and require prior insurance authorization, voluntary or involuntary paperwork completion, acceptance by the provider-on-call and safe transport directly to the unit. Referrals from our Outpatient Clinic and PHP programs should be referred to the emergency room for proper medical clearance and evaluation.

### ***INPATIENT PSYCHIATRIC SERVICES***

**Admission Criteria:**

1. Symptoms consistent with a DSM or corresponding ICD diagnosis.

2. Patient's psychiatric condition requires 24-hour medical/psychiatric and nursing services and of such intensity that needed services can only be provided by an acute psychiatric hospital care.

3. Inpatient psychiatric services are expected to significantly improve the patient's psychiatric condition within a reasonable period of time so that acute, short-term 24-hour inpatient medical/psychiatric and nursing services will no longer be needed.

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4. Symptoms do not result from a medical condition that would be more appropriately treated on a medical/surgical unit.

5. One of the following must also be present:
    a. Danger to self:
        i. A serious suicide attempt by degree of lethality and intentionality, suicidal ideation with plan and means available and/or history of prior serious suicide attempt.
        ii. Suicidal ideation accompanied by severely depressed mood, significant losses, and/or continued intent to harm self.
        iii. Command hallucinations or persecutory delusions directing self-harm
        iv. Loss of impulse control resulting in life-threatening behavior or danger to self.
        v. Significant weight loss within the past three months not requiring inpatient eating disorder treatment.
        vi. Self-mutilation that could lead to permanent disability.
    b. Danger to others:
        i. Homicidal ideation and/or indication of actual or potential danger to others.
        ii. Command hallucinations or persecutory delusions directing harm or potential violence to others.
        iii. Indication of danger to property evidenced by credible threats of destructive acts.
        iv. Documented or recent history of violent, dangerous, and destructive acts.

6. Indication of impairment/disordered/bizarre behavior impacting basic activities of daily living, social or interpersonal, occupational, and/or educational functioning.

7. Evidence of severe disorders of cognition, memory, or judgement are not associated with a primary diagnosis of dementia or other cognitive disorder.

8. Severe comorbid substance use disorder is present and must be controlled (e.g. abstinence necessary) to achieve stabilization of primary psychiatric disorder.

The following medical issues should be addressed with the on-call physician and treatment team prior to acceptance or denial (this is not an all-inclusive list):
1. Port-a-Cath access for medications, blood draws
2. Peg tubes
3. All wounds
4. Breathalyzer >.08, BAL >300mg/dL
5. Patients receiving dialysis

**Exclusion Criteria:**

Serious medical conditions that cannot be appropriately addressed, monitored, and/or treated at PRMC should be assessed. Some of these conditions include, but are not limited to the following:

1. Requires continuous IV hydration or rehydration
2. Requires Cardia Monitoring

3. Undiagnosed and untreated acute chest pain
4. Tracheostomy patients
5. Nephrostomy tube
6. Contagious disease: Scabies, VRE, MRSA non-colonized, etc.
7. T-Tubes/wound drains
8. Significant overdose that has not been to ER or physician's office and medically cleared.
9. Post Operation without medical clearance
10. Requires transfusions as part of their ongoing treatment plan
11. Hep-locks

**Exclusion Criteria: Adult Inpatient**

1. Severe aggression in the ER
2. Primary diagnosis of dementia (must be secondary diagnosis)
3. Requires a CPAP machine
4. Requires IV medication or fluids
5. Requires 24/7 oxygen
6. Requires a portable O2 tank
7. Requires medical gas
8. Stage 3 and 4 wounds
9. Wound vacuums
10. Requires any form of tube feedings
11. Requires bolus feedings
12. Requires BiPAP or BPAP respiratory support
13. Dialysis patients
14. A draining wound that has tested positive for MRSA
15. Uncontrolled HTN
16. Pain Management patch (case by case)
17. Requires short-term Foley catheterization
18. Requires nephrostomy
19. Jackson-Pratt Drains, "JP drains"
20. Requires coude catheter
21. Requires suprapubic catheter
22. PICC lines

**Exclusion Criteria: Child and Adolescent Unit**

TBD

**Medical Clearance:**

Potential admission for a patient with known medical conditions that may require medical resources that PRMC is unable to offer, and therefore should be assessed by the on-call physician, or designee.

**Therapeutic Considerations:**

Siblings and family members should not be admitted to the same unit to allow for confidential and effective therapy services.

**Continued Stay Criteria:**

1. Patient continues to meet criteria.

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2. Another less restrictive Level of Care would not be adequate to administer care.

3. Patient is experiencing symptoms of such intensity that if discharged, s/he would likely require rapid re-hospitalization.

4. Treatment is still necessary to reduce symptoms and improve functioning so that the patient may be treated in a less restrictive Level of Care.

5. There is evidence of progress towards resolution of the symptoms that are causing a barrier to treatment continuing in a less restrictive Level of Care.

6. Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out. Treatment plan has been updated to address nonadherence.

7. The patient is actively participating in plan of care and treatment of the extent possible consistent with his/her condition.

8. Family/guardian/caregiver is participating in treatment where appropriate.

9. There is documentation of coordination of treatment with state or other community agencies, if involved.

10. Coordination of care and active discharge planning are ongoing, beginning at admission, with goal of transitioning the patient to a less intensive Level of Care.

**Discharge Criteria:**

1. Patient no longer meets admission criteria for at least 24 hours and/or meets criteria for another level of care, either more or less intensive.

2. Patient or parent/guardian withdraws consent for treatment and patient does not meet criteria for involuntary or mandated treatment.

3. Patient does not appear to be participating in the treatment plan.

4. Patient is not making progress toward goals, nor is there expectation of any progress.

5. Patient's individual treatment plan and goals have been met.

6. Patient's support system is aware and in agreement with the aftercare treatment plan.

7. Patient's physical condition necessitates transfer to a medical unit.

**Referral Process:**
Upon discharge, patient will be fully assessed and referred to the appropriate level of care as dictated by both the initial treatment planning and progress/goals assessment. These referrals to include linkages and warm-hand-offs to partial hospitalization services, intensive outpatient program services, outpatient services, aftercare treatment programs and alternative treatment program services to include substance abuse services as indicated.

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## ***Outpatient Clinic***

1. Admission criteria and intake process
    a. Referrals to the Outpatient Clinic (OP) may come from the community member themselves (i.e. self-referred), a provider, a hospital, a school, or another entity involved with the community member
    b. To make an appointment for an initial evaluation by a prescriber or a psychotherapist, the referring party must call the OP. The front desk coordinator or office manager collects the following information by phone prior to scheduling the initial evaluation, to confirm eligibility for care:
        i. **Age-** The OP accepts patients four years of age and older;
        ii. **Insurance**- The community member must have a health insurance that is accepted by the OP, or must be willing to pay out of pocket for services;
        iii. **Payment for services**- The community member is willing and able to pay any necessary co-pays or facility fees associated with his/her insurance coverage;
        iv. **Availability**- The community member is available to attend appointments during the operating hours of the OP.
    c. When the community member presents for his/her initial evaluation for medication management or psychotherapy services, the provider obtains the following information to confirm eligibility to receive treatment at the OP:
        i. The community member reports or displays behavioral, psychological, or functional impairment that is consistent with a DSM-V psychiatric and/or substance abuse disorder;
        ii. The community member is capable of developing skills to manage symptoms or make behavioral change;
        iii. The community member demonstrates motivation to manage symptoms or make behavioral change, as evidenced by attending treatment sessions, completing tasks related to therapeutic goals, complying with the prescribed medication management plan, and other requirements of treatment as outlined by the provider;
        iv. The community member does not require a higher level of care, in that they are not a risk to harm themselves or others and are able to reasonably abide by a safety plan.
        v. The OP cannot accommodate the following:
            1. Forensic evaluations
            2. Patients that require extensive case management;
            3. Patients that require team-based treatment better provided at a psychiatric rehabilitation program or partial hospitalization program;
            4. Patients with chronic, severely debilitating mental health symptoms requiring treatment at least three days a week;
            5. Patients in early stages of recovery from a substance abuse disorder or actively abusing substances. Mild cases of substance abuse if they are in an active treatment program are accepted.