

# **Chapter: Medical Services (MD)**

## **Section 1: Scope of Service**

### **Policy**

Utah State Hospital provides emergency medical evaluation and treatment as a level 4 emergency service in offering reasonable care in determining whether an emergency exists, rendering lifesaving first-aid, and making appropriate referral to facilities capable of providing needed services, primarily Utah Valley Regional Medical Center. Evaluation and referral are done by qualified individuals. Emergency service is provided through a well-defined plan based on the capability of Utah State Hospital (USH).

### **Procedure**

1. USH emergency services provide medical assessment and care to USH patients only and do not provide emergency medical care to the community. USH has a limited role in the community-wide emergency disaster plan; this role is limited to servicing USH employees and patient's medical needs only. (See Utah County Emergency Civil Defense Hospital Survey for USH.)
2. Physically ill or injured individuals are not admitted to USH for medical treatment alone. However, patients admitted for psychiatric treatment are assessed by registered nurses in a comprehensive nursing assessment and by registered nurse practitioners or medical doctors in an initial physical examination. Patients with significant medical needs are treated or referred to the appropriate facility.
3. Medical Services coverage:
  - 3.1. The Hospital Medical Services Director is responsible for ensuring that medical services coverage is available at all times.
  - 3.2. Each unit is assigned a medical services provider to consult and provide some direct care.
  - 3.3. An on-call schedule generated by the Director of Medical Services lists the medical services provider on call providing for 24-hour coverage.
  - 3.4. Each patient is offered a complete screening medical exam upon admission in accordance with community standards and age and gender considerations.
  - 3.5. Ongoing primary care is available to each patient at the Utah State Hospital. This is provided by the Medical Services staff. Communication with specialists in the community is sought when deemed necessary.

---

*Implemented: 12-13-88*

*Revised: 5-92*

*Revised: 9-95*

*Revised: 6-98*

*Reviewed: 10-01*

*Revised: 4-09*

*Reviewed: 6-12*

---

# **Chapter: Medical Services (MD)**

## **Section 2: Patient Transfers**

### **Policy**

Utah State Hospital (USH) patients are transferred to an accredited hospital as approved by medical personnel if USH is unable to provide care at the level the patient requires.

### **Procedure**

1. USH provides emergency care as a level four emergency service by determining whether an emergency exists.
    - 1.1. During weekdays, 0800 to 1630 hours, a nurse practitioner and/or the medical physician assesses patients requiring emergency medical services. The nurse practitioner or physician is notified of the need by the staff registered nurse or other unit personnel. In cases of extreme life-threatening emergency, a staff member calls 911 directly and delegates another staff member to contact the nurse practitioner and/or the physician while the RN provides emergency nursing care to the patient.
    - 1.2. During on-call hours, i.e., evenings, nights, weekends, and holidays, the unit RN immediately contacts on-call medical staff to notify them of an emergency situation. As stated above, if the emergency is life-threatening, the a unit staff member calls 911 directly.
    - 1.3. After thorough assessment of the patient's condition, if it is determined that the medical services provided by USH, as defined below are not adequate to meet the patient's needs, thus requiring further services to prevent the patient's condition from being compromised (i.e., patient has multiple medical problems, significant change in vital signs, abnormal neurological signs and symptoms, any serious injury or illness which is life-threatening or needs immediate attention by a medical specialist), the medical services staff authorizes the patient's transfer to another facility.
  2. USH provides emergency care as a level four emergency service by rendering life-saving first aid.
  3. USH provides emergency care as a level four emergency by transferring the patient to the nearest medical facility.
    - 3.1. The attending Psychiatrist, Medical Services Practitioner, or designee writes an order to transfer the patient.
      - 3.1.1. The order is written on a pre-printed adhesive note which includes all required information, which is filled out, signed and attached to an order sheet in the hard chart.
    - 3.2. USH has responsibility for arranging transportation of the patient, including selection of the mode of transportation, and for providing appropriate health-care practitioners to accompany the patient.
    - 3.3. The patient is transferred to the referral facility from USH using USH vehicles when appropriate. If the condition of the patient is severe, transfer is made by ambulance. The
-

patient is transported back to USH using USH vehicles. Transportation is arranged after notice from the referral facility of the patient's discharge time.

- 3.4. The appropriate information is sent to the transfer facility, i.e., Nursing Transfer Sheet and copies of pertinent lab or test results.
- 3.5. The unit RN or social worker has the responsibility to notify the patient's next of kin listed in the patient's chart of the need to transfer a patient to another facility before or shortly after the transfer occurs.
- 3.6. Upon return of the patient to USH, the transfer facility forwards to the patient's USH unit copies of all pertinent information regarding the patient's stay at their facility, including: admitting and discharge physical examination reports; admitting and discharge summary; copies of all pertinent lab or test results.
  - 3.6.1. Medical Services and nursing staff assess and document the patient's condition upon return to USH.
- 3.7. Names and telephone numbers of the appropriate unit and hospital personnel are given to the admitting facility and are recorded on the nursing transfer sheet.
- 3.8. All patients transferred from USH to other care facilities are admitted under the name of the consulting physician.
- 3.9. The Shift Supervising RN is responsible to maintain daily contact with the transfer facility to receive progress reports on the patient. Medical concerns on the care and treatment received by the patient at the referral facility are routed through the DMS or his/her designee and/or the Director of Nursing Services as appropriate. Concerns about the psychiatric care and treatment of the patient at the referral facility are routed through the USH Clinical Director or the Director of Nursing Services as appropriate.
- 3.10. When the patient is ready for return to USH, USH medical services staff are notified. The Director of Nursing Services and/or the Infection Control Coordinator are involved in all discharges from acute-care facilities requiring extensive nursing care and/or infection control involvement.
  - 3.10.1. Upon re-admission of the patient to USH, Medical Services formulates a new medical plan of care after reviewing recommendations from consultants, physicians, and the discharge summary of the outside medical provider.
  - 3.10.2. Medical Services reviews medication needs and orders appropriate non-psychotropic medications in collaboration with the attending psychiatrist regarding psychotropic medications.
  - 3.10.3. The Individual Comprehensive Treatment Plan (ICTP) reflects the patient's new medical problems and status if pertinent, and includes all necessary observations/treatments as modalities. The ICTP addendum sheet may be used.
  - 3.10.4. Upon patient return to USH, the attending Psychiatrist or designee reviews medication needs and orders appropriate psychotropic medication.

---

*Reviewed: 9-95*

*Revised: 6-98*

*Revised: 12-01*

*Revised: 10-04*

*Revised: 2-08*

*Revised: 5-09*

*Revised: 2-11*

---

# **Chapter: Medical Services (MD)**

## **Section 3: Organization, Direction, and Staffing**

### ***Policy***

Utah State Hospital (USH) emergency services are well organized, properly directed, and adequately staffed to provide level four emergency care.

### ***Procedure***

1. USH emergency services are directed by the Director of Medical Services. Together with USH nursing services, they comprise USH emergency services and provide level four emergency care to USH patients.
2. The responsibility and accountability of emergency services to medical staff and hospital administration are defined in the Bylaws of the Medical Staff.
3. Emergency services are directed by the Director of Medical Services who is a physician member of the medical staff.
  - 3.1. The USH Clinical Director and a second medical physician, who are both physician members of the medical staff, are designated and authorized to perform the function of the Director of Medical Services (DMS) when he/she is unavailable.
  - 3.2. The DMS has authority and responsibility for implementing established policies and provides direction for all emergency care of USH patients.
  - 3.3. The DMS or designee, along with the Director of Nursing Services, monitors and evaluates the quality, safety, and appropriateness of emergency care and/or referral.  
(See Emergency Services: Quality Assurance and Quality Control)
  - 3.4. Credentialing files, including training, experience, and current competence of the DMS, other medical physicians, and the Hospital Clinical Director, are maintained in the medical staff credentialing files. The credentialing files reflecting training, experience, current competence, and scope of service of the registered nurse practitioners are found in the office of the Medical Services.
  - 3.5. A medical services provider is on call to give direction and supervision during on-call hours.
4. The medical practitioner's on-call schedule is available at the hospital switchboard. The on-call practitioner is readily accessible to unit nursing personnel via telephone / pager.
5. Registered nurses are available to USH patients at all times to help identify emergencies and contact Medical Services who prescribe lifesaving first-aid and treatment and make referrals to outside emergency medical providers.

---

*Implemented: 12-20-88*

*Revised: 5-92*

---

---

*Revised: 9-95*

*Revised: 6-98*

*Revised: 10-01*

*Revised: 10-04*

*Revised: 4-09*

*Reviewed: 6-12*

---

# **Chapter: Medical Services (MD)**

## **Section 4: Withholding Resuscitative Services**

### ***Policy***

Utah State Hospital is a level four emergency care provider. Acute and stable chronic physical illnesses are managed by Medical Services. Life threatening emergencies occurring at Utah State Hospital are referred to a level one emergency care provider for evaluation and treatment. Utah State Hospital recognizes that adult (18 years and older) patients who have not been deemed incompetent to make this decision have the right to refuse life-sustaining procedures, which may include resuscitative procedures, by executing an advance directive.

### ***Definitions***

1. **Life-Threatening Condition:** is an underlying condition in which death is imminent, unless the underlying cause is corrected, and in which resuscitation may be required to sustain life.
2. **Cardiopulmonary Arrest:** is the sudden cessation of circulation, respiration, or both, and is a terminal event unless quick and efficient cardiopulmonary resuscitation is administered.
3. **Cardiopulmonary Resuscitation:** includes medical therapies provided promptly and appropriately to restore respiration, circulation, or both following a cardiopulmonary arrest. Such therapies include artificial ventilation via mouth-to-pocket mask or bag/valve/mask, use of AED, and chest compressions. Pocket masks or Ambu bags are available in all patient areas and at the switchboard in the Heninger Administration Building. Mouth-to-mouth resuscitation is not considered standard procedure.
4. **Terminal Condition:** is a condition caused by injury, disease, or illness, which regardless of the application of life-sustaining procedures, would within reasonable medical judgment produce death, and where the application of life-sustaining procedures would serve only to postpone the moment of death.

### ***Procedure***

1. **Patients Requesting that Resuscitation be Withheld:** Utah State Hospital recognizes that all adult patients who have not been deemed incompetent to make these decisions have the right to execute an advance directive stating treatment they would desire or not desire in the event of a life-threatening or terminally ill condition (see USHOPP: Patient Rights: Advance Directives, Personal Choice, Living Will).
  - 1.1. All charts for patients who have executed an Advance Directive stating that they do not desire resuscitation in the event of a life-threatening condition shall be marked with a Do Not Resuscitate sticker.
    - 1.1.1. If a patient does not have an Advance Directive, their family or treatment team may request support and consultation from the Ethics Committee.

- 1.2. The attending physician and the treating staff shall be informed of such directives.
2. Withholding of Resuscitation: In the event that a patient requires resuscitation, those procedures shall not be denied except in the following condition: the patient requiring resuscitation has previously executed an advance directive stating he/she does not desire resuscitation in the event of a life-threatening condition, and that directive has not been withdrawn either in writing or verbally.
  - 2.1. The attending physician shall write an order to withhold resuscitative services in the physician's order section of the working chart in the event that such a directive exists.
3. Standard of Care is not lessened: An order to withhold resuscitative services order does not imply a lesser standard of care for the patient. Patients with such orders shall continue to receive other supportive therapies and shall always receive the same attention to care and comfort as other patients.
4. Transfer of Patient to a Level One Care Emergency Care Provider: Life-threatening emergencies occurring at Utah State Hospital are referred to a level one emergency care provider for evaluation and treatment.
  - 4.1. In the event that a patient is transferred to a level one emergency care provider, the receiving facility is provided a copy of the directive stating that the patient does not desire resuscitation.
  - 4.2. It is the responsibility of the level one emergency care provider to initiate or withhold resuscitative procedures.

---

*Implemented: 4-92*

*Revised: 9-95*

*Revised: 10-96*

*Revised: 8-97*

*Revised: 10-01*

*Reviewed: 2-05*

*Revised: 5-09*

*Reviewed: 6-12*

---

# **Chapter: Medical Services (MD)**

## **Section 5: Organ, Tissue, and Eye Donation**

### **Policy**

Utah State Hospital (USH) patients who have not been declared legally incompetent can make their own decisions regarding organ tissue donation. If no decision or direction has been given by a patient, then the patient's family's wishes regarding organ and tissue donation will be considered.

### **Procedure**

1. Intermountain Donor Services (IDS) can answer questions that patients or families may have regarding organ/tissue donation.
2. A patient who desires to make an anatomical gift after death may make his/her wishes known to the treatment team.
3. The patient's social worker can assist the patient in registering on-line, if desired, at 'yesutah.org'.
4. Utah State Hospital has written agreements with Intermountain Donor Services for organ and tissue donations and with the Utah Lions Eye Bank for eye donations. Copies of the agreements are kept in the Legal Services Office.
5. Intermountain Donor Services is notified of all imminent deaths (1-800-833-6667) by the UND/SSRN.
6. If a USH patient dies at another facility (i.e. UVRMC) the nursing staff at that facility contacts IDS.

---

*Implemented: 5-92*

*Reviewed: 9-95*

*Reviewed: 7-97*

*Revised: 11-98*

*Revised: 10-01*

*Revised: 9-03*

*Reviewed: 2-05*

*Revised: 4-09*

*Revised: 10-09*

*Reviewed: 2-12*

---

# **Chapter: Medical Services (MD)**

## **Section 6: Pain Assessment**

### ***Policy***

Patients admitted to Utah State Hospital are assessed for pain at the time of admission and regularly thereafter. Information on pain management is available to patients and their families which include up to date modalities in managing pain.

### ***Procedure***

1. Patients are assessed for pain, by medical services personnel at the time of admission and periodically thereafter.
  - 1.1. A pain assessment form is utilized.
  - 1.2. If pain is not present, there will be a periodic screening at least every ninety days or sooner as clinically indicated.
  - 1.3. If pain is present, further evaluation of the pain, aggravating factors, duration, etc., are assessed.
  - 1.4. The pain assessment explores the relationship of pain and mental illness.
  - 1.5. A brief description of the pain management plan is included in the final section of the pain assessment.
2. Patients and their families are offered basic information regarding pain, assessment, and expression of pain and treatment options available. This information is made available through orientation information packets.
  - 2.1. Patients with pain are treated in keeping with best practice models, community standards, and regulatory agency requirements.

---

*Implemented: 1-02*

*Reviewed: 2-05*

*Revised: 6-09*

*Reviewed: 6-12*

---