

Chapter: Admission and Discharge (AD)

Section 1: Admission of Adult Civil Patients

Policy

1. Civilly committed patients are referred to Utah State Hospital by a Local Mental Health Authority (LMHA). LMHA screens the appropriateness of referral utilizing USH Admission criteria. Referrals are to be made to the hospital's Admissions staff in the Admissions, Discharge and Transfer Office (ADT).
 2. Criteria for admission to Utah State Hospital are defined in the Utah State Code 62A-15-610, Utah Administrative Code Rule 432-101-17 and CFR 482.60 (a), 482.62 (a) (3) and 424.14 (b) (c) (2) (i) and 424.14 (c) (3) .
 - 2.1. Referred individual is under civil commitment or meets criteria for civil commitment.
 - 2.2. Individual must have a severe mental disorder
 - 2.3. Services are for diagnosis and treatment of mental illness.
 - 2.4. Individual must be able to benefit from active treatment.
 - 2.5. Treatment could reasonably be expected to improve individual's condition
 - 2.6. No appropriate less restrictive treatment alternative is available
 - 2.7. Individuals may be voluntarily admitted to Utah State Hospital provided they have been admitted to LMHA for service and meet admission criteria 2.2 through 2.6.
 3. Referrals are made based on the availability of bed allocation for each LMHA.
 4. The referred individual is a client of a LMHA and has been referred by that LMHA. The referred individual can also be committed to another state institution, and meet the criteria for inter-institutional transfer as defined in Utah Code Annotated 62A-15-604.
 5. Any applicant who does not meet the criteria 2.1 through 2.7 is ineligible for admission. Additionally, the following circumstances or additions may render referred individual ineligible/inappropriate for admission:
 - 5.1. Referrals with a primary problem of substance abuse without concurrent severe mental disorder.
 - 5.2. Patients with exceptional medical problems requiring physical care beyond the reasonable capability of Utah State Hospital are not eligible for admission. This restriction includes patients with highly contagious infections or diseases that would normally require isolation facilities, highly technical procedures, and extensive staffing resources.
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Procedure

1. All adult civil referrals for admission to Utah State Hospital must be made by the appropriate LMHA.
 2. Each LMHA liaison (as defined in rule 523-4-4(2)) has the responsibility of making referrals and completing the preadmission process to Utah State Hospital.
 3. LMHAs have the initial responsibility to refer a patient for admission to Utah State Hospital. The referral is made by the LMHA liaison to the ADT Office at Utah State Hospital. Determination regarding eligibility for admission is made by Utah State Hospital.
 - 3.1. At the time of referral, a pre-admission assessment is submitted by the LMHA liaison listing basic patient data and medical screening information along with supporting documentation identified in the preadmission assessment.
 - 3.2. ADT staff reviews the preadmission assessment packet and supporting documentation.
 - 3.3. Prior to the denial of a referral, ADT consults with the office of the Clinical Director / Assistant Clinical Director.
 4. If the patient is eligible for admission and a bed is available according to bed allocation, an admission time is arranged. The Utah State Hospital ADT Office notifies the unit of the approved admission and the anticipated date and hour of arrival. The appropriate information is sent to the unit Service Management Team at least 24 hours prior to the proposed admission.
 - 4.1. Referring agency initiates a doctor-to-doctor discussion about the referred patient prior to admission.
 5. Admissions are scheduled during regular business hours (Monday-Friday, 0800-1700). Exceptions are negotiated by the LMHA with the receiving unit Service Management Team (SMT) via ADT.
 - 5.1. ADT notifies campus police and the receiving unit of the admission.
 - 5.2. The Hospital Legal Services Department is notified of known Duty to Warn circumstances.
 6. The official time of admission is recorded in e-chart by ADT staff after the patient has arrived at the Hospital and there is a contact between ADT personnel and the admitting physician or his/her designee.
 - 6.1. If the patient is first taken to the ADT office:
 - 6.1.1 ADT contacts the admitting physician
 - 6.1.1.1 If the admitting physician is not available, ADT contacts the psychiatrist who is covering, or the physician's supervisor.
 - 6.1.2 ADT enters the time of admission into e-chart.
 - 6.1.3 Registered Nurse contacts medical services provider and psychiatrist to notify of the arrival to the unit.
 - 6.2. If the patient is taken directly to the admitting unit at the time of arrival on campus:
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- 6.2.1 Receiving unit RN contacts the admitting physician at the time of arrival to indicate the patient is present and to report the current condition of the patient.
 - 6.2.2 The admitting psychiatrist gives an order to the RN to admit the patient.
 - 6.2.3 RN calls medical services provider to notify of admission.
 - 6.2.4 Unit staff contacts the ADT office to indicate the patient has been admitted, and communicates the time of admission.
 - 6.2.4.1 Medical records or information technology are contacted if ADT is unavailable.
 - 6.2.5 ADT staff enters the admission time into e-chart.
7. Procedures to be followed when an applicant is denied for admission:
- 7.1. The LMHA liaison is notified of the denial and the reasons for the decision.
 - 7.1.1 Any continuing disagreement about eligibility is referred to the Clinical Director of USH and the Clinical Director of the referring LMHA for conflict resolution. If conflict is not resolved, refer to rule 523-4-7.
 - 7.2. Individuals making referrals on behalf of themselves, friends or family members are referred to the local mental health authority in their area, regardless of the appropriateness of the case for treatment at Utah State Hospital.
 - 7.3. Referrals with exceptional medical problems are reviewed by the Director of Medical Services, Hospital Clinical Director, and Nurse Executive.

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Section 2: Intra-Hospital Transfer Policy

Policy

It is the policy of the USH to ensure that intra-hospital transfers occur in an efficient manner and are in the best interest of the patient.

Procedure

1. Intra-hospital transfers will occur when it is clinically or administratively indicated.
 2. The Clinical Director of the transferring service area is ultimately responsible to make the decision to recommend an intra-hospital transfer based on clinical relevance for the patient.
 3. The Administrative Director from the transferring service area is responsible to coordinate the communication of the transfer.
 4. The referring service area is also responsible to notify the ADT office for adult patients, switchboard, and medical records of the impending transfer (before the transfer occurs).
 5. ADT will notify the Local Mental Health Authority (LMHA) Liaison of the recommended transfer.
 6. The AD and/or Clinical Director from the transferring service area contacts the AD and/or Clinical Director from the service area to which the patient is to be transferred to negotiate the possible transfer.
 7. If the transfer is agreed upon, the AD's from the service areas will coordinate a clinical staffing with the referring and accepting treatment teams.
 - 7.1. The members of the receiving team, including the physician and RN, should be present at this meeting. A representative from the referring team needs to present the case.
 - 7.2. Treatment plan issues are communicated to the receiving unit during the transfer meeting before the patient arrives on the receiving unit.
 - 7.3. An ADTRAN note type is entered by receiving unit AD or designee summarizing transfer meeting and plan.
 8. The referring physician is responsible to write a transfer order.
 9. The receiving physician is responsible to write the admission orders for their service area.
 10. The accepting treatment team is responsible to develop a comprehensive ICTP within 72 hours of transfer.
 - 10.1. In the event of a unit opening or closure and the treatment team remains the same, the current orders and ICTP remain the same.
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11. If negotiations for a transfer are not reached, the referring physician will refer the case to the Hospital Clinical Director for arbitration.
12. Prior to transfer, the sending unit initiates the Intra-hospital patient transfer checklist and completes their portion of the form which the AD signs. This form follows the patient and the receiving unit completes and signs. The original is filed in the patient chart, the NCR copy is forwarded to medical records within seven days of transfer.
13. A TAN note is entered by the MD, RN, Social Worker, and Recreation Therapist of the sending unit which details the hospital course up to the time of the transfer and the reason for the transfer. The TAN is completed within 24 hours of the transfer.
14. Once the patient has transferred, the receiving service area is responsible to update the embossed card through the ADT office and to update the face sheet to include the new treating service area and treatment team.
15. In the case where an adolescent is transferring to an adult bed the following is completed by the receiving unit:
 - 15.1. Notice of Privacy Practices given to patient
 - 15.2. Acknowledgement of receipt signed
 - 15.3. Advance directive information reviewed and documented in an ADVDIR note
 - 15.4. Authorization forms completed for contacts
 - 15.5. Patient rights reviewed and form signed
 - 15.6. Message from Medicare reviewed and form signed
 - 15.7. Seclusion/restraint contact and authorization form signed, if desired
 - 15.8. Consent for medication treatment completed
16. If transferring from Forensic Unit to an Adult Unit the social worker of the receiving unit provides a copy of the Utah State Hospital Notice of Privacy Practices to the patient and obtains the patient signature on the Acknowledgement of Receipt of Notice of Privacy Practices which is filed in the patient record. The social worker from the transferring forensic unit obtains a list of discharge goals from the LMHA liaison.
17. The Youth Center is responsible to notify ADT when a patient is approaching 18 years of age and inform them of the recommended disposition of placement.

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Section 3: Boarder Status

Policy

Patients may be temporarily boarded on units other than their own, if there is a compelling need.

Procedure

1. Patients may be boarded temporarily if there is a compelling clinical or administrative need.
 2. Examples of a need for boarder status may include:
 - 2.1. The patient to be moved has committed a violent or allegedly illegal act involving another patient or staff member or the patient has made a serious threat to victimize another patient or staff member, or
 - 2.2. Patient has clinical need(s) which would be better served on the receiving unit and
 3. Mechanisms to facilitate consideration and arrangements for a patient to be boarded:
 - 3.1. The sending and receiving psychiatrists or their designee agree if it is during weekday hours; or the on-call psychiatrist, administrator, and SSRN agree during on-call hours.
 - 3.1.1 An attempt to contact the receiving psychiatrist is made by the on-call psychiatrist, if this placement is to be made during on-call hours.
 4. The attending psychiatrist from the originating unit or the designee gives an order to move the patient to boarder status.
 - 4.1. The order includes a safety or treatment objective for the treatment plan.
 5. The attending psychiatrist or designee informs Hospital Administration of the move and the reasons therefore.
 6. The attending psychiatrist or SSRN enters a DATA progress note in e-chart.
 - 6.1. The progress note specifies the circumstances requiring this emergency action and states the safety or treatment objective the receiving unit nursing staff is expected to chart to.
 7. On-going documentation is done by staff of the receiving and originating units in RN and MD data notes.
 - 7.1. Receiving unit nursing staff charts to the boarder status safety objective every shift.
 - 7.2. Sending unit treatment team charts to the objective and documents progress toward resolution of boarder status.
 8. The patient remains a patient of the sending unit.
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9. ICTP is directed by the progress notes or orders of the attending psychiatrist during the boarder status.
 - 9.1. While on boarder status, the previously written ICTP is generally considered to be in suspension and staff care is directed by boarder status progress notes entered by the psychiatrist on the unit of origin or designee, which may include the SSRN.
 - 9.2. While a patient is on boarder status the treatment team communicate and review if conditions for returning patient to unit are adequate, or may decide to transfer the patient to the (boarder) unit.

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Section 4: Discharge and Aftercare of Adult Patients

Policy

Discharges from Utah State Hospital occur in an efficient and patient oriented manner. To provide continuity of care, planning and preparing for discharge begins as part of the admission process and continues throughout the treatment of the patient.

Procedure

1. Prior to admission, treatment goals and desired outcomes are obtained from the referring Local Mental Health Authority (LMHA).
 2. Upon admission, discharge criteria are established in collaboration with the LMHA.
 3. The ADT Office assists with securing entitlement benefits for all eligible patients including assisting the treatment team in completing necessary documentation.
 4. Treatment teams work directly with the appropriate LMHA during discharge planning.
 - 4.1. Discharge plans are communicated to the ADT Office by the unit for the purpose of bed management.
 - 4.2. If the treatment team has reservations about discharging a patient at the LMHA's request, the team communicates their reservations to the LMHA liaison. The team also asks for feedback from the liaison. This exchange is documented in the patient chart by team members.
 - 4.3. The treatment team reviews the LMHA's response and further considers the discharge request. If agreement regarding discharge is not achieved at this level, conflict resolution process is followed as per Utah Administrative rule 523-4-7.
 5. When unit staff receive notification of a pending discharge date for the patient, the unit staff completes the following processes to assist with transition to community and minimize any inconvenience to the patient:
 - 5.1. Inventory patient's possessions, funds, and valuables against admission inventory.
 - 5.1.1 Ensures the inventory accompanies the patient at time of discharge.
 - 5.2. Necessary arrangements are made to forward any funds held for the patient in an account in the business office to the patient/responsible agent after discharge.
 - 5.3. Any debts or contracts with USH are satisfied or arrangements are made to satisfy these obligations.
 - 5.4. Transportation of the patient to discharge location is arranged and scheduled. Patient is notified of date and time of discharge as clinically indicated.
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- 5.5. Social worker arranges for a follow up appointment (date and time) with the LMHA. Social worker communicates this information to the treatment team and documents in the Patient Discharge Order (PDO). The Psychiatrist ensures follow up treatment is arranged.
 - 5.6. With patient permission family is notified of discharge plans.
 - 5.7. Nursing staff has discharge medication(s) ordered and available on unit at time of discharge.
 - 5.8. e-Chart discharge orders are completed and “noted off” by required staff.
 - 5.9. The completed Discharge Summary is forwarded to the appropriate agencies by medical records personnel.
 - 5.10. Discharged patient chart is reviewed by unit for completion and forwarded to Medical Records within 15 days of discharge.
 - 5.11. Duty to warn notifications are completed by Unit Administrative Director or designee.
 - 5.12. Patient receives copy of PDO with instructions for follow up care.
6. On the day of discharge, the service area secretary completes a patient discharge notification (PDN) and forwards it to appropriate hospital personnel/departments, including Medical Records, ADT, Vocational Rehabilitation, Legal Services Manager, Business Office, and Quality Resources.

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