

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE

SUBJECT: ADMISSION PROCESS TO NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

NUMBER: NN-PC-AD-02

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APPROVAL: _____ Rosalyn Reynolds s}, Agency Director

I. PURPOSE

The purpose of this policy is to delineate the process of admitting a consumer to inpatient or outpatient programs of Northern Nevada Adult Mental Health Services (NNAMHS).

II. POLICY

It is the policy of NNAMHS that all admissions are based upon established criteria. NNAMHS provides care and treatment to mentally ill adults, age 18 (eighteen) or above, who are ambulatory, capable of participating in treatment and who meet established admission criteria. Individuals who present for admission will be processed through the Psychiatric Evaluation Service (PES) in a consistent manner.

III. REFERENCES

1. NNAMHS Policy PC-AD-01: *“Inpatient Admission, Continued Stay and Discharge Criteria”*
2. NNAMHS Policy IM-MR-07: *“Consumer Transfers and Documentation”*
3. NNAMHS Policy PC-PL-12: *“Consumer Property”*
5. NNAMHS Policy PC-AD-04: *“Psychiatric Evaluation Services (PES)—Evaluation, Assessment, and Admitting Process”*

7. Form MR-126: "Consent for Admission"
8. Form MR126a: "Admission Authorizations."
9. NRS 159.0805: Approval of court required before guardian may consent to certain treatment.

IV. PROCEDURE

1. NNAMHS will accept individuals for admission who are referred on a voluntary, emergency or court commitment basis and who are assessed to meet admission criteria. General admission procedures apply to all admissions. Specific types of admissions may require additional processes outlined below.

GENERAL ADMISSION PROCEDURES

1. Individuals who present at PES (Psychiatric Evaluation Service) will be assessed and processed by the licensed clinical staff.
2. Telephone requests for services are processed by the clinician in the following manner:
 - a. If the caller is requesting service and it is believed after a telephone interview that outpatient care is appropriate, the caller will be directed to come to Psychiatric Assessment Services during business hours.
 - b. If the person requesting service is believed to be in need of further evaluation for admission to the inpatient psychiatric unit or to the outpatient psychiatric observation unit, i.e., the individual may be a danger to self or others, the person will be asked to present themselves to PES or to an acute care hospital emergency department. If the clinician has reason to believe the consumer may not self present, law enforcement will be contacted immediately.
 - (i) The clinician will attempt to get the person's name, address and telephone number so the appropriate authorities (i.e.: law enforcement) may be contacted if it is deemed necessary. If staff is unable to get information regarding the whereabouts of the consumer and it is believed that the consumer is unable or unwilling to self present for treatment, the staff member will stay on the telephone line with the consumer and will attempt to get another staff member to contact law enforcement. If there has been no law enforcement follow-up, the Medical Director or Agency Director will be notified.

- (ii) If the caller is providing information about another person who needs assistance who may be a danger to self or others, the necessary information regarding consumer's name, address and telephone number will be obtained and the police will be notified. If there has been no law enforcement follow-up, the Medical Director and the Agency Director will be notified.
 - (iii) All consumers must be medically cleared prior to admission to either the Psychiatric Observation Unit (POU) or the Psychiatric Inpatient Unit. This will occur either at an acute care hospital emergency department, or when possible and clinically appropriate, at NNAMHS.
 - c. If the caller is an open NNAMHS case and it is believed after the telephone interview that the caller is not in need of services of the psychiatric inpatient or psychiatric observation unit, then the clinician will contact Service Coordination or the appropriate open service for follow-up.
 - (i) During business hours the call will be directed to their Service Coordinator or their primary service provider/program.
 - (ii) After business hours, the caller will be directed to call their service coordinator (if assigned) or other open service on the next business day, or if clinically indicated, the on-call Service Coordinator will be contacted.
3. Crisis Calls received will be handled by the licensed clinical staff in PES.
- a. After a telephone interview is completed, the licensed clinical staff will document on their daily PES log report, and, for open NNAMHS consumers, in the progress note section of the medical record.
 - b. If possible, the licensed clinician will obtain both the telephone number and address of each crisis call if possible.
 - c. Each morning at 0730 hours, Monday through Friday, excluding holidays, the original PES Report will be sent to the PES physician and reported in morning meeting
4. The Financial Benefits staff will be contacted regarding individuals with insurance who have presented themselves for evaluation.

5. After obtaining the name and birth date of the person presenting for evaluation, a call is made to Health Information Services for a chart check.
 - a. If there is a prior or open chart, Health Information Services will deliver the chart to PES.
 - b. After hours and on holidays and weekends, the nursing supervisor is responsible for checking in Health Information Services for the existence of a prior or open chart, and obtaining the chart.
6. PES staff will initiate and complete initial assessment.
7. If the clinician feels that the patient requires admission to the POU or to inpatient services, the clinician will ask the psychiatrist to evaluate the patient. The psychiatrist will evaluate the consumer and, in conjunction with other clinical staff, will make a decision regarding disposition and the initial treatment plan. When the PES physician is not available, the consumer will be placed on a Legal 2000 and sent to the emergency room for medical clearance and certification of hold. If there is disagreement about discharging a consumer, the discharge will be reviewed by the Medical Director or his/her designee prior to the consumer being released.
8. If the plan is to admit the individual who has been medically cleared and hold certified, the psychiatrist will write or telephones orders to the PES RN. All information will be documented in the clinical record by the admitting clinician.
 - a. The psychiatrist may order admission to the inpatient unit if clinically indicated. When an individual is admitted on an emergency basis to the inpatient unit, the inpatient chart will be opened and a report will be given to the RN on the inpatient unit.
9. If, after the psychiatric evaluation, the psychiatrist believes that the individual does not require admission, the psychiatrist will contact the referring agency to be sure that all relevant history has been received and to discuss the consumers' disposition. The date, time, and name the person with whom the psychiatrist is documented in the progress notes.
 - a. Appropriate referrals should be made and the individual may leave.
 - (i) A community service agency handout is always given to these individuals.

(ii) Law Enforcement is not responsible for transporting individuals back to their counties or other agencies.

b. If the person is not referred to NNAMHS services, the chart is closed.

10. Medication Evaluations only:

a. The clinician will refer those consumers requiring medication evaluation to the PES Psychiatrist or APN. After assessing the consumers, the psychiatrist or APN can prescribe medication and set up a medication clinic appointment for follow up treatment.

(i) When the pharmacy is closed, the Psychiatrist can prescribe enough of the medication until the pharmacy can fill the prescription.

b. If the consumer does not need immediate medications but requires one or more of the other outpatient programs, referrals and applicable appointments will be made by the PES clinical staff.

11. COBRA procedures delineated in NNAMHS Policy IM-MR-07 "Consumer Transfers and Documentation" will be followed regarding consumer transfers to other facilities and documentation of transfer. Consumer property will be processed according to procedure PC-PL-12 "Consumer Property".

12. When a known NNAMHS consumer has been receiving treatment or care at an acute care health care facility and that agency wishes to return the patient to NNAMHS, the caller should be transferred to POU.

a. The clinician will request that a copy of the consumer's most recent physical examination and laboratory work accompany the consumer. This information will be provided to the medical clinic physician for review and approval of readmission to NNAMHS. A physician to physician contact will occur regarding all consumers coming from an acute inpatient medical unit, [and may be required for consumers returning from an emergency department to the POU.]

b. If the consumer is not coming on a voluntary basis (that is, if the hold has expired), then a completed an Involuntary Admission must accompany the consumer.

13. Processing Insurance after business hours

- a. Pre-authorization telephone calls will be documented in a progress note and on an insurance phone log sheet for the billing office, including the name of the insurance company, phone number and the name of the individual giving the pre-authorization. Staff will copy the consumer's insurance card. The insurance card usually contains the pre-authorization phone number.
- b. Pre-authorization is required for several third party payers. The clinician is responsible for calling for the pre-authorization. Patient Billing will provide PES with a copy of their list of insurance companies and corresponding phone numbers.

14. When all of the admission documents are completed, PES staff will be responsible for making up the chart after hours and on holidays and weekends.

15. DOCUMENTS COMPLETED AT ADMISSION BY THE CLINICIAN

1. Admission Face Sheet MR-100 pages 100-A and 100-B
2. Problem List, MR-184
3. Medicare Rights Form MR-151
4. Consent for Admission- MR-126
5. Advance Directives given to patient (initialed on MR193)
6. Admission Assessment, MR-193, pages 1-6 of 17
7. LOCUS, MR-138

16. ADDITIONAL DOCUMENTS COMPLETED AT INPATIENT OR POU ADMISSION BY THE CLINICIAN

1. Valuables for Deposit in NNAMHS Safe- MR-124 gold to consumer, white to safe, pink in chart.
2. Inventory of Personal Effects MR-122
3. Admitting orders, MR-120A, to be completed by nursing staff only
4. Nursing Assessment, MR-193
5. Acknowledgement of Notification of Nevada Patient's Rights Statutes, MR-149

6. Patient/Family Education, MR-185
7. TB Screening, MR-118
8. Vital signs/weight flow sheet, MR 123
9. Patient Identification Photograph, MR181
10. Treatment Plan MR 190
11. Inventory of Personal Medication MR 127

SPECIAL CIRCUMSTANCES ADMISSIONS

1. VOLUNTARY ADMISSION PROCEDURES

1. Voluntary admission must have prior approval by the medical director or agency director.
2. An individual requesting a voluntary admission will be evaluated by the licensed clinician. A consumers requesting voluntary admission must meet involuntary admission criteria (a Legal 2000 initiated at the time of admission).
3. Individuals will be admitted or referred to the appropriate program(s), based on the assessment done by the licensed clinician.
4. If an individual presents requesting voluntary admission and the clinician assesses the person to be a danger to self or others, intoxicated, or having medical problems and that individual suddenly decides he/she wants to leave, the clinician must consult with the Psychiatrist to clarify the disposition and determine if the initiation of an involuntary admission is required.
 - a. Prior approval by the director or designee may be required for a voluntary admission during times of high census or when directed.
 - b. Medical clearance must be completed prior to admission by NNAMHS staff or by referral to an acute care medical facility.
 - c. Safe transportation to the acute care medical facility will be arranged and COBRA policies followed.
5. The consumer will be asked to sign a "Consent for Admission" MR-126.
6. In accordance with NRS 159.0805, consumers with guardians cannot be admitted voluntarily on the consent of the guardian unless the guardian has obtained court authority to consent to such an admission.

ADMISSION ON LEGAL PAPERS (INVOLUNTARY ADMISSION)

1. Prior to transporting individuals, all agencies are required to fax copies of the papers for review by NNAMHS staff for completeness.
 - a. If the fax information is not complete, the clinician must be specific in explaining what further information is required prior to the individual being transferred for evaluation by NNAMHS staff.
 - b. The individual is not to be transferred to NNAMHS until the appropriate papers have been completed.
2. When an individual arrives at the Northern Nevada Adult Mental Health Services on an Involuntary Admission or a District Attorney's petition, the clinician will check the documents for completeness.
 - a. The Involuntary Admission must have all sections completed and signed.
 - b. The District Attorney's petition must be accompanied by a copy of a physical examination as well as a completed and signed "Certification" and "Medical Clearance" (page two of the Involuntary Admission.)
3. The clinician will review the documents that accompany the individual, including but not limited to, hospital documents, COBRA forms, jail documents, physical examination and lab work.
4. All documents that accompany the individual must reflect compliance with the Northern Nevada Adult Mental Health Services Policy and Procedure #PC-AD-01 entitled "Admission Criteria."
5. When an individual arrives at NNAMHS from a facility without a completed Involuntary Admission or documented physical examination, the following procedure is to be followed.
 - a. Notify the hospital and/or physician who initiated the Involuntary Admission.
 - b. Request the completed documentation is faxed to NNAMHS as quickly as possible. The clinician must document the contact on a NNAMHS Incident Report.
 - c. The faxed copy of the Involuntary Admission and/or hospital report will be considered sufficient to admit the individual.
 - d. The individual should not be admitted to NNAMHS without complete compliance to legal requirements.

- (i) If the “Application” (first page) of the Involuntary Admission is incomplete, the clinician may initiate a new one.
 - (ii) For completion of the “Certification” and “Medical Clearance” sections of the Involuntary Admission, the NNAMHS physician may need to give the order to transfer the individual to an acute care hospital, in compliance with the COBRA policy. During regular working hours, the NNAMHS medical clinic physician may complete a medical clearance.
 - e. The NNAMHS physician may give a written or telephone order to the RN for admission of the individual to inpatient or observation status when legal requirements are met.
6. When the review of the legal papers is completed and they are found to be in order, the clinician will accept responsibility for the consumer and the person who transported the individual to NNAMHS may leave. This review process should not take more than several minutes.
- a. An Involuntary Admission “Application” (page one) may be initiated by a physician, psychologist, social worker, Registered Nurse, marriage and family therapist, an accredited agent (employee) of the Department of Human Resources or an officer authorized to make arrests in the State of Nevada.
 - b. Individuals within these categories may or may not possess a Nevada License/Certificate with a corresponding assigned number.
 - c. It is not necessary for employees of the Police or Sheriff Departments to sit and wait while the clinician completes the admission assessment.
 - d. If restraints are necessary, a physician’s order will be obtained. Clinical staff will assist in the change from police restraints to facility restraints
 - e. PES staff and/or inpatient staff will escort the consumer to the consumer care unit after the physician’s admission order is received.
7. In accordance with NRS 159.0805, patients with guardians must be admitted on Legal 2000, Court Commitment or on the consent of the guardian who has received court authority to provide such consent.

2. ADMISSION OF INMATES FROM WASHOE COUNTY DETENTION CENTER

1. These individuals must meet the criteria for admission and must be transferred with a completed Involuntary Admission and a medical history and physical examination. If an inmate is brought in on an Involuntary Admission, the psychiatrist will either admit the individual for evaluation or will personally evaluate the inmate if admission is denied.
2. NNAMHS will be apprised of the alleged criminal acts giving rise to the criminal charges. Only inmates with "Misdemeanor" charges will be eligible for transfer to NNAMHS.
3. Inmates may be medically cleared by the county designated hospital prior to admission, or the clearance may occur at the jail, the county jail infirmary physician being responsible to comply with NRS 433A.165 and 449.
4. Transportation to NNAMHS for clinical evaluation will be provided by the Sheriff's Department. The transferring law enforcement agency is encouraged to wait for the psychiatric evaluation to be completed and for the disposition decided by the physician prior to leaving NNAMHS. The Sheriff will provide transportation to any court appearances related to criminal charges or back to the Washoe County Detention Center.
5. Detention staff, except in cases of emergency, will contact PES and schedule inmate evaluations Monday through Friday, excluding holidays, between 1300 and 1500 hours.
 - a. Washoe County Detention Center staff will send copies of their reports and their specific requests for an evaluation at NNAMHS.
6. Release of Information
 - a. Detention Center staff will make every effort to have inmates sign an authorization to release information prior to bringing them to NNAMHS.
 - b. NNAMHS staff will make every effort to obtain an Authorization to Release Information (MR-150) so that when the inmate is returned to the Detention Center NNAMHS can provide information regarding diagnosis, treatment, and medication recommendations.
7. Any arrangements for having the charges dropped are the responsibility of the law enforcement officer. Every effort should be made by law enforcement to have the charges dropped prior to transfer to NNAMHS.
 - a. If charges have been dropped, the inmate should go back to the jail upon discharge from

NNAMHS; transportation will be provided by the sheriff's department.

- b. If charges are being dropped or if the inmate/patient is to be released with time served, the consumer does not need to return to jail after discharge from NNAMHS.
8. When inmates who have been patients at NNAMHS are released from Washoe County Detention Center and require ongoing outpatient treatment they should be told to return to or call the PES so an appointment can be scheduled as soon as possible.
9. The admitting clinician will obtain the name of the Sheriff's Department contact person for contact during the consumer's hospitalization.

3. ADMISSION OF NNAMHS OUTPATIENTS

1. Individuals open to NNAMHS outpatient services who come in for routine medication issues will be referred to their service coordinator.
2. Outpatients seen by an outpatient physician and/or service coordinator and determined to require admission to the observation unit or inpatient services will be escorted to PES by the service coordinator. If additional assistance is required, the service coordinator will advise the PES clinician.
3. Voluntary admission of an open outpatient requires approval by the Agency Director or Medical Director during high census or as directed.
4. Involuntary admission of an open outpatient requires a completed "application" (first page) and completed "certification and medical clearance" (second page) of an Involuntary Admission.
 - a. The application can be done by a physician, psychologist, social worker, registered nurse, marriage and family therapist, accredited agent of the Department of Human Resources or an officer authorized to make an arrest in the State of Nevada.
 - b. The certification must be done by a physician or licensed psychologist.
 - c. The medical clearance must be completed by a licensed physician (either NNAMHS Medical Physician or a Community Physician, physician assistant or an advanced practitioner of nursing).
 - d. During non-business hours if an NNAMHS physician is not available, follow policy and procedure NN-IM-MR-07, entitled "Patient Transfer Document- COBRA".