NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE DIRECTIVE

SUBJECT: PSYCHIATRIC EVALUATION SERVICE (PES) – EVALUATION, ASSESSMENT AND ADMITTING PROCESS

NUMBER: NN-PC-AD-04

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APPROVAL: Rosalyne Reynolds *{s}* , Agency Director

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I. PURPOSE

The purpose of this policy is to delineate the functions of the Psychiatric Evaluation Service (PES) in the evaluation, assessment and admitting process for Northern Nevada Adult Mental Health Services (NNAMHS).

II. POLICY

It is the policy of NNAMHS that individuals applying for admission to all inpatient and outpatient programs are evaluated and assessed upon established criteria in the PES.

III. DEFINITIONS

1. Psychiatric Evaluation Service (PES) - an outpatient program consisting of the two components, the Psychiatric Observation Unit and the Psychiatric Admission Service.
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2. The Psychiatric Observation Unit (POU) is a locked outpatient unit, designed to assess, evaluate, observe and provide crisis intervention to involuntary and voluntary patients for up to 72 hours.
3. The Psychiatric Admission Service (PAS) is an outpatient component designed to assess and evaluate the needs of consumers for referral to programs at NNAMHS or in the community.

IV. REFERENCES

1. NNAMHS Policy and Procedure Directive # PC-AD-02 entitled, “Admission Process”
2. NNAMHS Policy and Procedure Directive # PC-AD-01 entitled, “Admission Criteria”
3. NNAMHS Policy and Procedure Directive # PC-AS-01 entitled, “Patient Assessment”
4. NNAMHS Policy and Procedure Directive # IM-MR-07entitled, “Patient Transfers and Documentation – COBRA”
5. MR-206, Program Referral Form
6. MR-207, Community Referral Form
7. NNAMHS Policy and Procedure Directive # MM-16 entitled, “Procurement of Medications”

V. PROCEDURE

1. The PES is an outpatient program consisting of two components: the POU and the PAS.
2. POU
   a. The POU is an outpatient unit where all involuntary admissions are assessed and evaluated to assure they meet inpatient admission criteria.
   b. It is open 7 (seven) days a week, 24 (twenty-four) hours a day.

c. Consumers admitted to the POU may remain there for up to 72 hours to stabilize and evaluate the need for inpatient or appropriate outpatient treatment.

d. Staffing includes, but is not limited to Psychiatrists, Registered Nurses, Social Workers and Mental Health Technicians.

e. All consumers will have an initial assessment completed by a licensed clinician (i.e.: Registered Nurse, Licensed Clinical Social Worker, and/or Psychologist)

f. After the initial consumer assessment, the Psychiatrist will make the decision for admission to the POU, inpatient services or outpatient services, and direct initial care. The psychiatrist will evaluate the consumer and, in conjunction with other clinical staff, make a decision regarding disposition and initial treatment plan. 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.

g. If, after the Psychiatrist's assessment, it is determined the consumer does not meet admission criteria:

   (i) The physician shall document consumer clinical status leading to disposition.

   (ii) The Psychiatrist shall write an order for appropriate follow up care referrals.

h. If a consumer is an involuntary admission and they are admitted to either the inpatient unit or the POU, the commitment process will begin upon entry into NNAMHS.

i. Consumers discharged from the POU may be:

   (i) Admitted to NNAMHS inpatient services

   (ii) Referred to non-state outpatient services, with referrals and appointments

(iii) Referred to appropriate NNAMHS community services

(iv) Closed to NNAMHS

j. The POU staff is responsible for data entry in the electronic medical record, including admissions and/or discharges to POU, discharges from POU.

3. PAS

a. The PAS is an outpatient component designed to assess and evaluate the needs of consumers for referral to programs at NNAMHS or in the community.

b. All consumers will have an initial assessment completed by a registered nurse and by a licensed clinician (i.e. APN, Licensed Clinical Social Worker, and or Licensed Psychologist).

c. In the event an involuntary admission is required:

(i) An involuntary admit (legal 2000) can be initiated by the PAS clinical staff.

(ii) The NNAMHS General Practitioner physician completes the medical clearance when possible and, if medically cleared, the consumer can be admitted.

(iii) When the physician is not available, and the consumer needs medical care or a medical clearance, the COBRA policy will be followed so the consumer can be transferred to an acute care medical facility for a medical clearance.

(iv) When the consumer is medically cleared, they will be returned to NNAMHS for an evaluation.

d. Person's requiring medication evaluation in the PAS will be referred to the medication clinic, clinically appropriate wait list or preferred provider. After assessing the consumer, the PAS professional can prescribe medication and include in their discharge plan a referral to the medication clinic for follow up treatment.

(i) When the pharmacy is closed, the prescribing professional can prescribe enough medication through a contract pharmacy until the NNAMHS

pharmacy can fill the prescription. Consumers can also come back the next day to the NNAMHS pharmacy if they are able to wait for their dose.

e. Persons with Medicaid must be provided freedom of provider choice as specified in Chapter 29 of the Medicaid Service Manual. Medicaid eligible persons will, however, be strongly encouraged to seek services from other Medicaid providers in the community when:

   (i) Has a DSM IV axis I mental disorder resulting in a diminished capacity.

   (ii) Is in need of, or may be in need of mental health treatment

   (iii) If timely access to a community provider is not available the clinician may offer the consumer to choose NNAMHS and open the consumer to these services.

f. 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 PAS staff.

g. If a decision is made that the consumer does not meet eligibility requirements for programs, they will be given a copy of any referrals made to other agencies, as appropriate. The disposition must be documented on the assessment form. After assessment, if no further NNAMHS care action is planned the clinician will close the record by documenting this in the progress notes. The record will then be forwarded to the administrative assistant for closure in the electronic medical record. The Administrative Assistant will notify Health Information Services (HIS) of closure via email.

h. The PAS administrative assistant or other assigned person will assure that all new admits are entered in the electronic medical record and those appointments that can be made for the referrals are completed prior to the consumer leaving.

i. The licensed, multidisciplinary staff will assist each other as the need arises.

j. Referrals to NNAMHS Programs

(i) During business hours, an appointment will be set up with the appropriate program(s) as stated above and application forms will be given to the consumer.

(ii) After business hours, the referral form will indicate that the program(s) to which the consumer is being referred will contact the consumer to schedule the appointment(s).

(i) The clinician will sign, date and time the Referral Form and have the consumer sign the form.

(ii) The consumer will be given a copy of the referral form MR-206. The original form will remain in the NNAMHS medical record and a copy will be sent to the AA who will make any necessary appointments.

k. Referrals to Outside Agencies;

1. Included in the referral will be the name, address and phone number of the agency, the contact person and the agency hours of operation.
2. For clinical referrals, the patient will be asked to complete an Authorization for the Disclosure of Health Information (MR150), to release specific information that might be expected to be requested by that agency.
3. The clinician may call the agency to obtain an appointment and document this on the referral form.
4. The clinician will date, time and sign and have the consumer sign the referral form.
5. The consumer will be given a copy of the referral form. The original referral form will remain in the NNAMHS medical record. A copy of the referral form with the authorization to release information may be sent to the agency, if requested.