NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES (NNAMHS)

POLICY AND PROCEDURE

SUBJECT: INPATIENT DISCHARGE AND COMPREHENSIVE AFTERCARE PLAN

NUMBER: NN-PC-PL-18

ORIGINAL DATE: 03/14/90

REVIEW/REVISE DATE: 11/19/91, 06/26/95, 11/19/98, 07/08/04, 05/04/06, 10/15/09, 9/20/12, 4/18/13

APPROVAL: Cody L. Phinney, Agency Director

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I. PURPOSE

To ensure consumers safe and effective transition between levels of care

II. POLICY

Northern Nevada Adult Mental Health Services (NNAMHS) will ensure that each consumer shall have a comprehensive discharge/aftercare plan prepared, recorded and preserved in each consumer's medical record. Transfers between levels of care, between departments and to outside providers shall be done in such a way as to provide for the safety of the consumer, effect clear shift of responsibility and to address the needs of the consumer.

III. REFERENCES

Mental Health and Developmental Services policy SP-1.5 Discharge of Consumers from Division Inpatient Facilities.
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III. PROCEDURE

A. Discharge planning begins at the point of admission and progresses to the point of discharge. Discharge planning options and barriers to discharge shall be identified and included in the master treatment plan and the Psychosocial Assessment and lead to the eventual completion of the Social Services Aftercare Plan at the time of departure for the consumer.

B. The assigned social worker will document the initial discharge plan during the psychosocial social assessment phase. Each consumer will also have an initial discharge plan note made in the progress note at the time of initial contact.

C. Social worker will involve the consumer/consumer's family/guardian/peer support/significant other and community resources (with the consumer's written consent). If community outpatient services are required, there will be coordination and collaboration between the inpatient social worker and the service coordinator or social worker regarding housing, service coordination, required resources and medication needs. The inpatient social worker and service coordinator will coordinate the consumer's discharge. The information regarding progress towards discharge and barriers to discharge is to be shared with the inpatient multidisciplinary treatment team in the formulation, preparation, and implementation of the treatment plan and discharge/comprehensive aftercare plan.

D. Information regarding discharge planning will be documented in the medical record. It should include consumer consents and sources contacted (including name and telephone numbers and progress toward discharge). Care options available to the consumer and the consumer's preferences will be noted.

E. Inpatient Social Workers will assume primary responsibility for the consumer's discharge plan. The plan will be discussed with the other members of the treatment team with final approval and orders to be written by the physician.

F. The discharge plan shall be discussed with the consumer prior to discharge and the Social Services Aftercare Plan may be completed on the day of discharge or within 24 hours of discharge.

G. If a consumer is referred to Rural Mental Health Services, the psychiatric evaluation, face sheet and discharge order must be faxed to the Rural Mental Health clinic the consumer will follow up with. All areas of the Social Services Aftercare plan should be completed on the electronic medical record system.

H. Psychiatric Observation Unit (POU) social workers will document the discharge plan, including outpatient appointments, placement and resources provided, in a discharge progress note. This will occur within 24 hours of the consumer's discharge from the POU.

I. All discharges that require out-of state placement are to be reviewed and approved by the Agency Director, or designee prior to discharge.

1. Agency funded travel: Social Worker will confirm that discharge destination is the consumer's original place of residence, or, that there is a support system available to accept consumer at destination. Social Worker will verify what client and family monetary resources are available for purchase of travel. When appropriate, social worker will provide consumer with information and/or appointment(s) in the home community. Social Worker will complete the Request for Consumer Travel Funding application.

2. Consumer funded travel: Social Worker will make an effort to confirm that the consumer has housing/shelter and a support system available to meet and assist consumer at destination as consented by consumer. When appropriate, Social Worker will provide consumer with information and/or appointment(s) in the home community.

J. The consumer will be provided with a copy of the outpatient appointments and resources recommended.

K. The original copy of the appointments and resources recommended will accompany the consumer's chart.