

Policy: It is the policy of the Division of Mental Health and Developmental Services that a chart is opened for all individuals applying for admission to Psychiatric Emergency Services, i.e., Psychiatric Observation Unit, Psychiatric Ambulatory Services and/or Psychiatric Urgent Care, and that each individual be evaluated and assessed upon established community standards.

Purpose: The purpose of this policy is to establish statewide standardized admission procedures for Psychiatric Emergency Services, Psychiatric Observation Unit, Psychiatric Ambulatory Services and/or Psychiatric Urgent Care.

Definitions:

- Psychiatric Evaluation Services (PES) - an outpatient program consisting of three components, the Psychiatric Observation Unit, the Psychiatric Ambulatory Service and Psychiatric Urgent Care Services.
- The Psychiatric Observation Unit (POU) is a locked outpatient unit, designed to assess, evaluate, observe and provide crisis intervention to involuntary and voluntary consumers for up to 72 hours.
- The Psychiatric Ambulatory Unit (PAS) is an outpatient admission service designed to assess and evaluate the needs of consumers for referrals to Division programs or in the community.
- The Psychiatric Urgent Care Units provide same or next day walk in appointments for persons requiring immediate outpatient services.

Procedures:

- I. The Psychiatric Evaluation Service (PES) is an outpatient program consisting of the three components, the Psychiatric Observation Unit (POU), the Psychiatric Ambulatory Service (PAS) and the Psychiatric Urgent Care Services.
- II. Psychiatric Observation Unit (POU)
 - A. The Psychiatric Observation Unit (POU) is an outpatient unit where all involuntary admissions are assessed and evaluated to assure they meet admission criteria.
 - B. It is open 7 (seven) days a week, 24 (twenty-four) hours a day.
 - C. Although patients admitted to the POU may remain there for up to 72 hours to stabilize and evaluate the need for inpatient or appropriate outpatient treatment, attempts are made to stabilize and disposition patients within the first 24 hours of care.

- D. Staffing includes, but is not limited to Psychiatrists, Family Practice and Internal Medicine Physicians, Registered Nurses, Social Workers and Mental Health Technicians.
- E. All patients will have a chart opened and an initial assessment completed by a licensed clinician (i.e.: Registered Nurse, Licensed Clinical Social Worker, and/or Psychologist).
- F. After the initial patient 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 patient and, in conjunction with other clinical staff, make a decision regarding disposition and initial treatment plan. If there is a disagreement about discharging a patient, the discharge will be reviewed by the Medical Director or his/her designee prior to the patient being released.
- G. If, after the Psychiatrist's assessment, it is determined the patient does not meet admission eligibility criteria:
 - 1. The physician shall document consumer clinical status leading to disposition.
 - 2. The Psychiatrist can write an order for appropriate follow up care referrals.
- H. If a patient is an involuntary admission and they are admitted to either the inpatient unit or the POU, the commitment process will begin upon entry into the Northern Nevada Adult Mental Health Services, Southern Nevada Adult Mental Health Services or on occasion Rural Clinics.
- I. Patients discharged from the POU may be:
 - 1. Admitted to Northern Nevada Adult Mental Health Services, Southern Nevada Adult Mental Health Services or on occasion Rural Clinics.
 - 2. Referred to non-state outpatient services, with referrals and appointments.
 - 3. Referred to appropriate community services.
 - 4. Closed to Northern Nevada Adult Mental Health Services or Southern Nevada Adult Mental Health Services.
- J. The POU staff is responsible for opening a chart, data entry in the care tracking system, including admissions and/or discharges to POU, discharges from POU with admission to inpatient services or admission to other outpatient services.
- K. Under no circumstances will services be provided without a chart being opened.
- L. A physical assessment of the consumer must be completed within 24 hours of admission into the POU.

III. Psychiatric Admission/Assessment Service (PAS)

- A. The Psychiatric Admission Service (PAS) is an outpatient component designed to assess and evaluate the needs of patients for referral to programs at the Northern Nevada Adult Mental Health Services, or Southern Nevada Adult Mental Health Services or in the community.
- B. All patients will have a chart opened and an initial assessment completed by a licensed clinician (i.e.: Registered Nurse, Licensed Clinical Social Worker, Licensed Psychologist, Psychiatric Advanced Practice Nurse, and/or Physicians Assistant or Psychiatrist).
- C. If a PAS clinician finds that the patient requires admission to the POU or to inpatient services, the clinician will ask the psychiatrist to evaluate the patient. When the PES physician is not available, the RN will call the OD regarding orders for a voluntary or involuntary admit.
- D. Involuntary Admission:
 - 1. An involuntary admit (legal 2000R) can be initiated by the PAS clinical staff.
 - 2. When the patient needs medical care or a medical clearance, the COBRA policy will be followed so the patient can be transferred to an acute care medical facility for a medical clearance.
 - 3. When the patient is medically cleared, they will be returned to Northern or Southern Nevada Adult Mental Health Service for an evaluation.
 - 4. None of the consumer's rights pursuant to NRS.433 may be denied while the consumer is on outpatient status. The denial of rights process can only occur after the consumer has been admitted to either the inpatient unit of the hospital or the Psychiatric Observation Unit.
- E. Person's without insurance requiring medication evaluation in the PAS will be referred to the PES Psychiatrist. After assessing the patient, the psychiatrist can prescribe medication and set up a medication clinic appointment for follow up treatment.
 - ❖ If the pharmacy is closed, the Psychiatrist can prescribe enough medication through a contract pharmacy until either NNAMHS or SNAMHS pharmacy can fill the prescription.
- F. Person's with Medicaid must be provided freedom of provider choice as specified in Chapter 29 of the Medicaid Service Manual.

- G. If the patient 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 staff.
- H. If a decision is made that the patient 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 documenting this in the progress notes. The record will then be forwarded to the administrative assistant for closure in the care tracking system.
- I. The PAS administrative assistant or other assigned person will assure that all new admits to be entered in the care tracking system and those appointments that can be made for the referrals are completed prior to the patient leaving.
- J. The licensed, multidisciplinary staff will assist each other as the need arises.
- K. Referrals to the Division of MHDS Programs:
 - 1. The appropriate referral form will be completed by the clinician.
 - 2. If the referral form is initiated in the PES. The clinician for the Administrative Assistant Staff will schedule the appointment(s), for Medication Clinic, medication follow up at PAS, and counseling. This appointment will be documented on the referral form.
 - 3. If the patient meets the criteria for admission into Service Coordination, Psychosocial Rehabilitation or the PACT program:
 - a) 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 patient.
 - b) After business hours, the referral form will indicate that the program(s) to which the patient is being referred will contact the patient to schedule the appointment(s).
 - 4. The clinician will sign, date and time the Referral Form and have the patient sign the form.
 - 5. The patient will be given a copy of the referral form and any other document they may need to take. The original form will remain in either NNAMHS or SNAMHS agency's medical records and a copy will be sent to the referral program by the next business day.
- L. 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, 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 patient sign the referral form.
5. The patient will be given a copy of the referral form, a map and directions to the referred agency; the original referral form will remain in the Division agency medical record. A copy of the referral form with the authorization to release information may be sent to the agency, if requested.

IV. Psychiatric Urgent Care Service (PUCS)

- A. The Psychiatric Urgent Care Service is an outpatient component designed to assess and evaluate and meet the treatment needs of patients and assist in the referral to programs at the Northern Nevada Adult Mental Health Services, or Southern Nevada Adult Mental Health Services or in the community.
- B. All patients will have a chart opened and an initial assessment completed by a licensed clinician (i.e. Registered Nurse, Licensed Clinical Social Worker, and or Licensed Psychologist Advanced Practice Nurse, Physicians Assistant or Psychiatrist).
- C. If a PUCS clinician finds that the patient requires admission to the POU or to inpatient services, the clinician will ask the psychiatrist to evaluate the patient. When the PUCS physician is not available, the RN will call the OD regarding orders for a voluntary or involuntary admit.
- D. Involuntary Admission:
 1. An involuntary admit (legal 2000R) can be initiated by the PUCS clinical staff.
 2. When the patient needs medical care or a medical clearance, the COBRA policy will be followed so the patient can be transferred to an acute care medical facility for a medical clearance.
 3. When the patient is medically cleared, they will be returned to Northern or Southern Nevada Adult Mental Health Service for an evaluation.
 4. None of the consumer's rights pursuant to NRS.433 may be denied while the consumer is on outpatient status. The denial of rights process can only occur after the consumer has been admitted to either the inpatient unit of the hospital or the Psychiatric Observation Unit.
- E. Person's without insurance requiring medication evaluation in the PUCS will be referred to the PUCS Psychiatrist. After assessing the patient, the psychiatrist can prescribe medication and set up a medication clinic appointment for follow up treatment or arrange to have the patient followed by PUCS staff until the patient can be given an appointment in the Medication Clinic.
 - ❖ If the pharmacy is closed, the Psychiatrist can prescribe

enough medication through a contract pharmacy until either NNAMHS or SNAMHS pharmacy can fill the prescription.

- F. Person's with Medicaid must be provided freedom of provider choice as specified in Chapter 29 of the Medicaid Service Manual.
- G. If the patient does not need immediate medications but requires one or more of the other outpatient programs, referrals and applicable appointments will be made by the PUCS staff.
- H. If a decision is made that the patient 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 documenting this in the progress notes. The record will then be forwarded to the administrative assistant for closure in the care tracking system.
- I. The PUCS administrative assistant or other assigned person will assure that all new admits to be entered in the care tracking system and those appointments that can be made for the referrals are completed prior to the patient leaving.
- J. The licensed, multidisciplinary staff will assist each other as the need arises.
- K. Referrals to the Division of MHDS Programs:
 - 1. The appropriate referral form will be completed by the clinician.
 - 2. If the referral form is initiated in the PES. The clinician or the Administrative Assistant Staff will schedule the appointment(s), for Medication Clinic up at PUCS until a medication clinic appointment is available, and counseling. This appointment will be documented on the referral form.
 - 3. If the patient meets the criteria for admission into Service Coordination, Psychosocial Rehabilitation or the PACT program:
 - a) 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 patient.
 - b) After business hours, the referral form will indicate that the program(s) to which the patient is being referred will contact the patient to schedule the appointment(s).
 - 4. The clinician will sign, date and time the Referral Form and have the patient sign the form.
 - 5. The patient will be given a copy of the referral form and any other document they may need to take. The original form will remain in either NNAMHS or SNAMHS agency's medical records and a copy will be sent to the referral program by the next business day.

L. 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, 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 patient sign the referral form.
5. The patient will be given a copy of the referral form, a map and directions to the referred agency; the original referral form will remain in the Division agency medical record. A copy of the referral form with the authorization to release information may be sent to the agency, if requested.



Administrator

Effective Date:

Commission Approved date:

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