1. **POLICY:**
2. Patients assessed by behavioral health staff for inpatient admission and Partial Hospitalization services must:
   1. Meet admission criteria to either Inpatient Behavioral Health or Partial Hospitalization (See Admission Criteria Policy for Inpatient and Partial Hospitalization, Policy #-BH.DEP.201, BH.PHP.001)
   2. Not fall into exclusionary criteria (See Admission Criteria Policy for Inpatient and Partial Hospitalization, Policy #-BH.DEP.201, BH.PHP.001)
   3. Be admitted by a psychiatrist with admitting privileges
3. Behavioral health staff cannot do assessments for patients that are not in the admission criteria for inpatient behavioral health and partial hospitalization. This includes but is not limited to detox assessments, therapy, and dementia (unless secondary to psychosis).
4. Patients may be admitted for inpatient services in one of the following ways:
   1. From the emergency department after being medically screened, assessed by Intake staff and admission to inpatient services ordered by a psychiatrist with admitting privileges.
   2. Direct to inpatient services if:  
        
      The patient has been seen and medically screened by the admitting psychiatrist, or other licensed physician, on the day of admission and documents the same. The attending psychiatrist will determine if the patient meets criteria.  This type of admission will be called a physician ordered direct admit.
   3. The patient is transferred from another acute care facility meeting all EMTALA standards. All persons being admitted to an inpatient unit must be assessed by an Intake Clinician. \*Per doctor’s discretion, staff may accept a patient pending medical clearance from another facility based on the psychiatric systems.
5. **PURPOSE**

To establish guidelines regarding the admission of patients to SRMC behavioral health unit inpatient services.

1. **DEFINITIONS**

**N/A**

1. **PROCEDURE**
   1. **ASSESSMENT PROCESS**

Behavioral health unit staff will conduct the admission assessment on patients who reside on medical floors and the Emergency Room. Behavioral Health unit staff will only be consulted on patients that are meeting the admission criteria for inpatient or partial hospitalization and do not meet the medical exclusion criteria for inpatient or partial hospitalization. (See Admission Criteria Policy for Behavioral health and Admission Criteria Policy for Partial Hospitalization). Behavioral health unit staff cannot be consulted for therapy or referrals for patients who do not meet inpatient criteria.

* 1. Patients needing assessment from the Emergency Department from the **hours of 0800-1600, Monday thru Friday**:
     1. Patient will be assessed by Triage.
     2. Patient will have medical screening exam.
     3. **Once patient is medically cleared** the nurse or doctor will call the Intake Clinician at 540-498-4533. If the Intake Clinician cannot be reached, the nurse or doctor will call the behavioral health unit at 540-498-4563.
     4. Intake Clinician will go to the Emergency Department and assess the patient for admission.
     5. Intake Clinician will review clinical information as obtained during assessment with a psychiatrist to determine level of care required by patient.
     6. Intake Clinician will collaborate with the Charge Nurse to arrange for inpatient room/unit assignment.
     7. Intake Clinician will call admission unit, to inform them of pending admission and to give clinical report.
     8. Registration staff completes registration process when the patient arrives to the unit.
     9. ED staff (with assistance as indicated) will transport the patient to the unit.  If the patient is under a Temporary Detention Order, the patient will be transported to the unit by a security officer and a police officer.
  2. Patients admitted from the Emergency Department **between the hours of 1600-0800, Monday thru Friday and 24 hours on Saturdays and Sundays**:
     1. Patient will be assessed by Triage.
     2. Patient will have medical screening exam including labs (CBC, CMP, UDS, and UA).
     3. If the patient is not intoxicated or medically compromised, the ED nurse or physician will call the Behavioral Health On-Call team member (based on the on-call schedule). **Note:** This can be done prior to labs being drawn if the patient is not intoxicated or medically compromised. This is to allow for the labs to process while the on call person is on the way to the hospital, and be ready when the on call person arrives.
     4. The Behavioral Health On-Call staff (Intake Clinician) has 45 minutes to get to the hospital from the time of call.
     5. Intake Clinician will go to the Emergency Department and assess the patient for admission.
     6. Intake Clinician will review clinical information as obtained during assessment with a psychiatrist to determine level of care required by patient.
     7. Intake Clinician will collaborate with the Charge Nurse to arrange for inpatient room/unit assignment.
     8. Intake Clinician will call admission unit, to inform them of pending admission and to give clinical report.
  3. Behavioral Health Placements
     1. The Intake Staff will make every effort to place the patient if there is not availability on the behavioral health unit.
     2. If all facilities have been called and there are no available facilities, the patient may need to stay in the Emergency Department until an ppropriate bed can be found.
     3. The Intake Clinician will notify the nursing supervisor, ED doctor and ED nurse of the notifications that were called, and the plan for placement (day shift clinician to call facilities again, wait for a morning discharge on the behavioral health unit, etc)
     4. The Community Services Board is not to be called for voluntary placements, as this is not their role.
  4. Patients that may need to be Temporarily Detained by the Community Services Board:
     1. The assessment is completed by the Intake Staff
     2. The patient is not willing for treatment but meets inpatient criteria
     3. The Intake Clinician will call the CSB to arrange for a pre-screen.
     4. The Intake Clinician will have lab work, the Intake assessment, and the ED notes readily available for the CSB when they arrive.
     5. The Intake Clinician will stay in the ED until the CSB arrives to provide communication to the CSB.
  5. Patients admitted from other acute care facility
     1. The facility that the patient is currently at will fax all required information to the behavioral health unit (psychiatric assessment, labs, pre-screen-if available).
     2. **Monday-Friday between the hours of 0900 thru 1600**, the Intake Clinician will review the information and consult with the facility and the on-call psychiatrist for admission.
     3. The Intake Clinician will fill out the Inquiry Log book.
     4. Once accepted, the Intake Clinician will collaborate with the Charge Nurse on the pending admission and give clinical report.
     5. After-hours and on the weekends, the Charge Nurse on the behavioral health unit will review the information and consult with the facility and on-call psychiatrist for admission.
     6. The Charge Nurse will fill out the Inquiry Log Book.
     7. The Charge Nurse will take report from the transferring facility.
  6. Admissions from another facility pending medical clearance
     1. At the doctor’s discretion, the unit can accept a patient pending medical clearance. This is most often done if the patient is on an ECO.
     2. The doctor is accepting based on the psychiatric symptoms that are being presented.
     3. Once the patient has had their labs done, the facility will fax them to the behavioral health unit for review.
     4. The doctor will be called with the lab results for full acceptance of the patient.
     5. Once the doctor accepts, the facility will be called and notified.

1. **REFERENCES**

BH.DEP.201-Admission Criteria for Inpatient Behavioral Health

BH.PHP.001- Admission Criteria for Partial Hospitalization Program