



## ADMISSION TO INPATIENT UNIT PROTOCOL

### GUIDING PRINCIPLE

We are committed to a culture of recovery throughout our systems of care, in our interactions with one another, and with those persons and families who trust us with their care.

### OVERVIEW

- The Department of Mental Health and Substance Abuse Inpatient Unit (IU) is designed to provide emergency psychiatric mental health services and short-term acute psychiatric care.
- This protocol establishes the admission criteria, criteria for continued stay at the IU, and the discharge criteria. This protocol outlines the intake process for new and existing consumer during business hours and after hours. This protocol also outlines the orientation process for consumers and the nursing and psychiatric requirements when a consumer is admitted to an IU.
- The time requirements for all assessment, evaluation, and forms, including the clinical intake form, are contingent on the consumer's current mental status. If a consumer is experiencing acute psychiatric symptoms, the consumer shall be treated and stabilized prior to completing assessments, evaluations, and forms.
  - The only documents required prior to admission are the Crisis Service assessment, the admitting professional's admission order and a signed and dated Request for Voluntary Admission to the IU and Authorization for Treatment form.

### ESTABLISHED ADMISSION CRITERIA (Must meet criteria 1, 2, 3, and 4 and a, b, c, and/or d).

1. The individual cannot be safely treated at another level of care; and
2. The individual is medically stable and free of any severe medical problem(s) that would be beyond the capabilities of the IU staff to treat, as judged by the admitting professional and/or IU professionals; and
3. The individual has been evaluated by a licensed clinician and demonstrates symptomology consistent with a DSM-IV and/or ICD-10 diagnosis which requires and can reasonably be expected to respond to therapeutic intervention; and
4. There is evidence of actual or potential danger to self or others or severe psychosocial dysfunction as evidenced by at least one (1) of the following:
  - a. A suicide attempt which is serious or suicidal ideation with a plan or means.
    - i. Impulsive behavior and/or concurrent intoxication increases the need for consideration of this level of care.

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- b. Imminent danger to others as evidenced by current assaultive threats or behavior, with a clear risk of escalation or future repetition (i.e., has a plan and means).
- c. The individual is gravely disabled (i.e., disorganized/bizarre behavior or psychomotor agitation or retardation) and it interferes with the activities of daily living to such a degree that the individual needs twenty-four (24) hour skilled acute behavioral health interventions and cannot function at a less intensive level of care.
- d. The individual is unable to care for self due to his/her psychiatric condition so that life-threatening deterioration is expected.

### **CRITERIA FOR CONTINUED STAY AT IU:** (Must meet criteria 1a, 1b, or 2).

1. Despite active participation by the consumer, the treatment plan implemented has not led to enough improvement in the consumer's condition such that he/she can safely move to and sustain improvement in a less restrictive environment as evidenced by:
  - a. The consumer continues to suffer from symptoms and/or behaviors that led to the admission, or
  - b. The consumer has developed new symptoms and/or behaviors that require twenty-four (24) hour skilled acute behavioral health interventions for safe and effective treatment.
2. The consumer has developed serious side effects to psychiatric medications; however the side effects do not require the consumer to be transferred to an acute care medical facility.

### **IU DISCHARGE CRITERIA:** (Must meet criteria 1, 2, 3, or 4).

1. Continued stay guidelines are not longer met, or
2. Appropriate treatment is available at a less restrictive level of care, or
3. The consumer has developed symptoms of a secondary medical condition that require admission to an acute care medical facility, or
4. The consumer has developed serious side effects to psychiatric medications that require admission to an acute care medical facility.

### **DEFINITIONS**

- **Intake Clinician includes:** psychiatrists, psychologists, nurses, psychiatric social workers, counselors, and other professionals at DMHSA with the skills and training to do intakes.

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- **Admitting Professional includes:** psychiatrist, clinical psychologist (Guam Public Law 24-329), or psychiatric clinical nurse practitioner with prescriptive authority. All admitting professionals must have admitting authority at DMHSA.
- **Legal Guardian:** A person appointed by the Court, who has a duty to care for the personal and/or property interests of a minor or incapacitated adult, in order to ensure that the individual's health, safety and welfare needs are adequately provided.
  - In the context of the protocol, when a consumer has a legal guardian, the legal guardian shall fulfill the duties of the consumer in this protocol.
- **Lead Provider:** Predominant service provider.

### STANDARDS OF CARE

- All individuals referred to, or who request admission, will be evaluated utilizing the established admission criteria.
- Individuals will be admitted to the IU when their behavioral healthcare needs meet diagnostic criteria as defined by the DSM-IV and/or ICD-10 and are appropriate for treatment in an acute psychiatric care setting.
- When the individual requests voluntary admission, criteria for admission are met, and admitting orders are given by the admitting professional the individual will be admitted to the IU.
- All individuals will be cared for without discrimination. No individual will be denied admission due to race, color, religion, sexual orientation, financial class, or national origin.
  - DMHSA shall ensure equal access to treatment and services for individuals with disabilities and HIV-positive persons who are otherwise eligible.
- The inpatient initial treatment plan is intended to meet the consumer's immediate health and safety needs. It shall be used to direct the consumer's care until a multidisciplinary treatment team (MDTT) meeting is held and a multidisciplinary master treatment plan (MMTP) is created within the three (3) working days of the admission.
- If the consumer is medically compromised or recovering from a suicide attempt, medical clearance is required prior to admission to IU.
  - If the consumer is a direct admission from a medical facility, transportation will be provided by that facility and documentation of the examination must accompany the consumer.

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- The consumer and/or legal guardian, when appropriate, will be informed of the results of any assessments, diagnosis, treatment plan, discharge plan, and projected length of stay.
  - This communication will be the responsibility of the admitting professional or his/her designee, and will be documented in the consumer's chart
- The consumer must be seen by a psychiatrist/ medical doctor within twenty-four (24) hours of admission to the IU.
- A psychiatric evaluation shall be completed and documented by the first (1<sup>st</sup>) working day, following an admission to the IU.
- If a legal guardian is involved they must have a signed and dated certification of guardianship as well as any other supporting documents.

### **PROTOCOL**

#### Intake Process:

- All consumers shall be assessed by an intake clinician.
- As soon as it is identified that the consumer meets the established admission criteria for the IU, the intake clinician shall contact the admitting professional for a consultation.
- The intake clinician shall complete the documents in the intake packet.
  - The intake clinician may determine it is not appropriate to complete the intake process based on the nature of the emergency.
  - If it is after-hours or the consumer is in a crisis, the Crisis Service assessment may be completed instead of the Clinician Intake form.
- If the individual is currently receiving services, the provider(s) involved in the consumer's care shall be notified of the potential admission.

#### If the Consumer is not Admitted:

- If the admitting professional determines the individual does not meet the established IU admission criteria the intake clinician shall complete the required intake packet forms including a personal safety plan if the consumer is suicidal or homicidal, inform the consumer of his/her disposition (i.e., appointment the next working day) and arrange for the provision of services that are clinically indicated by completing an Internal Referral for Service form (IRSF).
- If the intake is after hours the consumer shall be referred to counseling for a full intake the next working day.

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### If the Consumer is Admitted:

- If the admitting professional determines the individual meets the established admission criteria, the admitting professional will authorize admission and give the admission order to the intake clinician.

### Admitting Orders:

- The admitting professional's orders may be by telephone but must be signed by the admitting professional by the next working day.

### After Receiving the Admitting Orders:

- Once the admission orders are given, the intake clinician shall give the consumer the additional intake packet documents for consumer's that are being admitted to the IU including, but not limited to:
  - DMHSA Philosophy on the Use of Restraints and Seclusion
  - Advanced Directive Notice
  - Notification Permission for Consumer's on the Inpatient Unit
  - Request for Voluntary Admission to the Adult Inpatient Unit (AIU) and Authorization for Treatment
    - If the consumer refuses to sign the Request for Voluntary Admission form the procedure for seventy-two (72) hour involuntary hold will be initiated (Guam Public Law 16-19).
- Once the required forms are signed, the consumer will be escorted to the IU.
  - In the event the consumer displays extreme agitation, violent, and/or overly aggressive behavior, security personnel may help escort the consumer to IU.

### Potentially Inappropriate Admission:

- The admitting professional must be immediately notified if a DMHSA professional discovers information which might suggest the consumer is inappropriate for admission to the IU during any part of the admission or orientation process.
- Admission to the IU may be inappropriate when:
  - 1) Upon psychiatric evaluation, the consumer does not meet criteria to be identified as a danger to self, danger to others, or gravely disabled; or
  - 2) The consumer cannot be managed safely and adequately on the IU due to his/her medical problems; or
  - 3) The severity of psychiatric illness is not acute and can be appropriately treated in a less restrictive environment.

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- If the admitting professional determines admission to the IU is not appropriate, it shall be explained to the consumer in such a manner as to facilitate the prompt coordination of a referral to an appropriate level or service.
- The staff shall make the appropriate emergent referral to meet the consumer's immediate needs and ensure that the referral is successfully completed based on the emergent referral timelines.

### Room Assignments:

- IU staff shall ensure consumers with intellectual disabilities/developmental disabilities and consumers with mental illnesses are not placed in the same bedroom.
- IU staff shall ensure consumers with a history/known predatory behavior will not share a bedroom with another consumer.

### Orienting the Consumer to IU

- A nurse will orient the consumer to the IU.
- Once the consumer is on the IU, a nurse is responsible for completing the following, including but not limited to:
  - Inpatient Initial Treatment Plan form immediately
  - Initial Screening for Self-Harm, Assaultive Behavior, Elopement, and Fall Potential form immediately
  - A physical health exam (unless the exam was completed at a medical facility and the documents accompanied the consumer) within twenty-four (24) hours, or sooner as needed
  - Consumer's vital signs, including pain assessment, weight and height within twenty-four (24) hours, or sooner as needed
  - Nursing Assessment within twenty-four (24) hours, or sooner as needed
  - Nutritional Screening form within forty-eight (48) hours, or sooner as needed
  - Inpatient Advanced Crisis Planning form within forty-eight (48) hours, or sooner as needed
- A psychiatric evaluation must be completed and documented by the first (1<sup>st</sup>) working day following an admission.
- A nurse will arrange for additional assessments/evaluations (i.e., MDTT evaluation, psychological evaluation, social work assessment, etc.) required within in the next one (1) to three (3) working days, including scheduling the initial MDTT meeting and making the necessary arrangements with the disciplines involved in the consumer's treatment so treatment will begin in a timely manner.
  - If the consumer is admitted at or around shift change, the nurse on-duty at the time of the consumer's arrival will assign responsibilities for completing the orientation process to the nurse on the following shift.

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### SUPERSEDES

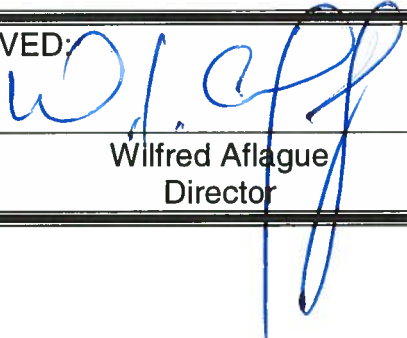

- CS-INPT-A 1-4 Inpatient Branch Admissions (1994)
- CS-EMC 3 Emergency Services Protocol-Afterhours (1998)

### REFERENCE

- Amended Permanent Injunction filed June 30, 2005

### FORMS

- DMHSA Intake Packet
- Crisis Service Assessment
- Inpatient Initial Treatment Plan form
- Initial Screening for Self-Harm, Assaultive Behavior, Elopement, and Fall Potential form
- Nutritional Screening form
- Nursing Assessment
- Psychiatric Assessment
- Inpatient Advanced Crisis Planning form

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|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| APPROVED:  | Date:  |
| _____<br>Wilfred Aflague<br>Director                                                         | _____                                                                                       |