

## Discharge Planning for Patients Seen in the ED for Mental Health Treatment Clinical Department Policy and Procedure

Applicable Campus	Department Name	Approval Authority
Salem Health and West Valley Hospital	Emergency Services - Emergency Department	System Director, Emergency and Clinical Support Operations
<b>Effective Date:</b> March 2022 SH <b>Effective Date:</b> March 2022 WVH		<b>Next Review Date:</b> January 2025 SH <b>Next Review Date:</b> January 2024 WVH
List Stakeholders Position or Committee	Document Status	Date of Approval
SH Supervisor MHE	Revised	11/2021
SH Manager Psychiatric Services	Reviewed	11/2021
SH Nurse Manager Emergency Department	Reviewed	11/2021
SH Medical Director Emergency Department	Reviewed	11/23/2021
SH Medical Director Psychiatric Medicine	Reviewed	11/2021
SH Manager Patient Safety and Regulatory	Reviewed	11/2021
SH Director Corp Integrity	Reviewed	12/2021
WVH Nurse Manager Emergency Department	Reviewed	12/2021
WVH Director Clinical Operations	Reviewed	12/2021
WVH Medical Care Advisory Committee	Reviewed	01/2022
Systems Director, Emergency	Reviewed	01/2022
<b>Final Approval Date SH</b>	<b>Final Approval</b>	<b>01/2022</b>
<b>Final Approval Date WVH</b>	<b>Final Approval</b>	<b>01/2022</b>

**Describe briefly the most recent revision made to this policy, procedure or protocol & why:**

Standard review to ensure policy reflects current process.

### Policy Content

Incorporates related requirements to discharge planning for patients evaluated for mental health treatment, the required communication to lay caregivers, and clarifies the disclosure of Protected Health Information (PHI).

It is the policy of Salem Health to engage in discharge planning for patients discharged from the Salem Hospital Emergency Department and West Valley Hospital Emergency Department for mental health treatment who are in a behavioral health crisis. Discharge planning begins when the patient is admitted to the facility to support timely discharge, effective post-discharge care and documented in the medical record. This policy is publicly available on the hospital's website and in the form of a brochure and will be given to patients upon admission and at discharge.

### Steps/Key Points Procedure

- I. Lay Caregiver (see definitions): hospitals must offer all patients hospitalized for mental health treatment the opportunity to designate a "lay caregiver." The "lay caregiver" will be referred to and documented in the medical record as the "primary support person".
  - a. Ask the patient if they would like to identify a family member, friend, or other support person (primary support person) who will provide assistance to the patient following their discharge from the hospital.
  - b. Explain to the patient the benefits of identifying a primary support person which include participation in discharge planning and appropriate supportive measures.
  - c. Explain to the patient only the necessary information will be shared with primary support person.
  - d. Explain to the patient they have the ability to rescind the authorization at any time.

- e. If a primary support person is identified, note the designation in the patient's medical record with the relationship to the patient.

- II. Patient Authorization to Disclose Protected Health Information: Salem Health may disclose protected health information (PHI) only as authorized by the individual or as permitted under HIPAA.
  - a. If a primary support person is designated by the patient, verbal consent is obtained and documented in medical record.
  - b. Note in the medical record if patient authorization is obtained. Information to share with the patient and primary support person prior to discharge may include, but need not be limited to:
    - i. The hospital's criteria and reasons for initiating discharge.
    - ii. The patient's diagnosis, treatment recommendations, and outstanding safety issues.
    - iii. Risk factors for suicide and what steps to take if danger exists, such as ridding the home of firearms/other means of self-harm and creating a plan to monitor and support the patient.
    - iv. The patient's newly prescribed medications including dosage, explanation of side effects, and process for obtaining refills, as applicable.
    - v. Available community resources including case management, support groups, and others.
    - vi. The circumstances under which the patient or primary support person should seek immediate medical attention.
  - c. Under certain circumstances, Salem Health may disclose PHI without the patient executing a authorization. With respect to a designated primary support person, the authorized disclosures fall into three categories:
    - i. When the disclosure is implicitly agreed to and directly relevant to such caregiver's involvement;
    - ii. When the individual patient lacks capacity and disclosure is in the best interest of the individual; or
    - iii. To avert a serious threat to health or safety.

Please consult with the Privacy Officer if there are any immediate concerns regarding releasing PHI without patient consent.

- III. Conduct an evidence-based risk assessment of the patient's risk of suicide: Oregon law requires that a patient hospitalized for mental health treatment receive a suicide risk assessment prior to discharge. Providers must complete the suicide risk assessment in a timely manner so as not to delay discharge. The assessment should be included in the patient's medical record as part of the discharge plan.
  - a. Providers should seek input from the patient's designated primary support person, if indicated.
  - b. Providers may accept unsolicited information from family and friends.
- IV. Conduct a behavioral health assessment by a behavioral health clinician.
  - a. If indicated, providers develop a plan to mitigate risk and lethal means counseling with the patient and designated caregiver.
  - b. The behavioral health assessment to include a systematic assessment of the patient's medical, functional and psychosocial needs and may include an inventory of resources and supports recommended by a behavioral health clinician and agreed upon by the patient.
- V. Conduct a needs assessment to understand the long-term needs of the patient. At minimum, the assessment should help the provider determine:
  - a. The patient's need for community based services:
  - b. The patient's capacity for self-care.
  - c. To the extent practicable, whether the patient can be properly cared for in the place where the patient resided at time of admission.
- VI. Coordinate the patient's care and transition to outpatient treatment. Providers may share the post-discharge treatment plan with the patient and one or more of the following: primary support person, community based providers, peer support, or other individuals who can implement the patient's care plan.
- VII. Conduct a caring contact by phone within 48 hours after discharge from the emergency department for every suicidal ideation scoring severe ( $\geq 4$ ) on Columbia Suicide Severity Rating Scale.
  - a. If caring contact cannot be established within 48 hours, document the applicable barriers in the patient's medical record.

- VIII. Attempt to schedule a follow-up appointment for no later than seven days after discharge on any patient who presents with a behavioral health crisis.
- a. If a follow-up appointment cannot be scheduled within seven days, document in the patient's medical record all efforts made and any barriers.
- IX. Provide Instructions or Training
- a. As necessary, provide instructions or training to the patient and primary support person prior to discharge; the instructions should be provided at a level understandable to the patient and primary support person and ideally provided both orally and in writing. Instructions or training may include assistance with activities of daily living, medical or nursing tasks such as wound care, administering medication, or operation of medical equipment, or assistance relating to the patient's condition.
- X. Notify the designated primary support person in advance of patient discharge or transfer to another care setting and document in the medical record.
- a. The notice should be provided enough in advance to allow the primary support person to be present if necessary.
  - b. Notice to primary support person(s) should never delay a patient's discharge.
- XI. The policy will be publically available and provided to the patient upon admission and discharge in the form of a brochure in accordance with OAR 333-505-0055.

Definitions – Insert N/A if not applicable
<ul style="list-style-type: none"> <li>• <b>Discharge</b> – the release of a patient from a hospital following admission to the hospital.</li> <li>• <b>Hospitalized for Mental Health Treatment</b> - patients admitted to psychiatric inpatient treatment.</li> <li>• <b>Lay caregiver</b> - a family member, friend, or other support person to provide assistance to the patient following their discharge from the hospital. Hospitals may use other terms to describe the functional role of the lay caregiver such as support person. Protected Health Information (PHI) – individually identifiable health information that is transmitted or maintained in any form or medium, including electronic, paper, and oral.</li> <li>• <b>Peer Support</b> – a peer support specialist, peer wellness specialist, family support specialist or youth support specialist.</li> <li>• <b>Behavioral Health Crisis</b> – a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual's mental or physical health.</li> </ul>
Equipment or Supplies - Insert N/A if not applicable
N/A
Form Name and Number or Attachment Name - Insert N/A if not applicable
N/A
Expert Consultants Position
Kristy Bond, Accreditation & Pt. Safety Manager Ellen Hampton, Director of Corporate Integrity, Safety, & Risk Management
References – Required for Clinical Documents – Insert N/A for Administrative Policies
ORS 441.196, ORS 441.198, ORS 441.750, OAR 333-505-0030, 42 CFR 482.13(b) (5), 42 CFR 482.43., ORS 441.053
Policy, Procedure or Protocol Cross Reference Information – Insert N/A if not applicable
Release of Information (ROI) Policy
Computer Search Words
Mental Health, Mental Health Treatment, Discharge, Discharge Planning, PMC, Psychiatric Medicine Center, Psychiatric Services.
<b>Is there a Regulatory Requirement? Yes</b>
Yes - ORS 441.196, ORS 441.198, ORS 441.750, OAR 333-505-0055

Review and Revision History		
History	Review or Revision	Date
Standard review to ensure policy reflects current process.	Revision	03/2022
02/2020 West Valley reviewed on change to content.	Review	02/2020
SH – WVH OAR changed and moved to 333-505-0055 by OHA. Changes in policy to reflect changes in OARs. Terminology of Columbia Suicide Severity Rating Scale updated. WVH- Adopted as a new policy.	Revision	03/2019
New Policy due to OAR Changes	New	12/2018