LOMA LINDA UNIVERSITY
MEDICAL CENTER

LOMA LINDA UNIVERSITY MEDICAL CENTER

OPERATING POLICY

CATEGORY:	CLINICAL MANAGEMENT	**CODE:**	M-47
		EFFECTIVE:	05/2015
SUBJECT:	PATIENTS SUSPECTED OR DETERMINED TO BE A DANGER TO SELF OR OTHERS, OR GRAVELY DISABLED	**REPLACES:**	03/2012
		PAGE:	1 of 3

Purpose: Define the management of patients who are or appear to be a danger to self or others, or gravely disabled by reason of mental health disorder as defined by the Welfare and Institutions Code.

Definitions:

Danger to Self: The person must be an immediate threat to themselves, usually by being suicidal. Someone who is severely depressed and wishes to die would fall under this category (though they generally have to have expressed a plan to commit suicide and not just a wish to die).

Danger to Others: The person must be an immediate threat to someone else's safety.

Gravely Disabled: The inability to provide for basic personal needs for food, clothing, or shelter as a result of a mental health disorder.

Related Policy:
Emergency Care and Transfer Provisions: Emergency Department to Emergency Department (O-12)

1. Patients with psychiatric illness presenting to the Emergency Department shall receive a medical screening exam conducted in accordance with the provisions of EMTALA regulations.

2. Any patient known or suspected to be suicidal or homicidal with intent upon admission, triage, or at any time during course of treatment shall be placed on constant visual observation until determined to no longer be a danger to self or others, and released by a treating physician.

   2.1 A thorough contraband check shall be done, and the patient's personal property separated from the patient and given to a responsible relative/guardian/conservator or stored safely.

3. If the physician has determined that the patient is medically stable, and a question exists as to whether the patient may constitute a danger to self or to others, or is gravely disabled by reason of mental health disorder (Welfare & Institutions Code Section 5150- "Section 5150" and Health and Safety Code 1799.111), a consult shall be obtained from a person authorized by law to make such

a determination. The patient's assessment and care shall be managed according to the provisions of attachment M-47.A, to include:

3.1 Written application and notice to patient in accordance with Section 5150 hold or Health & Safety Section 1799.111 ("1799") (reference CHA Consent Manual, Detainment for Mental Health Treatment section).

3.2 As required by Health & Safety Code 1799.111, the hospital staff/treating physician/mental health professional shall document repeated efforts (successful or unsuccessful) to find appropriate mental health treatment for the patient.

a. Telephone calls or other contacts must commence as soon as the treating physician has determined when the patient will be medically stable for transfer.

4. If psychiatric illness which meets danger to self or others/gravely disabled criteria is diagnosed but patient's condition is such that medical treatment/stabilization must be provided prior to transfer, the patient shall be continued under constant observation, and the appropriate medical services consulted. The patient's assessment and care shall be managed in accordance with attachment M-47.B, to include:

4.1 Medical/surgical management and life support measures as may be indicated by the patient's condition

4.2 Transfer to a medical psychiatric facility as early as possible if available or admission to the appropriate inpatient service and level of care if medical inpatient care is needed and placement at a medical psychiatric facility is not available. Continued efforts to transfer to a medical psychiatric facility shall be documented on an ongoing basis.

5. If a psychiatric illness which meets danger to self or others/gravely disabled criteria is diagnosed during hospitalization (including stays in outpatient observation units), the patient's assessment and care shall be managed in accordance with attachment M-47.C in addition to the appropriate medical care for the conditions requiring hospitalization/observation.

6. During an outpatient encounter (except for ED or observation units), if a patient expresses suicidal ideation or symptoms of possible psychiatric illness which meets danger to self or others/gravely disabled criteria and there is concern for the safety of the patient or others:

6.1 Contact Law Enforcement to assess the patient and arrange for transport to the appropriate facility, OR

6.2 Contact the San Bernardino Community Crisis Response Team (CCRT) (909) 421-9233 and ask them to come do an assessment (for a patient with MediCal or who is indigent).

a. The CCRT requests that they be contacted for all uninsured or Medi-Cal patients age 21 to 65.

APPROVED: Hospital Executive Leadership, LLUMC Chief Executive Officer, LLUMC Medical Staff President, Janet Kroetz

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ADMINISTRATIVE PROCEDURE

CATEGORY:	CLINICAL MANAGEMENT	**CODE:**	M-47.A
		EFFECTIVE:	05/2015
SUBJECT:	ASSESSMENT AND MANAGEMENT OF PATIENT WITH PSYCHIATRIC HOLD IN ED	**REPLACES:**	03/2012
		PAGE:	1 of 4

INITIATOR OF ACTION	ACTION
Emergency Department Physician	1. Medical evaluation conducted in accordance with requirements of EMTALA.
	2. Determines that patient is medically stable. (See attachment B if prolonged stabilization necessary)
	3. Makes tentative diagnosis of mental illness and/or potential danger of patient to self or others, or gravely disabled and orders constant visual supervision.
	4. Request psychiatric evaluation by psychiatry resident on-call.
	NOTE: If the patient tries to leave prior to psychiatric evaluation the patient can be placed on a 1799.11 by the treating physician.
Emergency Dept. Staff	5. Change patient into gown, remove personal belongings, and do contraband search if not already done, even if hold is not yet written. Provide constant supervision of patient to ensure safety and prevent access to items that can be used for harm (reference Mosby's Nursing Skills "Suicide Precautions" or "Suicide Precautions - Pediatric"). Request assistance of Security Department as needed.
Psychiatry Staff Physician/Resident	6. Determines whether patient meets criteria for involuntary hold.
	NOTE: If patient is a dependent minor, and legal guardians do not want patient to be hospitalized for psychiatric care despite recommendation of psychiatrist, the health care team should consult the Office of General Counsel and/or county Children and Family Services prior to discharge.

INITIATOR OF ACTION	ACTION
	<u>Patient has been medically cleared, but is unwilling to be hospitalized, or ambivalent</u>
	Uninsured or MediCal (including managed MediCal such as IEHP and Molina) from 21 to 65 years old
ER staff	7. Call Community Crisis Response Team (CCRT) (909) 421-9233 to come evaluate patient.
CCRT	8. Evaluates patient, determines whether pt requires hospitalization for mental health needs, write hold if appropriate, contacts area facilities to arrange for transfer.
Psych resident, in conference with Psych Attending	9. If CCRT disagrees with recommendation for hospitalization, psychiatry resident after discussion with psychiatry attending may place patient on 5150 if deemed appropriate. **(go to # 16)**
	All privately insured patients, uninsured or Medi-Cal patients under 21 <u>or</u> over 65 years old, <u>OR</u> Minors who are unwilling to go but legal guardians are willing to hospitalize
Psychiatry Staff Physician/Resident	10. Place on 5150. **(go to #16 below)**
	<u>Willing to be hospitalized</u>
Psychiatry Staff Physician/Resident	11. Determines whether patient has capacity to make this decision.
	Uninsured or MediCal (including managed MediCal such as IEHP and Molina) from 21 to 65 years old
ED Staff	12. Call CCRT (909) 421-9233 to come evaluate patient.
CCRT	13. Writes hold if appropriate.
Psychiatry Staff Physician/Resident	14. If CCRT disagrees with recommendation for hospitalization, psychiatry resident, after discussion with psychiatry attending, may still choose to hospitalize patient if deemed appropriate. (go to # 16 below)
	Private insurance under 21 or over 65 years old

INITIATOR OF ACTION	ACTION
Psychiatry Staff Physician/Resident	15. Informs case management of recommendation for hospitalization. If bed is not available at BMC, then resident to place patient on 5150 to facilitate seeking acceptance to another psychiatric facility. **(go to # 16 below)**
	All Patients to be transferred to Psych facility
Case Manager/Social Work	16. Contacts Psychiatric facilities to arrange for transfer. Documents all contacts made in effort to arrange for transfer. a. LLUMC Security Department will transfer voluntary patients to BMC b. Appropriate transportation will be arranged to transfer voluntary patients to an outside facility c. AMR is used for transport of involuntary patients.
Psychiatry Staff Physician/Resident	17. In the situation where a bed is found but the patient is unwilling to go to that facility, the patient is then deemed as refusing available treatment and at that point may be placed on a 5150 and transferred to the accepting facility.
	Patients requiring psychiatric hospitalization for whom transfer cannot be arranged in 24 hours
Psychiatry Staff Physician/Resident	18. Re-evaluates patient daily, and documents daily psychiatric progress note. NOTE: 5150 holds <u>do not</u> need to be re-written every 8 hours; psychiatrist on call may be re-consulted at any time if the patient's clinical status or presentation changes. NOTE: If patient stays longer than 72 hrs and continues to be at risk of harm to self or others, or gravely disabled, LLUMC's responsibility is to continue to care for the patient and keep the patient safe. If the patient objects to continued treatment, contact the Security Department or the Sheriff's Department if the patient is violent and unable to be managed with therapeutic interventions (the Sheriff's Dept. must then determine whether to take the patient into custody).

INITIATOR OF ACTION	ACTION
Case Manager/Social Work	19. Documents ongoing repeated efforts to find a psychiatric facility to transfer the patient to.
Psychiatry Staff Physician/Resident	20. When an accepting psychiatric facility is found, Psychiatry will come to write a 5150 for transport.
	NOTE: Just because patients are "voluntary" does not mean they are not an acute danger to themselves or others. They are just as acutely ill and dangerous as “involuntary” patients. "Voluntary" does not mean the patient has the right to leave the hospital without clearance by psychiatry. If a voluntary patient attempts to leave, security is to be called and the patient is to be detained under WIC 1799.111. The psychiatrist on call is to be notified of the situation.

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ADMINISTRATIVE PROCEDURE

CATEGORY: CLINICAL MANAGEMENT

CODE: M-47.B
EFFECTIVE: 05/2015
REPLACES: 03/2012

SUBJECT: ASSESSMENT AND MANAGEMENT OF PATIENT NEEDING PSYCHIATRIC HOLD BUT REQUIRES MEDICAL STABILIZATION

INITIATOR OF ACTION	ACTION
Patient	1. Shows symptoms of being a danger to self or others or gravely disabled from mental health problems.
ED Physician	2. Medical evaluation conducted in accordance with requirements of EMTALA, orders constant visual observation if patient appears to be a danger to self or others.
ED Staff	3. Change patient into gown, remove personal belongings, and do contraband search if not already done, even if hold is not yet written. Provide constant supervision of patient to ensure safety (reference Mosby's Nursing Skills "Suicide Precautions" or "Suicide Precautions - Pediatric").
ED Physician	4. Request psychiatric evaluation by psychiatry resident on call.
	5. Determines whether patient requires medical stabilization that can be accomplished in the emergency department setting.
	6. If patient can be stabilized in emergency department, seek psychiatric hospitalization (go to # 16 in attachment A above) OR
ED Physician/Case manager	7. Seek transfer to a 5150-licensed facility with medical and psychiatric care. (go to # 16 in attachment A above)
ED Physician	8. Determines that medical issues cannot be appropriately stabilized in ED setting, and medical psychiatric placement is not available.
	9. If transfer not possible, obtains consult from appropriate inpatient service(s) for admission.

INITIATOR OF ACTION	ACTION
Physician from inpatient service	10. Admits patient to appropriate medical service.
Case Manager/Social Work	11. Works with Admitting MD to determine appropriate level of care, i.e., acute, intermediate or critical, using Interqual criteria. Continued efforts to transfer to a medical psychiatric facility shall be documented on an ongoing basis. NOTE: Any 5150 that had been placed is automatically nullified once decision is made to admit patient to hospital. 12. Admission of patient is not to be delayed waiting for psychiatric evaluation.
Inpatient Unit Staff	13. Remove personal belongings, and do contraband search if not already done, even if hold not yet written. Provide constant supervision of patient to ensure safety (Reference Mosby's Nursing Skills "Suicide Precautions" Continue to provide constant supervision and prevent access to items that can be used for harm (Reference Mosby's Nursing Skills "Suicide Precautions").
Inpatient Unit Case Manager	14. Documents ongoing efforts to transfer patient to a medical psychiatric facility.
Psychiatry Staff Physician/Resident	15. In the next psychiatric note (to be written within 24 hours of admission), documents that 5150 was nullified when patient was hospitalized a. Sees patient daily to continue to document the need for psychiatric placement. b. Recommends appropriate psychological counseling as needed and available.
Physician from inpatient service	16. If patient is unwilling to be hospitalized further, and makes an effort to leave the hospital, the patient is to be involuntarily detained on the inpatient floor under H&S 1799.111. a. 1799.111 may be placed by any treating physician; does not require psychiatrist. 17. If a patient is willing to be hospitalized for medical treatment, but decides to leave the hospital while still considered to be a danger to self or others or gravely

INITIATOR OF ACTION	ACTION
	disabled by mental health issues, he/she is to be detained under H&S 1799.111. a. 1799.111 may be placed by any treating physician; does not require psychiatrist. 18. When patient is medically cleared, contacts psychiatry to re-assess for appropriate disposition.
Case Manager/Social Work	19. Documents efforts to arrange for transfer to Psychiatric Facility for ongoing care a. LLUMC Security Department will transfer voluntary patients to BMC b. Appropriate transportation will be arranged to transfer voluntary patients to an outside facility c. AMR is used for transport of involuntary patients. NOTE: Just because patients are "voluntary" does not mean they are not an acute danger to themselves or others. They are just as acutely ill and dangerous as "involuntary" patients. "Voluntary" does not mean the patient has the right to leave the hospital without clearance by psychiatry. If a voluntary patient attempts to leave, security is to be called and the patient is to be detained under WIC 1799.111. The psychiatrist on call is to be notified of the situation.

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ADMINISTRATIVE PROCEDURE

CATEGORY: CLINICAL MANAGEMENT

SUBJECT: ASSESSMENT AND MANAGEMENT OF PATIENT ON INPATIENT UNIT - POSSIBLE NEED FOR HOLD

CODE: M-47.C
EFFECTIVE: 05/2015
REPLACES: 03/2012

INITIATOR OF ACTION	ACTION
Patient	1. Shows symptoms of being a danger to self or others or gravely disabled from mental health problems.
Physician from Inpatient/Admitting Service	2. Makes tentative diagnosis of mental illness and/or potential danger of patient to self or others or gravely disabled, and orders constant visual supervision.
	3. Requests psychiatric evaluation by psychiatry resident on call.
Nursing Staff	4. Provide constant supervision of patient and remove any objects that may be used to cause harm, even if hold is not yet written (reference Mosby's Nursing Skills "Suicide Precautions" or "Suicide Precautions - Pediatric").
Psychiatry Staff Physician/Resident	5. Determines whether the patient meets criteria for a hold.
Physician from Inpatient/Admitting Service	6. Determines whether patient is medically stable for transfer.
Psychiatry Staff Physician/Resident	7. If medically stable, notify Case Manager of need for placement @ psych facility. Proceed to # 10, 11, 12, or 13.
	NOTE: If patient is a dependent minor, and legal guardians do not want patient to be hospitalized for psychiatric care despite recommendation of psychiatrist, the health care team should consult the Office of General Counsel and/or county Children and Family Services prior to discharge.
	8. If not yet medically stable, notify Case Manager of need to attempt transfer to a medical psychiatric facility. Evaluate patient daily and document. Return to # 7 when inpatient service determines patient to be stable.

INITIATOR OF ACTION	ACTION
Case Manager/Social Work	9. Documents ongoing efforts to transfer patient to a medical psychiatric facility.
	Patient unwilling to be hospitalized in psychiatric facility, or ambivalent
Psychiatry Staff Physician/Resident	10. Evaluates patient daily for need for psychiatric hospitalization. Places patient on 5150 when patient is accepted for transfer to a psychiatric hospital.
	Willing to be hospitalized in psych facility
Psychiatry Staff Physician/Resident	11. Determines whether patient has capacity to make this decision.
Psychiatry Staff Physician/Resident	12. Evaluates patient daily for need for psychiatric hospitalization. If BMC accepts patient for transfer, patient may be transported on voluntary status by LLUMC Security Department. If other psychiatric hospital accepts patient for transfer, 5150 to be written to facilitate transfer.
	Patients to be transferred to Psych facility
Psychiatry Staff Physician/Resident	13. Informs case management of recommendation for hospitalization.
Case Manager/Social Work	14. Contacts Psychiatric facilities to arrange for transfer. Documents ongoing efforts to transfer patient to a psychiatric facility a. LLUMC Security Department will transfer voluntary patients to BMC. "Voluntary" form must be signed by patient prior to transport. b. Appropriate transportation will be arranged to transfer voluntary patients to an outside facility c. AMR is used for transport of involuntary patients.
Psychiatry Staff Physician/Resident	15. In the situation where a bed is found but the patient is unwilling to go to that facility, the patient is then deemed as refusing available treatment and at that point may be

INITIATOR OF ACTION	ACTION
	placed on a 5150 and transferred to the accepting facility.
	Involuntary patients requiring psychiatric hospitalization for whom transfer is not arranged in 24 hours
Psychiatry Attending	16. Re-evaluates patient daily, with daily psychiatric progress note. NOTE: If patient stays longer then 24hrs and continues to be at risk of harm to self or others, or gravely disabled, our responsibility is to continue to detain the patient to keep them safe.
Case Manager/Social Work	17. Continues to document ongoing repeated efforts to find a psychiatric facility to transfer the patient to.
Psychiatry Staff Physician/Resident	18. When an accepting psychiatric facility is found, Psychiatry will come to write a 5150 for transport. NOTE: Just because patients are "voluntary" does not mean they are not an acute danger to themselves or others. They are just as acutely ill and dangerous as “involuntary” patients. "Voluntary" does not mean the patient has the right to leave the hospital without clearance by psychiatry. If a voluntary patient attempts to leave, security is to be called and the patient is to be detained under WIC 1799.111. The psychiatrist on call is to be notified of the situation.