



LOMA LINDA
UNIVERSITY
MEDICAL CENTER

LOMA LINDA UNIVERSITY MEDICAL CENTER

OPERATING POLICY

CATEGORY:	CLINICAL MANAGEMENT	CODE:	M-47
SUBJECT:	PATIENTS SUSPECTED OR DETERMINED TO BE A DANGER TO SELF OR OTHERS, OR GRAVELY DISABLED	EFFECTIVE:	08/2018
		REPLACES:	06/2018
		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 (ED) or Urgent Care (UC) 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

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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 case manager assistant shall document repeated efforts (successful or unsuccessful) to find appropriate psychiatric hospitalization 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/UC 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

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

APPROVERS: Hospital Executive Leadership, LLUMC Chief Executive Officer, LLUMC Chief Nursing Officer, LLUMC Medical Staff President and Chair of MSEC



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ADMINISTRATIVE PROCEDURE

CATEGORY: CLINICAL MANAGEMENT **CODE:** M-47.A
EFFECTIVE: 08/2018
SUBJECT: ASSESSMENT AND MANAGEMENT OF **REPLACES:** 06/2018
PATIENT WITH PSYCHIATRIC HOLD IN ED **PAGE:** 1 of 3

INITIATOR OF ACTION	ACTION
Emergency Department/UC Physician	<ol style="list-style-type: none">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. <p>NOTE: If the patient tries to leave prior to psychiatric evaluation the patient can be placed on a 1799.11 by the treating physician.</p>
Emergency Dept./UC Staff	<ol style="list-style-type: none">5. Change patient into green 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 Clinical Skills: "Suicide Assessment and Precautions (LLUMC-Adult)" or "Suicide Precautions - Pediatric"). Request assistance of Security Department as needed.
Psychiatry Staff Physician/Resident	<ol style="list-style-type: none">6. Determines whether patient meets criteria for involuntary hold. <p>NOTE: If patient is a dependent minor, and legal guardians do <u>not</u> want patient to be hospitalized for psychiatric care despite recommendation of psychiatrist, the health care team should consider consulting the Office of General Counsel and/or county Children and Family Services</p>

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SUBJECT: ASSESSMENT AND MANAGEMENT OF
PATIENT WITH PSYCHIATRIC HOLD IN ED

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INITIATOR OF ACTION	ACTION
Psychiatry Staff Physician/Resident	<p>prior to discharge.</p> <p><u>Patient has been medically cleared, but is unwilling to be hospitalized, or ambivalent</u></p> <p>All adult patients <u>OR</u> Minors who are unwilling to go but legal guardians are willing to hospitalize</p> <p>7. Place on 5150. If a patient was on a 1799.111 prior to writing of the 5150, the time detained on the 1799.111 is to be credited towards the 72-hour window. This is to be documented in the psychiatric note and on the 5150, along with the time that the 5150 will consequently expire (go to #10 below).</p>
Psychiatry Staff Physician/Resident	<p><u>Willing to be hospitalized</u></p> <p>8. Determines whether patient has capacity to make this decision.</p>
Psychiatry Staff Physician/Resident	<p>9. 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 # 10 below)</p> <p>All Patients to be transferred to Psych facility</p>
Case Manager Assistant	<p>10. Contacts Psychiatric facilities to arrange for transfer. Documents all contacts made in effort to arrange for transfer.</p> <p>10.1 LLUMC Security Department will transfer voluntary patients to BMC</p> <p>10.2 Appropriate transportation will be arranged to transfer involuntary and voluntary patients to an outside facility</p>

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INITIATOR OF ACTION	ACTION
Psychiatry Staff Physician/Resident	<p>11. 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.</p> <p>Patients requiring psychiatric hospitalization for whom transfer cannot be arranged in 24 hours</p>
Psychiatry Staff Physician/Resident	<p>12. Re-evaluates patient daily, and documents daily psychiatric progress note.</p> <p>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.</p> <p>NOTE: If patient stays longer than 72 hrs and continues to be at risk of harm to self or others, or gravely disabled, LLUMC shall continue to provide treatment for the patient. If the patient objects to continued treatment and is still at risk, or violent and unable to be managed with therapeutic interventions, staff should contact the Security Department prior to the expiration of the 5150 and request that the Sheriff's Department send an officer to come evaluate the patient once the patient has been discharged and is off hospital premises. The Sheriff's Dept. will then determine whether to take the patient into custody.</p>
Case Manager Assistant	<p>13. Documents ongoing repeated efforts to find a psychiatric facility to transfer the patient to.</p> <p>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.</p>



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ADMINISTRATIVE PROCEDURE

CATEGORY: CLINICAL MANAGEMENT **CODE:** M-47.B
SUBJECT: ASSESSMENT AND MANAGEMENT OF **EFFECTIVE:** 08/2018
PATIENT NEEDING PSYCHIATRIC HOLD **REPLACES:** 06/2018
BUT REQUIRES MEDICAL STABILIZATION **PAGE:** 1 of 3

INITIATOR OF ACTION	ACTION
Patient	1. Shows symptoms of being a danger to self or others or gravely disabled from mental health problems.
ED/UC 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/UC 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 Clinical Skills: " Suicide Assessment and Precautions (LLUMC-Adult) " or " Suicide Precautions - Pediatric ").
ED/UC 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.
ED/UC Physician/Case manager	6. If patient can be stabilized in emergency department, seek psychiatric hospitalization (go to # 16 in attachment A above) <u>OR</u> 7. Seek transfer to a 5150-licensed facility with medical and psychiatric care (go to # 10 in attachment A above).
ED/UC Physician	8. Determines that medical issues cannot be appropriately stabilized in ED/UC setting, and medical psychiatric placement is not available. 9. If transfer not possible, obtains consult from appropriate inpatient service(s) for admission.

CATEGORY: CLINICAL MANAGEMENT

CODE: M-47.B

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

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INITIATOR OF ACTION	ACTION
Physician from inpatient service	10. Admits patient to appropriate medical service.
Case Manager Assistant	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.
Inpatient Unit Staff	12. Admission of patient is not to be delayed waiting for psychiatric evaluation.
Inpatient Unit Case Manager	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 Clinical Skills: " Suicide Assessment and Precautions (LLUMC-Adult) ") Continue to provide constant supervision and prevent access to items that can be used for harm
Psychiatry Staff Physician/Resident	14. Documents ongoing efforts to transfer patient to a medical psychiatric facility.
	15. In the next psychiatric note (to be written within 24 hours of admission), documents that 5150 was nullified when patient was hospitalized
	15.1 Sees patient daily to continue to document the need for psychiatric placement.
	15.2 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.
	16.1 A 1799.111 may be placed by any treating physician; does not require psychiatrist.

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PATIENT NEEDING PSYCHIATRIC HOLD
BUT REQUIRES MEDICAL STABLIZATION

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INITIATOR OF ACTION	ACTION
Case Manager Assistant	<p>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 disabled by mental health issues, he/she is to be detained under H&S 1799.111.</p> <p>17.1 A 1799.111 may be placed by any treating physician; does not require psychiatrist.</p> <p>18. When patient is medically cleared, contacts psychiatry to re-assess for appropriate disposition.</p> <p>19. Documents efforts to arrange for transfer to Psychiatric Facility for ongoing care</p> <p>19.1 LLUMC Security Department will transfer voluntary patients to BMC</p> <p>19.2 Appropriate transportation will be arranged to transfer involuntary and voluntary patients to an outside facility</p> <p>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.</p>



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ADMINISTRATIVE PROCEDURE

CATEGORY: CLINICAL MANAGEMENT **CODE:** M-47.C
SUBJECT: ASSESSMENT AND MANAGEMENT OF **EFFECTIVE:** 08/2018
PATIENT ON INPATIENT UNIT - **REPLACES:** 06/2018
POSSIBLE NEED FOR HOLD **PAGE:** 1 of 4

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.
Nursing Staff	3. Requests psychiatric evaluation by psychiatry resident on call.
Psychiatry Staff Physician/Resident	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 Clinical Skills: " Suicide Assessment and Precautions (LLUMC-Adult) " or " Suicide Precautions - Pediatric ").
Physician from Inpatient/Admitting Service	5. Determines whether the patient meets criteria for a hold.
Psychiatry Staff Physician/Resident	6. Determines whether patient is medically stable for transfer.
	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 <u>not</u> want patient to be hospitalized for psychiatric care despite recommendation of psychiatrist, the health care team should consider consulting 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

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PATIENT ON INPATIENT UNIT - POSSIBLE
NEED FOR HOLD

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INITIATOR OF ACTION	ACTION
	patient daily and document. Return to # 7 when inpatient service determines patient to be stable.
Case Manager Assistant	9. Documents ongoing efforts to transfer patient to a medical psychiatric facility.
	<u>Patient unwilling to be hospitalized in psychiatric facility, or ambivalent</u>
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. If a patient was on a 1799.111 prior to writing of the 5150, the time detained on the 1799.111 is to be credited towards the 72-hour window. This is to be documented in the psychiatric note and on the 5150, along with the time that the 5150 will consequently expire.
	<u>Willing to be hospitalized in psych facility</u>
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.
	<u>Patients to be transferred to Psych facility</u>
Psychiatry Staff Physician/Resident	13. Informs case management of recommendation for hospitalization.
Case Manager Assistant	14. Contacts Psychiatric facilities to arrange for transfer. Documents ongoing efforts to transfer patient to a psychiatric facility 14.1 LLUMC Security Department will transfer voluntary patients to BMC. "Voluntary" form must be signed by patient prior to transport.

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

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INITIATOR OF ACTION	ACTION
Psychiatry Staff Physician/Resident	14.2 Appropriate transportation will be arranged to transfer involuntary and voluntary patients to an outside facility 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 placed on a 5150 and transferred to the accepting facility.
Psychiatry <u>Attending</u>	Involuntary patients requiring psychiatric hospitalization for whom transfer is not arranged in 24 hours 16. Re-evaluates patient daily, with daily psychiatric progress note. NOTE: If the 1799.111 expires and patient continues to be at risk of harm to self or others, or gravely disabled, there is no legal statute with which to further detain the patient. LLUMC shall continue to provide care for the patient. If the patient objects to continued treatment, staff should contact the Security Department prior to the expiration of the 1799.111 and request that Sheriff's Department send an officer to come evaluate the patient once the patient has been discharged and is off hospital premises. The Sheriff's Dept. will then determine whether to take the patient into custody.
Case Manager Assistant	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

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

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INITIATOR OF ACTION	ACTION
	situation.