



Discharge Planning for Mental/Behavioral Health Patients

Purpose

It is the intent of this policy to ensure that suicidal/homicidal and acutely psychotic patients who obtain a County Designated Mental Health Provider exam by crisis worker are offered and encouraged to bring in support persons so that they are supported at discharge by a network of family or friends.

Definitions

1. Lay caregiver:
 - a. Means an individual who, at the request of a patient, agrees to provide aftercare to the patient in the patient's residence (OAR 333-505-0055).
2. Lethal Means Counseling:
 - a. Assessing whether a person at risk for suicide has access to a firearm or other lethal means and working with them and their family and support system to limit their access until they are no longer at elevated risk.
3. Caring Contacts:
 - a. Brief communications with a patient that starts during care transition such as discharge or release from treatment, or when a patient misses an appointment or drops out of treatment, and continues as long as a qualified mental health professional deems necessary (OAR 333-520-0070).

Policy

1. The patient will be given a pamphlet describing how to find this policy on our webpage.
2. Discuss with the patient if they would like to identify a family member, friend or other support person who will provide assistance to the patient following their discharge from the hospital. Particularly vulnerable patients, such as those hospitalized for mental illness should be encouraged to designate a support person to aid in their post-discharge care. If a lay caregiver is identified, note the designation in the patient's EHR.
 - a. For a patient who is younger than 14 years of age, the lay caregiver is a parent or legal guardian of the patient.
 - b. For a patient who is younger than 18 years of age but at least 14 years of age, the lay caregiver is the patient's parent or legal guardian unless the legal guardians refuse or there are clear clinical indications to the contrary such as sexual abuse by the guardian or evidence of emancipation. To the extent a legal guardian is not designated as the lay caregiver due to clinical indicators, those reasons should be noted in the EHR. A patient aged 14 to 18 may also designate a lay caregiver of their choice.
3. If a lay caregiver is identified, encourage the patient to sign an authorization to disclose relevant protected health information. Note in the EHR if the patient authorization is obtained. Information to share with the patient and lay caregiver prior to discharge should include, but not limited to:
 - a. The hospital's criteria and reasons for initiating discharge.
 - b. The patient's diagnosis, treatment recommendations, and outstanding safety issues.
 - c. 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.
 - d. The patient's prescribed medications including dosage, explanation of side effects and process for obtaining refills, as applicable.

*****ALL ELEMENTS BELOW MUST BE DOCUMENTED IN THE EHR*****

*****ALL ELEMENTS OF THE DISCHARGE CHECKLIST MUST BE MET PRIOR TO THE PATIENT BEING DISCHARGED OR ADEQUATE JUSTIFICATION DOCUMENTED IN THE EHR AS TO WHY THEY COULD NOT BE MET*****

RELEASE FROM THE EMERGENCY ROOM REQUIREMENTS

1. Prior to discharge the suicidal patient will have a mental health evaluation by crisis worker and the crisis worker will do a patient risk assessment and if indicated develop a safety plan and lethal means of counseling. A crisis worker will also conduct a long term needs assessment.
2. With the patient's permission identify a lay caregiver to participate in the discharge planning.
3. A crisis worker will coordinate care including transitioning to outpatient treatment that

includes one or more of the following: community-based providers, peer support, lay caregivers or others who can implement the patient's plan of care.

4. A crisis worker will schedule a follow-up appointment that occurs within 7 days of discharge. If a follow-up appointment cannot be scheduled within 7 days, document why.
5. A behavioral health assessment will be conducted by a crisis worker.
6. A crisis worker will arrange for caring contacts to transition a patient to outpatient services. Caring contacts must be attempted within 48 hours of release.

INPATIENT DISCHARGING OF PATIENT

1. Prior to discharge the suicidal patient will have a mental health evaluation by crisis worker and the crisis worker will do a patient risk assessment and if indicated develop a safety plan and lethal means of counseling. A crisis worker will also conduct a long term needs assessment.
2. With the patient's permission identify a lay caregiver to participate in the discharge planning.
3. A crisis worker will do a patient risk assessment.
4. A crisis worker will coordinate care including transitioning to outpatient treatment that includes one or more of the following: community-based providers, peer support, lay caregivers or others who can implement the patient's plan of care.
5. A crisis worker will schedule a follow-up appointment that occurs within 7 days of discharge. If a follow-up appointment cannot be scheduled within 7 days, document why.

Reference: OAR 333-505-0055; OAR 333-520-0070

Tags

Departmental, ED CNA/Tech Orientation, ED Competency, ED RN Orientation, Policy