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 Owner: Linda Moss: Dir-qual/Med Staff Svcs
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 Applicability: PH&S Oregon Region

Releasing A Patient Following A Behavioral Health Crisis

GENERAL OPERATING POLICY

Release of Patients Presenting in Behavioral Health Crisis

Effective: 10/2019

PMH, PPMC, PSVMC, PWFMC, PNMC, PHR, PSH, PMMC

OBJECTIVES:

To enhance patient safety and provide the best care of the patient presenting in behavioral health crisis in Providence Oregon Region Emergency Departments and Inpatient Behavioral Health units.

To establish a policy that assures the compliance with the discharging of patients in behavioral health crisis from the Emergency Department and all inpatient units, medical and behavioral, that is in accordance with Oregon House Bills 2023, 3090 and, as applicable, 3378 (Chapters 263, effective January 2016).

POLICY STATEMENT:

Passage of HB 2023 and HB 3090 (ORS 441.196; Oregon Laws 2017, chapter 272), mandates that Oregon hospitals must adopt and implement a policy for the discharge of a patient who presented with a behavioral health crisis. The hospitals policy must be publically available to patients and their lay caregiver(s). H.B. 3378 also requires hospitals to adopt and maintain written discharge policies for all inpatients, including psychiatric inpatients covered under the provisions of H.B. 2023. The law applicable to general discharge policies requires hospitals to provide the patient and designated lay caregiver with instruction or training prior to discharge, as necessary for the caregiver to perform aftercare functions. This is equivalent to existing federal standards which require hospitals to counsel the patient, family members, or other interested persons as necessary for post-hospital care, also applicable to all inpatients.

This policy applies to all patients being discharged from an Emergency Department or Inpatient unit in any Providence Acute Care Ministry.

DEFINITIONS:

Lay Caregiver: either an individual designated by the patient or a parent or legal guardian and whom a health care provider may disclose protected health information **without** a signed authorization (ORS 192.567) or an individual who, at the request of a patient, agrees to provide aftercare to the patient in the patient's residence (ORS 441.198).

Lethal means counseling: counseling strategies designed to reduce the access by a patient who is at risk of suicide for suicide by lethal means, including but not limited to firearms (OAR 836-053-1403)

Behavioral Health Crisis: 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 (ORS 441.053).

Behavioral Health Clinician: a) licensed psychiatrist; b) a licensed psychologist; c) a certified nurse practitioner with a specialty in psychiatric mental health; d) a licensed clinical social worker; e) a licensed professional counselor or a licensed marriage and family therapist; f) a certified clinical social work associate; g) an intern or resident who is working under a board-approved supervisory contract in a clinical mental health field; or

h) any other clinician whose authorized scope of practice includes mental health diagnosis and treatment (ORS 743A.012b).

Caring Contacts (ED Only) Brief communications between the patient and a community provider to successfully transition the patient to outpatient services. The provider can be a behavioral health clinician, peer support specialist, peer wellness specialist, family support specialist or youth support specialist. Peer support, peer wellness, family support and youth support specialists are persons certified by the Oregon Health Authority, Health Systems Division who provide supportive services to persons receiving mental health or addiction treatment.

- Caring contacts can be facilitated through a contract with a qualified community based behavioral health provider or through a suicide prevention hot-line;
- A caring contact may be conducted in person, telemedicine or by phone.
- A caring contact must be attempted within 48 hours of release from the Emergency Department if a patient has attempted suicide or experienced suicidal ideation.

Warm Hand off: All Acute Care Inpatient Psychiatric Units must provide a warm hand-off at discharge under The United States Department of Justice/Oregon Performance Plan for all patients meeting the definition of severely and persistently mentally ill. A warm hand-off is the process of transferring a patient from one provider to another, prior to discharge, which includes face-to-face meeting(s) with the patient as well as hospital staff if possible. A face to face meeting may be accomplished through technological solutions that provide two-way video-like communication on a secure line ("telehealth"), when either distance is a barrier or individualized clinical criteria support the use of telehealth.

Publicly available: Posted on the hospital's website and provided to each patient and to the patient's lay caregiver in written form upon admission to the hospital or emergency department and upon discharge from the hospital or release from the emergency department. The written form provided to a patient and lay caregiver may be a summarized version of the policy that is clear and easily understood.

Procedure:

The Oregon Health Authority administrative rules address general discharge planning requirements including specific requirements for discharging a patient hospitalized for mental health treatment or releasing a patient from an Inpatient Unit or Emergency Department who presented with a behavioral health crisis. These went into effect June 24th, 2015 and December 1, 2018 respectively and apply to all Oregon ministries regardless of availability of behavioral health clinicians (Psychiatrist, CSWA, LCSW, LPC) to perform an assessment and discharge planning.

For the purpose of this policy, the following defines a patient in behavioral health crisis:

- a. Admission to an inpatient unit, medical or behavioral, and does not exclude patient's in observation status, for whom admission occurred as a result of a behavioral health crisis.
- b. Patients receiving care while in the emergency department and assigned to the behavioral health safety tab in EPIC.

The following elements are required to be considered when releasing a patient from an Inpatient Unit or Emergency Department who may have presented in Behavioral Health Crisis:

1. Behavioral health assessment conducted by a behavioral health clinician that includes: a suicide risk assessment and safety plan, input from the lay caregiver as available, as well as any other relevant collateral contacts.
2. Encourage patient to sign authorization form (ORC 240A) and identify lay caregiver to participate in discharge planning.
3. Provide information on benefits of involving lay caregiver and limits to disclosure.
4. Patient long-term needs assessment that includes:
 - a. Capacity for self-care including but not limited to risk of self-harm, available support network at the location of anticipated discharge and resources available to access prescribed medications or travel to follow-up appointments,
 - b. Need for community-based services, and
 - c. Potential appropriate discharge placement, including whether the patient may return to the place from which they resided prior to hospital admission or emergency department visit or if step-down resources are needed.
5. Provider will accept unsolicited information from family and friends not authorized for disclosure.
6. Care coordination 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.
7. Schedule follow-up appointment that occurs within 7 days of discharge. If a follow-up appointment cannot be scheduled within 7 days, document the applicable barriers in the patient's medical record.
8. Patient risk assessment and if indicated development of a safety plan and lethal means counseling that involves the patient and lay caregiver when possible.
9. Educate lay caregiver on diagnosis, treatment recommendations, outstanding safety issues, discharge criteria as well as inform lay caregiver of patient discharge prior to discharge.
10. Provide discharge instructions (verbally and in writing) to the patient and lay caregiver addressing how to

provide care and assistance to the patient that may include safety plans, administration of medications, community appointments, or any other anticipated assistance relating to the patient's condition.

11. Notification to the designated lay caregiver of the patient's discharge from the hospital is required. This notice should be provided enough in advance to allow the lay caregiver to be present if that is necessary.

WRITTEN BY:

Kristin Powers-Regional Director Acute & Integrated Behavioral Health

IN COLLABORATION WITH:

Oregon Regional Emergency Department Clinical Collaborative

REFERENCES/RESOURCES:

Oregon Administrative Rules: [333-500-0010](#); [333-505-0030](#), [0050](#), and [0055](#); [333-520-0070](#) and [333-535-0000](#), Oregon House Bill 2023 and 3090.

The United States Department of Justice/Oregon Performance Plan: www.oregon.gov/oha/HSD/BHP/Pages/Oregon-Performance-Plan.aspx

HB 3378 <https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/HB3378/Introduced>

PolicyStat ID: 4235921

ORC 240A Authorization to use, disclose & release protected health information

Attachments: HB3090 patient handout

Approval Signatures

Kristin Powers - Regional Director Acute & Integrated Behavioral Health

Angela Graves - Regional Manager Professional Practice & Development/Quality

Applicability

OR - Clinical Support Staff (CSS), OR - Connections, OR - Credena Health (CH), OR - Home Health (HH), OR -

Home Medical Equipment (HME), OR - Home Services, OR - Home Services Pharmacy (HSRx), OR - Hospice (HO), OR - Providence Ctr for Medically Fragile Children, OR - Providence Hood River Memorial Hospital, OR Providence Medford MC, OR - Providence Medical Group, OR - Providence Milwaukie Hospital, OR - Providence

Newberg MC, OR - Providence Portland MC, OR - Providence Seaside Hospital, OR - Providence St. Vincent MC, OR - Providence Willamette Falls MC

Attachments:

[HB3090 patient handout eff 2019.pdf](#)

Approval Signatures

Approver	Date
Shelly Haines: Asst-Exec Admin	10/2019

Approver**Date**

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