

ADMINISTRATIVE POLICY AND PROCEDURE

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Subject: EVALUATION AND TRANSFER OF INPATIENTS FOR
PSYCHIATRIC HOSPITALIZATION

Policy No.: B806.1

Supersedes: January 8, 2020
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PURPOSE:

To facilitate transfer of patients that cannot be safely managed at RLANRC who meet the criteria for admission for an involuntary hold/5150.

POLICY:

The policy of Rancho Los Amigos National Rehabilitation Center is to promote a therapeutic environment that is as safe as reasonably possible for those patients who are at imminent risk for harm to self or others or are gravely disabled due psychiatric condition. When the patient cannot be safely maintained at RLANRC, a 5150 application will be initiated, and the patient will be transferred to DHS facility with the ability to manage the patient's condition as an Emergency Life-Threatening Condition (ELTC) Transfer.

A "5150" references WIC 5150, an involuntary psychiatric hold. When any person, because of a mental disorder, is a danger to self or others, or is gravely disabled, an LPS Authorized Person may place the person on an involuntary psychiatric hold and transfer them to a facility designated by the County and approved by the State Department of Mental Health for evaluation.

PROCEDURE:

1. Upon patient assessment or during the course of treatment, any team member who becomes aware of a patient's risk of harming self or others or inability to care for themselves due to psychiatric condition, will report to the staff nurse caring for the patient, the nurse manager/designee and the patient's attending physician. This should be reported by the first person to witness these behaviors and/or gestures.
 - a. If patient is believed to lack capacity, elopement precautions should be instituted pending formal evaluation.
 - b. Clinical team should assure any immediate medical need is addressed if patient allows.
 - c. Assure environment is safe for the patient's current status pending formal evaluation.
 1. This may include removing objects that could be used to harm self or others.
2. A STAT psychology/clinical social work evaluation will be requested by the attending physician.
3. The attending physician will notify the patient's family, guardian and/or significant other of the situation, only with the patient's consent, unless the circumstances are life threatening.
4. Based on the findings of the patient evaluation, the charge nurse may notify the County Sheriffs for

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assistance if needed and implement Interventions according to level of identified risk (Low Risk, Moderate Risk and High Risk) as defined by Policy B806 (Suicide Risk Assessment and Prevention Plan). At minimum:

- a. Immediately search the patient and the room for hazardous personal and environmental items, then daily and/or as needed if unable to immediately transfer patient.
 - b. Constant monitoring is to be done one to one with the curtains open, until risk of harm to self or others has resolved or the patient is transferred.
5. Depending upon the LPS certified nurse, psychiatrist/psychologist/clinical social worker's assessment of the patient's suicidal risk, the patient may either be transferred to LA General Medical Center or repatriated back to the referring facility.
- a. If the patient does **NOT** meet criteria for 5150 involuntary psychiatric hold, the attending medical provider may place an order for Routine (24-72 hours) or Urgent (4-24 hours) transfer of the patient back to referring facility for higher level of medical care.
 - b. If the patient meets criteria for 5150 involuntary psychiatric hold, the attending medical provider will need to place an order for ELTC transfer (within 2 hours) to DHS facility with appropriate resources to manage the patient. This needs to be communicated as a MEDICAL transfer.
 1. Once the transfer order is placed, the MAC Transfer center will arrange a "doc to doc" call between the accepting medical provider and the referring provider. The psychologist or psychiatrist consultant may assist the referring provider with the "doc to doc" sign-out. Psychiatric status/factors will be communicated at this time. The MAC Transfer Center will arrange transportation to the accepting facility. If the patient is on a 5150, the **ORIGINAL** signed 5150 must be given to transport staff to take along with the patient to LA General.

KEY POINT: If the patient attempts to sign out AMA prior to transfer to accepting facility, the LA County Sheriffs will be contacted for further assistance, which may include initiation of a 5150 (72-hour hold).

6. Documentation

When documenting in the electronic health record, describe the patient's mental status, affect, behavior, and statement(s), in the patient's exact words. This behavior is to be reported immediately to the physician by the staff nurse/manager. Documentation is to include actions taken to provide a safe environment and reduce immediate danger and the level of intervention which has been implemented.

- a. The first person hearing the threat of self-harm or harm to others will document the patient's initial statement in the patient's exact words and will document any subsequent relevant statements/behavior in the medical record.
- b. Nursing documentation should include the following at minimum:
 1. The patient's exact statement(s) and behavior that indicate risk of harming self or others, other behaviors/verbalizations noted by bedside RN or other providers reporting to bedside RN.
 2. The inability to care for self (grave disability).

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3. Documentation of actions taken including observation, safety check of area, etc.
- c. Physician documentation should include the following at minimum:
1. Reported or witnessed concerns
 2. Activation of behavioral health team or consultations
 3. Steps taken to assure safe environment
 4. Plan for evaluation and or transfer to assure continued safe environment and timing

KEY POINT: If the threat was heard by a non-clinical person, this should be reported to the nurse manager/designee who will then quote that person in the medical record.

REFERENCES:

U.S. Department of Health and Human Services: Office for Civil Rights, 'HIPAA Privacy Rule and Sharing Information Related to Mental Health