Best Practice Process
Individuals with Behavioral Health Concerns requiring Hospital Level of Care
Presenting in Emergency Departments
March 6, 2008

Process

• Yes/No answer given promptly by Inpatient facilities regarding bed availability (include gender, age, and desired level of care) before clinical information presented
• Timeframes:
  - For initial call: Immediate response as to bed availability
  - To accept patient: within 30 minutes
• Inpatient units to be transparent regarding anticipated discharges
• Verbal presentation by ESPs consistent with written information
• Flexibility for Inpatient facilities to receive written material
• Inpatient facilities may need medical information in writing
• Decision to admit should not be based on the written material (should be the same as the verbal info)
• Different information is needed to make decision to accept patient from that needed for treatment purposes
• Hard copy of physical work-up with labs should be forwarded by ESP
• Inpatient facility able to accept patient and hold bed until information received
• Inpatient facility able to take clinical information before patient medically cleared
• Receiving facilities have clear internal guidelines re: when physician review is needed
• Schedule discharges before noon
• Weekend discharges when possible
• Notify ESP when beds are open

Inpatient Facility Staffing

• Designated Admissions staff
• Funneled to one person during the day with a beeper (individual who is off-unit)
• Admissions staff person authorized to say Yes
• Have established open, trusting relationships with referral sources

Process when first person unable to accept patient

• Have someone accessible for consultation re: nursing, medical, milieu concerns (Physician on-call, Nursing Administrator)
• Hospitals develop internal procedures regarding CQI for declined admissions
• A process for higher level of review when weekend/evening charge nurse declines admission
• Track admission refusal data for common patterns in difficulty accessing services.

ED/Medical Clearance

• Kids – approve admission without medical clearance whenever possible
• Consult Medical Clearance Alert

ESP

• ESP to report accurately verbally and in writing (consistency)
• Get written evaluation to Inpatient facility once completed
• Feedback loop to hospitals’ administration about admissions/rejections
• Have updated information on patients delayed in EDs before making calls
• Utilize connections to ED to obtain updates
• Make the updated patient status information clearly visible on referral forms
• Meetings with ESP and Inpatient to develop relationships