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 Owner: Linda Moss: Dir-qual/Med Staff Svcs
 Policy Area: General Operating Policies
 References:
 Applicability: OR - 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 publicly 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. This policy, as required, will be publicly available on the Providence Oregon website (providence.org, choose Oregon, choose "Releasing a patient following a behavioral health crisis" under Programs toward the bottom of page) and given to the patient, and lay caregiver if available, during

admission and at discharge. .

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). It is Providence practice to obtain a release of information prior to disclosing health information except in emergency situations and/or when patient condition is such their confusion or level of consciousness prevents their ability to give consent and care would be negatively impacted.

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 (OAR836-053-1403)

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.

Evidence based practices: The integration of clinical expertise, patient values, and the best research evidence into the decision-making process for patient care.

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 24,, 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 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 for patients who are at least 14 years of age or older when discharging from an Inpatient Unit or Emergency Department who presented in Behavioral Health Crisis and elements may incorporate evidence-based practices:

- A. Behavioral health assessment conducted by a behavioral health clinician that includes: a best practice suicide risk assessment with lethal means counseling and a safety plan, input from the lay caregiver as available, as well as any other relevant collateral contacts.
- B. Request patient sign authorization form (ORC 240A) and encourage patient to identify lay caregiver to participate in safety and discharge planning. The patient handout/summarization informs the patient that he/she can revoke the release of information at any time, the hospital does not require disclosure without patient permission and that only the minimal information necessary will be shared
- C. Provide information on benefits of involving lay caregiver and disclosing information to him/her, as well as limits to disclosure as outlined within the patient summarization given during admission and at discharge and noted on the release of information disclosure form.
- D. Patient long-term needs assessment that includes:
 - 1. 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,
 - 2. Need for community-based services, and
 - 3. 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.
- E. Provider will accept unsolicited information from family and friends not authorized for disclosure.
- F. 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.

- G. Schedule follow-up appointment that occurs within 7 days of discharge with a provider that is appropriate to address crisis follow up and ensure the next provider of care receives adequate documentation of the crisis visit. If a follow-up appointment cannot be scheduled within 7 days, document the applicable barriers in the patient's medical record as well as provide documentation if follow up is not applicable due to patient transfer to another inpatient/residential facility.
- H. Case management that includes clinical review of the patient record and interview of patient and/or lay caregiver, if present, to determine and address any medical, functional and/or psychosocial barriers to safe discharge, recommend resources and supports, and agreed upon by the patient.
- I. Educate lay caregiver on diagnosis, treatment recommendations, outstanding safety issues, discharge criteria as well as inform lay caregiver of patient discharge prior to discharge.
- J. 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. Document discharge plan.
- K. 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

All elements are required to be completed in a timely manner so as not to delay discharge or transfer to another facility. If at any time a patient refuses resources or supports, safety plan and/or discharge plan/instructions, the physician will be consulted to reassess readiness for discharge, to include suicide risk. By completing a BH clinical assessment that includes care management and long-term needs assessment the hospital is ensuring the discharge plan is appropriate to the needs and acuity of the patient and the abilities of the lay caregiver. For additional information on the who/what/where the required elements for emergency department discharge are, please use the workflow attachment linked below. For patients discharged from the emergency department following a behavioral health crisis, a caring contact by a peer support specialist or behavioral clinician will occur within 48 hours of discharge.

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

[9.30.20 FINAL-BH Crisis workflow.pdf](#)

[Brown_St StanleySafetyPlanTemplate.pdf](#)

[ED Practice Guideline- Suicide Screening and Care of Behavioral Health Patients.pdf](#)

[HB 3090 Lay Caregiver Brochure_Patient Handout.pdf](#)

Approval Signatures

Approver	Date
Shelly Haines: Asst-Exec Admin	10/2020
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