


Name of Policy:	Admission Criteria Inpatient Behavioral Health		
Policy Number:	3364-120-6		
Department:	Nursing Service		
Approving Officer:	Chief Nursing Officer (CNO) / Service Chief		
Responsible Agent:	Chief Nursing Officer (CNO) / Service Chief		
Scope:	The University of Toledo Medical Center		
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Major revision of existing policy			Effective Date: 4/1/2023 Initial Effective Date: 6/1/2014
<input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy			

(A) Policy Statement

Inpatient Behavioral Health accepts for care, treatment, and services only those patients whose identified care, treatment, and services needs it can meet. Patient's may be admitted directly whenever possible.

(B) Purpose of Policy

The process for admission to the Inpatient Behavioral Health Center is based on each patient's assessed needs. Direct admissions may help to expedite the process.

(C) Procedure Intake and Admission

Admission Criteria:

- a. Admission to the Senior Behavioral Health Center is indicated for patients ages 55 and older who have a DSM 5 diagnosis and meet the severity of illness and intensity of service criteria (at least one from each) listed here. Patients under the age of 55, who meet diagnostic criteria, will be considered with review and acceptance of the Medical Director.
- b. Admission to the Child and Adolescent Unit is indicated for patients ages 10-17, 18 still in high school and who have a DMS 5 diagnosis and meet the severity of illness and intensity of criteria. Patients outside of these criteria will be considered with review and acceptance of the Medical Director.
- c. Patients will be granted impartial and non-discriminatory access to treatment or accommodations that are available and/or medically indicated regardless of qualities which include but are not limited to payor source, age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.
- d. Admission criteria is applied uniformly to Medicare, Medicaid, and commercial payor patients. As well as the inability to have insurance coverage.
- e. Patients becoming acutely agitated within the general hospital who meet admission criteria will have priority for bed space in Inpatient Behavioral Health.
- f. Any psychiatrist on the medical staff may admit patients to Inpatient Behavioral Health.

- g. The entire patient presentation needs to be considered when determining the need for admission, which includes but is not limited to history of mental illness, availability of support services, acute symptomatology, level of dangerousness, and family support systems.

A. Severity of Illness

1. Suicide attempts, threat to self.
2. Suicidal ideation or gesture.
3. Self-mutilation behavior (actual or threatened)
4. Homicidal ideation, threat to others
5. Assaultive behavior threatening others
6. Command hallucinations directing harm to self or others where there is risk of patient acting.
7. Chronic and continuing self-destructive behavior (e.g., bulimic behaviors, anorexia, substance abuse) that poses a significant and/or immediate threat to life, limb, or bodily function.
8. Psychiatric symptoms (e.g., hallucinations, delusions, panic reaction, anxiety, agitation, depression) severe enough to cause disordered, bizarre behavior (e.g., catatonia, mania, incoherence, autism) or psychomotor retardation resulting in significant interference with activities of daily living
9. Cognitive impairment (disorientation or memory impairment) due to an acute AXIS I disorder that endangers the welfare of patients or others.
10. For patients with a dementing disorder for evaluation or treatment of a psychiatric co morbidity (e.g., risk of suicide, violence, severe depression) warranting inpatient admission.
11. A mental disorder causing major disability in social, interpersonal, occupational, and/or educational functioning that is leading to dangerous or life-threatening functioning, and that can only be addressed in an acute inpatient setting.
12. A mental disorder that causes an inability to maintain adequate nutrition or self-care, and family/community support cannot provide reliable, essential care, so that the patient cannot function at a less intensive level of care during evaluation and treatment.
13. Failure of outpatient psychiatric treatment so that the individual requires 24- hour professional observation and care. Reasons for the failure of outpatient treatment could include:
 - a) Increasing severity of psychiatric symptoms:
 - b) Noncompliance with medication regimen due to the severity of psychiatric symptoms.
 - c) Inadequate clinical response to psychotropic medications.
 - d) Due to the severity of psychiatric symptoms, the patient is unable to participate in an outpatient psychiatric treatment program.

Intensity of Service **Treatments**

Continuous observation and control of behavior to protect self, others, and/or property (e.g., isolation, restraint, and other suicide/homicide precautions)

Comprehensive multi-modal therapies plan requiring close medical supervision and coordination due to its complexity and/or severity of the patient's signs and symptoms.

Psychoactive medications which require (at least daily) close and continuous skilled medical observation due to side effects of psychoactive medications (e.g., hypotension, arrhythmia) or significant increases, decreases, or changes of psychoactive medication(s) requiring close and continuous skilled medical supervision.

Exclusion Criteria:

Each case is evaluated on an individual basis by the program leaders.

1. Patients with a substantiated diagnosis of dementia with no acute behavioral change or no known psychiatric disorder and no expectation for a positive response to treatment.
2. Patients with life threatening acute medical or surgical illnesses will not be accepted.
3. Patients with terminal diseases without a treatable psychiatric disorder will be referred to an appropriate hospice facility.
5. Patients with complex medical/surgical procedures, preventing their participation in the active treatment program.
6. Patients with a primary AXIS II disorder (personality disorders).
7. Patients with a primary substance use disorder.

<p>Approved by:</p> <p>/s/ _____</p> <p>Kurt Kless, MSN, MBA RN, NE-BC Chief Nursing Officer (CNO)</p> <p>Date _____</p> <p>/s/ _____</p> <p>Tanvir Singh, MD Service Chief</p> <p>Date _____</p> <p><i>Written by: Carol A. Schaaf, RN, MPA</i> <i>Review: Lindsay Watson LSW MSW</i> <i>Revision Completed By: Lindsay Watson LSW MSW PD</i></p>	<p>Review/Revision Date:</p> <p>6/2017 4/2023</p> <p>Next Review Date: 4/2026</p>
<p>Policies Superseded by This Policy: New</p>	