

NURSING SERVICE GUIDELINES INPATIENT BEHAVIORAL HEALTH

Guideline: Inquiry and preadmission screening



Policy Number Superseded:

Responsibility: All trained inpatient behavioral health staff

Effective Date:
June 2023

Purpose of Guideline: The program operates an efficient, responsive, and coordinated intake/pre-admission screening system. This system addresses the physical, psychological, and informational needs of the individual, and when appropriate, the individual's family, and provides for continuity throughout the screening procedure.

Initial Effective Date:
July 2017

All inquiries requesting information about treatment resources in the area, treatment provided by the hospital, or admission criteria and procedures, are responded to in a courteous, professional, and timely fashion.

Pre-admission screenings are completed by a mental health professional. The screening utilizes standardized assessment tools to gather data when applicable and appropriate.

- . The decision to admit an individual to the program is always made by a psychiatrist based on the physician's sole clinical judgment.
- . Evidence at the time of intake or admission that the individual is screened for risk of harming himself or herself or others, including staff.

Referring individuals and family members (if applicable) are given feedback on the disposition of cases referred to Inpatient Behavioral Health consistent with rules and regulations on confidentiality.

At all times, the needs and rights of the individual and the individual's family, to information, confidentiality, privacy, and dignity are respected.

The administrative director/designee and medical director will review and evaluate the intake/pre-admission screening system. Each inquiry will be reviewed for appropriate disposition and documentation.

Procedure:

The initial contact with inpatient behavioral health by an individual or his/her representative seeking services is considered the first in a series of evaluations of the individual's needs. The information gathered is necessary to make appropriate clinical recommendations to assist the referral source and/or the physician in the decision to recommend services and to ensure that the individual or his representative is informed of those recommendations and available options.

(A) Identification and routing of referral calls

A referral call is any call from an individual or his/her representative seeking services, or an outside agency, physician, or professional. A referral call could include inquiries about community psychiatric services, the program's services or procedures for admission to the program.

- (1) A 24-hour referral call management system has been developed, implemented, and monitored by the administrator/designee.
- (2) A competent mental health professional is responsible for the completion of the screening form.

(B) Response to referral calls

- (1) The inquiry/pre-admission screening form is completed. The original copy is placed in the chart when the patient is admitted.
- (2) One of the following dispositions is reached:
 - (a) Information given.
 - (b) Admission schedule.
- (3) A disposition is made by the attending or on call physician on the basis of information provided by the referral source or caller.
- (4) In arriving at a disposition, the clinical staff consults with the proposed attending psychiatrist or the on-call psychiatrist. The medical director, the program director, and/or other professionals may be consulted as appropriate.
- (5) When the caller is requesting only information about the program or other treatment programs in the area, this information is provided in an accurate and professional manner. When appropriate, a brochure or other information describing the program is sent to the caller by the clinical liaison.
- (6) If the disposition of a direct referral call is a referral to an alternative treatment resource, this is made in a cooperative manner.
- (7) Under the direction of the attending on-call psychiatrist, the clinical staff or his/her designee schedules the individual's admission in coordination with the Administrator/designee.

(C) Request for pre-admission screening

- (1) Unless the individual is referred by a physician with admitting privileges to the unit, or is referred directly from a physician to a physician with admitting privileges who then coordinates the admission, individuals referred for psychiatric inpatient treatment shall be pre-screened by a clinically competent staff member prior to the clinical review by a licensed physician who is solely responsible for the clinical decision to authorize the admission. This pre-screening is documented on the Inquiry/Pre-

admission screening form. The pre-admission screening may be performed telephonically with a clinical qualified referral source or face-to-face in the hospital emergency department or other hospital designated area.

- (2) Pre-admission screenings in an individual's home is prohibited.
- (3) If the referral source is other than a physician and the individual meets criteria for inpatient admission:
 - (a) A physician with privileges to admit to the psychiatric unit is called by designated program staff to make a clinical decision on whether to recommend the individual for admission.
 - (b) This is documented on the Inquiry pre-admission screening form.
- (4) If the referral source is a physician without privileges to admit to the psychiatric unit and the individual meets criteria for inpatient admission:
 - (a) A physician with privileges to admit to the psychiatric unit is called by designated program staff to make a clinical decision on whether to recommend the individual for admission.
 - (b) The pre-admission screening information and recommendations are shared with the referring physician to determine if the referring physician wants the recommendations shared with the individual.
 - (c) This is documented on the Inquiry/pre-admission screening form.
- (5) An individual referred and evaluated by a physician with admitting privileges may be admitted directly after medical clearance is established.
- (6) Medical clearance is completed by a licensed physician attesting to the medical stability of the patient. This clearance is documented on the Inquiry/Pre-admission screening form, or the patient medical record.
- (7) The attending physician is always consulted, and the screening information reviewed for him/her before disposition is made. The attending physician is always solely responsible for the clinical judgments regarding treatment needs, including the need for admission to the unit. If the individual does

not meet the admission criteria, the individual is referred to an appropriate agency or service.

(D) Admission to the program

- (1) The decision to admit an individual is based on the sole clinical judgement of the admitting physician.
- (2) Prior to the individual arriving on the unit, the staff member reports information regarding the individual's current psychiatric condition to the unit and arranges for the signing of all appropriate forms, including patient rights and consent to treatment.
- (3) When the individual arrives on the unit, a staff member coordinates:
 - (a) A tour of the unit, if appropriate.
 - (b) Orientation to the program, review of patient rights and other consents.
- (4) Upon admission, when appropriate and feasible, the social worker/therapist meets with the patient's family so that they can contribute data concerning the patient's psychosocial history and receive information about the program. If this is not feasible, the psychosocial history is scheduled within 24 hours, and a program information packet is mailed to the family. If family does not accompany the patient upon admission, the social worker contacts them to schedule a meeting. The patient must give consent for the family to be contacted.
- (5) The individual attains "patient" status only after all admission forms are properly signed and admission orders obtained from the physician.
- (6) Staff addresses all patients respectfully.

(E) Authorization for admission

- (1) Once the patient has been authorized for admission by the physician, the designated program staff will contact admissions and inform them of the pending admission and room assignment.

- (2) The program staff will contact the patient or responsible party for any necessary pre-admission information and arrange an admission time.
- (3) Upon arrival at the hospital, a program staff member will meet with the patient, power of attorney and/or guardian and obtain appropriate signature on forms.

(F) Pending admissions

Pending admissions delayed more than 48 hours require re-screening and physician contact regarding the continued need for admission.

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