


Name of Policy: <u>Admission Criteria for Inpatient Psychiatry</u> Policy Number: 3364-122-43 Department: Nursing Service –Inpatient Psychiatric Services Approving Officer: Chief Nursing Officer Responsible Agent: Administrative Director Scope: The University of Toledo Medical Center	 Effective Date: 4/26/24 Initial Effective Date: 9/1988				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

All inpatient admissions must meet admission criteria.

(B) Purpose of Policy

To assure that all patients meet acceptable admission criteria as specified in the Ohio Department of Mental Health and Addiction Services (OhioMHAS) Rules.

(C) Procedure

1. The inpatient hospital will meet state licensure standards regarding admission to a psychiatric inpatient unit.
2. The hospital will utilize the admission criteria developed by the InterQual Behavioral Criteria for all admissions.
3. The patient must require a need for 24 hour nursing care.
4. The entire patient presentation needs to be considered when determining the need for admission, which includes but is not limited to past history of mental illness, availability of support services, acute symptomatology, level of dangerousness, and family support systems.
5. The decision for admission rests with the physician.
6. Other considerations for the appropriateness of admission include but are not limited to: age of patient, gender, current unit census and milieu, patient condition.

Approved by: _____ /s/ Stephanie Calmes, Ph.D., LPCC-S, LICDC-CS Administrative Director		Review/Revision Date: 3/2007 5/17/2010 7/29/2014 9/21/2017 10/1/20 5/1/21 4/26/24
_____ Date		
Approved by: _____ /s/ Tammy Cerrone, BSN, RN Nursing Director, Inpatient Psychiatry		
_____ Date		
Approved by: _____ /s/ Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer		
_____ Date		
Review/Revision Completed By: Administrative Director		
		Next Review Date: 4/26/27