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| **Name of Policy:** | **Discharge from OP AoD Services** |
| **Policy Number:** | 3364-160-SD-146 |
| **Department:** | Psychiatry |
| **Approving Officer:** | Chief Executive Officer - UTMC |
| **Responsible Agent:** | Chair/Medical Director<br>Department of Psychiatry<br><br>Agency Executive Director<br>Department of Psychiatry |
| **Scope:** | OP-Clinic-Psychiatry |

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

**Effective Date**: 07/01/2022

Initial Effective Date: 02/01/2018

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| _____ New policy proposal | __x__ Minor/technical revision of existing policy |
| _____ Major revision of existing policy | _____ Reaffirmation of existing policy |

## (A) Policy Statement

Individuals discharged from Outpatient Recovery Services will meet specific criteria upon discharge**.**

## (B) Purpose of Policy

To ensure patients discharged from Outpatient Recovery Services no longer benefit or require the level of services provided by the program.

## (C) Procedure

As part of the collaborative treatment team approach, individuals who are being considered for a different level of care or discharge from the program will be discussed with the Medical Director or designee, and treatment team members to explore possible alternative treatment options before transition for the individual occurs. Reasons for discharge may include the following:

1. Successful completion of Individual Service Plan (ISP) goals and objectives or;

2. The patient withdrawals self from the program or;

3. The patient meets criteria for a higher level of care or;

4. The patient is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care despite treatment plan changes. Documentation should reflect alternative treatment interventions, evidence of individualization, client participation and/or understanding of plan.;

5. In cases where the patient is competent, but non-participating in treatment or following the program rules, regulations or treatment recommendations. Nonparticipation is of such a degree that treatment at this level of care rendered ineffective or unsafe despite multiple documented attempts to address non-participatory issues.

Best practice for those individuals who no show for scheduled programming would involve attempts to contact individual to understand barriers to attending treatment and assist in overcoming those barriers as appropriate. Such attempts should be documented in the clinical record. Evidence of interdisciplinary consultation should be captured in clinical documentation. Consultation or staffing of case should occur prior to discharge.

In those circumstances where the individual self-discharges from programming, information about resources will be mailed to the address on file.

| **Approved by:** | | **Review/Revision Date:**<br>05/24/2019<br>5/04/2022 |
|---|---|---|
| /s/<br>Rick Swaine CPA<br>Chief Executive Officer - UTMC | 05/11/2022<br>Date | |
| /s/<br>Cheryl McCullumsmith, MD, PhD<br>Chair/Medical Director<br>Department of Psychiatry | 05/04/2022<br>Date | |
| /s/<br>Lindsay Watson LSW, MSW, MBA<br>Administrative Director<br>Department of Psychiatry | 05/04/2022<br>Date | |
| *Review/Revision Completed By:*<br>*Department of Psychiatry Administration* | | **Next Review Date:** 05/04/2025 |
| **Policies Superseded by This Policy:** | | |