

# CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION I:</b>	PATIENT FOCUSED FUNCTIONS
<b>CHAPTER 2:</b>	Assessment
<b>PROCEDURE 2.13:</b>	<b>Outpatient and Emergency Visits to Acute Care Hospitals, Staff Expectations and Responsibilities</b>
<b>REVISED:</b>	06/20/08; 07/23/09; 08/08/16; 03/18; 02/18; 08/17/18
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**PURPOSE:** To set clear parameters for the preparations necessary by Connecticut Valley Hospital (CVH) staff for patient visits to outpatient offices, clinics, and hospital inpatient emergency rooms as well the transport of and to describe expectations for staff accompanying patients on these visits.

**SCOPE:** Nursing staff; Psychiatrists; Ambulatory Care Services Clinicians; and the DMHAS Police at CVH.

**POLICY:**

CVH policy requires that all clinical and patient care staff have a clear understanding about what is required when preparing CVH patients for outpatient or inpatient emergency room visits, including paperwork requirements; communication with the receiving hospitals and clinics as well as specific responsibilities of the *medical staff referring and nursing staff accompanying the patient outside the hospital.*

Reference to Relevant Procedures: [Operational Procedure 2.25 Medication Reconciliation](#); [Operational Procedure 5.4 Assessment of Risk for the Purpose of Transport](#).

**PROCEDURE:**

- I. Patient Assessment
  - A. CVH patients may need to be referred to *an acute care hospital* for outpatient or inpatient treatment, for emergency medical care, or non-emergency scheduled medical care which is not provided at CVH.
  - B. Emergency Department (ED) visits include:
    1. Treatment for acute medical/surgical problems or severe exacerbation of an existing medical condition.
    2. The CVH Attending Clinician referring a CVH patient for ED evaluation, diagnosis, and treatment or admission directly contact the ED Triage and provide clinical information and rationale for referral. The on-call Physician will perform this function on evenings, nights, and weekend coverage.

3. All CVH patients in the ED retain their inpatient status at CVH and are accepted back at CVH if the ED evaluation, diagnosis and treatment indicate that hospitalization is not indicated. The ED Physician communicates with the Attending/On-Call Physician at CVH and conveys the findings and the recommendations either for further inpatient treatment at the current hospital; referral and admission to another inpatient hospital, or return to CVH. In the event that the ED Physician and the CVH Clinician cannot reach agreement as to the appropriateness of returning the patient to CVH, the patient returns to CVH and the case is reviewed by the ED Chairman and the Chief of Professional Services at the earliest possible opportunity.
- C. Non-Emergency Department Scheduled Medical Care Visits
- CVH patients may be brought to other hospitals for scheduled care (e.g., medical clinics, outpatient surgery, etc.).
- D. Admission for Inpatient Medical Treatment
- Patients may be evaluated for admission to an in-patient unit of another hospital, under such circumstances; the ACS Clinician will notify the Attending Physician of such admission.
- E. Documentation
1. The following paperwork will accompany the CVH patient to the ED, outpatient surgery or medical treatment:
    - a. A completed [CVH-344](#) Patient Data For Evaluation/Admission To Another Hospital form and a [W-10](#) interagency referral form.
    - b. The review of or completion of the Risk Assessment for Transportation form ([CVH-473](#) for WFD or [CVH-473a](#) for ASD or GPD), before leaving the CVH or hospital post. (See [Operational Procedure 5.4 Assessment of Risk for the Purpose of Transport](#)).
  2. It is the responsibility of the Attending of record (Psychiatrist and (on-call Ambulatory Care Services Clinician) to ensure that both Inter-Agency Transfer Form (W-10) and the Risk Assessment for Transportation, CVH-473 or CVH-473a (if indicated) have been completed.
    - a. The Inter-Agency Transfer form (W-10) requires that an accurate list of *all prescribed medications at the time of referral* (including name, dose, frequency and route of administration, time and date of last dose) be enumerated. (See [Operational Procedure 2.25 Medication Reconciliation](#)) and that the CVH-473 or CVH-473a conforms with CVH procedure.
    - b. The Risk Assessment for Transportation and Hospital Post, CVH-473 or CVH-473a, requires that the Attending Physician of record determines staff (i.e., nursing staff, police, etc.) accompaniment based on clinical need and/or risk. The physician documents the number and discipline of the staff accompanying the patient on the physician order sheet based on the (CVH-473 or CVH-473a). This process is repeated each time the patient leaves CVH. *The physician is the only authorized staff member who can sign off on CVH-473 or CVH-473a.*

## II. Staff Responsibility When Accompanying Patients to Hospitals and Clinics

- A. Whenever a CVH patient is brought to a hospital or outpatient setting, CVH nursing staff accompanies the patient. How many nursing staff assigned to the setting is dependent on the level of transport risk assigned by the MD and the Risk Management Committee as outlined in the [Operational Procedure 5.4 Assessment of Risk for the Purpose of Transport](#).
- B. Nursing staff assignment is based on the clinical acuity of the patient, and will routinely be one staff member. The assignment of additional staff requires approval by a Director of Nursing.
- C. The role of the nursing staff is to provide emotional support to the patient in unfamiliar surroundings through the patient's return to CVH.
- D. *In emergency situations where the patient is transported via ambulance, the staff will accompany or follow along behind the ambulance in a separate vehicle.*
- E. In the event that a patient is being treated for outpatient surgery at a general hospital, and requires hospitalization, the Nurse Manager at the hospital will contact the unit Head/Charge Nurse at CVH, to determine whether the CVH staff member is free to return to CVH during the time of the procedure. Following completion of the outpatient procedure, a CVH staff member is notified to return to the hospital when patient accompaniment is again required.
- F. CVH nursing staff is *not expected* to remain with the civilly committed patient once they are admitted to an acute care hospital. Acute care hospital staff is responsible for providing observation and care.

## III. CVH Nursing Staff Responsibilities While Supporting a Patient in a Acute Care Hospital:

- A. If it is determined by CVH Administration (CEO's office) in the rare instance a CVH staff must remain with the patient, the responsibilities of the CVH staff member are to visually observe and provide emotional support and reassurance to the patient. At change of shift for either CVH or hospital staff, CVH staff must inform the hospital nursing leader of their presence and their stated purpose of providing support and reassurance to the CVH patient, not direct medical care. There must be documentation in the CVH chart from both first and second shifts of RN to RN (general hospital) contact between CVH and the admitting hospital.
- B. For patients with restricted legal statuses (i.e. 54.56d, PSRB) legal status is considered only one of the risk factors in determining (by Attending or on-call Physician) level of accompaniment or security for Hospital Posts. Other considerations such as age, degree of infirmity as well as other clinical risk issues may play a greater role in determining how the patient is managed while they are in the hospital and who remains with him/her.
- C. CVH staff will coordinate breaks with the acute care hospital staff. If the acute care hospital staff cannot provide coverage for this short interval, CVH staff will contact the RN Supervisor in their Division for further assistance and direction.

