

MIDDLESEX HOSPITAL – MIDDLETOWN, CT
PATIENT CARE POLICY AND PROCEDURE MANUAL

<u>Policy:</u>	Connecticut Valley Hospital/Middlesex Hospital Admission and Transfer Procedures	Section #: RGT-10 Date: 02-25-10
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Policy:

A Connecticut Valley Hospital (CVH) physician referring a CVH patient for Emergency Department (ED) evaluation, diagnosis and treatment or admission at Middlesex Hospital (MH) will directly contact the ED Triage Nurse or attending physician and provide clinical information and rationale for referral including the history and physical exam, and the presumed need for stat ED evaluation, diagnosis, and treatment. CVH nursing staff will complete the Middlesex Hospital/CVH Nursing Handoff Form and send with the patient to Middlesex Hospital along with other pertinent medical records.

Only patients presumed to have acute medical/surgical problems or severe exacerbation of an existing medical condition should be referred to the ED. Any inappropriate referrals will be reviewed by the Medical Director of the ED and the CVH Medical Director of Ambulatory Care Services.

All CVH patients in the ED will retain their inpatient status at CVH. All such patients will be accepted back at CVH if the ED evaluation, diagnosis and treatment indicate that hospitalization at MH is not warranted. The emergency physician will telephone the responsible physician at CVH and convey the findings and the recommendation either for further treatment and return to CVH, or admission to MH or another facility. If the patient is returning to CVH, the Middlesex RN will provide a Nursing Hand-Off to the CVH Charge Nurse on the patient's unit.

In the event that the ED physician and the CVH physician cannot reach agreement as to the appropriateness of returning the patient to CVH, the patient's case will be immediately reviewed by the ED Chairman and the CVH Medical Director of Ambulatory Care Services, and an agreement will be reached.

Nursing Management at MH

1. All patients transferred to the ED will be accompanied by a CVH staff member who will remain with the patient at the ED through the time of CVH return. Once it has been decided that the patient requires admission, the CVH referring Physician and CVH Charge Nurse will be notified so that they can return to CVH. The only exception to this would be with patients who are on a legal status (forensic patients) that do require CVH to provide a CVH police officer and/or a nursing staff member. If a CVH nursing staff member is assigned to remain at Middlesex Hospital once the patient is admitted, his/her role is limited to providing emotional support to the patient.

Policy: RGT 10 CVH/MH Admission and Disposition Procedures

In the event that the CVH staff member needs to be relieved for any period, i.e., bathroom use, break, the CVH staff will ask the ED RN for coverage as appropriate.

2. If the patient is receiving services at MH for out-patient surgery, the Nurse Manager of the Outpatient Surgery Department may determine that the CVH staff member is free to return to CVH during the time of the procedure. A CVH staff member will be available to MH on notification that accompaniment is again required.
3. If the patient is admitted to an inpatient unit, the following information will be provided by CVH staff to the accepting nursing unit:
 - Nursing hand-off – CVH to call accepting Nursing Unit for verbal report
 - Primary admitting diagnosis to CVH and relevant history
 - Behavioral Treatment Plan
 - Current medication list including prns
 - Current W-10
 - Services
 1. Nursing Unit – name and contact numbers
 2. Social Worker – name and contact numbers
 3. Treating Psychiatrist – name and contact numbers
 4. Treating ACS Provider – name and contact numbers
 5. Name and number of Conservator of Person if applicable
 - Copies of legal status paperwork (i.e. conservatorship, medications against will, etc.
 - Patient on a 1:1 at CVH for behavioral reasons will maintain same level of observations with a sitter at Middlesex Hospital. Notify Middlesex Hospital upon ED admission that a sitter is required for inpatient plan of care.

MH Disposition of CVH Patients:

- A. In the event a CVH patient expires at MH, the MH physician or nursing staff will advise the referring physician and CVH unit.
- B. When a patient is being considered for discharge from MH, to another type of facility other than CVH, the disposition shall not occur without prior consultation with the applicable CVH Division Director, Chief of Professional Services, Chief Operating Officer or Chief Executive Officer.
- C. If the patient is returning to CVH, MH physician will contact the CVH ACS Provider to provide the required information for readmission. It is understood that CVH will accept such patients immediately, regardless of CVH census.

However, if the patient returning to CVH requires special equipment/treatments (i.e. oxygen, , TPN, etc), CVH should be notified at a minimum 24, **preferably 48 hours ahead of time** (or as soon as possible) so that they can obtain the necessary equipment to provide the required treatment.

Protocol

1. The MH physician will call the CVH referring physician To provide a hand-off report.
2. MH nursing staff will contact the CVH unit nurse to confirm the transfer, provide a nursing hand-off , and verify appropriate transportation has been made.
3. The following paperwork will accompany a patient back to CVH:
 - A completed W-10;
 - A discharge summary;
 - A copy of the completed MH Nursing Handoff Form. Keep original form in patient chart upon transfer
 - A voluntary request for admission to CVH if applicable OR A Physician's Emergency Certificate (in which case ambulance transportation will be arranged by MH).

RGT 10

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