

## WHITING FORENSIC 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>Governing Body Approval:</b>	October 22, 2018, May 15, 2019
<b>Revised:</b>	October 18, 2018, May 13, 2019

**PURPOSE:** To set clear parameters for the preparations necessary by Whiting Forensic Hospital (WFH) staff for patient visits to outpatient offices, clinics, and hospital inpatient emergency rooms, including transportation, and to describe expectations for staff accompanying patients on these visits.

**SCOPE:** Nursing staff; Psychiatrists; Medical Providers; and the DMHAS Police at WFH.

**POLICY:**

WFH policy requires that all clinical and patient care staff have a clear understanding about what is required when preparing WFH 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.

***Definitions:***

*Line of Sight:* unobstructed line of sight supervision of patient at all times.

*Visual Observation:* Less stringent level of observation requiring a “minimum of one staff accompaniment.” The staff member is in proximity to the patient, is aware where the patient is but does not require constant, close, visual observation. The patient is permitted restroom break without staff accompaniment.

## **PROCEDURE:**

### **I. Patient Assessment**

A. WFH 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 WFH.

B. Emergency Department (ED) visits include:

1. Treatment for acute medical/surgical problems or severe exacerbation of an existing medical condition.
2. The WFH Attending Psychiatrist or Physician referring a WFH 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.

All WFH patients in the ED retain their inpatient status at WFH and are accepted back at WFH if the ED evaluation, diagnosis and treatment indicate that hospitalization is not indicated. The ED Physician communicates with the Attending/On-Call Physician at WFH 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 WFH. In the event that the ED Physician and the WFH Clinician cannot reach agreement as to the appropriateness of returning the patient to WFH, the patient returns to WFH and the case is reviewed by the ED Chairman and the Chief Medical Officer at the earliest possible opportunity.

C. Non-Emergency Department Scheduled Medical Care Visits

WFH 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 Medical Provider will notify the Attending Physician of such admission.

## E. Documentation

1. The following paperwork will accompany the WFH patient to the ED, outpatient surgery or medical treatment:
  - a. A completed WFH-344 Patient Data For Evaluation/Admission To Another Hospital form and a W-10 interagency referral form.
  - b. A completed WFH-346 Emergency Medical Patient Record (for ED visits)
  - c. The review of or completion of the Risk Assessment for Transportation form (WFH-473 for WFD ), before leaving the WFH or hospital post. (See Operational Procedure 5.4 Assessment of Risk for the Purpose of Transport).
  - d. The Middlesex Hospital Emergency Department ED Phone/Fax Referral form (*only for those patients being sent to Middlesex Hospital ED*)
2. It is the responsibility of the Attending of record (Psychiatrist and Medical Services Provider) to ensure that both Inter-Agency Transfer Form (W-10) and the Risk Assessment for Transportation, WFH-473 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 WFH-473 or WFH-473a conforms with WFH procedure.
  - b. The Risk Assessment for Transportation and Hospital Post, WFH-473 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 (WFH-473). This process is repeated each time the patient leaves WFH. *The physician is the only authorized staff member who can sign off on WFH-473.*
3. In addition to the above documentation, the WFH attending or on call physician will document a progress note in the patient's chart outlining their assessment of the patient and rationale for transport to the emergency department for further assessment and/or treatment.

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

- A. Whenever a WFH patient is brought to a hospital or outpatient setting, WFH 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 approved by a medical director at the morning risk management meeting as outlined in the Operational Procedure 5.4 Assessment of Risk for the Purpose of Transport.

- B. Nursing staff assignment is based on whichever level of supervision is required, line of sight, which is the most intensive or visual observation a less stringent level of observation.
- C. The role of the nursing staff is to provide emotional support to the patient in unfamiliar surroundings through the patient's return to WFH.
- 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.* Patients in the Whiting Service are also accompanied by the DMHAS Police at Whiting.
- 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 WFH, to determine whether the WFH staff member is free to return to WFH during the time of the procedure. Following completion of the outpatient procedure, a WFH staff member is notified to return to the hospital when patient accompaniment is again required.
- F. WFH nursing staff are *not expected* to remain with the civilly committed patient once they are admitted to an acute care hospital. Acute care hospital staff are responsible for providing observation and care.

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

- A. If it is determined by WFH Administration (CEO's office) in the rare instance a WFH staff must remain with the patient, the responsibilities of the WFH staff member are to visually observe and provide emotional support and reassurance to the patient. At change of shift for either WFH or hospital staff, WFH staff must inform the hospital nursing leader of their presence and their stated purpose of providing support and reassurance to the WFH patient, not direct medical care. There must be documentation in the WFH chart from both first and second shifts of RN to RN (general hospital) contact between WFH 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. WFH staff will coordinate breaks with the acute care hospital staff. If the acute care hospital staff cannot provide coverage for this short interval, WFH staff will contact the RN Supervisor in their Division for further assistance and direction.