

**PROCEDURE FOR: Admission (Direct) to Inpatient Psychiatric Units from PHP/IOP Programs**

- POLICY:**
1. Patients in the PHP/IOP programs will be assessed for the need for increase in acuity of care resulting in an inpatient admission.
  2. Any patient considered for inpatient admission must be screened for ingestion of prescribed or over-the-counter medications or harmful ingested within the last 24 hours.
  3. A voluntary admission form must be signed by the patient or a PEC must be completed by the attending psychiatrist.
  4. The patient will be escorted with two staff members from PHP/IOP to the inpatient unit. If the patient presents as either potentially combative or a flight risk, call the UCHC police for assistance.

**PROCEDURE:**

**ACTIONS**

**POINTS OF EMPHASIS**

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| <ol style="list-style-type: none"> <li>1. The PHP/IOP Treatment Coordinator presents the case to the PHP/IOP Program Manager, or whoever is in charge for the day. Once a clinical assessment is made, contact the Psychiatric Nurse Manager and the Psychiatric Assistant Nurse Manager from PSY1 or PSY3, as appropriate, to inquire about bed availability.</li> <li>2. Contact the covering MD for evaluation the patient and determine if in-patient hospitalization is indicated.</li> <li>3. Once accepted for direct inpatient admission, the PHP/IOP clinician will call the insurance company to obtain authorization for the admission. The name of the reviewer, the authorization number, number of days authorized and review date are documented on the crisis assessment form.</li> <li>4. Complete a crisis assessment for the patient using a Crisis Evaluation form. Document the patient's medications on the crisis assessment form.</li> <li>5. The M.D. assessing the patient shall write a brief progress note of their findings and recommendations and the PHP/IOP clinician should write a change of service (COS) note in the patient's chart indicating admission to PSY1 or PSY3, respectively.</li> </ol> | <ol style="list-style-type: none"> <li>1. If the nurse manager has concerns that the patient requires further medical clearance, she/he will discuss this with the PHP/IOP attending physician.</li> <li>2. If the MD feels that the patient is medically stable and should be admitted to PSY 1 or PSY 3, the Psychiatric Nurse Manager can help facilitate a direct admission.</li> <li>3. No insurance review necessary if the patient has unmanaged Medicare or unmanaged T19. Refer to the patient's Utilization Review (UR) sheet for this information. If the patient has no insurance reviews indicated on the UR form in the chart, it is indicative of unmanaged Medicare or T19.</li> </ol> |
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6. Once insurance authorization is obtained, call the Psychiatric Nurse Manager with this information. Then call the PSY 1 Utilization Review office at ext. 2888 and leave a voicemail giving the auth number, the name and direct line of the care manager from the insurance company, number of days authorized and review date. In the case of an admission to PSY 3, call ext. 3459 and leave UR information on the Social Worker's voicemail.
7. Inform Bed Control about admission.
8. Copy pertinent clinical information from the PHP/IOP record, the Voluntary/PEC paperwork, Crisis Evaluation Form, and the Medication Reconciliation sheet to be transferred with the patient.

**APPROVAL:** Nursing Standards Committee

**EFFECTIVE DATE:** 1/07

**REVISION DATES:** 1/07, 2/08, 3/08, 4/08, 5/08, 10/08

**REVIEWED DATES:** 8/09