

Partial Hospital and Intensive Outpatient Programs - Unit Practice Manual  
John Dempsey Hospital - Department of Nursing  
The University of Connecticut Health Center

**GUIDELINE FOR: Safety: Direct Psychiatric Inpatient Admission for PHP/IOP Programs**

**POLICY:** Patients who in the opinion of the PHP/IOP Attending physician are found to meet criteria for psychiatric admission, will be evaluated for the opportunity for direct admission to the appropriate JDH psychiatric in-patient unit.

**CLINICAL  
ASSESSMENT AND**

- CARE:**
1. Have the PHP/IOP Treatment Coordinator present 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 to apprise her/him of the situation, then contact the Psychiatric Assistant Nurse Manager from PSY1 or PSY3 as appropriate to inquire about bed availability.
  2. Contact the covering MD of the day and have her/him evaluate the patient to see if she/he concurs that the patient requires in-patient hospitalization and if so, to PSY1 or PSY 3.

**Of Note: ALWAYS ask the patient if they have ingested any medications either prescribed or over-the-counter or consumed anything harmful within the last 24 hours. This would include the ingestion of any harmful chemicals, etc.**

3. 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. If the nurse manager has concerns that the patient requires further medical clearance, she/he will discuss this with the PHP/IOP attending physician.
4. Once accepted for direct admission by the nursing supervisor, the PHP/IOP clinician needs to call the patient's insurance company for authorization to the in-patient level of care. Please document the name of the reviewer, the authorization number, number of days authorized and review date on the crisis assessment form. There is no insurance review necessary if the patient has unmanaged Medicare or unmanaged T19. Look in the patient's UR sheet to determine if the patient's entitlements are managed or unmanaged. If the patient has no insurance reviews indicated on the UR form in the chart, it is indicative of unmanaged Medicare or T19.
5. The PHP/IOP clinician who performed the crisis assessment for the patient must fill out a Crisis Evaluation form, located in the files on the main office desk. Please document the patient's medications on the crisis assessment form. The M.D. assessing the patient needs to 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.
6. Once insurance authorization is given, call the Psychiatric Nurse Manager back and give her the insurance authorization 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.

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7. Call Bed Control at ext. 1031 to give direct admission information about the patient. This info needs to be entered by the nursing supervisor. If you encounter any problems with this call either Lori Delvagio at ext. 2619 or Shelley Dietz at ext. 1651.
8. Either the patient must sign a voluntary admission form, or the physician must sign a PEC. These forms are conveniently located on the main office desk in file folders for easy access.
9. Copy the Medication Reconciliation sheet, and any other information from the chart which the clinician/attending think are important for the in-patient staff to know for this admission.
10. With the Voluntary/PEC paperwork, Crisis Eval form, and any appropriate chart paperwork in hand, escort the patient with two staff members to PSY 1 or PSY 3. If there is concern that the patient presents as either potentially combative or a flight risk, call the UCHC police at ext. 7777 to assist staff with patient transport to the ED.

**APPROVAL:**

**EFFECTIVE DATE:** 1/07

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