

## PORTAGE PATH BEHAVIORAL HEALTH

### 7. APPLICATION FOR EMERGENCY ADMISSION

DEPARTMENT: OUTPATIENT POLICIES AND PROCEDURES

POLICY EFFECTIVE: May 22, 1995

REVISION EFFECTIVE: November 1, 2018

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**PURPOSE:** APPLICATION FOR EMERGENCY ADMISSION (commonly known as "Pink Slip") is a

process where a psychiatrist, clinical nurse specialist who is certified as a psychiatric mental health CNS by the American Nurses Credentialing Center, a certified nurse practitioner who is certified as a psychiatric mental health NP by the American Nurses Credentialing Center, licensed psychologist, physician, health officer, or law enforcement officer has made an assessment and determines that an individual is mentally ill and meets the criteria for making him/her subject to "hospitalization by court order." Language as follows in *Italics* is from the Application for Emergency Admission form.

By completion of the Application for Emergency Admission form, the qualified assessor is signing a document confirming that the individual is *mentally ill subject to hospitalization by court order* **MEANING** the client:

1. *Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;*

**OR**

2. *Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or evidence of present dangerousness;*

**OR**

3. *Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that the appropriate provision of those needs cannot be immediately available in the community;*

**OR**

Important: If at any time during the risk evaluation process the patient exhibits/reports medical issues, 911 is called and medical staff are notified for assessment of the patient's medical status and may determine if Emergency Department medical assessment is initiated. The medical staff remain with the client during the remainder of the process.

4. *Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or themselves.*

**AND:**

*Represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.*

**POLICY:** The Application for Emergency Admission Statement of Belief also requires documentation of the circumstances under which the individual was taken into custody and the reason for the person's belief that hospitalization is necessary.

Execution of an Application for Emergency Admission prompts the client to be *taken into custody* for examination by mental health officials. For Portage Path, this evaluation takes place at Emergency Services.

The law requires the client to be examined within 24 hours of arrival. At Emergency Services a disposition is made within 24 hours. If the person is not deemed both mentally ill AND subject to hospitalization by court order, he/she must be discharged/released. If assessed as mentally ill and subject to hospitalization by court order, the client can be detained for up to 3 court days. If involuntary, after 24 hours, from Emergency Services the client would be referred to an inpatient unit.

At Portage Path the Application for Emergency Admission process is implemented only when:

- The risk is substantial, immediate, and/or imminent.
- The risk of physical harm to self or others is substantial if the client is at liberty pending further evaluation or treatment.
- Involuntary transportation by law enforcement or ambulance to Emergency Services is needed.

**OUTPATIENT PROCESS/PROCEDURE:**

- I. When an outpatient clinician (therapist, psychiatrist, or nurse) becomes concerned that a client is a danger to self or others and meets the previously defined criteria:
  - A. The clinician will complete an assessment in order to confirm all of the Application for Emergency Admission criteria: mental illness, substantial and/or imminent risk of harm to self or others, AND a substantial risk if allowed to remain at liberty pending examination.
  - B. The clinician will complete the Portage Path Imminent Risk form as a format for and to document this assessment.
  - C. If the risk is not substantial or imminent, additional supports will be provided to the client such as: voluntary evaluation at Emergency Services, Day Treatment, referral to group for more frequent contact/intervention, ask a significant other to monitor the client, provision of information as to the Support Hotline and Emergency Services, etc.
  - D. Throughout this and the subsequent process, the clinician will work to calm and de-escalate the client; continue therapeutic intervention designed to focus on the client's strengths and reason for living, etc.

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- II. If the client's level of risk prompts the need for additional assessment and/or treatment in a protected setting in order to prevent danger to self or others, the client's willingness for this treatment will be assessed.

A. If the client is in agreement, he/she will be referred to Emergency Services.

1. The Outpatient to PES Referral/Alert form will be completed and sent, along with the Imminent Risk form, to Emergency Services.
2. The Referral/Alert form does not need to repeat, but can reference, information documented on the Imminent Risk form.
3. When applicable, the referral form can note that if the client attempts to leave Emergency Services before completion of the assessment, implementation of an Application for Emergency Admission by Emergency Services staff is recommended.
4. Voluntary patient transportation alternatives:
  - a. If assessed as safe, the client can drive him/herself to Emergency Services.
  - b. The clinician can work with the client to secure a friend or family member who can provide transportation to Emergency Services. (Recommended)
  - c. In the rare circumstances that the client cannot secure transportation and is safe to travel, Portage Path will arrange for a cab:
    - i. In Akron Security can assist with this process by calling the cab, walking the client to the cab, and providing the driver the voucher.
    - ii. In Barberton and North Summit the clinician, with the assistance of Customer Service, will implement this process.
5. If the client is voluntary but, based on client threats or behavior, it is assessed that the client or others are at imminent and significant risk if the client is permitted to go to Emergency Services voluntarily, the Application for Emergency Admission process continues as follows. (The same process applies as if the client is involuntary, as follows.)

B. If the client refuses additional assessment and treatment and remains at risk to self and/or others, the Application for Emergency Admission process continues:

1. If the clinician is qualified by law as an assessor, she/he will complete the Application for Emergency Admission form (in addition to the Imminent Risk form which would already have been completed).
2. If not, the clinician will request a consultation with the On-Call Coordinator/Health Officer.
  - a. When a clinician needs assistance, he/she may phone the front desk, activate the "Panic" Button, leave the phone off the hook, or (in Akron) page/call Security.

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- b. The completed Imminent Risk form will be provided to the On-Call Coordinator/Health Officer.
  - c. If the client is so agitated/distressed (etc.) that it is not possible to obtain the information on the form, as much as possible will be obtained and the client's agitation described on the form.
  - c. The On-Call Coordinator/Health Officer will add a note on the bottom of the Imminent Risk form indicating whether an Application for Emergency Admission is recommended and, if not, the clinical justification/rationale and alternate recommendations.
3. If the client continues to remain a substantial and immediate risk and refuses treatment, the police will be contacted for assistance by calling 911.
  - a. The police will be called in order to keep the patient and staff safe as the Application for Emergency Admission process is being implemented.
  - b. Depending on who is assisting with the process; such as Security, a Team Coordinator, another clinician; the clinician will communicate sufficient information so the police can assess the urgency of the client.
  - c. When 911 is called, sufficient detail regarding immediate dangerousness will be provided to the dispatcher so a decision can be made as to the urgency of the request and the number of officers needed. Including:
    - i. Is the client actively violent or threatening?
    - ii. Does the client have a weapon? If so, what kind?
    - iii. If the client is not violent, why the police are being called:
      - Has been violent in the past?
      - Indications of aggression?
      - Fear that the client will harm him/herself if permitted to leave?
      - Threats client has made to self.
      - Past attempts to harm self.
  - d. After this information is obtained, any staff member can assist in making the 911 phone call: Security, Customer Service, a clinician, etc.
  - e. It is recommended that a CIT Officer be requested, if available. (An officer specifically trained to work with potential behavioral health concerns.)
  - f. The police may transport the patient to Emergency Services themselves or utilize an ambulance to provide transport.
  - g. If the police are delayed, the clinician may make the decision to contact the ambulance for transport.
  - h. The original Application for Emergency Admission form is provided to the transporter with a copy kept for the chart.
4. In the rare circumstances that there is no Health Officer in the building, the therapist will complete an assessment including the Imminent Risk form and

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consult with another clinician. If an Application for Emergency Admission continues to be needed, the local police (who can complete the form and implement the process) will be called for assistance.

III. The clinician will ensure that the client is constantly monitored during the Application for Emergency Admission process:

A. The clinician will stay with the client:

1. If the clinician needs to briefly step out of the office to facilitate the process, another clinician or Security (Akron) will monitor the client.
2. The clinician will stay with the client until transport is secured unless he/she arranges for another clinician stay with and monitor the client.
3. In Akron, Security can assist to secure a Health Officer, contact law enforcement, etc.

B. While waiting for emergency assistance, such as the police or paramedics, a staff member waits at the front door to direct the safety forces to the location of the client and provide pertinent information.

C. If the client physically attempts to leave the facility, verbal efforts will be made to encourage the client to stay but he/she will not be physically detained/restrained:

1. With consultation, the decision will be made as to the client's level of risk and whether to proceed with the Application for Emergency Admission.
2. If the decision is to proceed:
  - a. The police will be called, told why the client is at risk, informed that an Application for Emergency Admission has been completed, and told the most likely whereabouts of the client.
  - b. The Imminent Risk and Referral/Alert forms will be completed by the clinician and faxed by Customer Service to Emergency Services along with a copy of the Application for Emergency Admission.
3. If the client who left did not continue to meet the Application for Emergency Admission criteria, she/he will be outreached by phone or letter.

IV. Follow-up:

A. If the client was sent voluntarily to Emergency Services, the clinician will:

1. Call, letting Emergency Services know the reason for the referral and clinical concerns.
2. Request a voicemail when the client arrives so outreach can be implemented if needed. Also request a voicemail indicating the client disposition.
3. Provide Customer Service the Referral/Alert and Imminent Risk forms to fax to Emergency Services.

B. If the client is sent involuntarily to Emergency Services and is transported by police or ambulance:

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1. Call, letting Emergency Services know the reason for the Involuntary Emergency Admission and clinical concerns.
  2. Request a voicemail with the results of the Emergency Services assessment and the referrals made at discharge.
  3. Provide Customer Service the Referral/Alert and Imminent Risk forms to fax to Emergency Services.
- C. After Emergency Services intervention and referral back to outpatient, the client's continuing level of risk will be assessed and documented on an ongoing basis.
- D. If the client is assessed and is not referred to Emergency Services, interventions that are implemented and subsequent follow-up assessment of risk will be carefully documented.

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