APPLICATION

Emergency Department staff, Care Management staff, social workers, case management assistants, physicians and other members of the healthcare team as appropriate.

POLICY

Patients seen in the emergency department for a behavioral health crisis will have a safe and effective discharge plan.

The SHS Emergency Medicine Medical Staff have determined that this policy applies to patients in a behavioral health crisis who are diagnosed with the following: Suicide Attempt/Suicidal Ideation.

PROCEDURE

DEFINITIONS:

1. **Behavioral Health Crisis**: Disruption in an individual’s mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual’s mental or physical health.

2. **Caring Contacts**: Brief communications with a patient that starts during care transition such as discharge or release from treatment, or when a patient misses an appointment or drops out of treatment, and continues as long as a qualified mental health professional deems necessary.

3. **Lay caregiver**: An individual who, at the request of a patient, agrees to provide aftercare to the patient in patient’s residence. For patients hospitalized for mental health treatment, lay caregiver means:
   a. For a patient who is younger than 14 years of age, a parent or legal guardian of the patient.
   b. For a patient who is 14 years of age or older, an individual designated by the patient or a parent or legal guardian of the patient to the extent permitted under ORS 109.640 and 109.675.

4. **Mental Health Care Manager**: A Samaritan Health Services employee who provides assessment and psychotherapeutic interventions to patients and their support persons in an acute/critical phase of mental or emotional disturbance.

5. **Mental Health Treatment**: Includes treatment for mental health, mental illness, addictive health and addiction disorders (OAR 333-505-0055)

6. **Peer Support**: Means a peer support specialist, peer wellness specialist, family support specialist or youth support specialist as those terms are defined in ORS 414.025 and who are certified in accordance with OAR chapter 410, division 180.
7. **Publicly Available**: means posted on the hospital’s website and provided to each patient and to the patient’s lay caregiver in written form upon admission to the emergency department and upon discharge or release from the emergency department. A written brochure that summarizes the policy will be provided to a patient and lay caregiver per OAR 333-505-0055.

**IMPLEMENTATION:**

1. “What to Expect When a Family Member or Friend is Discharged from the Emergency Department” OHA brochure will be provided to the patient and lay caregiver upon admission.
2. Patients will be encouraged to designate and notify a family member, friend, or other support person, referred to as the “lay caregiver”, who will provide assistance to the patient following their discharge from the hospital. The name, relationship to the patient, and the contact information for the designated lay caregiver will be documented in the medical record by the Mental Health Care Manager, ED RN, Social Worker or Care Management discharge planning staff.
3. If a lay caregiver is identified, the patient will be encouraged to sign an authorization to release health information form for disclosure of information that is necessary for a lay caregiver to participate in the patient’s discharge planning and to provide appropriate support to the patient following discharge. (See Appendix A)
   A. Guidelines for information sharing:
      1) Release of health information to the lay caregiver will be limited to the minimum necessary to aid in post hospital care and positive long terms outcomes.
      2) In the event that the patient declined to sign an authorization form, health information may still be shared with the lay caregiver when the information disclosure is implicitly agreed to and is directly relevant to the lay caregiver’s involvement in after discharge care. Information disclosure is also allowed when the health or mental health professional determines that the patient lacks capacity and such disclosure is in the best interest of the patient.
      3) All information disclosure will be consistent with the minimum necessary rule.
      4) The patient may rescind the lay caregiver authorization at any time.
4. The patient and lay caregiver will be provided with information regarding treatment follow up recommendations including:
   A. Outstanding safety issues including under which circumstances the patient or lay caregiver should seek immediate medical attention.
   B. Available post discharge options relevant to specific patient care needs.
5. A behavioral assessment will be completed by a behavioral health clinician.
6. A best practices suicide risk assessment will be completed and, if indicated, a safety plan developed and lethal means counseling with the patient and the designated lay caregiver.
7. The long-term needs of the patient will be assessed which includes, but is not limited to:
   A. patient need for community based services;
   B. patient’s capacity for self-care;
   C. to the extent practicable, whether the patient can be properly care for in the place where the patient resided at the time the patient presented at the emergency department.
8. Coordination of care will include one or more of the following:
   A. Notification to the patient’s primary care provider;
   B. Referral to other provider including peer support;
   C. Follow-up after release from the emergency department; or
   D. Creation and transmission of a plan of care with the patient and other provider.
9. Case Management process will include an assessment of the patient’s medical, functional and psychosocial needs and may include an inventory of resources and supports recommended by the behavioral health clinician, indicated by the behavioral health assessment and agreed upon by the patient.

10. Follow-up care will be arranged through Caring Contacts to successfully transition a patient to outpatient services. Caring Contacts may be facilitated through qualified community based behavioral health provider or through a suicide prevention hotline.
   A. Caring Contacts may be conducted in person, via telemedicine or by telephone;
   B. Caring Contacts (if possible) must be attempted within 48 hours of release if a behavioral health clinician has determined a patient has attempted suicide or experienced suicidal ideation; and
   C. A follow-up appointment with a clinician for not later than seven calendar days of release. If a follow-up appointment cannot be scheduled within seven days the reason why must be documented in the medical record.

REFERENCES
- Appendix A, Lay Caregiver Authorization form
- Appendix B, Lay Caregiver – What to Expect
- Oregon Revised Statutes 441.196 Discharge of patients receiving mental health treatment & 441.198 Discharge to care of lay caregiver. Statutes available at: https://www.oregonlegislature.gov/bills_laws/orl/ors441.html
- Oregon Administrative Rules 333-505-0055 Hospital Inpatient Psychiatric Discharge Requirements
- Oregon Administrative Rules 333-520-0070 Release from the Emergency Department Requirements (effective 12/1/2018)
- Oregon Association of Hospital and Health Systems. (May, 2016). Discharge Planning for Patients Hospitalized for Mental Health Treatment: Interpretative Guidelines for Oregon Hospitals
- ENA, Suicide Risk Assessment, Clinical Practice Guideline, 2017 ENA Clinical Practice Guideline Committee

REVIEW/REVISION HISTORY

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<th>Date of Revision</th>
<th>Revision #</th>
<th>Revision / Review</th>
<th>Revision Description</th>
<th>Collaborated With (i.e. Standardization Committee, VP’s, Quality, Risk)</th>
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<td>12/13/2018</td>
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<td>ED Standardization, Mental Health Directors, Legal, Compliance, Quality and Accreditation, Risk Management, Individual Medical Staff MEC</td>
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If printed, this document is current for this date only: October 21, 2019

Current Policy and Procedures can be found on the SHS intranet.
Appendix A

You are encouraged to designate a family member, friend, or other support person (lay caregiver) who will provide assistance to you following your discharge from the hospital.

Information will be shared with your lay caregiver, so he/she can participate in your discharge planning and provide support to you following discharge.

Information shared will be limited to minimum necessary to help you in your post-hospital care and positive long-term objectives.

In the event you refuse to sign this authorization form, health information may still be shared with the lay caregiver when it is directly relevant to the lay caregiver’s participation in after discharge care. Other information may be shared if the health professional determines that you do not understand or appreciate the medical consequences or treatment choices.

This authorization may be stopped at any time. Unless canceled, this authorization expires 12 months from the date I signed this form unless another date or event is specified here:

I may revoke (cancel) this authorization in writing at any time. The written request does not apply to information that has already been released in accordance with this authorization. To cancel this authorization, it must be in writing and signed by me or on my behalf by a personal representative. I must send a copy of this authorization and my written statement revoking this authorization to Samaritan Health Services, Health Information Management (HIM) Department, PO Box 2728, Corvallis, OR 97333.

I authorize Samaritan Health Services (SHS) to share health information relevant to my care with the following person that I am designating as my lay caregiver:

Name of Lay Caregiver: ____________________________

Relationship to the Patient: ____________________________

Lay Caregiver Phone Number: ____________________________

Patient or Patient Representative Signature: ____________________________

Date: ____________________________

Signature of Witness: ____________________________
Lay Caregiver - What to Expect

Oregon law allows the patient to identify a ‘lay caregiver’ to participate in the discharge process to help transition from hospital care to home. If you have been designated as a lay caregiver, we will involve you in the patient’s discharge plan and provide you with information that will help you care for him/her once he/she leaves the hospital.

Privacy laws do not allow us to share health information unless the patient agrees. In some circumstances, we may provide information to you if you are closely involved in the patient’s care. Information may also be shared if the healthcare professional determines that the patient does not have the capacity to understand and it is in the best interest of the patient.

Prior to discharge, we will assess the patient’s risk of suicide and their long-term needs. We may ask you for input on the patient’s history in order to make sure we have considered all of the risk factors for suicide or other harmful behavior. Your input may be important. It may help us understand what issues led to the hospitalization. It is important to put this information in writing, so that it can be included in the medical record. Some of the information you may consider providing to assist us includes:

- History of behavior; History of medications; History of treatment;
- Your loved one’s living environment

If it can be particularly confusing when a family member or friend is leaving the hospital after receiving treatment for mental health, we have taken steps to make sure it is as smooth as possible. The information we share with the lay caregiver will give you some tips on what to expect. It will also give you an idea of questions to ask to make sure you’re able to help your loved one make a successful transition.

Questions you can ask when a family member or friend is discharged from the hospital after receiving care for mental health:

1. What’s happening to my loved one?
2. Why is/Isn’t my loved one being discharged?
3. How can I be involved in discharge planning?
4. What is the diagnosis and discharge information?
5. Can I provide information about the patient’s history to the hospital staff?
6. What is the discharge plan?
7. What do I need to know about the medications?
8. Should I be concerned with risk of self-harm? What can I do about that?
9. When should I seek immediate medical attention for my loved one and where is an appropriate place to seek it?
10. What community resources, including case management, support groups and others, are available?
11. What are the next steps?
12. Who is a point of contact going forward?