Admissions and Medical Clearance Protocols

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Background

- P.L.2009, c.242, signed into law by Gov. Jon S. Corzine in Jan 2010
- Bill was supported by Assembly members Joseph Cryan (D-Union), Joseph Vas (D-Perth Amboy), Nilsa Cruz-Perez (D-Camden)
 - and Sens. Richard Codey (D-West Orange) and Robert Gordon (D-Fair Lawn)
- Due to the lack of uniform admission standards, duplicative medical testing or other administrative hurdles impacted wait times
- Established the creation of a standardized admission and medical clearance protocol for admission to state or county psychiatric hospitals or short-term care facilities
- Required a standard be established that both sending and receiving providers must abide by
- Creates a smoother placement transition for patients
- Stakeholders convened to review national models including those developed in Maine and Massachusetts, as well as other states
- Consensus around Medical Clearance was developed to facilitate appropriate, timely care for individuals in need of acute psychiatric services, regardless of their access point on the continuum of inpatient care.





In partnership with the New Jersey Division of Mental Health Services, the following participated in the consensus process:

- Co Chair NJ Chapter, American College of Emergency Physicians
- Co-Chair New Jersey Hospital Association
- AtlantiCare Behavioral Health
- Buttonwood Hospital of Burlington County
- Camden County Healthcare Services Center
- Hampton Behavioral Health Center
- Jersey Shore University Medical Center
- Kennedy Health System
- New Jersey Association of Mental Health and Addictions Agencies
- New Jersey Council of Teaching Hospitals
- New Jersey Psychiatric Association
- Newton Memorial Hospital
- Trinitas Regional Medical Center
- University Medical Center at Princeton
- University of Medicine and Dentistry of New Jersey





Consensus

- Medical Clearance does not indicate the absence of ongoing medical issues.
- Medical Clearance is defined as "within reasonable medical certainty, there is no contributory medical condition
 causing the psychiatric complaints presented, there is no concern at present for a medical emergency, and the
 patient is medically stable for transfer to the intended facility."
- Medical Clearance may be waived at the discretion and the prerogative of the admitting psychiatrist.
- Patient refusal to consent to a recommended test or procedure shall not result in a delay or be a reason not to accept a transfer, if a good faith effort is made to obtain the consent. This issue should be resolved with physician-to-physician communication.
- Clinical decisions are based upon the medical examination needs of the individual, and any protocol developed with the purpose of establishing consistent processes allows the provider conducting the medical screening to exercise flexibility and appropriate clinical judgment.
- The purpose of the Medical Clearance is to provide an assessment of the individual's current medical condition and stability within the context of a transfer to a clinical treatment setting with appropriate resources to monitor and treat what has been currently diagnosed.
- <u>Medical clearance does not indicate the absence of ongoing medical issues that may require further assessment, monitoring and treatment, nor does it guarantee that there are medical conditions that have yet to be diagnosed.</u>





Consensus

- Medical clearance screens should:
 - Identify general medical problems that may require treatment on a medical unit/facility prior to placement on a psychiatric unit; and/or
 - Identify medical problems that may be contributing to the individual's psychiatric problems that would be more appropriately treated on a medical unit; and/or
 - Identify medical problems that need to be addressed in the course of the patient's inpatient psychiatric care.
- <u>Direct physician to physician communication is encouraged when attempting to resolve concerns arising between the transferring and receiving facilities regarding:</u>
 - The appropriateness of one facility versus another; and/or
 - Request for additional diagnostic testing; and/or
 - General clinical disagreement; and/or
 - Significant ongoing medical issues or treatment recommendations.





Consensus

- Performance measures related to appropriateness of referrals and timeliness to transfer will be reported to System Review Committees and used to track adherence and improve performance.
- Any issue causing dissatisfaction for either the receiving hospital or the referring hospital will be referred back to that hospital for review and improvement as part of the hospital's ongoing quality improvement activities.
- Task force members agree to use the EMTALA definition of medical screening and stabilization. By that definition, a patient must be medically stable for transfer or that the benefits of transfer outweigh the risk.
- Emergency departments and psychiatric facilities must communicate regularly and work to develop mutual trust.
- Critical to facilitating appropriate access to care is accurate real-time access to a directory of New
 Jersey inpatient providers indicating the respective availability of concurrent medical care, medical
 coverage capacity, licensed bed type and specialty population capacity.





Form Instructions

- The State of New Jersey, Psychiatric Transfer Form, Emergency Dept/Crisis (one page form) should be used when transferring an individual from the emergency department/crisis unit to any inpatient psychiatric setting including all STCF facilities, voluntary psychiatric units, private psychiatric facilities, county hospitals, state psychiatric facilities as well as the Ann Klein Forensic Center. The start date for use of this form has been changed to Monday, April 25th.
- The State of New Jersey, Psychiatric Transfer Form, Inpatient Inter-facility Transfer (three page form) should be used then transferring an individual from:
 - Any inpatient psychiatric unit to a county psychiatric hospital, state psychiatric facility or the Ann Klein Forensic Center;
 - Any county jail or a state prison to a county psychiatric hospital, state psychiatric hospital or the Ann Klein Forensic Center;
 - Any medical inpatient unit to a private inpatient psychiatric facility, STCF facility, county psychiatric facility or state psychiatric facilities.
 - Any residential developmental center or county hospital to the state psychiatric facilities or to the
 Ann Klein Forensic Center

The start date for use of this form will be announced based on the release and implementation requirements of the Universal Transfer Form.





Form Instructions

State of New Jersey, Psychiatric Transfer Form, Inpatient Inter-facility Transfer

- This form documents the preadmission medical evaluation completed by the clinician who has examined the patient and reviewed the findings of all laboratory and diagnostic tests. It can be completed by any clinician in the sending facility, but an examining or treating physician or APN shall sign the form to certify that the information is accurate and complete. The completed form must be legible.
- This form and accompanying New Jersey Universal Transfer Form (NJ UTF), as well as physical examination and lab reports (as indicated checked on the form) must be faxed or sent by electronic means to the receiving facility when the initial referral is made.





Form Instructions

- A Tuberculin Skin Test result may be submitted if a referring facility does not have chest x-ray results on a patient and a chest x-ray is otherwise not clinically indicated. This applies to patients referred from an inpatient care setting, county jail or correction center to the next level of psychiatric care at a county psychiatric facility, state psychiatric facility or the Ann Klein Forensic Center.
- Sending facilities shall provide the contact information of the treating or transferring psychiatrist or other
 physicians so that receiving psychiatrist or physicians involved in a patient's care can discuss the clinical
 issues and provide an opportunity for hand off communication as required by Joint Commission.
- Any issues resulting in variation from the consensus statement on medical clearance protocols (e.g.,
 patient refusal of blood work or other difficulties conducting diagnostic work up) should be resolved by
 physician-to-physician communication. Physician-to-physician contact shall routinely attempt to resolve
 any of the following concerns:
 - Questions about ongoing medical issues or treatment recommendations
 - Request for specific or additional diagnostic testing
 - Appropriateness of transfer to one facility over another
 - Any general clinical disagreement





Must the forms be used?

The Consensus Statement, Medical Clearance
Protocols for Acute Psychiatric Patients, Referred for
Inpatient Admission requires the use of standardized
forms to consistently communicate pertinent,
accurate clinical patient care information at the time
of transfer.



