SAN MATEO COUNTY

MENTAL HEALTH SERVICES DIVISION

DATE: March 17, 1992

MENTAL HEALTH POLICY NO.: 92-01

SUBJECT: Discharge Procedures from Acute Inpatient Providers to Community Providers

AUTHORITY: Divisional

SUPERSEDES: Prior Established Practice

AMENDED: April 24, 1992

PURPOSE:

- To emphasize that assessment and documentation of discharge planning needs must begin at client admission to the 24-hour facility, and continue throughout the treatment episode.

- To assure that clients discharged from acute 24-hour facilities are provided continuous care, in an efficient, appropriate and cost effective manner.

A. Acute Unit Staff Responsibilities (County Hospital)

1. The conservator must be notified of the hospitalization and included in all discharge planning.

2. For clients open or assigned to a regional team, the primary inpatient therapist will call the regional unit chief a) within one working day of admission to invite input on discharge planning; and again b) when active discharge planning is initiated.

3. For clients not open to a regional team or clearly designated as the continuing responsibility of a regional team, the clinical unit chief of the region where discharge is most likely must be called and invited to participate in discharge planning.

4. Assigned inpatient therapist will call the appropriate regional chief 24 hours prior to client's discharge in order to confirm the discharge plan.

5. Assigned inpatient therapist will fax the aftercare Plan including medications and pertinent laboratory studies to the regional unit chief upon discharge.

6. Complete discharge summary is to be forwarded within 14 days following discharge. (See MH Policy No. 90-5, Documentation of Services).

B. Acute Unit Staff Responsibilities (Private Hospitals)

1. Obtain permission from client to verify with Psychiatric Emergency Services, immediately upon admission to the private hospital, whether the client is open or assigned to a county regional team.

2. If the client is so know, the private hospital discharge planner should notify the regional unit chief as outlined in this policy, Section A.

3. If the client is unknown or unassigned, but discharge to a county provider is anticipated, the procedure described in Section A is also to be followed.

Note: If the discharge planning process suggests admission to a "locked psychiatric facility" (IMD), and the county is expected to pay for this treatment, preauthorization must be received, according to county policy (see attached).

C. Regional Unit Chief Responsibilities

1. To respond to calls from the assigned inpatient therapist on same working day.

2. To designate clearly an acting unit chief when not available by phone.

3. To provide regional input to the assigned inpatient therapist regarding discharge needs and plans in order to facilitate timely discharge and appropriate effective aftercare.

4. To work with the conservator's office and/or case manager throughout the discharge process.

D. Disagreements/Disputes

When there is a disagreement between 2N staff and the regional team regarding discharge issues, and no resolution can be reached:

- 2N staff will notify the Director of Psychiatry.

- Regional chiefs will notify the Deputy Director, Adult Services.

- These managers will mediate the dispute and reach resolution within two working days.

When there is a disagreement between a private hospital and the regional team regarding discharge issues, and no resolution can be reached:

- Regional chiefs will notify the Deputy Director, Adult Services.

Approved:_____
Gale Bataille, Director
Mental Health Services Division