	Admission or Transfer to Adult Inpatient Mental Health 020.501.005
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PURPOSE AND SCOPE:

Processes for admission to the Inpatient Mental Health Unit are standardized and are based on the patient's diagnosis, medical stability and age.

POLICY STATEMENT(S):

- 1) The Inpatient Mental Health Unit (IPMH) at Markham Stouffville Hospital (MSH) will accept admission of patients deemed medically stable aged 18 years and over with a primary mental health diagnosis.
- 2) Patients who are admitted to the unit must be deemed medically stable by the Emergency Department (ED) Physician and/or the Admitting Psychiatrist prior to their arrival on IPMH.
- 3) Admissions/transfers to the IPMH unit will in most cases be prioritized according to the following:
 - a. Emergency Services
 - b. Internal Transfers (including Uxbridge Cottage Hospital)
 - c. Other hospitals
 - d. Elective admissions
- 4) The patient will be seen and assessed by a psychiatrist within 24 hours of admission to the inpatient mental health unit (IPMH) as soon as possible when admitted to IPMH (at least within 24 hours of their admission).
- 5) A physical examination will be completed by the on-call family physician on all inpatients within 24-72 hours following admission. In the event that there is no family physician coverage, the Attending/Admitting Psychiatrist is responsible for the completion of the physical examination.
- 6) In certain circumstances a direct admission may occur if there is a clear and obvious indication that an admission is necessary, an IPMH bed is readily available, and the patient is medically stable.
- 7) The Ontario Telemedicine Network (OTN) can be used for external patients (e.g. patients at Uxbridge Cottage Hospital, UCH) requiring a mental health assessment/possible admission to IPMH.

PROCEDURE:

ADMISSIONS TO IPMH FROM A MSH UNIT OR DEPARTMENT

	Prior to admitting a patient to IPMH:
Crisis Worker	1) Obtain all relevant medical information as well as information regarding the
	specific care requirements both from a medical and mental health perspective.
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	 Complete a full mental status assessment of the patient, including the completion of a suicide (SAD PERSON) and risk assessment. Contact the On-Call Psychiatrist to discuss and review the case and determine an appropriate plan of care. Discuss the care needs of the patient with the IPMH Clinical Lead or
	Facilitating Nurse.5) Liaise with the ED physician and staff regarding patient status and plan of care.
On-Call or Attending Psychiatrist	 Approve all IPMH admissions Communicate the admission/transfer and provide admitting orders to the Clinical Lead, facilitating nurse or admitting nurse using the Admit to Mental Health order set.
Transferring	 Ensure the SBARD (Situation, Background, Assessment, Recommendations, and Documentation) is completed and communicated to the IPMH admitting nurse prior to patient transfer. Ensure the family is informed of the patient's transfer to the IPMH unit.
Unit	 Ensure patients on a Form 1 under the Mental Health Act are escorted to the IPMH unit by security staff (and nursing staff when necessary). All patients on a Form 1 should be searched as per policy, dressed in a hospital gown, and have their belongings transferred to IPMH via transferring nurse or security.
Clinical Lead Facilitating Nurse Admitting Nurse	 Receive report using the SBARD Tool prior to accepting the admission Ensure bed allocation is informed of patient admission. Process admitting orders as necessary On patient's arrival to IPMH, complete a patient search, secure the patient's belongings and complete the Personal Belongings and Valuables Record as per Unit policy. Complete the Mental Health (MH) Nursing Admission Assessment. Complete Best Possible Medication History (BPMH)
	7) Update plan of care and initiate completion of RAI-MH.
	DIPMH FROM OTHER HOSPITALS (TRANSFERS)
Hospitals seeking	an IPMH bed at MSH must call the Crisis Team to request an admission 1) Obtain all relevant clinical information.
Crisis Worker	 Obtain all relevant clinical mormation. Assess and evaluate the care requirements for the patient. Discuss the request with both the On-Call Psychiatrist and the IPMH Clinical Lead or Facilitating Nurse. Together they will make a decision regarding the request for admission.
On-Call Psychiatrist	 Review transfer request with psychiatrist from requesting hospital prior to accepting admission. See Procedure Admissions to IPMH from a MSH Unit Or Department
Admitting Nurse	1) See procedure Admissions to IPMH from a MSH Unit Or Department above.
ELECTIVE ADMI	SSIONS FROM THE PSYCHIATRIST'S OFFICE

Attending Psychiatrist	 Communicate the admission and provide admitting orders to the Clinical Lead, Facilitating or Admitting Nurse using the "Mental health admission order set. Ensure the patient is medically stable prior to transfer.
Admitting	1) Receive a verbal report and admitting orders from the Admitting Psychiatrist.
Nurse	2) See Procedure Admissions to IPMH from a MSH Unit Or Department above.
Clinical Lead or Facilitating	 Maintain a wait list in the event an elective admission cannot be immediately accommodated.
Nurse	2) Ensure those on the list are accommodated as soon as beds are available.
FOR PATIENTS	SUNDER THE AGE OF 18 YEARS
Crisis Worker	 Assess the individual and in consultation with the On-Call Psychiatrist, discuss whether the adolescent requires admission. Contact Southlake Regional Hospital for information on availability of inpatient beds. If Southlake is full or their response is not timely, then crisis staff will contact other facilities to secure a bed. Each of these contacts, as well as copies of any referrals, will be documented as part of the patient record. Place the adolescent on a wait list for an available child and adolescent bed and initiate the referral process before admission If suitable, the crisis worker; in conjunction with the on-call or most responsible psychiatrist, will consider admission onto the pediatric unit If the adolescent is admitted onto the pediatric unit, crisis and the MRP will provide follow-up for the patient until transfer or discharge.

DEFINITION(S):

<u>Medical Stability:</u> A clinical decision made by the ED physician or psychiatrist surrounding the nature of the patient's medical condition.

REFERENCE(S):

Not Applicable

RELATED DOCUMENTS:

100.914.917.010 Patient Information Exchange at Transfer Points Using SBARD 270.914.917.025 Patient Valuables and Personal Belongings

RESPONSIBILITY:

Required Endorsements	Sponsor	Approval Authority
Emergency Operations Committee Mental Health Operations Committee	Manager Inpatient Mental Health	Director Mental Health Services

DOCUMENT HISTORY:

Туре	Individual/Committee	Date	Outcome
Revise	Clinical Manager; System Director	22/03/2004 03/10/2008	Revision approved

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Revise	Clinical Manager; Director, Mental Health Services	26/04/2011 18/04/2012	Revision approved
Revise	Patient Care Manager; Director Mental Health Services	18/02/2016	Revision approved
Revise	Professional Practice Leader; Director Mental Health Services	02/11/2019	Revision approved

APPENDICES:

Not Applicable