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Department of Psychiatry
Emergency Room Services
Policy & Procedure Manual

Subject: Emergency Admission Procedures

Section 9.39 of the New York State Mental Hygiene Law provides for the emergency admission to an authorized hospital of any person alleged to require immediate observation, care, and treatment for mental illness. Pursuant to Section 9.39 the Psychiatric Emergency Service of the Jamaica Hospital Medical Center receives patients for immediate observation, care, and treatment.

Section 9.27 of the New York State Mental Hygiene Law provides for involuntary emergency admission, on the certification of two physicians, for immediate observation, care and treatment of persons alleged to have a mental illness. Pursuant to Section 9.27 Jamaica Hospital Medical Center Psychiatric Emergency Room receives patients for admission and refers patients for admission to other hospitals.

PSYCHIATRIC EMERGENCY ROOM -69

Reviewed & Revised: 6/96, 5/97, 4/98, 6/99, 7/00, 6/01, 6/02, 6/03, 6/04,
6/05, 6/06, 6/07, 6/08

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DEPARTMENT OF PSYCHIATRY MANUAL

SUBJECT: INVOLUNTARY LEGAL STATUS

ISSUED: 4/95

REVIEWED: 9/96, 4/99, 4/00, 4/01, 4/02, 04/03, 04/04, 04/05,
04/06, 4/07, 4/08, 4/09, 4/10

Policy:

In the event that a patient is felt to be mentally ill and in need of psychiatric hospitalization, and that he is unwilling or unable to apply for Voluntary hospitalization as outlined in the Policy for Voluntary Admissions, and if an eligible applicant for involuntary admission is available, the patient is to be admitted under Mental Health Law Section 9.27 (2PC).

Procedure:

1. An application for the admission of a patient under this status may be made by any person with whom the person resides, the father or mother, husband or wife, brother or sister, or the child of any such person or the nearest available relative, the committee of such a person, an officer of any public or well recognized charitable institution or agency or home in whose institution the person resides, the director of community services or social services official, the director of the hospital or a designee.
2. The "APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION," (OMH 471), must include the signature of the applicant and a plausible statement by the applicant as to the reasons for seeking admission for the patient in Part "A."
3. The admitting psychiatrist is to complete Part "B."
4. The admitting psychiatrist is to complete and sign the "NOTICE OF STATUS AND RIGHTS - INVOLUNTARY STATUS," (OMH 461). The document must be printed with the address and telephone

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number of the Mental Hygiene Legal Service. The psychiatrist is to ask the patient if there is anyone he wishes to be informed of the admission or of the legal rights; these names and addresses are to be noted in the "Copies to" section of the document. The original is to be given to the patient, along with an explanation of the document. A copy is to be placed in the chart and given to each person designed by the patient at the time of notification of rights.

5. Two physicians licensed in New York State must each complete a "CERTIFICATE OF EXAMINING PHYSICIAN", (OMH 471A). The applicant cannot be one of these certifying physicians.

6. The attending psychiatrist will be responsible for assuring that the legal status is converted to Voluntary or to Order of Retention prior to the expiration date.

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SUBJECT: EMERGENCY ADMISSION STATUS

ISSUED: 4/95

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04/06, 4/07, 4/08, 4/09, 4/10

References: New York State Mental Hygiene Law, Title B,
Article 9.39; NYCRR XIV, Sec. 15.2,15.3,15.9.

Policy:

Jamaica Hospital Medical Center will admit appropriate patients in emergency situations under New York State Mental Hygiene Law, Article 9.39, with careful attention to the preservation of their legal rights as well as to their safety.

Patients alleged to have a mental illness for which immediate observation, care and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or others, may be admitted under this provision for a period of 15 days.

"`Likelihood to result in serious harm' is defined as:

- (1) Substantial risk of physical harm to himself as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that he is dangerous to himself; OR
- (2) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.'"

The admitting physician must be licensed in New York State.

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Procedure:

1. Following an examination and interviews with other informants which may be available, should the examining physician consider the patient to meet the criteria above, he should certify this finding on Form OMH 474.
2. The admitting doctor will record on OMH Form 474 the names of the people bringing the patient to the hospital, and the circumstances leading to the hospitalization.
3. The admitting doctor will inform the patient and provide him with written notice of his status and rights, using OMH Form 474A. A signed copy of the notice must be placed in the patient's record.
4. The admitting doctor will be responsible for assuring that a second examination of the patient is conducted within 48 hours of admission, for the purpose of confirmation of need for emergency admission. If the admission occurs during routine weekday hours, the admitting doctor will arrange for a psychiatrist with admitting privileges to conduct this second examination immediately. At other times, the admitting doctor is to tell his successor on-call of the necessity of the confirmation examination. Any difficulty in making such arrangements is to be immediately referred to the Chairman or one acting in his behalf.
5. The second examining psychiatrist must inquire of the patient if the patient is willing to convert to voluntary status. Should the patient reject this suggestion, and should the psychiatrist find that the patient does not meet the above criteria for emergency hospitalization, he must immediately contact the Chairman, or one acting in his behalf, prior to completion of page #2 of OMH 474. Should he concur that the patient meets the criteria above for emergency admission, he should proceed to complete page #2 of OMH Form 474.
6. If at any time after admission the patient, a relative or friend, or the MHLS gives written notice to the director of a

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request for a court hearing, the director will immediately deliver to the Supreme Court of Queens County and to the Mental Health Legal Service a copy of the notice and a copy of the patient record.

7. Within fifteen days of admission, the legal status of the patient must be converted to Voluntary, or to Involuntary (under section 9.27, "APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION") legal status, or discharged. If the patient is converted to Involuntary legal status under Section 9.27, the sixty day period of hospitalization which is authorized is to be regarded as starting at the time the patient was first hospitalized as an emergency admission.

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SUBJECT: ADMISSIONS FROM THE EMERGENCY ROOM

ISSUED: 4/95

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04/07, 4/08, 4/09, 4/10

REVISED: 4/02, 4/07

Purpose:

To ensure that patients in the Emergency Room are properly evaluated prior to admission.

Policy:

A patient may be admitted from the emergency room to a psychiatric inpatient unit only after evaluation in the Emergency Room by a member of the Department of Psychiatry.

Procedure:

1. Each patient admitted to a psychiatric inpatient unit should have a medical clearance documented in the medical record by the Emergency Room staff. Under extenuating circumstances, the Chairman or designee may authorize admission. The medical clearance is to reflect:
 - a. a medical history and physical exam by the medical attending or house officer, including neurological examination,
 - b. CBC, CMP, and any other blood tests felt by the examining physician to be clinically indicated,
 - c. UCG and BCG for all females of childbearing age,
 - d. EKG for patients over 40 years of age.

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2. The patient may be admitted prior to obtaining blood test results if agreed upon by both the psychiatrist and medical physician.

3. It is the responsibility of the admitting psychiatrist to determine that the patient is medically suitable for the inpatient unit.

4. If medical problems or complaints arise on the Inpatient Units, Family Practice will be called to see the patient. Family Practice will examine the patient, order appropriate diagnostic tests and make recommendations. Family Practice will document all findings and recommendations in the progress notes.

5. The admitting psychiatrist will be responsible for determining that valid legal papers are completed. In the case of involuntary admission, a licensed Emergency Room physician may act as certifier. No patient will be brought to the inpatient unit without valid legal papers.

6. The Emergency Room staff calls the inpatient unit for bed assignments.

7. The attending psychiatrist will be designated by the admitting psychiatrist on the Emergency Room record and in the patient's admitting orders, and determined as follows:

- a. if the patient does not have a private attending, the patient will be assigned to an inpatient staff attending designated by the Unit Chief.
- b. if a staff attending cannot be determined, the admission will be assigned to the Unit Chief.

8. A telephone report will be given by the Emergency Room nurse to the Inpatient Unit nurse. The Inpatient Unit will send a staff member with a wheelchair to bring the patient to the admitting unit.

9. At the request of nursing, security staff will accompany patient and nurse to the inpatient unit.