

**Discharge Planning for Patients Hospitalized for Mental Health Treatment  
Clinical Department Policy and Procedure**

Applicable Campus	Department Name	Approval Authority
Salem Health	Psychiatric Medicine Center	PMC Medical Director PMC Nurse Manger
Final Approval Date	Effective Date	Next Review Date
November 2018	November 2018	October 2021
List Stakeholders Position or Committee	Document Status	Date of Approval
Accreditation & Pt. Safety Manager	Reviewed	09/2018
Director of Corporate Integrity	Reviewed	10/2018
PMC Medical Director	Reviewed	10/2018
PMC Nurse Manager	Revised	11/2018

**Note:** Policies are sent out 90 days prior to due date.

**Describe briefly the most recent revision made to this policy, procedure or protocol & why:**

AR changed and moved to 333-505-0055 by OHA. Changes in policy to reflect changes in OARs.

**Purpose/Policy Statement:**

Incorporates related requirements to discharge planning for inpatients hospitalized for mental health treatment, the required communication to lay caregivers, and clarifies the disclosure of Protected Health Information (PHI).

**Policy Content**

It is the policy of Salem Health to engage in discharge planning for inpatients hospitalized for mental health treatment. Discharge planning begins when the patient is admitted to the facility to support timely discharge, effective post-discharge care and documented in the medial record. This policy is available on the hospital's website and in the form of a brochure and will be given to patients upon admission and at discharge.

**Steps/Key Points Procedure**

- I. Defining the Lay Caregiver: hospitals must offer all inpatients hospitalized for mental health treatment the opportunity to designate a "lay caregiver." The "lay caregiver" will be referred to and documented in the medical record as the "primary support person".
  - a. Ask the patient if they would like to identify a family member, friend, or other support person (primary support person) who will provide assistance to the patient following their discharge from the hospital.
  - b. Explain to the patient the benefits of identifying a primary support person which include participation in discharge planning and appropriate supportive measures.
  - c. Explain to the patient only minimum information necessary will be shared with primary support person.
  - d. Explain to the patient they have the ability to rescind the authorization at any time.
  - e. If a primary support person is identified, note the designation in the patient's medical record with the relationship to the patient.
  - f. If no primary support person is identified document refusal in medical record.
- II. Patient Authorization to Disclose Protected Health Information: Salem Health may disclose protected health information (PHI) only as authorized by the individual or as permitted under HIPAA.
  - a. If a primary support person is identified, encourage the patient to sign a release of information to disclose relevant protected health information. A valid authorization is a written document in plain language containing the elements located in Section I of the Release of Information (ROI) Policy & Procedure.

- b. Note in the medical record if patient authorization is obtained. Information to share with the patient and primary support person prior to discharge should include, but need not be limited to:
  - i. The hospital's criteria and reasons for initiating discharge.
  - ii. The patient's diagnosis, treatment recommendations, and outstanding safety issues.
  - iii. Risk factors for suicide and what steps to take if danger exists, such as ridding the home of firearms/other means of self-harm and creating a plan to monitor and support the patient.
  - iv. The patient's prescribed medications including dosage, explanation of side effects, and process for obtaining refills, as applicable.
  - v. Available community resources including case management, support groups, and others.
  - vi. The circumstances under which the patient or primary support person should seek immediate medical attention.
- c. Under certain circumstances, Salem Health may disclose PHI without a specific patient authorization. With respect to a designated primary support person, the authorized disclosures fall into three categories:
  - i. When the disclosure is implicitly agreed to and directly relevant to such caregiver's involvement;
  - ii. When the individual patient lacks capacity and disclosure is in the best interest of the individual; or
  - iii. To avert a serious threat to health or safety.

Please consult with the Privacy Officer if there are any immediate concerns regarding releasing PHI without patient consent.

- III. Conduct an evidenced based risk assessment of the patient's risk of suicide: Oregon law requires that a patient hospitalized for mental health treatment receive a suicide risk assessment prior to discharge. Providers must complete the suicide risk assessment in a timely manner so as not to delay discharge. The assessment should be included in the patient's medical record as part of the discharge plan.
  - a. Providers should seek input from the patient's designated primary support person, if applicable. .
  - b. Providers may accept unsolicited information from family and friends not authorized for disclosure.
- IV. At minimum, the assessment should help the provider determine:
  - a. The patient's need for community based services:
  - b. The patient's capacity for self-care.
  - c. To the extent practicable, whether the patient can be properly cared for in the place where the patient resided at time of admission.
- V. Coordinate the patient's care and transition to outpatient treatment. Providers should share the post-discharge treatment plan with the patient and one or more of the following: primary support person, community based providers, peer support, or other individuals who can implement the patient's care plan. Contact information for the outpatient care including address and phone number of the site/provider.
- VI. Schedule a follow-up appointment for no later than seven days after discharge.
  - a. If a follow-up appointment cannot be scheduled within seven days, document the applicable barriers in the patient's medical record.
- VII. Provide Instructions or Training
  - a. As necessary, provide instructions or training to the patient and primary support person prior to discharge, be provided at a level understandable to the patient and primary support person and ideally are provided both orally and in writing. Instructions or training may include assistance with activities of daily living, medical or nursing tasks such as wound care, administering medication, or operation of medical equipment, or assistance relating to the patient's condition.
- VIII. Notify the designated primary support person in advance of patient discharge or transfer to another care setting and document in the medical record.
  - a. The notice should be provided enough in advance to allow the primary support person to be present if necessary.
  - b. Notice to primary support person(s) should never delay a patient's discharge.
- IX. This policy will be available via the hospital website and providing copy to the patient upon admission and discharge in the form of a brochure or written summary of the policy that is easily understood in accordance with OAR 333-505-0055.

--

Review and Revision History		
New Policy		09/2016
Revised due to OAR changes.	Revision	08/2018
OAR changed and moved to 333-505-0055 by OHA. Changes in policy to reflect changes in OARs.	Revision	11/2018

Equipment or Supplies - Insert N/A if not applicable
N/A
Form Name and Number or Attachment Name - Insert N/A if not applicable
N/A
Expert Consultants Position
Kristy Bond, Accreditation & Pt. Safety Manager Ellen Hampton, Director of Corporate Integrity, Safety, & Risk Management
References – Required for Clinical Documents – Insert N/A for Administrative Policies
ORS 441.196, ORS 441.198, ORS 441.750, OAR 333-505-0030, 42 CFR 482.13(b)(5), 42 CFR 482.43.
Policy, Procedure or Protocol Cross Reference Information – Insert N/A if not applicable
Release of Information (ROI) Policy
Definitions – Insert N/A if not applicable
<ul style="list-style-type: none"><li>• Discharge – the release of a patient from a hospital following admission to the hospital.</li><li>• Hospitalized for Mental Health Treatment - patients admitted to psychiatric inpatient treatment.</li><li>• Lay caregiver - a family member, friend, or other support person to provide assistance to the patient following their discharge from the hospital. Hospitals may use other terms to describe the functional role of the lay caregiver such as support person. Protected Health Information (PHI) – individually identifiable health information that is transmitted or maintained in any form or medium, including electronic, paper, and oral.</li><li>• Peer Support – a peer support specialist, peer wellness specialist, family support specialist or youth support specialist.</li></ul>
Computer Search Words
Mental Health, Mental Health Treatment, Discharge, Discharge Planning, PMC, Psychiatric Medicine Center, Psychiatric Services.
Is there a Regulatory Requirement Yes or No – Insert N/A if not applicable
Yes - ORS 441.196, ORS 441.198, ORS 441.750, OAR 333-505-0055