

Work Instruction	Document Number W09177	Revision E
	File:	
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MENTAL HEALTH-STAFFING AND ASSIGNMENT FOR MENTAL HEALTH

PURPOSE/SCOPE: It is the policy of CHC to follow specific guidelines that provide structure and assist in determining Mental Health staffing needs based on the actual needs of the patients, the stages of protection being used, and state regulations specific to restraints and seclusion

REFERENCE DOCUMENT

DEFINITIONS:

Certified Hold Room: a certified Hold Room is one that has been certified by the State Office of Mental Health and Addiction Services. At SCMC - Bend, this includes the Hold Room in the ER, and rooms 406 and 407. At SCMC – Redmond, this includes the Hold Room in the Med/Surg area.

“Nursing Care”: RN, LPN or C.N.A. depending on level of acuity and orders

REQUIREMENTS:

Mental Health Division OAR 309-33-100 through OAR 309-33-170

INSTRUCTIONS:

Mental Health patients are staffed according to geographic safety and protective stages.

I. MENTAL HEALTH PATIENTS REQUIRING ONE-TO-ONE NURSING CARE:

- A. Any patient who is requiring leather restraints for management.
- B. A suicidal or "hold" patient who is admitted to any room other than a certified Hold Room, and is at a Stage III/IV of the protective protocol.
- C. By Physician order.

II. HOLD PATIENTS:

- A. A "HOLD" status in a certified Hold Room does not dictate one to one nursing.
 - 1) Admission of a patient with intravenous fluid requires assessment by AUM and MH RN of patient safety risk.
- B. A "HOLD" patient who has been advanced to Room 405 or 408 (at SCMC – Bend ONLY) must be observed according to the protective protocol until the HOLD is dropped.

If a Hold patient is advanced to another inpatient room, adequate staffing as defined by acuity must be available.

- C. Prior to moving a Hold patient from a certified Hold Room:

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- 1) Use collaborative information such as change-of-shift report, past four-hour assessment, the trend of the patient's behavior over the past 24 hours, the patient's history and other patients in the area at that time, and their needs. The county Mental Health Department involved with the hold shall be a part of this collaboration as well as physicians.
- D. In the event that the seclusion room is full and we are notified of a new admit:

The new patient will need to be held in ER's observation room until decisions can be made regarding where to place the patient. Patients can be held up to 12 hours in this room. If this is not feasible, the patient may be transferred to another hospital with a hold room.

Mental Health staff will continue to evaluate the patients in certified Hold Rooms to determine if the patient could be advanced. The County Mental Health Department and the patient's physician and psychiatrist will need to be consulted prior to dropping any Hold. The patient can be advanced without dropping the hold if the AUM and physician staff feel the patient's needs can safely be met in a less restrictive environment.

The final decision for moving a patient from a secured room to accommodate a new admit will be with the physician and the AUM.

Deleted: <#>The hold patient admitted to CCU due to medical condition must have a secure room available once medical condition has stabilized. This can be accomplished by moving to a certified Hold Room, moving to ER holding or transferring to another secure facility, depending on room availability.¶

III. **ADMISSION OF A NEW PATIENT:**

- A. Communication is of extreme importance. The first person to be notified should be the House Supervisor, who notifies the receiving RN or the AUM to determine additional staffing needed. Change of shift can impact communication so be alert to this.
- B. If there is only one staff member in the area who is caring for a one-to-one patient: Re-evaluate if the patient continues to need one-to-one care, and initiate appropriate action. (Refer to the patient protocols—F1009).
- C. In the event additional staffing is needed and not available, Caregivers in collaboration with the AUM/Team Leader/Leader Manager/House Supervisor will have the authority to determine if a patient can be admitted and cared for in a reasonably safe manner, with the AUM/Team Leader/Leader Manager/House Supervisor having final authority. The patient needs to be held in ER room until issues can be addressed. The Caregiver/AUM will be open and cooperative with the House Supervisor, who will be utilized to determine staffing resources outside of the unit. Caregivers will utilize this protocol to guide decision-making and are recognized as the clinical experts.

QUALITY RECORD

Quality Record	Location Kept	Filing Order	Duration Kept	Disposition	Comments
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Medical Record	Medical Records	Medical Records Number	10 years + 5 years past the age of majority (18)	Destroy	Longer for Minors

CHANGE HISTORY

Date	Revision	Comments
11/11/99	A	Initial release
7/7/00	Ad1	Gayle W. modified section I.B.
7/25/00	Ad2	Changes per Gayle W.
8/15/00	Ad3	deleted "which" in 2nd bullet 2.D.
10/5/00	B	Released
2/7/03	D	Received updated version from Robin H.; sent on approval route
2/24/03	D	Received from Robin; sent on approval route
11-25-03	E	Changes made – sent on approval route
12/16/03	E	Received from Robin Henderson, sent on approval route