

DIVISION OF MENTAL HEALTH SERVICES

MEMORANDUM

TO: Managing Physicians
State Psychiatric Hospitals

FROM: Kevin Martone, Assistant Commissioner
Division of Mental Health Services

DATE: July 1, 2008

SUBJECT: Medical Clearance AB 5:10

Recently, concerns by community providers about the Division's medical clearance procedures were brought to my attention. While there is no doubt that some patients being referred to our hospitals present with complex medical problems that challenge our limited medical services, there have been cases in which the admission of patients needing very routine services has been delayed because of our physicians' requests for tests or medical interventions. I am therefore requesting that you review Administrative Bulletin 5:10, "Medical Clearance for State Psychiatric Hospital Admissions", and assure that your hospitals' practices are in full agreement with these procedures.

The A.B. describes the EMTALA and CMS criteria for medical stability allowing transfers from screening centers, STCFs and other hospitals to occur. The A.B. further describes the timeframe in which medical staff must review the medical documentation and determine whether to approve the admission. Finally, the A.B. describes the criteria for direct physician-to-physician communication when additional clinical information, testing or other procedures are requested by our hospitals.

Whereas the Division recognizes that our physicians are using their best medical judgment and that many referrals present difficult medical issues, we believe that this policy is in the best interest of the patients being referred to our hospitals. I ask that you share this memorandum and A.B. 5:10 with all physicians who are involved in the medical clearance process.

Your hospital's cooperation and adherence to this Division policy is expected and much appreciated.

KM:dj

c: Chief Executive Officers
Greg Roberts
Lorna Hines-Cunningham
Robert Eilers



State of New Jersey

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DIVISION OF MENTAL HEALTH SERVICES
ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

EFFECTIVE DATE: July 1, 2005

DATE ISSUED: June 24, 2005

SUBJECT: Administrative Bulletin 5:10
Medical Clearance for State Psychiatric Hospital Admissions

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this bulletin is responsible for being familiar with the content and ensuring that all affected personnel adhere to it. Also attached is a revised Administrative Bulletin Index for your Manual.


Alan G. Kaufman
Director

AGK:pjt
Attachment

DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN # 5:10

Effective Date: July 1, 2005

SUBJECT: Medical Clearance for State Psychiatric Hospital Admissions

I. Purpose

Medical clearance procedures are necessary to determine whether patients referred for admission have an underlying medical illness that would make their transfer to a state psychiatric hospital either unsafe or inappropriate. This Administrative Bulletin establishes medical clearance procedures for admissions to the state psychiatric hospitals that are based on criteria for medical stability for transfer as defined by the Emergency Medical Treatment and Active Labor Act (EMTALA) and related regulations (42 CFR 489.24 9(a)) from the Centers for Medicare and Medicaid Services (CMS).

If there are no clinical issues and a psychiatrist has completed a screening certificate or has certified as to a continuing need for treatment in the case of a person already committed, arrangements shall be made for the prompt transfer to a state psychiatric hospital after appropriate medical referral information has been reviewed by an assigned physician at the state psychiatric hospital. However, when clinical issues arise about the medical stability of patients being referred, this bulletin mandates that physician-to-physician contact occurs to resolve the concerns.

II. Scope

This policy applies to all state psychiatric hospitals when receiving admissions and transfers from screening centers, short-term care facilities and other hospitals or facilities, including correctional facilities.

III Criteria

- A. In accordance with EMTALA, a referral from a screening center, short-term care facility or other hospital is considered to be medically appropriate when a referring physician *reasonably believes the receiving facility has the capability to manage the patient's medical condition and any reasonably foreseeable complication of that condition*. The receiving hospital must accept such a referral when it has the capability and the capacity to accept the patient.

- B. In accordance with CMS regulations, referring facilities shall make all appropriate and available efforts to stabilize the patient prior to transfer and to assure that no substantial harm is likely to result from transfer. To stabilize means *to provide such medical treatment necessary to assure, within a reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer.* Furthermore, the sending facility shall send all necessary medical records to the state psychiatric hospital in order to allow a review prior to transfer or admission.

IV. Procedure

A. Medical Clearance Procedure for Referrals from Screening Centers

1. When an individual has been determined to meet the civil commitment standard and referral for admission has been made, he/she shall undergo a medical evaluation that shall routinely include a physical examination and any laboratory and/or diagnostic tests that are deemed necessary by the referring physician. When the patient is certified to be medically cleared, the evaluation and accompanying findings shall be documented on the Psychiatric Pre-Admission Medical Evaluation form (Attachment A).
2. The Psychiatric Pre-Admission Medical Evaluation form, test findings, and other results of the examination shall be faxed (or sent through other forms of reliable transmission) to the state psychiatric hospital before the patient is transferred in accordance with the affiliation agreement.
3. The assigned physician/MOD at the state psychiatric hospital shall be contacted by the Admissions Coordinator/Nurse on Duty in order to review the Psychiatric Pre-Admission Medical Evaluation form, and this shall be completed in a timely manner.
4. The Admissions Coordinator/Nurse on Duty will contact the screening center with the results of the review no later than two (2) hours after the referral, or will provide an estimate of any additional time needed if the review has not yet been completed.

5. If the admission is approved, the Admissions Coordinator/Nurse on Duty shall schedule the admission with the screening center in accordance with established procedures. If the assigned physician/MOD determines that the admission cannot be initially approved after reviewing the referral packet, the Admissions Coordinator/Nurse on Duty shall assist him/her in making arrangements for direct physician-to-physician contact.

B. Physician-to-Physician Communication

1. Direct physician-to-physician contact shall be attempted in order to address any of the following concerns or questions:
 - a. the need for inpatient psychiatric treatment
 - b. patient's ongoing medical needs
 - c. need for additional clinical information or for specific laboratory testing or other diagnostic procedure(s)
 - d. the appropriateness of one facility versus another
 - e. any general clinical disagreements

Note: If laboratory or diagnostic testing or other interventions are recommended, but the patient refuses to consent to these or the referring facility is not otherwise capable of providing the intervention after making a good faith effort to do so, this will not be considered a failure to comply with this protocol. However, these efforts must be described in the discussion between the physicians.

2. If the physician-to-physician communication does not resolve the medical clearance issues, the assigned physician/MOD shall contact the designated Chief of Medicine/Managing Physician, who shall make a determination in regard to medical clearance and ensure that this is communicated promptly to the screening center.
3. As established by hospital policy, an on-call Administrative official shall assist in efforts to otherwise resolve the issue of a patient's admission after regular duty hours.

C. Medical Clearance Procedures for Referral from Other Facilities

1. Psychiatric Pre-Admission Medical Evaluation forms and other medical information for patients referred from STCFs, private psychiatric hospitals, and other facilities shall be sent during regular business hours. The Admissions Coordinator shall ensure that the state psychiatric hospital assigned physician reviews the medical information on the same day that it is received.
2. If the assigned physician requests additional information, or believes that further laboratory testing or other medical procedure(s) are necessary, he/she shall call the referring physician with the request or insure that the request is relayed to the referring facility by the Admissions Coordinator.
3. The results of the review and any request for additional information, or certification of the admission, must be communicated to the referring facility by the next working day at the latest.
4. If the admission is not approved and/or medical clearance concerns cannot be resolved, the matter shall be referred to the appropriate state psychiatric hospital Chief of Medicine/Managing Physician, or to an Administrative official, as needed.

IV. Administrative Follow-Up

- A. All state psychiatric hospitals shall have policies and affiliation agreements with referring facilities that describe medical clearance procedures and that are consistent with this Administrative Bulletin.
- B. State psychiatric hospitals, in conjunction with DMHS regional offices, shall meet regularly with the screening centers and emergency rooms in each county in order to review these policies and to discuss any problematic cases or referrals.

6/24/05
Date


Alan G. Kaufman, Director
Division of Mental Health Services

PSYCHIATRIC PRE-ADMISSION MEDICAL EVALUATION FORM

INSTRUCTIONS

1. Complete the **PSYCHIATRIC PRE-ADMISSION MEDICAL EVALUATION FORM** for all referrals for admission to state psychiatric hospitals. If the referral is made from an inpatient, residential developmental center, correctional or long-term care setting, additional information will also be required.
2. The form is to be completed by a physician who has examined the patient and reviewed the findings of all laboratory and diagnostic tests. The form may be completed by any designated healthcare professional in the sending facility, but the examining or treating physician should certify that the content of the form is accurate and complete and that medical clearance has been given. **The form must be legible.**
3. The completed form and accompanying physical examination and lab reports (as indicated checked on the form) must be faxed or sent by electronic means to the receiving facility when the initial referral for admission is made.
4. **Pre-Admission Medical Evaluation:** The evaluation shall determine whether patients referred for admission have serious underlying illness that would make admission unsafe or inappropriate, as well as identify medical symptoms that may be causing or exacerbating the psychiatric symptoms. The medical evaluation shall consist of a history and physical examination and any laboratory and other diagnostic testing that is needed and appropriate to complete the medical clearance evaluation and ensure that the patient is stable for transfer. If a patient presents with a new psychiatric condition, or presents with a lethargic or fluctuating mental status that indicates a possible toxic, traumatic, or organic etiology, the workup should rule out whether an underlying medical illness may be the cause. Testing should be based on the likelihood of finding medical disorders. Thus, an EKG should be done if the patient is older than 50 with cardiac risk factors or is displaying any symptom that might be indicative of imminent cardiac care needs that the state psychiatric hospital cannot address.
5. EMTALA/CMS regulations mandate that patients are medically stable for transfer and that the facility to which they are transferred is capable of managing their medical problems. State psychiatric hospitals can only provide limited medical services (monitor vital signs, routine neuro monitoring, glucose finger sticks, fluid input/output, urinary catheters, oxygen administration and suction, clinical labs, radiographic procedures, IM/SC injections). The hospitals do not have medical-surgical units and therefore do not have the capability to treat acute medical or unstable conditions.

Unstable medical conditions shall include, but are not limited to, the following:

- acute recurrent chest pain, unstable angina, serious arrhythmia, recent MI, or severe hypertension
- uncontrolled seizures or status epilepticus
- uncontrolled or severe hypertension or heart disease, including recent MI, CHF, or unstable arrhythmia
- uncontrolled diabetes mellitus
- unresolved obstruction, GI bleed, or other acute GI conditions (pancreatitis, peritonitis, etc.)
- hepatic or renal failure
- acute respiratory conditions (TB, pneumonia, asthma, COPD) requiring oxygenation/mechanical ventilation
- recent head injuries, especially if a skull fracture, shifting levels of consciousness, or a recent CVA
- terminal state of a malignant neoplasm
- fractures or other severe orthopedic injuries not completely treated or stabilized
- laceration, penetrating wounds, burns (second/third degree), or other severe injuries not completely treated
- complications of pregnancy (toxemia or premature labor)
- acute febrile disease or severe opportunistic infections associated with AIDS, until these are resolved

Note: Recent drug overdose, continued intoxication or drug withdrawal state, especially if not observed at least 24 hours prior to transfer: Patients who are in acute withdrawal from drugs and/or alcohol must be stabilized prior to transfer to the state psychiatric hospital, which does not have the capability to detoxify patients or to treat drug overdose or acute withdrawal.

6. **Physician-to-Physician Contact:** If a patient has any of the above conditions, or is otherwise not stable or not capable of being managed in the state psychiatric hospital, additional information or testing may be required; this shall be arranged through direct physician-to-physician contact in order to allow a discussion of the case, in accordance with an agreed-upon protocol. DMHS has established protocols to insure that physicians at state psychiatric hospitals make these contacts whenever questions or concerns arise.

PSYCHIATRIC PRE-ADMISSION MEDICAL EVALUATION FORM

Patient Name _____ DOB _____ Gender M F
 Social Security # _____ Screening Center _____

1. **Psychiatric Impression:** _____
Medical Diagnoses: _____

2. **Need for a medical workup to detect an organic etiology for the patient's psychiatric presentation**
 a. Does the patient present with new psychiatric symptoms? Yes No Not Known
 b. Is there an abnormal mental status (lethargy, confusion, fluctuating consciousness)? Yes No
 If yes to either above, explain: _____

3. **Medication(s):** Allergies to Medication(s) _____ Food/other _____
 Adverse Drug Reaction(s) _____

List all current medications and doses, including psychotropics, OTCs, herbal remedies. If no medications, check here

name of medication	dose and frequency	indication for use	if known, last time given	if known, next dose due

4. **Substance Use**
 Recent (past 30 days) substance use? Yes No Not Known If yes, please complete information below:
 Substance(s) used in last 30 days _____
 Last use (substance and amount) _____
 Is patient showing acute withdrawal symptoms? Yes No If yes, list substance _____
 Methadone maintenance? Yes No Buprenorphine treatment? Yes No If either yes, complete the following:
 Dose _____ Name of treating physician/clinic _____ Phone # _____
 Has patient had a documented drug overdose within last week? Yes No If yes, list substance(s) and circumstances (suicide, accidental, etc.): _____
 Was poison control contacted? Yes No N/A Treatment given _____

5. **Pregnancy History**
 Is the patient pregnant? Yes No Not Applicable/Known
 Results of pregnancy test (if done) Positive Negative Not Done
 If pregnant, what is the estimated age of gestation? _____ weeks

6. **Vital Signs:** BP _____ / _____ mmHg Pulse _____ Resp. _____ Temp. _____ °F Pain Level (0-5): _____
 Ht. _____ ft _____ in Wt. _____ lbs Time/Date Recorded: _____ AM/PM ____ / ____ / ____

Laboratory/Diagnostic Test(s) Check if done (please attach reports):
 CBC Comp. metabolic profile Urine drug screen EKG Alcohol level
 Imaging studies with results (if any) _____
 Other _____

PSYCHIATRIC PRE-ADMISSION MEDICAL EVALUATION FORM

Patient Name _____

8. Complete section if referral is from an inpatient psychiatric unit, or if patient has been in a nursing home and records are available, or if patient is from a correctional/county jail. DO NOT COMPLETE FOR TRANSFERS FROM E.R.s UNLESS PATIENT WAS REFERRED FROM ONE OF THE ABOVE.

- a. PPD(if done/known): Positive Negative Date most recent test (if known) ___/___/___ Results(in mm.) _____
 Chest X-ray results (if positive PPD or if PPD cannot be done) _____
- b. Pneumococcal Vaccine Yes No date given ___/___/___ Influenza Vaccine Yes No date given ___/___/___
- c. Oral intake and electrolytes in the past week: _____

9. Medical Findings: Does patient have any of the following conditions? Your response should be based on available information only (additional diagnostic procedures/testing are **not** required). Indicate U/K if the presence of the condition is not known. If yes, explain the nature of the condition and the date when treatment was provided for it.

	Yes	No	U/K	If yes, please explain. Also provide treatment date if condition addressed.
STDs				
Hepatitis A / B / C				
HIV				
Scabies				
Rash				
Head Lice / Body Lice				
Laceration				
Fracture				
Asthma / COPD				
Cirrhosis/Portal Hypertension				
Coronary Artery Disease				
Valvular Disease/Pacemaker				
Neurological Disease				
Choking Risk				
Fall Risk				
End-Stage Renal Disease				

10. Special Interventions: Does patient require any of the following specialized medical interventions? No

- Assistive devices for ambulation (please list) Yes Describe: _____ No
- CPAP/Tracheostomy Care Yes Describe: _____ No
- Continuous/Intermittent oxygen (prescription if any) Yes Describe: _____ No
- Follow-up with surgeon/orthopedist/specialist Yes Describe: _____ No
- Name of specialist _____ Phone # _____
- Dialysis Yes Name of dialysis center _____ Phone # _____ No
- PEG tube feeding Yes Type of feeding formula _____ No

11. Medical Stability Certification

I, (print name) _____, have performed an examination and certify that the information documented in the form is accurate and complete as best can be ascertained from the information provided by the patient and the review of prior records, if available.

Signature _____ Date _____

Other contact person if physician is unavailable _____ Phone # _____

Name of person completing this form _____ Title _____

PSYCHIATRIC PRE-ADMISSION MEDICAL EVALUATION FORM
INSTRUCTIONS

- Psychiatric Pre-Admission Medical Evaluation form** is to be completed for referrals for admission to the state psychiatric hospitals from screening centers, where it shall be completed by the examining physician or Advanced Practice Nurse (APN). The form is also to be used for referrals from inpatient, residential developmental center, correctional/county jail or long-term care setting, but requires additional information (see section # 8 of the form).
2. The form documents the Pre-Admission Medical Evaluation completed by the person who has examined the patient and reviewed the findings of all laboratory and diagnostic tests. The form may be completed by any designated healthcare professional in the sending facility, but an examining or treating physician or APN shall sign the form to certify that the information is accurate and complete. **The form must be legible.**
 3. The forms and accompanying physical examination and lab reports (as indicated checked on the form) must be faxed or sent by electronic means to the receiving facility when the initial admission referral is made.
 4. **The Pre-Admission Medical Evaluation** shall determine whether patients have serious underlying illness that would make transfer and admission to a state psychiatric hospital either unsafe or inappropriate, as well as identify medical symptoms that may be causing or exacerbating the patient's psychiatric symptoms.
 - The extent of the medical evaluation shall be determined by the examining physician/APN based on clinical findings. It shall include **history and physical examination and laboratory testing** that is needed to complete the medical clearance evaluation and ensure that the patient is stable for transfer. Laboratory/diagnostic testing should be based on the likelihood of finding medical disorders. Thus, an EKG should be done if the patient is older than 50 with cardiac risk factors or is displaying any symptom that might be indicative of imminent cardiac care needs that the state psychiatric hospital cannot address.
 - The need for PPD testing shall be based on risk of exposure and documentation of recent PPD testing. Referrals from correctional settings and county jails require PPD testing, or chest x-ray if PPD cannot be performed.
 - If a patient presents with new psychiatric symptoms (either a recent onset of new psychiatric symptoms or of symptoms markedly different than ones previously seen), or if he/she presents with cognitive changes or an abnormal mental status (lethargy, confusion, or fluctuating consciousness), the workup should rule out the presence of an underlying medical illness (infectious, toxic, traumatic, etc.).
 - Patient refusal to consent to a recommended test or procedure shall not result in a delay or be a reason not to accept a transfer, if a good faith effort is made to obtain the consent.
 5. Patients must be medically stable for transfer and the facility to which they are transferred must be capable of managing their medical problems. This requires that sending facilities must provide the medical treatment necessary to insure that, within reasonable medical probability, no material deterioration of the condition is likely to result from or occur during the transfer.
 - State psychiatric hospitals do not have the capability to treat acute medical or unstable conditions; the facilities do not have medical-surgical units and can only provide limited medical services (monitor vital signs, routine neuro-monitoring, glucose finger sticks, fluid input/output, urinary catheters, oxygen administration and suction, clinical labs, radiographic procedures, IM/SC injections).

PSYCHIATRIC PRE-ADMISSION MEDICAL EVALUATION FORM
INSTRUCTIONS

6. **Examples of medical conditions** that may or may not meet the criteria for instability include, but are not limited to, the following:

- acute recurrent chest pain, unstable angina, serious arrhythmia, recent MI, or severe hypertension
- uncontrolled seizures or status epilepticus
- uncontrolled or severe hypertension or heart disease, including recent MI, CHF, or unstable arrhythmias
- unresolved obstruction, GI bleed, or acute GI conditions (pancreatitis, peritonitis, etc.)
- hepatic or renal failure
- acute respiratory conditions (TB, pneumonia, asthma, COPD) requiring oxygen/mechanical ventilation
- recent head injuries, especially if a skull fracture, shifting levels of consciousness, or a recent CVA
- terminal state of a malignant neoplasm
- fractures or other severe orthopedic injuries not completely treated or stabilized
- laceration, penetrating wounds, burns (second/third degree), or severe injuries not completely treated
- complications of pregnancy (toxemia or premature labor)
- acute febrile disease or severe opportunistic infections associated with AIDS, until these are resolved

If a patient has any of the above conditions, or is otherwise not stable or not capable of being managed in the state psychiatric hospital, additional information or testing may be required. Physicians of the sending and receiving facilities should discuss the clinical issues and determine what needs to be done.

Note: Recent drug overdose, continued intoxication or drug withdrawal state, especially if not observed at least 24 hours prior to transfer: Patients who are in acute withdrawal from drugs and/or alcohol must be stabilized prior to transfer to the state psychiatric hospital, which does not have the capability to detoxify patients or to treat drug overdose or acute withdrawal.

7. **Physician-to-Physician Contact** shall be used to resolve any of the following concerns:

- questions about ongoing medical issues or treatment recommendations
- request for certain diagnostic testing
- appropriateness of one facility over another
- any general clinical disagreement

8. DMHS has established protocols to insure that physicians at state psychiatric hospitals make these contacts in a timely manner whenever they have medical questions or concerns about the referral, so that these can be resolved by direct physician to physician communication.

9. Although requests from state psychiatric hospital physicians for additional or follow-up diagnostic/medical interventions or consultations shall be considered, referring physicians shall make the final determination as to their need.

10. Assigned staff at the state psychiatric hospitals, including an Administrator-On-Call (AOC) and a physician administrator, can be contacted whenever there is a further need to resolve issues during the referral process. Please refer to the contact information for AOC for administrative issues, and physician administrator for clinical issues.