Policy and Procedure for Hospital Transfer and Guest Return

When a guest is being transported to a hospital via emergency services for psychiatric or medical evaluation and/or treatment, the Center staff provides emergency personnel with a face sheet which is printed from HMIS with basic demographic information. In the event that there is significant concern, the Center Director, Coordinator for Program Services, or the Nurse on duty will provide additional written information, request for treatment and/or conditions for readmission to the Center. Additionally, one of the aforementioned persons may also place a phone call to the hospital emergency department or PESP for further reinforcement of any special accommodations. The hospitals are aware that they must contact Center staff prior to discharge from the hospital. It is at this time that there are discussions regarding an individual’s ability to return to the Center in a safe and appropriate manner. Guest must return with discharge papers which are reviewed by the Nurse and/or Center Director/Coordinator for Program Services. Anyone who returns AMA (Against Medical Advice) is returned to the hospital for proper discharge. Individuals who refuse care that is recommended while at the hospital that may impact on their functioning at the Center may be refused re-admission. In the event that a guest has an illness that is communicable the hospital is asked to clear that individual in writing prior to readmission.

New Referrals Procedure

A Referral Form must be completed by the referring agency and sent to Center prior to arrival. Referral entities are informed that completion of this referral does not guarantee that they will secure a shelter bed. The referral is reviewed by the Shelter Manager and Shelter Program Manager for admission. If there are medical concerns the nurse on duty is consulted. If there are psychiatric/forensic concerns then the Coordinator for Program Services and/or Center Director are consulted. At this time the Shelter manager looks up the individual’s criminal justice history that is public information which is reviewed by clinical staff. There is a disposition sheet which is signed off by those Administrators/Managers that participate in consultation and in the decision making process.