

SECTION - ADMINISTRATION  
ADMINISTRATIVE DIRECTIVE NO. 592  
(Replaces A.D. No. 592 dated 4/13/06)

Effective Date: May 10, 2007

**SUBJECT: MIDNIGHT CENSUS REPORT**

I. PURPOSE

To provide a method of tracking the current location and movement of Individuals served at Coalinga State Hospital (CSH).

II. AUTHORITY

Department of Mental Health (DMH), Special Orders 212.02, 227.07 and 242.01.

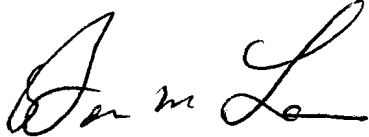
III. POLICY

It is the policy of CSH to accurately maintain the current location and all movement of Individuals. All movement (admission, discharges, transfers to outside facilities, transfers within our facility, and court leaves) shall be verified and documented.

IV. METHOD

- A. Individuals are assigned specific beds on specific units at the time of admission.
- B. Each unit will report any and all changes that occur during the 24 hour period from midnight to midnight to the Communications Center by 12:30 a.m.
- C. All Individual movement will be reviewed and verified for accuracy.
  - 1. Complete movement sheet at midnight.
  - 2. Show all changes from previous days report.
- D. After the midnight movement sheet is completed, signed, and reviewed by the unit shift lead or designee, it is then faxed to the Communications Center.
  - 1. Fax completed report to the Communications Center at fax number 7383 by 12:30 a.m.
  - 2. Midnight movement sheets are collected and verified by cross checking.
  - 3. If errors are found on the Midnight Census, the Communications Center will contact the unit in question and document contacts on the midnight movement sheet.

4. After the problem is solved, the Communications Center will reflect the changes on the Midnight Census sheet and fax to HIMD (6848) not later than 0300 hours.
5. Verify the Individual's name, hospital number, unit exiting, unit admitted into.
6. HIMD will enter the movement into the Admissions Discharge and Transfer (ADT) system.
7. HIMD will run the Midnight Census, copy and distribute.



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BEN MCLAIN  
Executive Director (Acting)

Attachment – Midnight Movement and Census Form (CSH 052)

**MIDNIGHT MOVEMENT AND CENSUS SHEET**

Fax to the Comm. Center (7383) no later than 0030 hrs (1230am)

PROGRAM: \_\_\_\_\_ UNIT: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**Individuals that have arrived since previous midnight census count.**

Individuals Name	CO#	Bed #	Arrival Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Individuals that have departed and not returned as of midnight this day.**

Individuals Name	CO#	Bed #	Departure Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Unit Bed moves: ALL BED MOVES MUST BE REPORTED ON DATE OF MOVE**

Individuals Name	CO#	From Bed #	To Bed #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Departure Codes**

- T-Transferred out to other state hospital
- T/U- Transferred to other unit
- D- Death
- D/C-Discharged
- C/L-Court Leave

**Arrival Codes**

- C/RTN – Court Return
- MED/RTN – Return from hospital
- DA – Direct Admit
- TR – Transfer from other state hospital

Maintain original on unit                      Actual Current Census @ Midnight \_\_\_\_\_

**Verified by:** \_\_\_\_\_ **(Comm. Operator)**

Verification by Comm. Center should be completed by 0300 hrs then faxed to HIMD @ 6848.