

**SECTION - SUPPORTIVE SERVICES
ADMINISTRATIVE DIRECTIVE NO. 614
(Replaces A.D. No. 614 dated 5/11/06)**

Effective Date: May 10, 2007

SUBJECT: INDIVIDUAL ADMISSIONS AND RECEPTION

I. PURPOSE

The Admission Suite functions primarily to provide the appropriate medical/nursing process to the incoming Individual and to assure that the Individual is here legally and accompanied by the necessary required documents.

II. AUTHORITY

California Code of Regulations, Title 22, Section 71517, 73503, and 73517; California Department of Corrections and Rehabilitation (CDCR)/Department of Mental Health (DMH) Memorandum of Understanding (MOU); Title 15, Section 1206 (n); COBRA/ Health & Safety Code Section 1317; Penal Code Section 2684; and Welfare & Institutions Code Section 6600.

III. POLICY

The Admission Suite is provided to receive all Individuals placed at the hospital. The operational procedures for this area are coordinated by the Medical Director or designated Program Director.

Admission suite hours:

- A. Normal Hours – 0800-1500 hours, Monday through Friday.
- B. Unusual Hours – Subject to opening when required.

IV. METHOD

- A. Processing of each new Individual will be under the direction of the Admission Suite Staff. The Admission Suite Staff insures that suite staff complete their assigned responsibilities according to established guidelines.
- B. New admissions will be accepted by the Admissions Suite staff pursuant to one of the following:
 - 1. On an order of commitment by the Superior Court;
 - 2. By procedures outlined in an established MOU; or

3. With prior approval of the Clinical Administrator.
- C. Prior to accepting custody of an Individual to be admitted:
1. Health Information Management Department (HIMD) verifies documents verifying the order of the court or required by an established MOU (e.g., prior medical records, medical record summary, psychiatric record summary from the transferring institution, authorization of the County Mental Health Director as required, etc.) and other information required by law (e.g., medical records from jail, transfer summary from an acute care hospital) are in the possession of Coalinga State Hospital (CSH) staff.
 2. In those cases where the required documentation is not obtainable at the time of admission, the Clinical Administrator is contacted and authorizes admission of the Individuals without the required documents. When absent documentation includes medical or psychiatric records as required by law or an established MOU, the Admission Suite Staff shall inform the admitting physician that such records are not immediately available and request that an order to obtain the missing documents be written.
 3. Transporting personnel are requested to remain with the Individual to be admitted in the Admission Suite until all arrangements for the required documents are completed and the Admission Suite staff accepts custody of the Individual or until the Clinical Administrator authorizes admission of the Individual without the required documents.
- D. Case numbers assigned to new Individuals shall be provided by HIMD.
- E. As a function of the Admission Suite process, each Individual will receive the following:
1. A nursing assessment, including assessment for signs/symptoms of infectious diseases.
 2. A shower.
 3. Individual clothing.
 4. Personal Property:
 - a. Property will be stored in the Admission Suite.
 - b. Inventory shall be taken of personal possessions and searched for contraband within 48 hours.
 - c. Disposition of contraband shall be handled per A.D. No. 818.
 - d. Allowable property will be processed to the Unit.

F. The following will be completed as soon as possible after admission and are not necessarily completed in the Admission Suite:

1. A psychiatric evaluation.
2. A medical evaluation when indicated.
3. A physical examination in the Admission Suite or on the Receiving Unit.
4. A chest x-ray as required by policy.
5. An Admission Nursing Assessment.

G. New Individuals (or returning Individuals gone longer than 30 days):

1. All new Individuals will be photographed and fingerprinted before leaving the Admission Suite.
2. All new admissions will be assigned to a Receiving Unit and to a unit team. Exception: Individuals requiring intensive medical care may be admitted directly to the Acute Unit.

H. Returnees (Individuals gone less than 30 days):

1. All Individuals returning from court, community hospitals, etc., and meeting the criteria of a returnee will be assigned to their home unit or/program as space permits. When no openings exist on their home program they will be assigned to a Receiving Unit until space permits return to their home unit or program. Individuals returning from community hospital stays shall have their medical condition evaluated for possible admission to the Acute Unit.
2. A fully constructed patient record will accompany the Individual to his assigned unit. This includes all legal documents and medical records accompanying the Individual.

V. NURSING SERVICE DUTIES

The Admission Suite Registered Nurse will complete an initial Nursing Assessment on all Individuals admitted to the facility. They will also write an Admission Interdisciplinary Note and will document significant findings. Vital signs will be measured and recorded. The Individual will be visually inspected for acute injury and parasitic infections. TB screening, including chest x-ray, is performed in accordance with written admission TB screening procedures. Appropriate treatment will be initiated after receiving a physician's order. Each Individual is provided a shower and clean khaki clothing.

VI. PSYCHIATRIC EVALUATION

- A. A brief mental status examination of the Individual shall be completed by the assigned psychiatrist in the admission suite and recorded within 24 hours of admission.
1. This brief admission examination shall include a mental status assessment sufficient to ascertain the Individual's level of illness on admission.
 2. The examination shall result in an "Admission/Preliminary Treatment Plan Note" which is labeled and entered on the Physicians' Progress Notes.
 3. The Admission/Preliminary Treatment Plan Note shall include at least the following:
 - a. Identification data, including commitment status;
 - b. Notation of any psychiatric alerts such as escape risk, suicide risk, homicide risk, etc.;
 - c. Initial assessment of mental condition at time of admission, including results of mental status examination;
 - d. Admitting diagnosis and reason for choosing that diagnosis;
 - e. Initial assessment of physical conditions; and
 - f. Initial treatment recommendations and plans, including medications and treatments.
 4. The Admission/Preliminary Treatment Plan Note shall be dated and timed.
 5. The Admission/Preliminary Treatment Plan Note shall be signed with full signature and title.
- B. Orders for Individual admission and any special treatments shall be entered on the Physician Order Sheet.

VII. MEDICAL EVALUATION

A. Response and Availability:

During normal working hours, history and physical examinations are provided by medical physicians or nurse practitioners and are completed within 24 hours of admission or sooner, as indicated. During weekends and after regular hours, the Medical Officer of the Day (MOD) will respond to the Admission Suite or Receiving Unit within one hour of routine admission of an Individual. Should the Admission Suite or Receiving Unit staff indicate the Individual's general condition or behavior warrants immediate response, the MOD will comply and evaluate the Individual. Any MOD unable to comply with the above will notify the next available administrative superior.

B. Intent:

1. Recognition of significant illness relating to the life or well-being of the Individual.
2. Recognition of infectious disease that may place other Individuals and staff at risk.
3. Legal protection of the hospital.

C. Format:

1. Examining Practitioner (Physician (M.D.) or Nurse Practitioner (NP)) will:
 - a. Review previous medical records sent with the Individual.
 - b. Review preliminary nursing findings obtained by nursing personnel in the Admission Suite (vital signs, identified c/o).
 - c. Interview the Individual for pertinent past medical history, family history, polysubstance use/abuse, and review of systems.
 - d. Perform a complete physical examination (completed in the Medical Clinic within 24 hours of admission):
 - i. In the event that the Individual is unable/unwilling to cooperate with the physical exam and there is no indication that urgent medical need exists, the examination will be deferred until the Individual is cooperative.
 - ii. The Individual's ability to cooperate with the history and physical exam will be reviewed and documented on a daily basis.

- iii. Appropriate infection control procedures shall be implemented immediately upon identification of the presence of suspicion of communicable disease.
- e. Enter appropriate documentation in the Physician's Progress Notes.
- f. Enter necessary orders for treatment on the Physician's Order Form.
- g. History and physical examination and orders for treatment by nurse practitioners will be reviewed and cosigned by a medical physician within 24 hours.

VIII. NOTIFICATION AND INFORMATION DISSEMINATION

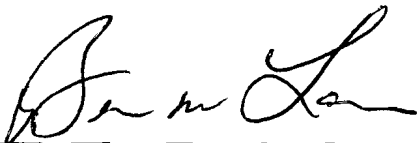
- A. Material needing imprinting and available from the storeroom will be requisitioned by Admission Suite staff. Departments requesting to receive other imprinted materials shall supply those blank materials to the Admission Suite.
- B. Approved material will be imprinted with the addressograph plate of each new Individual.
- C. The imprinted material will be placed in the unit record or routed to the appropriate office.
- D. A copy of the official documents authorizing the Individual's placement shall be delivered directly to HIMD, Statistics Section.

IX. PATIENTS' RIGHTS

Notification of Patients' Rights shall be the responsibility of the receiving treatment unit. Individuals shall be advised of their rights according to Title 22 and 9 of the California Administrative Code, and such notification shall be recorded in the Individual's medical record. If Individuals do not already have a copy of their commitment order when such an order exists, they will be given a copy by the receiving unit staff.

X. ADVANCE DIRECTIVES

The existence or absence of valid advance directives shall be determined at the time of admission to the hospital following the procedures outlined in A.D. No. 564. The results of such determination shall be recorded in the Individual's Clinical Record.



BEN MCLAIN
Executive Director (Acting)

Cross Reference(s):

A.D. No. 564 Advanced Directives

A.D. No. 624 Individuals' Mail and Packages

A.D. No. 818 Contraband