

# PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - SECURITY  
ADMINISTRATIVE DIRECTIVE NO. 850  
(Replaces AD dated 9/15/2005)

Effective Date: August 10, 2006

## SUBJECT: INTERHOSPITAL INDIVIDUAL TRANSFERS

### I. PURPOSE

To define inter-hospital referral criteria, review process and transfer procedures.

### II. AUTHORITY

This policy is consistent with the provisions of Department of Mental Health Special Order No. 607.

### III. POLICY

All individuals at Coalinga State Hospital (CSH) being considered for transfer to other State Hospitals must undergo an assessment of danger to self and others, assault history, and escape risk to determine whether or not they can appropriately be placed in another hospital without danger to the public.

### IV. METHOD

All CSH Individuals shall be evaluated by the Hospital Transfer Coordinator in consultation with their assigned Wellness and Recovery Team for suitability of transfer to a hospital closest to their homes, families and/or support systems.

#### A. Basic considerations for transfer will be as follows:

1. Individual's treatment needs,
2. Individual's risk of escape,
3. Individual's danger potential to the community should he escape,
4. Presence or absence of a correctional hold, and,
5. Individual's county of commitment.

# PATIENT RESTRICTED

- B. Other specific criteria may be developed between hospitals to meet changing treatment milieu/administrative directives of the Department of Mental Health or CSH. Transfer criteria will vary by legal commitment and each receiving hospital.

## V. HOSPITAL TRANSFER COORDINATOR (HTC)

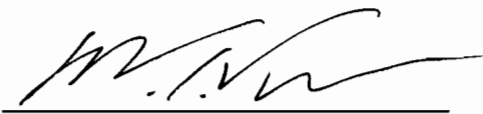
- A. The HTC completes a review of all potential transfers.
- B. The HTC will contact the unit treatment staff and will review all clinical/legal charts (information according to established protocol) which varies with each proposed receiving hospital. After the appropriate supporting documentation is reviewed and copied, the HTC will prepare a cover memo and forward the referral packet to the proposed receiving hospital for review and disposition.
- C. If the referral is denied by the other hospital, the HTC will obtain a written explanation for the denial. The HTC will review the denial with the appropriate program management and the unit social worker. The Social Worker will review the denial with the individual.
- D. If the referral is approved by both the HTC and the other hospital, the HTC will notify the unit social worker and nursing staff who will in turn notify the Wellness and Recovery Team and the individual, as clinically appropriate.
  - 1. When notified of a planned transfer, the treating psychiatrist will dictate a "Recommended Continuing Care Plan (RCCP)" staffing document. This report will address and assess the following:
    - a. Reason for the transfer,
    - b. Factors of being an escape risk,
    - c. Factors of being a danger to the public,
    - d. Treatment benefits related to the proposed transfer, and,
    - e. Any criteria for extension and the appropriate time frames for extension application as determined by the receiving state hospital. This document should reflect input from each member of the Interdisciplinary Team.
  - 2. Upon completion of the RCCP by the Health Information Department (HIMD) Transcription Center, the document is forwarded to Legal/DSL Section of HIMD who will forward it to the treating psychiatrist for signature. After signing, the treating psychiatrist will return the RCCP to the Legal/DSL Section, where it will be recorded and routed to the Medical Director for review and signature.

# PATIENT RESTRICTED

- E. The HTC will contact the receiving hospital and arrange for individual transportation provided by the Department of Corrections and Rehabilitation to the other hospital, as soon as is possible, or as bed space needs dictate.
- F. The HTC will notify HIMD, Police Services, unit nursing staff, non-nursing clinical staff, the treating psychiatrist and assigned program management of all scheduled transfer dates as promptly as possible once the date has been established.
- G. The HTC will prepare a confirming memo addressing all administrative and clinical transfers. This is distributed to the Clinical Administrator and the HTC supervisor.

## VI. EXCEPTIONS

- A. Temporary transfers or housing at other state hospitals for court hearings or medical treatments.
- B. Permanent transfers to other state hospitals that are coordinated while the individual is on court leave and housed in county jail or another state hospital.
- C. Developmentally disabled, if not court ordered to CSH (inter-department agreement).



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Executive Director