

Follow up about HIPAA questions at UNITY

Inbox x

Kathy SHUMATE <kathy.shumate@multco.us>

Jun 27 (8 days ago)

to me, Bill, Neal

Hi Joan - Appreciate your consult time the other day with my Unity HIPAA questions. Per your request am following up with some examples of concerns and have cc'd Bill and Neal

My questions are specific to the PES at Unity. This is a milieu setting where there are often 25-35+ patients in an open area. Patients are scattered around the unit in recliners or at fixed table/chairs around the unit (think fast-food restaurant seating). There are a few "calming rooms" available for patients to relax in (door open only) should they find the milieu to be too stimulating. Patients on NMI's may be in the PES from a few hours to a couple of days.

My concern, shared by other investigators, is that there is really no place to privately evaluate the patients were are investigating. Part of our investigation is direct assessment of the person on the NMI. We can ask staff to open a "calming room" for us to use to interview the patient. The calming rooms are small, contain one recliner and sometimes one other modular chair. I do not always feel safe utilizing one of these rooms. They are small, they are in a dimly lit part of the large milieu, staff are very busy monitoring the entire milieu, the nature of our role with a patient who is being held involuntarily may place us at odds with a patient's wishes and leave us in an unsafe situation. Given the lack of private interview space options, I try to find a less busy part of the room to use for speaking with patients.

A few weeks ago I saw a young woman on the PES. The psychiatrist, SW and I all met with her together. The assessment/interview took place in the open milieu at one of the fixed table/chairs that seated the 4 of us. The TV for the unit was in close proximity, other patients were walking around throughout our assessment with her. There was some concern that the patient had been sexually assaulted prior to admission. The setting was not at all conducive to an appropriate evaluation, the patient had no privacy in this setting, and the interview was limited. I regularly observe psychiatric evals happening in the open milieu. Last week I observed a psychiatrist speaking with a patient while, less than 4 feet away, a SW spoke with another patient.

As a County employees dealing with PHI, what do we do when the facility where we are evaluating people cannot provide us with appropriate space to privately assess our clients?

Unity PES

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Jun 27 (8 days ago)

to me, Bill, Neal

Hi Joan,

After I sent the first email to you, Robert Skall and I discussed another situation that he had today at Unity PES that illustrates both safety and privacy concerns

Robert went to see a patient today. All of the calming rooms were full and none available to use as a private interview area. Robert did speak to his patient in a corner of the milieu. The patient was delusional and ended up advancing toward Robert while loudly questioning if Robert had come to harm/assault him. Robert was able to move out of harms way in this instance but noted that he had to pick his way through an array of other patients in recliners who were in the immediate vicinity. Robert stated that no staff immediately responded or seemed to notice that the patient was agitated and loudly moving toward Robert. Robert stated that the milieu census was high and acute today.

Complaint discussed with Dr. Gokaldas, David Hidalgo-Services are being delivered in a setting consistent with California model visited during planning. Dr. Gokaldas continues routine meetings and will discuss use of quiet rooms for evaluations. JRice