

OREGON STATE HOSPITAL

PORTLAND – SALEM


POLICIES AND PROCEDURES

SECTION 6: Patient Care

POLICY: 6.004

SUBJECT: Medical/Surgical Care of OSH Patients

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APPROVED: 
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I. POLICY

Oregon State Hospital (OSH) shall provide, or ensure the provision of, appropriate medical treatment or consultation for its patients.

II. DEFINITIONS

- A. "Psychiatric On-Duty Physician (POD)" means the psychiatric physician assigned to provide campus-wide coverage in the absence of attending physicians.
- B. "Medical On-Duty Physician (MOD)" means the physician assigned to provide specific internal medicine coverage as backup to the POD.

III. PROCEDURES

A. Emergencies

1. OSH-Salem

Upon the order of the physician in attendance, patients with medical emergencies beyond the scope of campus facilities shall be transported to the Salem Hospital Emergency Room or other contract agency. Appropriate transportation shall be arranged by the Communications Center.

In a life-threatening medical emergency, staff shall notify Communications Center who shall arrange an emergency conference call to include "911," unit personnel, and the

Communications Center, and subsequently notify the POD, or the unit physician if during daytime hours.

2. OSH-Portland

Upon the order of the physician in attendance, the Program Nursing Supervisor at OSH-Portland shall arrange for appropriate transportation to Legacy Emanuel Hospital & Health Center Emergency Room. In a life-threatening emergency, staff shall contact "911" directly, then notify the Salem Communications Center and the OSH-Portland POD.

3. Emergencies that do not require evaluation at an outside facility are to be brought to the attention of the unit physician or POD by the nurse on duty. If necessary, the patient may be moved to the Medical Services Unit per the usual transfer procedure.

B. Medical Evaluation

1. The unit attending physician or psychiatric POD is called first to evaluate the patients with medical problems.
2. At OSH-Salem, from 7:30 a.m. to 4:30 p.m., Monday through Friday, the Clinic or Medical Services physician is available to assist in the treatment of the patient.
3. As outlined in the Medical Department Policy 8.001 (On-Duty Physician), staff should contact the POD for medical emergencies when the Medical Clinic is closed. The POD shall assess the situation and may refer the call to the MOD. The MOD shall also be available for consultation with the OSH-Portland POD.
4. Transfers to other hospitals shall be accompanied by the following information:
 - a. A photocopy or printout of the face sheet;
 - b. The most recent medical review;
 - c. Recent pertinent laboratory work;
 - d. Completed hospital transfer forms filled out by the physician and nurse;
 - e. Completed billing authorization form.

- f. A case summary updated to include the most recent problems and treatment or recent progress notes should be sent with the patient, or as soon as possible thereafter in an emergency;
- g. Copies of medical and psychiatric Advance Directives and the Physician Orders for Life-Sustaining Treatment (POLST) form;
- h. All referrals of OSH patients to an outside facility shall be accompanied by a phone call from the OSH physician or POD to the Medical Emergency Room physician or triage nurse. Pertinent medical and psychiatric information should be communicated. This should include the name and phone number of the unit physician and the patient's unit.

C. Continuity of Care

- 1. The physician in charge of the Medical Clinic or designee shall be informed of all transfers between OSH and general hospitals.
 - a. Telephone contact between the patient's primary physician at the hospital of transfer and the treating physician at OSH shall be maintained for purposes of continuity of care, including both psychiatric and medical needs, and in order to allow the timely return of the patient to OSH. Patients transferred for medical treatment who are not discharged from OSH and who will return to OSH following the medical treatment must be followed regarding their ongoing psychiatric needs.
 - b. Additional security at the receiving hospital shall be provided by OSH staff. The number of staff shall be assigned from the program of origin as determined by the Program Director and the receiving hospital.
 - c. Forensic patients transferred for emergency care will always require security staffing during their stay in the hospital.
- 2. All patients returning from an outside hospital/Emergency Room shall be seen face-to-face by their attending psychiatrist (or POD) within eight (8) hours after their return to OSH. Nursing shall notify the psychiatrist (or POD) of the patient's return.

D. Contracts

1. All contracts or letters of agreement between OSH and other healthcare organizations providing medical treatment to OSH patients must include in the Statement of Work specific quality assurance performance standards in addition to the medical treatment services to be provided.

These quality assurance performance standards must include:

- a. Requirement that the healthcare organization maintains accreditation by the Joint Commission (hospitals only).
 - b. Requirement that the healthcare organization maintains certification and licensure as required by the state and federal governments.
 - c. Continuity of care performance standards as jointly determined by OSH and the outside medical provider.
2. Contracts and letters of agreement for medical services will not be approved unless these performance monitors are included in the Statement of Work.

E. Voluntary Patients

1. Under normal circumstances, voluntary patients transferred to other facilities for inpatient services shall be discharged from OSH at the time of transfer. OSH shall assume no financial responsibility for care rendered subsequent to transfer. Exceptions to this policy may occur only after specific approval of the Superintendent or designee. Possible exceptions include:
 - a. When such inpatient service is for diagnostic reasons related to patient's admission to OSH.
 - b. When the patient has been admitted by a guardian.
 - c. When such inpatient service is required as a result of accident or injury which occurred to patient while in residence at OSH.
 - d. When such inpatient service is required as a result of an incident occurring at OSH for which potential liability might occur as a result of legal action.

- e. Unusual circumstances where patient's health or safety could be endangered if such financial responsibility were not assumed.

IV. REFERENCES

Oregon State Hospital Medical Department Manual Policy 8.001, On-Duty Physician

Oregon State Hospital Nursing Service Department Manual – Procedure: Transfer, of Patient to Acute Care Hospital
ORS 179.505 (2), (4), and (4a)

Replaces Oregon State Hospital Policy and Procedure 6.004, *Somatic Medical and Surgical Care of Patients*, dated 4/22/2009.