

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 1/8/2016	NUMBER: I-70.2
	Replaces: 12/11/2014	
	Reviewed: 10/15 Formulated: 10/02	Page 1 of 2
CONSENT FOR ADMISSION TO INPATIENT PSYCHIATRIC CARE		

POLICY: In order to ensure due process and the philosophy of least restrictive environment, guidelines are established to govern the voluntary and involuntary admission process. Under no circumstances should potentially life-saving medically necessary treatment be delayed or withheld due to a patient's unwillingness to voluntarily consent to admission to an inpatient psychiatric facility.

PROCEDURE:

- I. Documentation of voluntary or involuntary admission to a psychiatric inpatient facility must be in place as soon as possible but no later than 3 working days after admission to inpatient care, excluding crisis management and diagnostic and evaluation (D&E).
- II. Offenders are admitted to psychiatric inpatient care by order of a psychiatrist or psychiatric mid-level practitioner. Offenders who agree to the admission will indicate their voluntary consent by signing the Voluntary Approval of Admission to Psychiatric Inpatient Facility form (HSP-16) (see Attachment A).

Patients who voluntarily consent to inpatient admission should be informed that a consent to admission does not imply voluntary consent to treatment, and that their voluntary consent to admission may be withdrawn at any time. Patients who are psychotic or otherwise acutely or chronically impaired may not be capable of giving informed consent to inpatient admission, and should therefore be admitted under the involuntary admission process outlined below.

- III. The process for all offenders who refuse voluntary admission to inpatient care is as follows:
 - A. Refusal of voluntary admission is documented and witnessed by medical or mental health staff on the Voluntary Admission to a Psychiatric Inpatient Facility form.

The treating psychiatrist/psychiatric mid-level practitioner writes an order to begin the involuntary admission or Vitek proceeding and completes the Brief Case History section of the Psychiatric Involuntary Admission form (HSP-17) (see Attachment B).
 - B. The forms and relevant health record documentation are forwarded to a designated clinician who will serve as Patient Advocate.

The Patient Advocate, in consultation with the Clinical Director or designee, schedules a date for a formal hearing.

The Patient Advocate will complete the Patient Notification form (HSP-18) and notifies the patient of the date of the hearing and of his or her rights at the hearing.

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The Patient Advocate may advise the patient concerning the wisdom of agreeing to or resisting efforts to be admitted to the inpatient facility. If the offender expresses a desire to avoid inpatient treatment, the Patient Advocate has the duty to use all reasonable efforts to advocate the offender's right to avoid the inpatient treatment without regard to the Patient Advocate's personal view.

The Patient Advocate will document all proceedings and discussions with the patient in the health record.

- C. The Clinical Director or designee (who must be a physician) conducts a formal hearing no earlier than 24 hours after offender notification. The hearing is to include the offender, the Clinical Director or designee, the treating psychiatrist or mid-level practitioner and the Patient Advocate. The presiding physician may also include any additional clinicians deemed to have relevant information regarding the offender's need for psychiatric treatment.

The patient has the right to speak at the hearing, present witnesses on his or her behalf and to confront and cross-examine witnesses called by the treating psychiatrist or Clinical Director.

The proceeding will be documented on the Psychiatric Involuntary Admission Review (HSP-17) (see Attachment C).

- D. The Clinical Director or designee will make a determination to either admit the offender to inpatient care or to return the offender to his or her unit of assignment. The justification for the determination is documented on the Psychiatric Involuntary Admission Review form.
- E. If an offender refuses voluntary admission and is not admitted involuntarily following the hearing, the treating psychiatrist/mid-level practitioner will immediately initiate discharge procedures. The discharge summary should include plans for outpatient treatment and follow-up.

- IV. All forms are filed in the inpatient health record.