

Revisions 2020-05-27

Champlain Regional Mental Health Patient Flow Process & Procedure

Management of Mental Health Acute, High Risk Patients

OBJECTIVE:

To ensure access to care for mental health patients across the Champlain Region by enabling a rapid transfer for acute emergent needs and the ability to recover in the most appropriate hospital setting.

GUIDING PRINCIPLES:

COVID-19 pandemic is expected to strain health care resources. There has been a government directive to ramp down non emergent activity and elective surgeries.

There is significant risk of in-hospital virus infection posed to psychiatric inpatients, thus the risk of admission needs to be weighed against the risk admission presents for the spread of virus within the psychiatric unit, hospital, health care workers and community. Patients should only be admitted to hospital when they require the specific resources of an inpatient unit, beyond the risk that admission provides. Best efforts should be made to maximize outpatient care to support the patient in the community.

The process for mental health patient flow for transfer is based on the following principles:

- All Champlain hospitals will work collaboratively to meet our obligation to provide care to our community.
- We will maintain access to critical and specialized care.
- Communication between the health care providers regarding clinical management of the patient is mandatory for high quality clinical care.
- A receiving hospital will accept patients even if they weren't the initial originating hospital or that it is closest to home.
- Transfer can occur seven days per week between the hours of 0800 and 2200. Patients to be managed in place outside these hours.
- Telephone Clinical Consultation will be provided by the Community Hospital's assigned Schedule 1 Hospital on-call psychiatrist from 2200 to 0800
- Transfer between facilities are timely and nimble.
- These transfer guidelines do not replace communication between potential sending and receiving physicians.
- Transfer guidelines will be subject to change and will depend heavily on the surge status of both sending and receiving hospitals.
- Transfer of patients must be congruent with the inclusion and exclusion criteria set out in the triage admission criteria.
- This guidance document is based on three key elements:
 - Medical clearance of the patient, including review of COVID-19 status, prior to transfer
 - Mental health Schedule 1 hospital admission criteria (Inclusion /exclusion)
 - The need for specific specialized treatments unavailable in smaller hospitals

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The **Champlain Regional Triage Coordinator** will direct these patients to one of the following Schedule 1 Hospitals based on resources and occupancy reported in the regional patient flow dashboard for each Schedule 1 Hospital.

When occupancy pressures increase, we will need to include an ethical discussion on who to accept.

Transfer in to Mental Health Schedule 1 Hospital:

Mental Health Acute Care will be provided at the following designated **Schedule 1 Hospitals**:

Table 1

Schedule 1 Hospitals	
Adults (Equal to or greater than 16 years of age)	Children/Adolescents (Less than 18 years of age)
<ul style="list-style-type: none"> The Ottawa Hospital, Civic Campus The Ottawa Hospital, General Campus Queensway Carleton Hospital Hôpital Montfort Cornwall Community Hospital 	<ul style="list-style-type: none"> CHEO

Consults to Mental Health Schedule 1 Hospital for Adults and Children/Adolescents

- Adult Hospitals:** Community Hospital will call the Champlain Regional Triage Coordinator at 613-761-4442. The Champlain Regional Triage Coordinator will confirm the patient's COVID-19 status and match with an available mental health Schedule 1 Hospital bed, in accordance with the *Mental Health Transfer Process for Adults* as described below. The Champlain Regional Triage Coordinator will inform the community hospital ER physician of the chosen Adult Schedule 1 Hospital. The Champlain Regional Triage Coordinator will connect the community hospital ER physician with the chosen receiving Schedule 1 Hospital Switchboard Operator.
- CHEO:** Community Hospital will call CHEO directly via the CHEO Main Switchboard at 613-737-7600, extension 0, and ask for the On-Call Psychiatrist. The on-call psychiatrists for day and night will be available to determine if a transfer meets the criteria for Form 1 admission or to help the community hospital make a plan to keep an ineligible patient in home community.

Table 2 Mental Health Schedule 1 Hospital Admission Criteria

INCLUSION Criteria	EXCLUSION Criteria
<ul style="list-style-type: none"> Patient meets Box A criteria for a Form 1 under the Mental Health Act (MHA) Risk of harm to self or others, or risk of physical impairment is considered imminent, life-threatening, and best modified by inpatient psychiatric admission <p>Take back agreement with the sending community hospital when patient is stabilized and no longer requires services of the Schedule 1 Hospital</p>	<ul style="list-style-type: none"> Delirium Dementia Intoxication or withdrawal to alcohol +/- opioids Medically unstable Social admission (including homelessness) For CHEO, young adults with aggression

Mental Health Transfer Process for Adults

1. **ER Physician - Sending Community Hospital**

- a. Ensure patient meets admission criteria (Table 2, both inclusion and exclusion criteria)
- b. Complete the Regional Medical Clearance and Repatriation Form (Appendix A)
- c. Complete the Covid-19 Screening as per your Public Health and organizational infection prevention and control requirements to identify patient's status as *No COVID symptoms* or *Suspected/ positive COVID*. Please have this information ready for discussion with the Champlain Regional Triage Coordinator and the Schedule 1 hospital On-Call Psychiatrist.
- d. Call the Champlain Regional Triage Coordinator at 613-761-4442

2. **The Champlain Regional Triage Coordinator:**

- a. Determine if the patient is suspect or positive for COVID-19. If yes, determine if the patient has been medically cleared for care on a mental health unit (e.g. respiratory symptoms do not require acute medical management).
- b. Identify the Sending Community Hospital's assigned Schedule 1 Hospital partner (refer to Table 3)

Table 3 Schedule 1 Hospital Assigned Community Hospitals Partners

Hôpital Montfort	TOH Civic Campus	TOH General Campus	QCH
613-746-4621, ext. 0	613-798-5555, ext. 0	613-737-8899, ext.0	613-721-2000, ext.0
<ul style="list-style-type: none"> Glengarry Memorial Hospital Hawkesbury General Hospital 	<ul style="list-style-type: none"> Renfrew Victoria Hospital St. Francis Memorial Hospital Deep River & District Memorial Hospital 	<ul style="list-style-type: none"> Winchester District Memorial Hospital Pembroke Regional Hospital 	<ul style="list-style-type: none"> Almonte General Hospital Carleton Place District Memorial Hospital Arnprior Regional Health

- c. Review the patient flow dashboard to determine if the assigned Schedule 1 Hospital has:
 - An available bed, and
 - No less than the defined minimum number of remaining available beds (Table 4)

Table 4 Schedule 1 Hospital Defined Minimum Number of Available Beds

Hôpital Montfort	TOH Civic Campus	TOH General Campus	QCH
8 or more available beds	8 or more available beds	8 or more available beds	5 or more available beds

- d. If the assigned Schedule 1 Hospital does not have an available bed or has less than the defined minimum number of available beds than re-review the patient flow dashboard to identify the Schedule 1 Hospital with the greatest number of available beds.
- e. Inform the Community Hospital ER physician of the chosen Schedule 1 Hospital site.
- f. Connect the Community Hospital ER physician with the chosen receiving Schedule 1 Hospital Switchboard Operator.
- g. For any unresolved transfer discrepancies between the sending physician and the receiving psychiatrist, contact the On-Call Chief Psychiatrist via the Champlain Regional Triage Coordinator (Appendix B – for Regional Triage Centre).

3. **Switchboard Operator – Receiving Schedule 1 Hospital**

- a. Connect the Sending ER Physician with the Receiving Schedule 1 Hospital On-Call Psychiatrist.

4. **On-call Psychiatrist - Receiving Schedule 1 Hospital**

- a. Respond to the receiving Schedule 1 Hospital Switchboard Operator call
- b. Speak with the sending hospital ER physician to confirm transfer request was directed via the CRT Coordinator and discuss case
- c. Ensure patient meets admission criteria (inclusion and exclusion), Table 2
- d. Review the completed Regional Medical Clearance and Repatriation Form (Appendix A) and review COVID-19 screening status prior to acceptance of the transfer
- e. On-Call Psychiatrist may assess the validity of the Form 1 by a virtual mental health ED assessment
- f. Inform the Regional Triage Coordinator of any unresolved transfer discrepancies between the sending community hospital physician and the Schedule 1 On-Call Psychiatrist. The Regional Triage Coordinator will escalate to the On-Call Chief Psychiatrist for resolution
- g. Accept patient transfers only between **0800 and 2200** hours. Note, the expectation is for the patient transfer to arrive at the Schedule 1 Hospital site no later than 2200 hours.
- h. Inform sending ER physician of decision to accept patient transfer
- i. Notify receiving mental health inpatient unit of the pending admission

5. **Receiving Schedule 1 Hospital**

- a. Submits Request for admission to Patient flow/ Bed management for direct admission
- b. Bed management/ patient flow or the accepting unit notifies the sending hospital of the unit/bed

6. **Sending Community Hospital** arranges patient transportation

Mental Health Transfer Process for Children/Adolescents - CHEO

1. **Sending Community Hospital**

- a. Ensure patient meets admission criteria (Table 2, both Inclusion and Exclusion)
- b. Complete the Regional Medical Clearance and Repatriation Form (Appendix A)
- c. Complete the Covid-19 Screener Form in accordance with your Public Health Agency and organizational infection prevention and control requirements and have this information ready for discussion with the CHEO On-Call Psychiatrist.
- d. Call the CHEO Main Switchboard at 613-737-7600, extension 0, and ask for the On-Call Psychiatrist.

2. **On-call Psychiatrist - Receiving Schedule 1 Hospital**

- a. Responds to the community hospital emergency department physician's call
- b. Reviews patient status including:
Ensures patient meets admission criteria (inclusion and exclusion) for a Form 1 by doing a virtual assessment of patient while still in community hospital, Table 1
- c. Reviews the completed Regional Medical Clearance and Repatriation Form (Appendix A) and reviews COVID-19 screening status prior to acceptance of the transfer
- d. Accepts patient transfers only between **0800 and 2200** hours. Note, the expectation is for the patient transfer to arrive at CHEO no later than 2200 hours.
- a. Notifies CHEO mental health inpatient unit of the pending admission

3. **Receiving Schedule 1 Hospital**

- a. Bed management/ patient flow or the accepting unit notifies the psychiatrist of the unit and bed and psychiatrist communicates that information to the community hospital

4. **Sending Community Hospital** arranges patient transportation

AFTER HOURS CONSULTATION PROCESS – for Adult Patients

Referrals must arrive at the Schedule 1 Hospital by 2200 hours. For later referrals, please call the next day at 0800 hours using the above *Mental Health Transfer Process for Adults*.

If urgent support is required, the psychiatrists will provide Community Hospitals with telephone support for Adults from 2200 to 0800 hours, seven days per week.

1. The sending community hospital ED physician contacts their own hospital switchboard
2. The sending site switchboard contacts the Schedule 1 Assigned Consultation Hospital switchboard operator (Table 3) with request to page the on-call psychiatrist (TOH = PES psychiatrist).
3. The receiving (Schedule 1 Assigned Consultation Hospital) switchboard operator will contact the on-call psychiatrist (TOH = PES psychiatrist)

Table 3 Schedule 1 Consultation Hospital Assignments of Community Hospitals

Hôpital Montfort	TOH Civic Campus	TOH General Campus	QCH
613-746-4621, ext. 0	613-798-5555, ext. 0	613-737-8899, ext.0	613-721-2000, ext.0
<ul style="list-style-type: none"> Glengarry Memorial Hospital Hawkesbury General Hospital 	<ul style="list-style-type: none"> Renfrew Victoria Hospital St. Francis Memorial Hospital Deep River & District Memorial Hospital 	<ul style="list-style-type: none"> Winchester District Memorial Hospital Pembroke Regional Hospital 	<ul style="list-style-type: none"> Almonte General Hospital Carleton Place District Memorial Hospital Arnprior Regional Health

AFTER HOURS CONSULTATION PROCESS – for Children / Adolescents - CHEO

Referrals must arrive at the Schedule 1 Hospital by 2200 hours. For later referrals, please call the next day at 0800 hours using the above *Mental Health Transfer Process for Children / Adolescents*.

If urgent support is required, CHEO will provide the Community Hospitals with telephone consultation support for Children / Adolescents from 2200 to 0800 hours, seven days per week.

1. The sending community hospital ED physician contacts their own hospital switchboard
2. The sending site switchboard calls the CHEO Main Switchboard Operator at 613-737-7600, extension 0 with request to page the on-call psychiatrist.
3. The CHEO switchboard operator will contact the on-call psychiatrist

ESCALATION MODEL

The Sending community hospital ED physician can escalate any unresolved transfer discrepancies, **between the hours of 0800 and 2200 hours, seven days per week** as follows:

Level 1 Escalation:

- Call the Champlain Regional Triage Coordinator at 613-761-4442.
- Inform the Champlain Regional Triage Coordinator that you have an unresolved transfer discrepancy that requires escalation to the **On-Call Chief Psychiatrist**
- The Regional Triage Coordinator will escalate to the On-Call Chief Psychiatrist for resolution.

Level 2 Escalation: If the Sending community hospital **ED Physician** requires further escalation:

- The sending community hospital ED physician contacts and informs their Chief of Staff
- The sending community hospital Chief of Staff contacts the Chief of Staff of the receiving Schedule 1 Hospital with aim to resolve the issue.

Level 3 Escalation: If the Sending community hospital **Chief of Staff** requires further escalation:

- The Sending hospital Chief of Staff contacts and informs their CEO
- The Sending hospital CEO contacts the CEO of the receiving Schedule 1 Hospital with aim to resolve the issue.

Sending Community Hospital Communication with Patients and Families

It is important to discuss transfers with patients and families, so they can be transferred as soon as they are medically stable, and that the hospital can provide the care they require.

It is also important that all team members provide the same message to patients and families.

Admitted patients and their families need to be made aware of current hospital policy:

- **no** off-ward privileges
- **no** leaves of absence
- **no** visitors on adult units; CHEO allows one non-infected parent per visit

Appendix A: Regional Medical Clearance and Repatriation Form



REGIONAL MEDICAL CLEARANCE & REPATRIATION FORM

****Mental Health Patients ONLY****

FAX NUMBERS:

Cornwall **613-938-5551**
Deep River & District Memorial Hospital 613-584-1599
Pembroke Regional Hospital 613-732-6351
Renfrew Victoria Hospital 613-432-5293
St. Francis Memorial Hospital 613-756-5997
TOH- PES General Campus 613-739-6149
TOH- PES Civic Campus 613-761-5270
Winchester District Memorial Hospital 613-774-6853

MD contact information

Phone: _____

Fax: _____

Patient has a permanent address in Ontario? ☐ Yes ☐ No
Known history in mental health? ☐ Yes ☐ No

Is patient voluntary? ☐ Yes ☐ No

If certified, are you sending the original of the form 1? ☐ Yes ☐ No

HEALTH ASSESSMENT

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is the patient alert and oriented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are there any signs of psychosis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any problems with violence or aggression? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please provide details:

Vital signs:

Blood pressure:

Heart
rate:

SAT:

Temperature
:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Abnormal physical exam (<i>a physical exam must be done</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. New physical complaint(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. History of active or chronic medical illness needing evaluations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Evidence of intoxication or withdrawal or know history of substance abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Altered level of consciousness or fluctuating mental status | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Suspicion of pregnancy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to any of the above questions, indicate which of the investigation are required. The investigations required must be completed before the transfer. Abnormal results must be discussed with the physician who accepts the transfer.

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> CBC | <input type="checkbox"/> ASA |
| <input type="checkbox"/> Electrolytes | <input type="checkbox"/> Acet. |
| <input type="checkbox"/> Urea | <input type="checkbox"/> Urine Toxicology |
| <input type="checkbox"/> Creatinine | <input type="checkbox"/> ECG |
| <input type="checkbox"/> ETOH | <input type="checkbox"/> Diagnostic imaging |

Other: _____

Patient's medical condition is sufficiently stable for inter-hospital transfer ☐ Yes ☐ No

Treatments done in the ED & Additional Comments _____

Ongoing treatments needs _____

I accept that the patient is returned if necessary when the mental health of the patient is stabilized. If a patient requires a repatriation, a request will be made through CitiCall.

Please ensure the following:

Patient's belongings must accompany patient (identification, house keys and appropriate clothing for weather)

PHYSICIAN SIGNATURE: _____

PRINTED NAME: _____

DATE: _____ TIME: _____

Appendix B: Champlain Regional Mental Health Patient Flow Process

