

**Inpatient Discharge Policy**

**PURPOSE:**

To discharge patients from Aspen Springs Psychiatric Hospital (ASPH) in compliance with OAR 333-505-0055.

**POLICY:**

Oregon Laws 2017 (ORS 441.196; ORS 441.198) mandate that hospitals providing mental health treatment adopt and implement a policy for the discharge of a patient who presented with a behavioral health crisis. The hospital’s policy must be publicly available to the patients and their lay caregiver(s).

**DEFINITIONS:**

 **Lay Caregiver:** an individual designated by the patient or a parent or legal guardian of the patient to the extent permitted under ORS 109.640 and ORS 109.675.

**Behavioral Health Crisis:** a disruption in an individual’s mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual’s mental or physical health (ORS 441.053).

**Lethal Means Counseling:** Counseling strategies designed to reduce the access by a patient who is at risk of suicide for suicide by lethal means, including but not limited to firearms (OAR 836-053-1403).

**Caring Contacts:** Brief communications between the patient and a community provider to successfully transition the patient to outpatient services. The provider can be a behavioral health clinician, peer support specialist, peer wellness specialist, family support specialist or youth support specialist. A provider may also be a hotline crisis counselor supervised by or working under the direction of a clinician. Peer support, peer wellness, family support and youth support specialists are person certified by the Oregon Health Authority (OHA), Health Systems Division who provide supportive services to persons receiving mental health or addiction treatment.

**PROCEDURES:**

ASPH will implement the following discharge policy requirement:

* Encourage patient to sign authorization form and identify lay caregiver to participate in discharge planning;
* Provide information on benefits of involving lay caregiver and disclosing health information and limits to disclosure;
* Patient long-term needs assessment;
* Care coordination including transitioning to outpatient treatment that includes one or more of the following: community-based providers,

peer support, lay caregivers or others who can implement the patient’s plan of care;

* Schedule follow-up appointment within 7 days of discharge. If a follow-up appointment cannot be scheduled within 7 days, document why;
* Conduct post discharge phone contact within 7 days of discharge;
* Patient risk assessment and if indicated development of a safety plan and lethal means counseling;
* ***Caring contacts will be attempted within 48 hours of discharge*** from the hospital if a patient has attempted suicide or experienced suicidal ideation.
	+ Caring contacts can be facilitated through a contract with a qualified community based behavioral health provider or through a suicide prevention hotline;
	+ A caring contact may be conducted in person, via telemedicine or by phone