

To: Chiefs of Staff at NSM LHIN Hospitals and West Parry Sound Health Centre
CC: Waypoint Central Intake, RVH Bed Allocation, Managers/Directors Acute Inpatient MH
Re: Medical Assessment and Stability Documentation
Date: March 6, 2017

The **Chiefs of Psychiatry** have been working with the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) **Clinical Services Integration Implementation workgroup (CSI2)** toward a more integrated system of acute mental healthcare which is better coordinated with the larger system of health services.

As part of the work, we have been reviewing the requirements and documentation for medical assessment and stability for admission to Schedule 1 hospitals in NSM LHIN. We heard from emergency departments that requirements at each Schedule 1 facility are not always clear which at times causes delays in transferring patients from emergency departments to inpatient mental health sites. In addition, to improve consistency of documentation it was recommended that a checklist format be developed to replace the current narrative form shown on page 2.

We are pleased to provide you with a new Medical Stability form that uses a checklist format (see p.3). This new form clarifies the requirements for admission at each of the inpatient mental health sites in our region. Starting on Monday April 3, 2017, only the new Medical Stability checklist form will be accepted as part of the referral package to inpatient acute mental health sites in NSM LHIN.

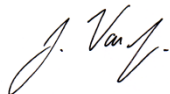
The new Medical Stability checklist will help Schedule 1 Inpatient Mental Health Units:

- To determine whether sufficient medical resources are available to safely manage any co-existing medical problems. Each Schedule 1 site has varying levels of medical support and can only admit clients that can be managed within the medical capacity that is available at that site. Because the medical supports vary between the sites, the requirements for admission are unique to each site. For example Waypoint, being a Tertiary Care hospital, has very limited medical supports, including no access to laboratory services on weekends and evenings and so Waypoint requires that lab testing is completed prior to admission.
- To use the results of the medical assessment for immediate psychiatric treatment (e.g. Lab results for liver function can serve as a baseline for prescribing antipsychotics)

We hope that the new checklist will help emergency department physicians summarize the findings from the medical assessment and document that the client is stable for transfer. We will follow up with you after 3 months of implementation (end of June 2017) to get your feedback.

We look forward to continuing our work with you as we improve the care and services for our clients.

Sincerely,



Dr. Jeff Van Impe
Psychiatrist in Chief,
Waypoint Centre for Mental
Health Care



Dr. Eric Mulder
Psychiatrist in Chief,
Royal Victoria Regional Health Centre



Dr. Marissa Rodway-Norman
Psychiatrist in Chief
Orillia Soldiers Memorial Hospital

**Waypoint/OSMH/RVH
ACUTE MENTAL HEALTH
MEDICAL CLEARANCE FORM**

Current Vital Signs: T: P: BP: RR: SpO2:

Medical Problem List and Physical Examination Findings:

Patient's Current Medications and Compliance:

Allergies:

Pertinent Lab and Test Results (bloodwork, ECG, X-ray, CT Scan etc.):

Substance Abuse History (include levels if indicated):

Medications and/or Treatment Received and Effects
(include dose and time given and/or nursing notes):

Medical Clearance Statement

I am aware that Waypoint has no emergency medical services on site. In my opinion, the above patient is medically stable and suitable for transfer to Waypoint.

Physician's name – PRINTED

Physician's signature

Medically Cleared

Date _____ Time _____

Referral Faxed

Date _____ Time _____

Accepted by Dr.

Physician's name – PRINTED

Date _____ Time _____

Revised: June 2011

MEDICAL STABILITY CHECKLIST for referrals to NSM LHIN Inpatient Mental Health

INSTRUCTIONS: Complete ALL SECTIONS of this form and send with referral documents to Schedule 1 site

If additional testing is requested, if there is disagreement on significance of findings or if there are ongoing medical issues, it is recommended that the Schedule 1 Physician contact the Emergency Department Physician to resolve concerns.

PATIENT NAME:

DOB:

HISTORY & MEDICAL EXAM

Abnormal Vital Signs Temp >38 °C; Pulse outside of 50 to 120 BPM;
RR > 24 breaths/min; BP Systolic <90 or > 200; Diastolic >120

Yes **No**

If yes, list details:

Allergies

Circle any conditions present: HTN Head Injury Dementia

CAD Seizure HX Substance abuse DM2

Other:

Required LAB INVESTIGATIONS for all patients

Abnormal results
Yes **No**

If Yes, note clinical significance

Urine Drug Screen for ALL Waypoint referrals, on request of
admitting physician for OSMH & RVH

CBC

Glucose

AST, ALT, ALP, Bili, GGT

Na, K, Cl, BUN, Creatinine

TSH

β HCG (female patients aged ~ 12-55)

Blood Alcohol Level **

**Baseline BAL required, after which BAL can be estimated based on decline of 4-7 mmol/hour

BAL admission criteria: Waypoint BAL= 0 mmol; OSMH BAL <17 mmol; RVH at the discretion of admitting physician

LAB & DIAGNOSTIC TESTING as indicated by history & physical exam

Circle any tests ordered: Urinalysis HCO₃ in cases of overdose ECG CT scan head Chest X-ray Other:

TREATMENT

Yes **No**

List of current medications **attached**

List of treatments received in ED **attached**

Results of lab & diagnostic tests **attached**

MEDICATIONS ADMINISTERED in Emergency Department (including dose and time administered)

STATEMENT OF MEDICAL STABILITY

I have examined the patient and determined that their medical condition is sufficiently stable for transfer to a Schedule 1 Psychiatric Inpatient unit.

Completed by:

Print Physician Name

Physician Signature

Date and time

