

Emergency Department Mental Health Discharge Survey Tool

	Facility	Date	Surveyor #
Tag	Standard	Hospital has a policy for (circle one)	Patient Records Reflect:
	<p>333-520-0070 Emergency Department and Emergency Services (4) Effective December 1, 2018, a hospital shall adopt, maintain and follow written policies that pertain to the release of a patient from the emergency department who is being seen for a behavioral health crisis. The policies shall include but are not limited to:</p>		
	<p>(a) A requirement to encourage the patient to designate a lay caregiver and sign an authorization form in accordance with OAR 333-505-0055(2)(b)(A); OAR 333-505-055(2)(b) For patients hospitalized for mental health treatment, a plan to:</p> <p>(A) Have a member of the patient's care team encourage the patient to designate a lay caregiver and sign an authorization form for the disclosure of information that is necessary for a lay caregiver to participate in the patient's discharge planning and to provide appropriate support to the patient following discharge as well as an explanation of:</p> <p>(i) The benefits of involving a lay caregiver including participating in the patient's discharge planning in order to provide appropriate support measures; (ii) Only the minimum information necessary will be shared; (iii) The benefits disclosing health information will have on the ability of the patient to see positive outcomes; and (iv) The ability to rescind the authorization at any time;</p> <p>Disclosure form explains: (i) The benefits of involving a lay caregiver including participating in the patient's discharge planning in order to provide appropriate support measures; (ii) Only the minimum information necessary will be shared; (iii) The benefits disclosing health information will have on the ability of the patient to see positive outcomes; and</p>	<p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Y N</p> <p>Form</p> <p>Y N</p> <p>Y N</p> <p>Y N</p>	<p>Pt# ___ - ___/___/20___, encouraged to designate caregiver by (staff member) _____ encouragement documented Y N Pt signed a disclosure of info form ___/___/20___</p> <p>Pt# ___ - ___/___/20___, encouraged to designate caregiver by (staff member) _____ encouragement documented Y N Pt signed a disclosure of info form ___/___/20___</p> <p>Pt# ___ - ___/___/20___, encouraged to designate caregiver by (staff member) _____ encouragement documented Y N Pt signed a disclosure of info form ___/___/20___</p> <p>Pt# ___ - ___/___/20___, encouraged to designate caregiver by (staff member) _____ encouragement documented Y N Pt signed a disclosure of info form ___/___/20___</p> <p>Pt# ___ - ___/___/20___, encouraged to designate caregiver by (staff member) _____ encouragement documented Y N Pt signed a disclosure of info form ___/___/20___</p>

Emergency Department Mental Health Discharge Survey Tool

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	(iv) The ability to rescind the authorization at any time;	Y N	encouragement documented Y N Pt signed a disclosure of info form ___/___/20___
	(b) A requirement to conduct a behavioral health assessment by a behavioral health clinician;	Hospital has a policy for (circle one) Y N	Pt#___ Behavioral Health assessed on ___/___/20___ BH Clinician Name _____ BH Clinician Title _____ Assessment Method _____ Pt#___ Behavioral Health assessed on ___/___/20___ BH Clinician Name _____ BH Clinician Title _____ Assessment Method _____ Pt#___ Behavioral Health assessed on ___/___/20___ BH Clinician Name _____ BH Clinician Title _____ Assessment Method _____ Pt#___ Behavioral Health assessed on ___/___/20___ BH Clinician Name _____ BH Clinician Title _____ Assessment Method _____

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			Pt#___ Behavioral Health assessed on ___/___/20___ BH Clinician Name _____ BH Clinician Title _____ Assessment Method _____
	(c) A requirement to conduct a best practices suicide risk assessment, and if indicated develop a safety plan and lethal means counseling with the patient and the designated caregiver;	Y N	Pt#___ Suicide risk assessed on ___/___/20___ Assessment Method _____ Y N safety plan indicated IF YES Y N safety plan developed with Pt Y N safety plan developed with lay caregiver Y N lethal means counseling with Pt Y N lethal means counseling with lay caregiver Pt#___ Suicide risk assessed on ___/___/20___ Assessment Method _____ Y N safety plan indicated IF YES Y N safety plan developed with Pt Y N safety plan developed with lay caregiver Y N lethal means counseling with Pt Y N lethal means counseling with lay caregiver Pt#___ Suicide risk assessed on ___/___/20___ Assessment Method _____ Y N safety plan indicated IF YES Y N safety plan developed with Pt Y N safety plan developed with lay caregiver Y N lethal means counseling with Pt Y N lethal means counseling with lay caregiver

Emergency Department Mental Health Discharge Survey Tool

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			Pt#___ Suicide risk assessed on ___/___/20___ Assessment Method _____ Y N safety plan indicated IF YES Y N safety plan developed with Pt Y N safety plan developed with lay caregiver Y N lethal means counseling with Pt Y N lethal means counseling with lay caregiver Pt#___ Suicide risk assessed on ___/___/20___ Assessment Method _____ Y N safety plan indicated IF YES Y N safety plan developed with Pt Y N safety plan developed with lay caregiver Y N lethal means counseling with Pt Y N lethal means counseling with lay caregiver
	(d) A requirement to assess the long-term needs of the patient which includes; but is not limited to: (A) The patient's need for community based services; (B) The patient's capacity for capacity for self-care; and (C) To the extent practicable, whether the patient can be properly cared for in the place where the patient resided at time the patient presented at the emergency department;	Y N Y N Y N Y N	Pt#___ long-term needs assessment includes ___ Community-based services ___ Capacity for self-care ___ Whether pt can return to prior residence ___ Other factors assessed: _____ _____ Assessment Method _____

Emergency Department Mental Health Discharge Survey Tool

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			<p>Pt#___ long-term needs assessment includes ___ Community-based services ___ Capacity for self-care ___ Whether pt can return to prior residence ___ Other factors assessed: _____ _____</p> <p>Assessment Method _____</p> <p>Pt#___ long-term needs assessment includes ___ Community-based services ___ Capacity for self-care ___ Whether pt can return to prior residence ___ Other factors assessed: _____ _____</p> <p>Assessment Method _____</p> <p>Pt#___ long-term needs assessment includes ___ Community-based services ___ Capacity for self-care ___ Whether pt can return to prior residence ___ Other factors assessed: _____ _____</p> <p>Assessment Method _____</p> <p>Pt#___ long-term needs assessment includes ___ Community-based services ___ Capacity for self-care ___ Whether pt can return to prior residence ___ Other factors assessed: _____ _____</p> <p>Assessment Method _____</p>

Emergency Department Mental Health Discharge Survey Tool

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			_____ Assessment Method _____
	<p>(e) A process to coordinate care through the deliberate organization of patient care activities which includes one or more of the following: notification to a patient's primary care provider, referral to other provider including peer support as defined in OAR 333-505-0055, follow-up after release from the emergency department, or creation and transmission of a plan of care with the patient and other provider;</p> <p>[OAR 333-505-0055(1)(d) states (d) "Peer support" means a peer support specialist, peer wellness specialist, family support specialist or youth support specialist as those terms are defined in ORS 414.025 and who are certified in accordance with OAR chapter 410, division 180.]</p>	Y N	<p>Pt#__ coordinated care & transition to outpt tx has (≥ 1) ___ notification of Pt's PCP on ___/___/20___ ___ Pt referred to other provider including peer support, other provider _____ ___ follow-up on ___/___/20___ after release from ED ___ Plan of care created & transmitted to Pt and other provider</p> <p>Pt#__ coordinated care & transition to outpt tx has (≥ 1) ___ notification of Pt's PCP on ___/___/20___ ___ Pt referred to other provider including peer support, other provider _____ ___ follow-up on ___/___/20___ after release from ED ___ Plan of care created & transmitted to Pt and other provider</p> <p>Pt#__ coordinated care & transition to outpt tx has (≥ 1) ___ notification of Pt's PCP on ___/___/20___ ___ Pt referred to other provider including peer support, other provider _____ ___ follow-up on ___/___/20___ after release from ED ___ Plan of care created & transmitted to Pt and other provider</p>

Emergency Department Mental Health Discharge Survey Tool

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			<p>Pt#__ coordinated care & transition to outpt tx has (≥ 1) ___ notification of Pt's PCP on ___/___/20___ ___ Pt referred to other provider including peer support, other provider _____ ___ follow-up on ___/___/20___ after release from ED ___ Plan of care created & transmitted to Pt and other provider</p> <p>Pt#__ coordinated care & transition to outpt tx has (≥ 1) ___ notification of Pt's PCP on ___/___/20___ ___ Pt referred to other provider including peer support, other provider _____ ___ follow-up on ___/___/20___ after release from ED ___ Plan of care created & transmitted to Pt and other provider</p>
	(f) A process for case management that includes a systematic assessment of the patient's medical, functional and psychosocial needs and may include an inventory of resources and supports recommended by a behavioral health clinician, indicated by a behavioral health assessment, and agreed upon by the patient;	Y N	<p>Pt#__ has case management provided through _____ OR Hospital provided Pt #__ has case management including: ___ systematic assessment of medical, functional and psychosocial needs Assessment Method _____ ___ inventory of resources and supports recommended by behavioral health clinician ___ indicated by behavioral health assessment ___ agreed upon by PT on ___/___/20___ ___ other assessment services provided: _____</p>

Emergency Department Mental Health Discharge Survey Tool

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			<p>Pt#__ has case management provided through _____ OR Hospital provided Pt #__ has case management including: ___ systematic assessment of medical, functional and psychosocial needs Assessment Method _____ ___ inventory of resources and supports recommended by behavioral health clinician ___ indicated by behavioral health assessment ___ agreed upon by PT on ___/___/20___ ___ other assessment services provided: _____ _____</p> <p>Pt#__ has case management provided through _____ OR Hospital provided Pt #__ has case management including: ___ systematic assessment of medical, functional and psychosocial needs Assessment Method _____ ___ inventory of resources and supports recommended by behavioral health clinician ___ indicated by behavioral health assessment ___ agreed upon by PT on ___/___/20___ ___ other assessment services provided: _____ _____</p>

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Tag	Standard	Hospital has a policy for (circle one)	Patient Records Reflect:
			<p>Pt#__ has case management provided through _____ OR Hospital provided Pt #__ has case management including: ___ systematic assessment of medical, functional and psychosocial needs Assessment Method _____ ___ inventory of resources and supports recommended by behavioral health clinician ___ indicated by behavioral health assessment ___ agreed upon by PT on ___/___/20___ ___ other assessment services provided: _____ _____</p> <p>Pt#__ has case management provided through _____ OR Hospital provided Pt #__ has case management including: ___ systematic assessment of medical, functional and psychosocial needs Assessment Method _____ ___ inventory of resources and supports recommended by behavioral health clinician ___ indicated by behavioral health assessment ___ agreed upon by PT on ___/___/20___ ___ other assessment services provided: _____ _____</p>

Emergency Department Mental Health Discharge Survey Tool

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	<p>(g) A process to arrange caring contacts between a patient and a provider or follow-up services for the patient in order to successfully transition a patient to outpatient services. For purposes of this subsection "provider" includes a behavioral health clinician, peer support specialist, peer wellness specialist, family support specialist or youth support specialist as those terms are defined in ORS 414.025 and who are certified in accordance with OAR chapter 410, division 180.</p> <p>(A) A hospital may facilitate caring contacts through contracts with a qualified community-based behavioral health provider, or through a suicide prevention hotline;</p> <p>(B) Caring contacts may be conducted in person, via telemedicine or by phone;</p> <p>(C) Caring contacts if possible must be attempted within 48 hours of release if a behavioral health clinician has determined a patient has attempted suicide or experienced suicidal ideation; and</p> <p>[ORS 414.025(3) states "Behavioral health clinician" means:</p> <ul style="list-style-type: none"> (a) A licensed psychiatrist; (b) A licensed psychologist; (c) A certified nurse practitioner with a specialty in psychiatric mental health; (d) A licensed clinical social worker; (e) A licensed professional counselor or licensed marriage and family therapist; (f) A certified clinical social work associate; (g) An intern or resident who is working under a board-approved supervisory contract in a clinical mental health field; or (h) Any other clinician whose authorized scope of practice includes mental health diagnosis and treatment. <p>ORS 414.025(20) states "Peer support specialist" means any of the following</p>	<p>Y N</p>	<p>Pt #__ has caring contacts provided by _____</p> <p>OR Hospital provided caring contacts including: ___ BH clinician, peer wellness specialist, family support specialist or youth support specialist</p> <p>Y N Evidence of provider certification</p> <p>Y N Pt att suicide or experienced suicidal ideation ___ Caring contacts attempted on ___/___/20___ - w/in 48 hours of release for suicide att / ideation</p> <p>OR ___ Hospital provided follow-up services Follow-up services _____</p> <p>Pt #__ has caring contacts provided by _____</p> <p>OR Hospital provided caring contacts including: ___ BH clinician, peer wellness specialist, family support specialist or youth support specialist</p> <p>Y N Evidence of provider certification</p> <p>Y N Pt att suicide or experienced suicidal ideation ___ Caring contacts attempted on ___/___/20___ - w/in 48 hours of release for suicide att / ideation</p> <p>OR ___ Hospital provided follow-up services Follow-up services _____</p> <p>Pt #__ has caring contacts provided by _____</p> <p>OR Hospital provided caring contacts including: ___ BH clinician, peer wellness specialist, family support specialist or youth support specialist</p> <p>Y N Evidence of provider certification</p> <p>Y N Pt att suicide or experienced suicidal ideation</p>

Emergency Department Mental Health Discharge Survey Tool

Tag	Standard	Hospital has a policy for (circle one)	Patient Records Reflect:
	<p>individuals who meet qualification criteria adopted by the authority under ORS 414.665 and who provide supportive services to a current or former consumer of mental health or addiction treatment:</p> <p style="padding-left: 20px;">(a) An individual who is a current or former consumer of mental health treatment; or</p> <p style="padding-left: 20px;">(b) An individual who is in recovery, as defined by the Oregon Health Authority by rule, from an addiction disorder.</p> <p>ORS 414.025(21) states (21) "Peer wellness specialist" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who is responsible for assessing mental health and substance use disorder service and support needs of a member of a coordinated care organization through community outreach, assisting members with access to available services and resources, addressing barriers to services and providing education and information about available resources for individuals with mental health or substance use disorders in order to reduce stigma and discrimination toward consumers of mental health and substance use disorder services and to assist the member in creating and maintaining recovery, health and wellness.</p> <p>ORS 414.025(10) states (a) "Family support specialist" means an individual who provides supportive services to and has experience parenting a child who:</p> <p style="padding-left: 20px;">(A) Is a current or former consumer of mental health or addiction treatment; or</p> <p style="padding-left: 20px;">(B) Is facing or has faced difficulties in accessing education, health and wellness services due to a mental health or behavioral health barrier.</p> <p style="padding-left: 20px;">(b) A "family support specialist" may be a peer wellness specialist or a peer support specialist.</p> <p>ORS 414.025(27) states (27)(a) "Youth support specialist" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who, based on a similar life experience, provides supportive services to an individual who:</p>	<input type="checkbox"/>	<p>___ Caring contacts attempted on ___/___/20___ - w/in 48 hours of release for suicide att / ideation</p> <p>OR ___ Hospital provided follow-up services Follow-up services _____</p> <p>Pt #__ has caring contacts provided by _____</p> <p>OR Hospital provided caring contacts including: ___ BH clinician, peer wellness specialist, family support specialist or youth support specialist</p> <p>Y N Evidence of provider certification Y N Pt att suicide or experienced suicidal ideation</p> <p>___ Caring contacts attempted on ___/___/20___ - w/in 48 hours of release for suicide att / ideation</p> <p>OR ___ Hospital provided follow-up services Follow-up services _____</p> <p>Pt #__ has caring contacts provided by _____</p> <p>OR Hospital provided caring contacts including: ___ BH clinician, peer wellness specialist, family support specialist or youth support specialist</p> <p>Y N Evidence of provider certification Y N Pt att suicide or experienced suicidal ideation</p> <p>___ Caring contacts attempted on ___/___/20___ - w/in 48 hours of release for suicide att / ideation</p> <p>OR ___ Hospital provided follow-up services Follow-up services _____</p>

Emergency Department Mental Health Discharge Survey Tool

Tag	Standard	Hospital has a policy for (circle one)	Patient Records Reflect:
	<p>(A) Is not older than 30 years of age; and (B)(i) Is a current or former consumer of mental health or addiction treatment; or (ii) Is facing or has faced difficulties in accessing education, health and wellness services due to a mental health or behavioral health barrier. (b) A “youth support specialist” may be a peer wellness specialist or a peer support specialist.</p> <p>Peer Support Specialists, Peer Wellness Specialists, Family Support Specialists, and Youth Support Specialists are certified as Traditional Health Workers. OHA's Office of Equity and Inclusion maintains a registry of certified Traditional Health Workers at https://traditionalhealthworkerregistry.oregon.gov</p>		
	<p>(h) A process to schedule a follow-up appointment with a clinician for not later than seven calendar days of release. If a follow-up appointment cannot be scheduled within seven days, the hospital must document why.</p>	Y N	<p>Pt# ___ discharged ___/___/20___ ___ follow-up appointment date ___/___/20___ OR ___ documentation of why follow-up not scheduled</p> <p>Pt# ___ discharged ___/___/20___ ___ follow-up appointment date ___/___/20___ OR ___ documentation of why follow-up not scheduled</p> <p>Pt# ___ discharged ___/___/20___ ___ follow-up appointment date ___/___/20___ OR ___ documentation of why follow-up not scheduled</p> <p>Pt# ___ discharged ___/___/20___ ___ follow-up appointment date ___/___/20___ OR ___ documentation of why follow-up not scheduled</p>

Emergency Department Mental Health Discharge Survey Tool

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			Pt# ___ discharged ___/___/20___ ___ follow-up appointment date ___/___/20___ OR ___ documentation of why follow-up not scheduled
	<p>(3) Discharge policies developed in accordance with this rule:</p> <p>(a) Must be publicly available; [OAR 333-505-0055(1)(e) states "Publicly available" means posted on the hospital's website and provided to each patient and to the patient's lay caregiver in written form upon admission to the hospital or emergency department and upon discharge from the hospital or release from the emergency department. The written form provided to a patient and lay caregiver may be a summarized version of the policy that is clear and easily understood, for example in the form of a brochure.]</p> <p>(b) Must specify the requirements for documenting who is designated by the patient as the lay caregiver and the details of the discharge plan;</p> <p>(c) May incorporate established evidence based practices;</p> <p>(d) Must ensure that discharge planning is appropriate to the needs and acuity of the patient and the abilities of the lay caregiver;</p> <p>(e) Must not delay a patient's discharge or transfer to another facility; and</p> <p>(f) Must not require the disclosure of protected health information without obtaining a patient's consent as required by state and federal laws.</p>	<p style="text-align: center;">Y N</p> <p>Website</p> <p style="text-align: center;">Y N</p> <p>Brochure</p> <p style="text-align: center;">Y N</p>	<p>Pt# ___ received brochure at the time of Y N admission on ___/___/20___ AND Y N discharge</p> <p>Lay caregiver received brochure at the time of Y N admission AND Y N discharge</p> <p>Pt# ___ received brochure at the time of Y N admission on ___/___/20___ AND Y N discharge</p> <p>Lay caregiver received brochure at the time of Y N admission AND Y N discharge</p>

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			Pt# ___ received brochure at the time of Y N admission on ___/___/20___ AND Y N discharge Lay caregiver received brochure at the time of Y N admission AND Y N discharge Pt# ___ received brochure at the time of Y N admission on ___/___/20___ AND Y N discharge Lay caregiver received brochure at the time of Y N admission AND Y N discharge