

When patients are pending mental health evaluation (MHE) for placement or discharge, Advanced Practice Clinicians (APC) will be utilized to assist with managing care when MHE is delayed. Once the initial Physician or APC identifies a need for MHE and has medically cleared the patient for psychiatric services, they will “place” the patient in *ED observation status* while the patient waits for MHE. The APC will be responsible for subsequent charting, reevaluation, and management of treatment plan (to include diet order and maintenance/PRN meds). When the mental health evaluator has determined disposition of patient (admit or discharge), the APC will do a discharge summary and discharge patient from observation status. Please see the following for further instructions and details as guidance for this process.

WHAT ARE OBSERVATION SERVICES?

- Observation services are commonly ordered for patients who present to the emergency department and then require a significant period of treatment or monitoring to determine whether patient will be admitted or discharged.

WHERE CAN OBSERVATION TAKE PLACE?

- Observation is a status, not a place!
- Observation services may take place:
 - in a regular bed in the ED
 - in a special observation area of the ED

MENTAL HEALTH HOLDS

- Initial day documentation:
 - **Physician must document in chart:** “Patient **placed** in observation status for (reason). (Tx plan while in observation).”
 - **This is not an order**
 - This will trigger billing to look for subsequent observation charts from this encounter
 - Advanced Practice Clinician observation chart (use Psych Hold Note):
 - Dated and timed. Document: “Day 1 of observation status pending mental health evaluation”
 - This will communicate to billing this is an ED observation patient
 - PE and MDM
 - Use the on shift collaborating physician to co-sign chart
- Each subsequent day will require independent documentation (use Psych Hold Note)
 - Dated and timed. Mention day of observation status (Day 2, Day 3, etc). “Day () of observation status pending mental health evaluation”
 - This will communicate to billing this is an ED observation patient
 - PE and MDM
 - Use the on shift collaborating physician to co-sign chart
- The history does not need to be repeated. Documentation of PE and MDM is sufficient.
- Discharge summary from release of observation status (use Psych Hold Note)
 - Document: “Patient is discharged from observation status”
 - Date and Time
 - PE and MDM (Brief review of the patient status)
 - Disposition
 - If discharged home:
 - Instruction for follow up care
 - If admitted to Mental Health Services: document Pt admitted to MHS

If the patient status has been changed to admitted to Behavioral Health Services, then a daily routine note is done on the patient once each calendar day until the patient is transferred out of the ED and to BHS. If an APC is scheduled for a shift at your site, the APC will continue to daily rounds. If there are no APCs scheduled, then a physician on shift will do the daily rounding on the patient until the patient is transferred off the floor. No observation verbiage is required for patients that has been accepted and admitted to BHS.