

Medical Screening and Assessment

Guidance Materials

Developed by

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services

Virginia Association of Community Services Boards

Virginia Hospital and Healthcare Association

Virginia College of Emergency Physicians

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Medical Screening and Assessment Guidance

PART 1: INTRODUCTION

1.1 Why Is Medical Screening and Assessment of Persons in the Mental Health System Important?

People can enter the health system with what appears to be a psychiatric disorder when an underlying (and possibly life-threatening) primary medical or surgical problem, masking itself as a disturbance of affect, cognition or behavior, is the real cause of the problem. Treatment should be medical and surgical, and not involve admission to a psychiatric setting. In addition, people with psychiatric disorders frequently enter the health care system with undiagnosed medical conditions. The medical literature documents that persons with mental illness have more concurrent medical illness than the general population, and individuals with mental illness can present significant challenges in terms of evaluation and disposition. Many serious or life threatening medical illnesses can create or exacerbate psychiatric symptoms, as well as complicate the symptomatic presentation of the individual or represent severe disease requiring urgent treatment. For these reasons, psychiatric hospitals today justifiably emphasize the importance of careful medical screening and assessment prior to admission of any person, and most hospitals will not admit a person unless such screening has been completed.

1.2 The Context of Medical Screening and Assessment in Virginia's Public Mental Health System Today:

At present, medical screening and assessment is difficult to accomplish in a timely and effective manner. There are a number of underlying factors contributing to the present situation, including the following:

- In general, emergency health and mental health care systems in Virginia are straining to meet current demands for service;
- There is no explicit consensus on what constitutes appropriate medical screening and assessment, and different psychiatric hospitals may impose different medical screening and assessment requirements based upon their ability to assess and manage medical and surgical issues;
- Medical and psychiatric screening and assessment resources vary considerably among hospitals and communities across Virginia;
- The medical treatment capacity of many psychiatric hospitals, including state hospitals, has been significantly reduced in recent years;
- Emergency Departments, psychiatric units and hospitals may be unaware of each others' abilities (and limitations) to meet the medical and surgical needs of consumers;
- Virginia statutes governing emergency custody, temporary detention and involuntary commitment of persons with mental illness contain no explicit standards and procedures for ordering or carrying out medical screening and assessment;
- There is no consensus on who is responsible for which components of the medical screening and assessment process;

- Medical screening and assessment, when completed, can be time-consuming and the persons involved can be tied up for prolonged periods. The time taken to complete the medical screening and assessment process often stretches legal limits and law enforcement officers are severely strained to maintain custody of the person, provide transportation, and safeguard patient, staff and community safety;
- The interests of consumers often seem the least important;
- Mechanisms to resolve operational and policy issues regarding medical screening and assessment are not uniformly in place at state, regional and local levels. Communication between providers is often haphazard, and unresolved issues contribute to frustration and conflict between the parties involved, vs. collaboration and partnership.
- Hospitals must comply with the Emergency Medical Treatment and Active Labor Act (EMTALA) and are concerned about EMTALA and related issues.

1.3 Office of Inspector General’s 2005 Review of Medical Screening and Assessment:

The above-referenced problems have been well documented but unresolved for many years. Most recently, the Office of the Inspector General’s 2005 *Review of the Virginia CSB Emergency Services Programs* found that “*the delays, costs, legality and inconsistency among hospitals of [medical screening and assessment] practices are a major source of concern among stakeholders, hospital medical emergency rooms, and consumers.*” In response to this finding, the Office of the Inspector General (OIG) recommended that “*...DMHMRSAS develop and implement clear and consistent standards regarding medical clearance for all state hospitals and work with the Virginia Hospital and Health Care Association, and other appropriate bodies, to achieve a similar outcome for private hospitals.*” This guidance responds to the above recommendation.

1.4 Development of This Guidance:

This medical screening and assessment guidance was developed jointly by clinical and administrative representatives of the Department of MH, MR and SA Services; the Virginia Association of Community Services Boards; the Virginia Hospital and Healthcare Association; and the Virginia College of Emergency Physicians. The Department of Medical Assistance Services also reviewed this guidance.

1.5 Intended Use of This Guidance:

This guidance is intended for use by state and community psychiatric hospitals, hospital emergency departments, and community services board providers. Its objectives are to create a common understanding of medical screening and assessment, to delineate clearly the responsibilities and expectations for medical screening and assessment among key partners, and to support consistent application of medical screening and assessment procedures by all parties in responding to persons with mental illness in emergency situations. This protocol applies only to the medical screening and assessment components of the evaluation process that occurs prior to admission of an individual to a psychiatric hospital.

PART 2: MEDICAL SCREENING AND ASSESSMENT: GENERAL INFORMATION

2.1 Purpose of Medical Screening and Assessment:

The primary purpose of medical screening and assessment is safety, i.e., to prevent someone with an illness or medical condition from being sent to a treatment facility that cannot manage the person's illness or condition, thereby exposing the person and the system to the risk of a medical or surgical condition going undiagnosed and untreated. Failure to detect and diagnose underlying medical disorders may result in significant and unnecessary morbidity and mortality, invasion of an individual's life and constitutionally guaranteed liberties and liability to community systems and transferring physicians. Effectiveness, efficiency and timeliness are also important dimensions of the medical screening and assessment process that are necessary to ensure safety and quality.

2.2 What is Medical Screening and Assessment?

Medical screening and *medical assessment* are terms that describe two different levels of inquiry about a person's health or medical condition:

- *Medical screening* is the collection of information about the non-psychiatric medical condition of an individual to determine whether there is a need for a further *medical assessment* before a decision is made regarding referral to another provider. In practice, medical screening may be performed by non-medical or non-physician clinical staff or by a licensed physician.
- *Medical assessment* is an in-depth assessment of an individual's non-psychiatric medical condition that occurs after *medical screening* and is only performed by a licensed physician.

Medical screening and assessment is ongoing until it has been determined that the individual is stabilized, or until the individual is discharged or transferred. This process must be clearly and completely documented in the individual's record.

2.3 "Medical Screening and Assessment" vs. "Medical Clearance":

Medical clearance is another term that is frequently used by providers in this context. It is instructive that the Massachusetts College of Emergency Physicians found the term *medical clearance* to be widely misunderstood, but so widely used in the field that it probably could not be eliminated. In its "Consensus Statement on Medical Clearance", the MACEP group strongly cautioned providers that "*the term medical clearance may convey unwarranted prospective security regarding the absence of any prospective medical risks*" and narrowed its applicability to the following: "*Medical clearance reflects short term but not necessarily long term medical stability within the context of a transfer to a location with appropriate resources to monitor and treat what has been currently diagnosed.*" A careful description of the person's actual medical condition is always more informative than saying "this person has *medical clearance*" or "this person is *medically clear*".

2.4 Medical Screening and Assessment Domains:

Comprehensive medical screening and assessment of persons with mental illness in emergencies involves collecting and developing information in four domains:

- The person's history:
- A mental status exam:
- A physical exam (including neurological exam, based on clinical need), and
- Laboratory and radiological studies (these studies should be judicious, and based on clinical need).

Practitioners should think about the person being examined and understand this process holistically rather than in terms of psychiatric *vs.* medical. The goal is to complete a good overall evaluation to discover what is occurring with the individual in question, and to determine the best way to treat this person.

PART 3: THE MEDICAL SCREENING AND ASSESSMENT PROCESS

3.1 The Medical Screening and Assessment Process:

Medical screening and assessment starts with the assumption that each individual is or may be suffering from an underlying medical or surgical condition. Medical screening and assessment must also take into account multiple variables, including the context of the individual's medical condition, including the gravity of behavioral issues, the risks associated with whatever medical condition may or may not exist, the medical treatment capacity of any receiving facility, the time needed to transport the person to any given facility, and the individual's own resiliency.

Notwithstanding the above, standardized testing applied to all persons is wasteful and inefficient. Standardized laboratory testing should be avoided. Rather, the medical screening and assessment procedures that are performed by practitioners should be based on the person's individual circumstances at that time and related factors such as how well the practitioner knows the person already, or how reliable or accessible are other sources of information, etc. The individualized medical screening and assessment process includes the following steps:

3.2 Medical Screening:

Medical screening occurs in conjunction with a complete mental status examination. With the person's consent, the *medical screening* process follows these steps:

1. A designated clinician (may be non-physician) obtains information about the person's past medical illnesses and conditions, previous psychiatric and medical hospitalizations, psychoactive and other medications used, and substance use or dependence.
2. The designated clinician obtains information about present medical illnesses (such as and especially diabetes, hypertension, seizure disorder) and medical conditions (such as pain, bleeding, blurring of vision, trouble urinating, etc.), psychoactive and other medications currently being used and recent substance use or dependence (including alcohol, cannabis, opiates).
3. The designated clinician obtains basic vital signs including pulse, temperature, blood pressure, and respiration.
4. The designated clinician observes the person's overall physical condition (e.g., sweating, red in the face, unable to stand up, slumped over, drowsy, overactive or agitated, etc.).
5. The designated clinician evaluates the person for delirium (e.g., sudden onset of symptoms, fluctuating consciousness, etc).
6. If the observations and findings from steps 1-5, above, indicate a need for any further medical evaluation, then the designated clinician refers the person to a physician for further *medical assessment*.

Note: The medical screening process, findings and decisions must be clearly and completely documented in the consumer's record and communicated to the appropriate personnel to ensure that there is continuity of care and a smooth disposition for further treatment.

3.3 *Medical Assessment:*

If further *medical assessment* is indicated based on the observations and findings from the medical screening process, above, then the following steps are completed by a physician with the consent of the person:

1. The physician obtains a medical history.
2. The physician performs a general physical exam, including mental status and neurologic exams therein.
3. The physician obtains selective laboratory and other diagnostic tests, as indicated.
4. The physician consults with pertinent on-call physicians and other health providers.
5. The physician re-assesses the individual prior to discharge or transfer if necessary.

Note: The medical assessment must be clearly and completely documented in the consumer's record and communicated to the appropriate personnel to ensure that there is continuity of care and a smooth disposition for any further treatment.

3.4 *Sources of Information for Medical Screening and Assessment:*

Clinicians performing medical screening and assessments should gather medical information about a person from several sources, including

- The person;
- The person's family, friends and others;
- Community service board staff and other care providers;
- CSB and other care provider records;
- Law enforcement officers who may be involved.

**PART 4: IMPLEMENTING MEDICAL SCREENING AND ASSESSMENT:
PRACTITIONER GUIDANCE**

4.1 Responsibility for Medical Screening:

All involuntary admissions and many voluntary admissions to psychiatric facilities require CSBs to complete a preadmission screening of the person prior to hospitalization. If the person with mental illness is examined in any setting other than a hospital Emergency Department, inpatient or nursing facility when the decision is made to evaluate the need for psychiatric hospitalization, and regardless of the person's legal status at the time of the evaluation (i.e., whether under voluntary circumstances, in law officer custody or under ECO), CSB emergency services staff should also carry out as much of the medical screening process as possible (see medical screening steps, above). Using whatever resources they can, CSB staff should collect as much medical screening information as possible as quickly as possible during the course of the evaluation process.

It should be emphasized that the responsibility of CSB emergency service staff regarding the medical screening process outlined above is to *gather* and *report* medical information, not *evaluate* and *interpret* this information.

When the person is already in an inpatient hospital or nursing facility, medical screening information will be obtained by the designated facility staff. CSB emergency services staff, however, will need to communicate the medical screening information to the receiving psychiatric facility. Notwithstanding the above, EMTALA¹ regulations regarding evaluation and treatment, including medical screening and assessment, will apply whenever a person is seen in a hospital Emergency Department. Any medical screening undertaken in this circumstance should be based on current clinical need.

4.2 Responsibility for Medical Assessment:

Medical assessment, as described above, must be completed by a licensed physician.

4.3 Communicating Individual Medical Screening and Assessment Information:

When a person experiencing a psychiatric emergency is evaluated in a hospital emergency department, EMTALA regulations will apply. Many emergency interventions by CSB clinicians take place in non-medical settings as well. In either case, decisions about specific tests and other medical assessments that should be undertaken should be based on an understanding of each person's specific medical situation and his/her clinical needs at that time. Thus, timely and effective communication among CSB emergency clinicians, hospital ED medical staff, and referring and admitting hospital medical staff is essential to facilitate the decision-making and disposition process. Key elements of this communication include:

¹ *Emergency Medical Treatment and Active Labor Act* (1985) and subsequent amendments.

- *Communication should start immediately:* Communication between referring and receiving clinicians and facilities should be initiated immediately by CSB staff, at the beginning of the screening process, so that medical and other staff can evaluate the significance of any findings in terms of the receiving facility's ability to manage and treat the person's presenting symptoms and condition.
- *Communication should be directly between fact-finders and decision-makers:* All findings of the person's history and examinations that are identified during the medical screening and assessment process should be reported directly to an appropriate medical staff member at the receiving psychiatric facility who is empowered to make medical determinations and admission decisions, and who can resolve disagreements.
- *Medical testing and lab work should be decided through communication between physicians on a case-specific basis:* Any additional physician evaluation, laboratory work or other testing that is *in addition to* the medical screening process should be based on clinical need determined through direct communication and consultation between the referring and receiving physicians.
- *Communication should be person-specific and clear:* Communications to admitting psychiatric hospitals should clearly describe the person's actual condition and needs. Similarly, hospitals should clearly articulate their capabilities to meet those needs. Statements such as "[This person] has medical clearance" or "[This person] is medically clear" should be avoided.

4.4 Consent for Medical Screening and Assessment:

Medical examinations or tests for which the individual's consent is required shall not be performed over the person's objections. If the individual is incapable of consenting and objects to the examination or testing, an order must be obtained pursuant to §37.2-1104 to conduct any necessary testing, observation or treatment.

4.5 Resolution of Disagreements Between Practitioners and Facilities:

Practitioners involved in the medical screening and assessment process (i.e., general hospital staff, CSB staff, emergency department staff, and psychiatric hospital staff) will not always agree on the level of medical risk associated with a person's condition and/or what should be done next to provide safe, effective and timely care. When these situations occur, practitioners must resolve the disagreement quickly. General hospitals, emergency departments and state and local psychiatric hospitals should have in place at all times an empowered physician decision-maker who is available immediately to discuss and resolve disagreements when they arise.

4.6 Reimbursement for Medically Necessary Medical Screening and Assessment:

Language in the *Code of Virginia* and the 2007-2008 *Appropriations Act* allows reimbursement for medically necessary medical screening and assessment services provided to individuals during the period of emergency custody or temporary detention. Reimbursement is through the Involuntary Mental Commitment Fund administered by the Department of Medical Assistance Services. Specific procedures for reimbursement for medical screening and assessment services are found in Appendix B of the *Hospital Provider Manual* published by the Virginia Department of Medical Assistance Services. This information can be found at the following web-address:

http://websrvr.dmas.virginia.gov/manuals/HOS/hos_TOC.htm

4.7 System-level Information-Sharing:

State and private psychiatric hospitals should routinely share information with referring community services boards, hospital emergency departments, law enforcement agencies and courts about their medical treatment capabilities. Communicating this information on a regular basis, outside the context of individual cases or crises, will increase understanding and collaboration, and improve the efficiency with which individual cases are handled.

4.8 Systematic Quality Improvement:

Local and regional collaboration between several agencies and organizations is needed to implement an effective emergency and crisis response system for people with mental illness. In addition, medical screening and assessment is only one of many procedures and processes that need to be efficiently operationalized to have an effective “safety net” in place. The involved entities include CSBs and other mental health and substance abuse service providers, state and private hospitals and emergency rooms, police and sheriffs, courts, and others. These stakeholders should periodically assess their local emergency and crisis response system performance, and make adjustments when necessary to improve service delivery.