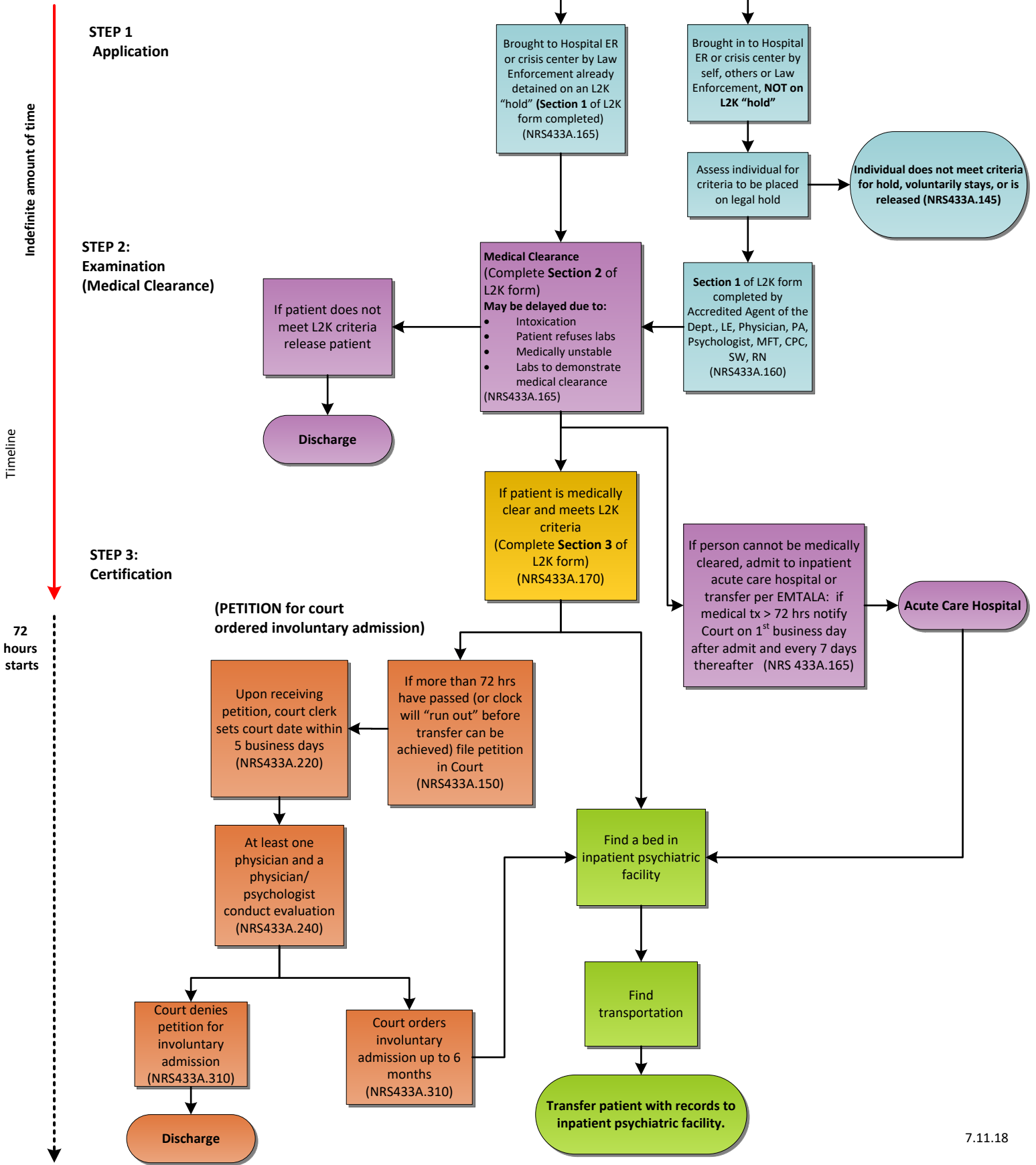


A Look into Nevada Revised Statutes Chapter 433A:

Presentation for the Northern Nevada Regional Behavioral Health Policy Board



Nevada Legal 2000 (L2K) Process NRS 433A



APPLICATION, MEDICAL CLEARANCE, AND CERTIFICATION FOR EMERGENCY ADMISSION OF AN ALLEGEDLY MENTALLY ILL PERSON TO A MENTAL HEALTH FACILITY

Definition of Mental Illness,

NRS.433A.115:

As used in NRS 433A.120 to 433A.330, inclusive, unless the context otherwise requires, "mentally ill person" means any person whose capacity to exercise self-control, judgment and discretion in the conduct of his/her affairs and social relations or to care for personal needs is diminished as a result of mental illness to the extent that (s)he presents a clear and present danger of harm to self or others, but does not include any person in whom that capacity is diminished by epilepsy, mental retardation, dementia, delirium, brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to alcohol or drugs unless a mental illness that can be diagnosed is also present which contributes to the diminished capacity of the person.

I have reason to believe that _____ is a mentally ill person as follows:

A person presents a clear and present danger of harm to self or others, if, within the preceding 30 days, (s)he has, as a result of mental illness (Check all that apply):

- (a) Acted in a manner from which it may reasonably be inferred that, without the care, supervision or continued assistance of others, (s)he will be unable to satisfy the need for nourishment, personal or medical care, shelter, self- protection or safety due to mental illness, and if there exists a reasonable probability that death, serious bodily injury or physical debilitation will occur within the next 30 days unless admitted to a mental health facility pursuant to the provisions of NRS. 433A.120 to 433A.330 inclusive and adequate treatment is provided;
- (b) Attempted or threatened to commit suicide or committed acts in furtherance of a threat to commit suicide and if there exists a reasonable probability that (s)he will commit suicide unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330 inclusive, and adequate treatment is provided;
- (c) Mutilated self, attempted or threatened to mutilate self or committed acts in furtherance of a threat to mutilate self and, if there exists a reasonable probability that (s)he will mutilate self unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330, inclusive, and adequate treatment is provided; or
- (d) Inflicted or attempted to inflict serious bodily harm on any other person, or made threats to inflict harm and committed acts in furtherance of those threats, and if there exists a reasonable probability that (s)he will do so again unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330, inclusive and adequate treatment is provided.

Describe in detail the behaviors you observed in the person leading you to believe (s)he is mentally ill and a danger to self or others. (Do not give diagnosis to describe behaviors).

I am currently an accredited agent of the Department or an officer authorized to make arrests in the state of Nevada or I am currently licensed in the state of Nevada as a physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker, advanced practice registered nurse with psychiatric training, or registered nurse.

Current Nevada license number (if applicable) _____ Badge number (if applicable): _____

Person completing application signature: _____ Date: _____ Time: _____

Patient ID sticker:



EXAMINATION (MEDICAL CLEARANCE)

433A.165 EMERGENCY ADMISSION: EXAMINATION REQUIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH FACILITY.

1. Before an allegedly mentally ill person may be admitted to a public or private mental health facility pursuant to NRS 433A.160, (s)he must:

- a. First be examined by a licensed physician, physician assistant or advanced practitioner of nursing at a location where a practitioner is authorized to conduct such an examination to determine whether (s)he has medical problems, other than a psychiatric problem which require immediate treatment, and
- b. If such treatment is required, be admitted to a hospital for the appropriate medical care.

MEDICAL CLEARANCE CHECKLIST: MUST BE COMPLETED IN ITS ENTIRETY AND ATTACHED.

- On the basis of my personal examination of this allegedly mentally ill person on _____ day at _____ o'clock, am/pm, this person has no medical disorder or disease other than a psychiatric problem that requires hospitalization for treatment.
 - Patient has a medical disorder/disease requiring hospitalization; patient admitted or transferred to: _____
- Name of examining medical professional: _____ Current Nevada License#: _____
- Signature: _____ Date: _____ Time: _____

CERTIFICATE FOR EMERGENCY ADMISSION TO A MENTAL HEALTH FACILITY

Describe in detail the behaviors you observed in the person leading you to believe (s)he is mentally ill and a danger to self or others as described in NRS 433A.115.

- A. I have personally observed and examined this allegedly mentally ill person and have concluded that, as a result of mental illness, this person is likely to harm self or others.
- B. I have personally observed and examined this allegedly mentally ill person and have concluded that this person does **NOT** meet criteria to be certified.

My opinions and conclusions are based on the following facts and reasons (do not give diagnosis to describe behaviors): _____

Psychologist Physician Physician Assistant (supervising psychiatrist): _____

CSW with psychiatric training APRN with psychiatric training _____

Name of examiner: _____ Signature: _____

Current License # _____ Date _____ Time _____

At this time, having checked check box A above, the person is certified to be eligible for an Emergency Admission to a Mental Health Facility pursuant to NRS433A.150.

Patient ID sticker:

CERTIFICATE OF RELEASE OF PERSON ADMITTED TO MENTAL HEALTH FACILITY OR HOSPITAL

I have personally observed and examined this person and have concluded that (s)he is not or is no longer a danger to self or others as a result of mental illness pursuant to NRS433A.195. **Describe in detail the behaviors you observed in the person leading you to this conclusion:**

Psychiatrist Psychologist Physician Assistant (supervising psychiatrist): _

Physician CSW with psychiatric training APRN with psychiatric training _

Name of examiner: _____

Name	Current License	Date	Time
------	-----------------	------	------

Signature _____

At this time, the person is no longer certified to be eligible for an Emergency Admission pursuant to NRS433A.195.

Patient ID sticker:

Medical Clearance Checklist

To be completed when patient is medically cleared by the acute care hospital.

Medical clearance attestation form included

Person completing form Contact phone number

Any vital signs outside of normal limits? If yes, a doctor consult may be requested. Select all that apply. For a pediatric patient, vital signs indices outside the normal range for his/her age and sex.

Temperature > 101 Pulse outside of <50 to >120 beats/minute Blood pressure systolic <90 or >200; diastolic >120

Respiratory rate > 24 breaths/minute

Blood drug and alcohol screen results

Date BA and BL taken Time BA and BL taken

Pregnancy test results, if indicated

Date of doctor to doctor consult (if necessary) Time of doctor to doctor consult (if necessary)

Any abnormal physical test examination?

Absence of significant part of body, e.g. limb If yes, identify

Acute and chronic trauma (including signs of victimization/abuse) Breath sounds

Cardiac dysrhythmia, murmurs Skin and vascular signs

Abdominal distension, bowel sounds

Neurological abnormalities present?

If yes, explain

Any past or current medical illness requiring evaluation?

If yes, explain

Date patient was medically cleared Time patient was medically cleared

Hospital discharge date Hospital discharge time

Which psychiatric facilities did you refer to? (Select multiple by holding Ctrl)

BHC WEST HILLS HOSPITAL
CARSON TAHOE REGIONAL MEDICAL CENTER
DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC
DESERT WILLOW TREATMENT CENTER
DINI-TOWNSEND HOSPITAL AT NORTHERN NEVADA ADULT MENTAL HEALTH
LAKES CROSSING CENTER
MONTEVISTA HOSPITAL
NEW BENCHMARK
NORTH VISTA HOSPITAL
RENO BEHAVIORAL HEALTH
SAINT MARYS REGIONAL MEDICAL CENTER
SEVEN HILLS BEHAVIORAL INSTITUTE
SOUTHERN HILLS HOSPITAL AND MEDICAL CENTER
SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES
SPRING MOUNTAIN SAHARA
SPRING MOUNTAIN TREATMENT CENTER
SPRING MOUNTAIN TREATMENT CENTER
VALLEY HOSPITAL MEDICAL CENTER
WILLOW SPRINGS CENTER

Final Disposition

If other, please specify

Which psychiatric facility accepted the patient?

Highlights of Known Issues with NRS433A & NRS433B

- A “person with mental illness” is defined as a person who is a “clear and present danger of harm to self or others”
- The term “Legal Hold” is stigmatizing and connotes the legal system and law enforcement, not a health crisis
- The 72-hour clock begins after medical clearance and certification but leaves an indefinite amount of time to complete both items
- No regulations exist for 433a and 433b
- Sequencing throughout both chapters is difficult to follow
- Verbiage: Multiple words for same processes and undefined terms
- No definition of what constitutes medical clearance, however multiple agreements on the definition between Nevada Hospital Association (NHA), Nevada Rural Hospital Partners (NRHP) and the Division of Public and Behavioral Health (DPBH) have been made.
- The Legal 2000 (L2K) forms have been updated recently but multiple editions continue to circulate statewide
- Varying interpretations of NRS by various counties, district courts, hospitals, law enforcement agencies, etc. have led to immense confusion statewide
- There is a clear need for respectful modes of transportation that do not unduly burden law enforcement or EMS
- Nevada’s State Psychiatric Hospitals are not accepting voluntary admissions and operate with a constant wait list for admission

Perceived Problems with NRS433A

1. Lack of definitions for terms used in the chapter

- Person: (NRS433A.115) Does this include minors?
- Age of Majority: (NRS433A.140) Does this mean 18? What about emancipated minors?
- Application: (NRS433A.140) Does a person apply or present for treatment?
- Hospital: (NRS433A.145) Does this mean “acute care hospital” or “psychiatric hospital”?
- Need clarification that “examination” means medical clearance, but “evaluation” means psychiatric eval. Need definitions for what constitutes medical clearance and evaluation.

2. Verbiage

- Multiple terms used to describe what is actually a Division Mental Health Facility such as:
 - Mental health center (NRS433A.010)
 - Division facility (NRS433A.016)
 - Mental health facility (NRS433A.019)
 - Public facility (NRS433A.140)
- Legal 2000 label is stigmatizing, related to legal system instead of healthcare
- (NRS433A.115) “Person with Mental Illness” – Defined as a “clear and present danger of harm to self or others”. Not every person with mental illness is a clear and present danger of harm to self or others and this term is stigmatizing particularly when (NRS433A.195) a qualified professional must declare that “he or she has concluded that the person is not a person with a mental illness” in order to release a legal hold.
- 72-hour clock starts (NRS433A.150) after the medical clearance and certification, with no time constraint on the process for medical clearance and certification. This time frame is only 48 hours if they were transferred from a voluntary admission (NRS433A.145) and should be 72 hours as well, so there is no confusion over multiple timelines.
- (NRS433A.150 (2.)) makes it appear that there are exceptions to medical clearance being required. This is not true and medical clearance is always required.
- Admission: (NRS433A.150) The person is not admitted to an acute care hospital unless medical clearance cannot be completed. NRS never considers Emergency Rooms in this process.

3. Sequencing

- Voluntary Admission process (NRS433A.140) describes application for admission, then release, then examination.
- Emergency admission process (NRS433A.145 – NRS433A.197) subsections out of order.

4. Current practice doesn't match the NRS

- Voluntary admission – NNAMHS/SNAMHS do not currently accept walk-in voluntary consumers purportedly due to NRS433A.140 (6.) based on “limits of the money made available to the facility.”
- Accredited Agents of the Department – don't exist and never have to our knowledge.
- NRS433A.190 appears to violate HIPAA.

5. Regulations in NRS433A.165 (sub. 8) were never completed:

- 8. The Division shall adopt regulations to carry out the provisions of this section, including, without limitation, regulations that: (a) Define “emergency services or care” as that term is used in this section; and (b) Prescribe the type of medical facility that a person may be admitted to pursuant to subparagraph (2) of paragraph (b) of subsection 1.

Guiding Principles for NRS433A Reforms

In writing a Bill Draft Request (BDR) for NRS433A reforms, we believe:

1. the civil commitment process should not define a “person with mental illness” as a person who is a “clear and present danger of harm to self or others.” The process should instead only apply to an individual in a mental health crisis;
2. the 72hr clock for an emergency admission should begin upon the completion of section 1 “Application” of the Legal 2000 form, and not after medical clearance;
3. the process for extending a hold must be more clearly defined;
4. respectful modes of transportation that have reimbursement must be included;
5. specific language stating that Protected Health Information (PHI) may be shared with those participating in the care/transportation/detention of an individual on a legal hold should be included;
6. that overall, the language in the chapter should be cleaned-up to be more defined, easier to understand, and match current practices to resolve an individual’s mental health crisis, and not an individual’s mental illness.

In so doing, all of the above reforms to NRS433A will benefit individuals in a mental health crisis, their family members, law enforcement, health providers, and the judicial system. Additionally, this will support a long-term goal that Nevada seeks to implement a Behavioral Health Continuum of Care including MOST, MDT, CTC, peer support and more ensuring that patients in crisis are taken to an appropriate setting for quality behavioral healthcare initially rather than an inappropriate jail detention or Emergency Room stay.

Lastly, we support the development of a behavioral health patient’s bill of rights as distributed in Colorado.

Involuntary Commitments and Psychiatric Hospitals

What does this mean to
You and Your Loved Ones?



515 28 3/4 Road • Grand Junction, CO 81501
970.263.4918

WestSpringsHospital.org



What are the kinds of laws that apply to West Springs and other psychiatric hospitals?

Colorado Revised Statute

27.65 Title 27, Article 65, of the Colorado Revised Statutes contains a number of laws relating to behavioral health situations. Title 27, Article 65, addresses many kinds of legal 'holds', here are some of the most common. For a complete list please visit colorado.gov

What the law in Colorado says:

"When any person appears to have a mental illness and, as a result of such mental illness, appears to be an imminent danger to others or to himself or herself or appears to be gravely disabled, then a... intervening professional, upon probable cause and with such assistance as maybe required, may take the person into custody, or cause the person to be taken into custody, and placed in a facility designated or approvedfor a seventy-two-hour treatment and evaluation.

The following persons may effect a seventy-two-hour hold

A certified peace officer;

A professional person;

A registered professional nurse or a licensed marriage and family therapist or licensed professional counselor,...who...has gained knowledge, judgment, and skill in psychiatric or clinical mental health therapy, forensic psychotherapy, or the evaluation of mental disorders; or a licensed clinical social worker"

It's called an
M-1 hold.

Here's what it means to you and your loved one:

If a person exhibits severe mental illness symptoms, a family member or a friend may bring them to West Springs Hospital, or perhaps a crisis center or another hospital's emergency room. It may be law enforcement that brings the patient in, possibly at the request of family or friends. Not every hospital can take a psychiatric patient so often those physical health care hospitals look to West Springs to admit the patient. Often patients arrive at West Springs Hospital already under the hold. **West Springs Hospital is rarely the one to place a patient under a hold.**

Who can put someone on a hold?

A professional person, identified as:

Any Physician

Any Officer of the Law

Any Licensed Mental health therapist,
social worker or nurse

Under an M-1 hold,
West Springs Hospital
has up to 72 hours to provide
evaluation & treatment

What may happen at the end of the 72 hours?

1. The patient may be discharged, or
2. The patient may opt to stay as a voluntary patient, or
3. The court may be asked by West Springs Hospital to extend the hold up to an additional 90 days. This now is called an 'M-8 Hold' or 'M-8 certification'. The length of a patient's hospitalization usually is significantly less than 90 days.

During both M-1 and M-8 holds patient rights continue.

What the law in Colorado says:

1. YOUR TREATMENT You will be examined to determine your mental condition. If you understand and participate in your evaluation, care and treatment you may achieve better results. The staff has a responsibility to give you the best care and treatment possible and available, and to respect your rights.

2. NO DISCRIMINATION You have the right to the same consideration and treatment as anyone else regardless of race, color, national origin, age, sex, political affiliation, financial status or disability.

3. YOUR LAWYER You have the right to retain and consult with an attorney at any time. If you are hospitalized involuntarily, the court will appoint an attorney for you (at your own expense, if you are found able to afford one).

4. TELEPHONES You have the right to ready access to telephones, both to make and receive calls in privacy.

5. LETTERS You have the right to receive and send sealed letters. No incoming or outgoing letters will be opened, delayed, held or censored by personnel of the facility.

6. WRITING MATERIALS You have the right to access letter writing materials, including postage. They will be provided, if needed. If you are unable to write, members of the facility will assist you to write, prepare, or mail correspondence.

7. VISITORS You have the right to frequent and convenient opportunities to meet with visitors. The facility may not deny visits at any time by your attorney, clergyman or physician. You have the right to determine a 'visitor's list' of whom you do and don't want to see.

8. REFUSAL OF MEDICATIONS You have the right to refuse to take medications, unless you are an imminent danger to yourself or others, or the court has ordered medications.

9. CERTIFICATION If you are an involuntary patient, you have the right to a review of your certification or treatment by a judge or jury, and you may ask the court to appoint an independent professional person (psychiatrist or psychologist) to examine you and to testify at your hearing.

10. CLOTHING AND POSSESSIONS You have the right to wear your own clothes, keep and use your own possessions, and keep and be allowed to spend a reasonable sum of your own money.

11. SIGNING IN VOLUNTARILY You have the right to sign in voluntarily, unless reasonable grounds exist to believe you will not remain a voluntary patient.

12. LEAST RESTRICTIVE TREATMENT You have the right to receive medical and psychiatric care and treatment in the least restrictive treatment setting possible, suited to meet your individual needs.

13. TRANSFERS If you are certified, you have the right to twenty-four (24) hour notice before being transferred to another facility unless an emergency exists. You also have the right to protest to the court any such transfer, the right to notify whom you wish to about the transfer, and the right to have the facility notify up to two persons designated by you, about your transfer.

14. CONFIDENTIALITY You have the right to confidentiality of your treatment records except as required by law.

15. ACCESS TO MEDICAL RECORDS You have the right to see your medical records at reasonable times.

16. FINGERPRINTS You have the right not to be fingerprinted unless it is required by law.

17. PHOTOGRAPHS You have the right to refuse to be photographed except for hospital identification purposes.

18. VOTING You have the right to the opportunity to register and vote by absentee ballot with staff assistance.

19. RESTRICTIONS If you abuse rights regarding telephones, letters, writing materials, visitors or clothing and possessions, these rights may be restricted by your treatment team, and you must be given an explanation as to why the right is to be restricted. Restricted rights will be evaluated for therapeutic effectiveness every seven (7) days.

20. GRIEVANCES Grievances or complaints may be submitted to the Colorado Department of Health, the Colorado Division of Behavioral Health or the Legal Center Serving persons with Disabilities. Your patient representative will help you select the proper agency for your complaint or grievance and assist you in preparing the complaint or grievance if you wish.

What the law in Colorado says:

Colorado Revised Statutes

12.43.214 (1) (c) The practice of both licensed and unlicensed persons in the field of psychology is regulated by the Department of Regulatory Agencies.

Questions or complaints may be addressed to:

Department of Regulatory Agencies
1560 Broadway, Suite 1340
Denver, CO 80202
Phone: 303.894.7766

Additionally, West Springs Hospital has a formal grievance procedure (more on that later).

12.43.214 (1) (d) Patients are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. A second opinion may be sought from another therapist, or an individual may terminate therapy at any time (this does not mean a person on an M-1 or M-8 may leave the hospital). In a professional relationship, sexual intimacy is never appropriate and should be reported to the grievance board. The information provided by a patient during therapy sessions is legally confidential in the case of licensed marriage & family therapists, clinical social workers, professional counselors and psychologists except for certain legal exceptions which will be identified by the therapist should any such situation arise during therapy.

12.43.214 (e) (3) Upon request, patients are entitled to information concerning any psychotherapist in the employ of the agency who is providing psychotherapy services to them. Such information includes: the therapist's name, educational degrees, licenses and credentials.

19.3.304 (1) Patients are entitled to know that mental health professionals who have reasonable cause to know or suspect that a child has been subjected to abuse must report it to the county department of human services or local law enforcement.

31.21.117 All patients are entitled to know that mental health professionals have a duty to warn and protect third parties of violent behavior when a patient communicates a serious threat of physical violence to a specific person or persons, including those identifiable by their association with a specific location or entity.

Special Circumstances

Federal and Colorado state law require West Springs Hospital and staff to disclose health or treatment information about a patient without written authorization in special circumstances when necessary.

Special circumstances include, but are not limited to, the following:

- To prevent a serious threat to the health or safety of a person or the public
- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse and neglect
- To report reactions to medications
- To notify people of recall of medications they may be using
- To notify a person who may have been exposed to a disease
- When required by court order or valid subpoena, to inform appropriate authorities if West Springs Hospital believes a patient has been a victim of abuse, neglect or domestic violence

What the Law says about privacy:

While West Springs Hospital encourages exchange of information, we follow the **Health Insurance Portability & Accountability Act of 1996 (HIPAA)**, which protects privacy rights as well as addresses security and privacy of health-related information.



What does this mean to you and/or your loved one?

- Family members of patients that come in on an M-1 (72-hour hold) may be contacted by a hospital employee in order to gather information about the patient within that 72-hour time frame, whether there is a signed authorization or not.
- A patient's medical records, including treatment plans, are confidential and your loved one has the right to control the disclosure of information about themselves. They also have the right to decide who their information can be disclosed to. Except in Special Circumstances mentioned earlier, a patient must sign an authorization in order for West Springs Hospital to be able to disclose ANYTHING about a patient with ANYONE, including confirming or denying if someone is or was a patient. Listening carefully to family members may be all West Springs Hospital staff is able to do during a phone call.
- Family members are welcome to call the hospital at any time to share information with an employee, however, once the M-1 hold ends the employee may no longer be able to share information and/or provide an update to the family member if the patient has not signed an authorization allowing disclosure of information to that person.
- Patients often change their minds and may sign an authorization one day and revoke it the next, which means that contact with family members could change within 24 hours.
- Patients retain their right of choice even in cases where family disagrees. In cases where patients and family differ or oppose, patient rights and choices override family preferences and directives.
- If you are the parent of a patient under the age of 15, or the legal guardian of a patient, you always have a right to receive information.

Notice of Privacy Practice

Upon admission to West Springs Hospital, patients receive a Notice of Privacy Practice which describes their rights and outlines certain obligations of the hospital regarding the use and disclosure of health and treatment information.

Some of the ways West Springs Hospital is allowed to use or disclose health & treatment information:

- For treatment, payment & administrative purposes regarding treatment
- For research (limited circumstances)
- For appointment reminders
- To access health-related information or resources
- For activities including audits, investigations, inspections etc.
- If required by law or regarding criminal activity

HIV INFORMATION

All medical information regarding HIV is kept strictly confidential and is released only in accordance with the requirements of Colorado state law (C.R.S. 25.4.1401, et seq). Disclosure of any health information regarding a patient's HIV status may only be made with specific written authorization of the patient. A general authorization for the release of health information is not enough.

RIGHTS OF MINORS

All provisions of the Privacy Notice apply to parents, legal guardians or other persons authorized to act on a minor's behalf, with the exception of:

- A person aged 15 to 18 who has obtained treatment without parental consent. Parents or legal guardians may request information about a minor's mental health treatment, and their request may be granted, partially granted or denied without the minor's permission if the mental health treatment professional judges it to be in the minor's best interests.
- A minor of any age may consent to substance abuse treatment without parental permission. Parents or legal guardians may ONLY have access to a minor's substance abuse treatment information with written authorization from the minor.

Patients have the right to the following regarding their health information:

- Inspect & Copy
- Amend
- Request a Summary of who has been provided patient health information
- Request Restrictions on who can receive patient health information
- Request Confidential Communication
- Receive a Paper Copy of the Notice of Privacy Practice



A full and complete file of all policies and procedures is available in the Hospital Administration Office.

Visitation

- Visits by a patient's clergyperson, attorney or physician will not be restricted or denied at any time.
- Visiting hours are posted in-hospital, and information related to visitation is made available to patients and family members.
- Exceptions to normal visiting hours will be reviewed by a patient's treatment team whenever possible and the psychiatric provider must write an order approving any changes.
- Visitors not on a patient's approved contact list will be denied visitation, as will those who smell of alcohol and/or drugs, exhibit any symptoms of alcohol or drug intoxication or a communicable disease.
- There is a possibility your loved one may not want to see you or other family members, or want to cut the visit short. West Springs Hospital honors this right, and will act as a patient advocate if a visit is upsetting.
- Visitation is limited to 2 visitors at any one time.
- Visitors must be over the age of 12 unless an exception is approved by the patient's psychiatric provider.
- Visitation of minors is restricted to family members or legal guardians only. Friends of minors are not permitted.
- In the event a visitor is suspected of passing drugs, the visitor will be asked to leave the premises immediately and law enforcement will be called should resistance occur.
- After being discharged, patients are not allowed to visit other hospitalized patients for 90 days.

Patient Advocacy & Notice of Grievances

A very important person in West Springs Hospital is the patient representative, who serves as an advocate for those admitted to the hospital. The patient representative is available to both patients and families, assisting in clarifying information, supporting patient rights and connecting people to the right resources. The patient representative can help with grievances and also can pass along compliments regarding patient rights and the quality of care & service at the hospital.

Patient Representative: 970.683.7114 or 970.640.5020

Office Of Patient Advocacy: 866.470.5928

If you believe a patient's rights have not been observed:

- Discuss your concern with any staff member in person and/or in writing
- Personal and/or legal representatives may file a grievance on behalf of a patient by contacting our patient representative

You may obtain help in filing a grievance by also contacting:

Ombudsman for Medicaid Managed Care: 877.435.7123

Colorado Health Network: 800.804.5008

When a grievance is filed, the following occurs:

- A written acknowledgment of the grievance will be sent within 2 working days of receipt
- You will be contacted to discuss your concerns
- You will receive a proposed resolution, in writing, within seven (7) calendar days of receipt of grievance
- If, at any point, a patient is not satisfied with the resolution and wishes to file an appeal, the patient representative can assist you with the appeals process

FREQUENTLY ASKED QUESTIONS

WHAT IS A TYPICAL DAY LIKE?

Each day, patients follow a structured schedule that may include group and/or individual therapy, recreation activities, treatment plan meetings, family sessions and private time for reflection and working on written assignments. Each patient is seen daily by a psychiatric provider (psychiatrist and/or advanced practice psychiatric nurse and/or physician assistant). Peer Services, provided by individuals who have walked in patients' shoes, also conduct groups in the hospital as well as share their recovery stories. They also provide aftercare services through Mind Springs Health's outpatient care.

ARE FAMILIES EXPECTED TO BE INVOLVED?

Yes, it is extremely important that family members participate in treatment. Family members are essential members of each patient's treatment team and family support assists in healing. It is also very helpful for families to understand and participate in the discharge and aftercare plans. **Once discharged, if you notice any changes in behavior or the safety level of your loved one, please call us and make us aware of your concerns immediately.**

WHAT CAN ONE EXPECT FROM TREATMENT?

Treatment starts with the evaluation of the situation directly related to the admission, the gathering of patient history and diagnosis evaluation. Patients work on developing the life skills and coping strategies appropriate for their illness and circumstances which they will need to continue to use after discharge. The more a patient and their support system is engaged in treatment and embracing new ways of doing things, the more successful treatment can be.

HOW LONG DOES TREATMENT LAST?

People respond to treatment differently. Depending on age, willingness to confront problems and the severity of symptoms, the length of treatment varies. Hospitalized adults usually stay between 5 and 7 days. Children and adolescents may stay as long as 10 to 12 days. Case managers and the treatment team work to develop aftercare plans based on the individual needs of each patient.

WHAT IS A TREATMENT TEAM?

WHO IS A PART OF IT?

Every patient has a treatment team, also known as a patient care team. This team is made up of professionals whose job is to make sure that all aspects of a patient's care are addressed and coordinated. A treatment team often consists of psychiatric providers (psychiatrist or advanced practice psychiatric nurse or physician assistant), hospital medical director, family nurse practitioners, nurses, therapists, mental health workers & case managers. West Springs Hospital's Administrator, Kim Boe, also is available to be part of the team when needed.

WILL YOU MEDICATE MY FAMILY MEMBER?

Medications are a powerful and effective tool in treating mental illnesses. Our providers will only prescribe medications after the benefits and any possible side effects of each medication have been thoroughly reviewed with the patient and family (with permission), and after consents have been granted. Medications are closely monitored and their effectiveness is frequently reviewed by the treatment team.

WHY ARE ALL THE DOORS IN THE HOSPITAL LOCKED?

West Springs Hospital is committed to providing a safe, secure environment for all patients. Many patients have illnesses that make it difficult for them to maintain their own safety. We are also committed to maintaining the confidentiality of our patients and must be able to identify any visitors to the hospital before they enter patient areas. Our doors are locked to insure the safety of our patients and to protect their right to privacy.

WHAT ABOUT SIMPLE THINGS LIKE SHOWER CURTAINS OR REGULAR SILVERWARE, WHY ARE THOSE NOT AVAILABLE?

As West Springs Hospital is a safe and secure environment, anything that could be construed as or constructed into something unsafe is not allowed within the hospital. As an additional safety measure after meals, all utensils are counted and accounted for. For a more complete list of items considered dangerous ('contraband'), please consult our Family Guide (available at Hospital or at WestSpringsHospital.org).

CAN MY CHILDREN HAVE THEIR OWN TOYS AT THE HOSPITAL?

We provide toys, books, etc. for your child to play with during their stay. If you feel it would be important for your child to have a few favorite toys from home, please discuss this with your child's treatment team. Please remember that we are not responsible for toys from home that are lost or broken.

CAN MY CHILD OR FAMILY MEMBER HAVE THEIR CDS, MP3 PLAYERS, ETC?

Due to safety issues, all electronic devices need to be left at home. We are able to provide radios and music for patients on an individual basis, depending upon their treatment needs.

WILL MY CHILD ATTEND SCHOOL?

There is not a school on site; however, we are able to help children with their school work if their assignments are provided. If at all possible, please bring school work at the time of your child's admission, or shortly thereafter. Completed assignments will be given back to parents to return to their child's school.

THERE ARE 2 BEDS IN EACH BEDROOM. CAN, OR DO, MEN AND WOMEN SHARE ROOMS? CHILDREN AND ADULTS?

No, never. Women only have female roommates, men only have male roommates. Children only room with other children of the same sex and similar age.

WHAT IS A DENIAL OF RIGHTS? WHAT CIRCUMSTANCES MIGHT LEAD TO IT?

West Springs Hospital supports and advocates patients be involved in the planning and decision-making about their care. If the treatment team determines it is in the best interest of a patient to restrict a right, it is the Hospital's obligation to communicate the restrictions, and the reasons for them, to the patient and parent/guardians of minors.

WHO DO I CONTACT WITH QUESTIONS ABOUT MY FAMILY MEMBER'S HOSPITALIZATION?

The case manager or psychiatric provider are the primary contacts during hospitalization. The case manager will coordinate a discharge session prior to discharge where questions and concerns will be addressed.

WHAT IS THE COST OF HOSPITALIZATION?

Payment is required at time of discharge unless other arrangements have been made through the hospital business office. We accept most insurances and VISA or MasterCard. Business office personnel are available to answer questions about the cost or coverage for hospitalization. Please have copies of insurance, Medicare or Medicaid card available. We offer a sliding scale dependent upon each patient's financial picture. You will be asked to provide proof of income to determine whether a discount is appropriate.

WHO DO I CONTACT IF I HAVE QUESTIONS?

Financial Questions: Business Office: 970.683.7127

Nursing Issues: 970.683.7163

Psychiatric Providers/Medications: 970.263.4918

Case Managers: 970.263.4918

Administrator: 970.683.7072

Grievances/Issues/Complaints: 970.683.7114



