

## McLaren Northern Michigan

### Behavioral Health Psychiatric Techs and PCAs Orientation Competency (Adult Inpatient & Geriatric)

<b>Name of Orient</b>							
<b>Name of Preceptors</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1.</td> <td style="width: 50%;">4.</td> </tr> <tr> <td>2.</td> <td>5.</td> </tr> <tr> <td>3.</td> <td>6.</td> </tr> </table>	1.	4.	2.	5.	3.	6.
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<b>Orientation Time Frame</b>							

<b>Key:</b>
1. Completed
2. In-serviced
3. Observed
4. Provided care with assistance
5. Demonstrates without assistance and can verbalize rationale

<b>Procedure:</b>	<b>Key Code &amp; Initials of Preceptor</b>
<p><b>General Information:</b></p> <ol style="list-style-type: none"> <li>1. Interdisciplinary team:               <ol style="list-style-type: none"> <li>a. Coordinate with Recreational Therapy.</li> <li>b. Attend and/or run group activities as needed.</li> </ol> </li> <li>2. Walk through a patient chart and explain use of each form.</li> <li>3. Aware of Behavioral Health Programs:               <ol style="list-style-type: none"> <li>a. Adult inpatient.</li> <li>b. Partial/Day Program.</li> <li>c. Geriatric Inpatient.</li> </ol> </li> <li>4. Crash cart, suction, oxygen.</li> </ol>	

**Patient Care:****Key Code &  
Initials of  
Preceptor**

1. Preadmission screening process for patients in the ER or on the medical floors:
  - a. Receives call from ER or medical floor for a patient that needs Behavioral Health treatment. Collect the following information from the caller:
    - i. Patient's name, DOB, room #, insurance, the doctor that medically cleared the patient, if there is a petition or cert filled out, and why do they need to be screened for Behavioral Health.
    - ii. All patients should be medically cleared with the following labs completed: CBC, CMP, UA, UDS, ETOH, & Pregnancy Health.
  - b. Call Bay Arenac Behavioral Health (BABH) at 989-895-2300 and ask to speak with an Emergency Service (ES) worker. Relay the patient information to the ES worker and they will determine who screens the patient.
  - c. If it is their screen they will see the patient and call you back with the information. You will then fill out a screen over the phone with them. If it is not their screen then a RN or qualified Psych Tech will need to go see the patient and complete the screen.
  - d. FOR PSYCHIATRIC TECHS ONLY: Once the screen is done verify that the insurance company does not need to be called for authorization. If the patient has Medicaid or does not have any insurance at all then BABH will need to authorize days.
  - e. FOR PSYCHIATRIC TECHS ONLY: Verify that the legal paperwork is filled out correctly. The patient should be read the Voluntary Form before they agree to sign it. The Petition and Cert need to be filled out correctly and dated and timed appropriately.
  - f. Make 6 front and back copies of the screen. The original stays in the ER if the patient is from the ER, otherwise it goes in the chart. A copy each goes to social work, UR, rec. therapy. One copy is for the admissions nurse. The last 2 copies go in the chart. One copy of the front half of the screen down through the insurance information needs to be sent to admitting with the orders of who the patient is being admitted to, the diagnosis, and the room number.
2. Preadmission screening process for patients outside of McLaren:
  - a. Complete the 2-sided screen with the screener over the phone to present to the Psychiatrist.
  - b. Outside facilities should fax over their screen, lab work, and legal paperwork.
  - c. Ensure that the insurance information is correct and that if the patient has no insurance or if they have Medicaid that a CMH staff did the screen. CMH will have to authorize days for patients with Medicaid or no insurance.
  - d. Ensure the patient was medically cleared with appropriate labs completed (CBC, CMP, UA, UDS, ETOH, & Pregnancy Test).
  - e. Some insurance companies require staff to call them with the screen for pre-approval/ authorization. You may need to call the insurance company for authorization. This should be done before the patient is transferred to the unit.
  - f. RN to present to the Psychiatrist for admission or denial orders.

**Key Code &  
Initials of  
Preceptor**

**3. Admission Legal Paperwork of Patients (THIS SECTION IS FOR YOUR INFORMATION ONLY):**

- a. **Adult Formal Voluntary:** It is important that the patient is alert and oriented to person, place, time, and situation in order to sign AFV. They must read and understand the front of the AFV form and understand that they will not be able to sign themselves out.
- b. **Involuntary Patient:** A petition needs to be filled out by an adult 18 years or older. A certificate needs to be filled out by a Physician or a Psychiatrist. (PA's and NP's cannot fill out a certificate.) The Psychiatrist has 24 hours to complete the 2nd cert from the time the patient is admitted to the unit (it also must be done within 72 hours from the time the 1st cert was completed). The patient will meet with a lawyer if a 2nd cert is completed on them. The lawyer will give them option to sign deferment or go to a court hearing.
- c. **Deferment:** Deferment occurs when a patient was brought to the unit on an involuntary basis and after meeting with the lawyer agrees to treatment.
- d. **ATO/Court Ordered Patients:** Ensure that the court order is active and not expired. Some patients become court ordered after they are admitted if they refuse to sign deferment because they do not agree with the ordered treatment.
- e. **Demand for hearing:**
  - i. Voluntary or deferment admissions, but the patient is not compliant. We are requesting the court hearing.

**4. Admission of patients:**

- a. **Rights Booklet:**
  - i. Remove staples from rights booklet and patient book.
- b. **Written statement of rights.**
- c. **Conducting skin check:**
  - i. Always have two staff present (must have RN with you).
- d. **Searching patient belongings for safety:**
  - i. Check pockets, socks, unfold everything, turn clothing inside out.
- e. **Documentation of patient belongings:**
  - i. Document all patient belongings. Specifically note any items that are name brand or expensive.
- f. **Storage of patient belongings:**
  - i. No personal hygiene products, hospital issued only.
  - ii. Patients can wear one ring per hand. No other jewelry is allowed.
- g. **Handling patient's money and valuables:**
  - i. \$20 and over gets locked up in Security t. It's up to the patient if they want expensive jewelry locked up in Security or with their belongings on the unit.
    - 1. How to send items to Security:

<p>a. Place items in envelope (each envelope has a number), complete paper that is attached to envelope. One of the papers is kept in the front of patient's chart as a reminder to obtain patient's items at discharge. Contact Security to come pick up envelope. At discharge, call Security with the number on the paper and Security will return the envelope.</p> <p>h. Special concerns with patient belongings:</p> <p>i. If a patient doesn't want something like a rosary or family picture locked up, a Doctor's order is required stating the patient can have the item on the unit.</p> <p>i. Explain the different forms to be signed.</p> <p>5. Manages full patient assignment.</p> <p>6. Assesses for potential danger to self and/or others every 15 minutes:</p> <p>a. Assess patient's location and <b>behavior</b>.</p> <p>7. Appropriately applies restraints correctly, including appropriate tightness and ability to release quickly.</p> <p>8. Discharge of patient:</p> <p>a. Ensure the patient signs off on their belongings sheet and they are getting all their belongings back, including items sent to security.</p> <p>b. Have patient complete the hospital survey and safety plan.</p>	<p><b>Key Code &amp; Initials of Preceptor</b></p>
<p><b>Miscellaneous:</b></p> <ol style="list-style-type: none"> <li>1. Supports quality improvement activities and monitoring.</li> <li>2. Contact precautions and contact precautions plus.</li> <li>3. Environment assessment.</li> <li>4. Line of sight.</li> <li>5. Orthostatic hypotension.</li> </ol>	

I have read the information provided to me on Recipient Rights and will attend CPI training on this date \_\_\_\_\_, which is 30 days after hired.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Unit: \_\_\_\_\_