

## **Regional Resolution Process for Outstanding Issues Regarding Admissions to and Discharges from State Facilities**

**Purpose:** To provide a bidirectional process for resolution of issues related to policies and procedures affecting admissions to and discharges from the State Facilities. This process requires timely and effective solution-oriented communications and establishes clear time frames and defined steps for notification, discussion, and resolution at the CSB, State Hospital, and Central Office levels.

### **Guidelines:**

In the event that there is an issue related to an admission to or discharge from a state facility, the region encourages an attempt at resolution between the CSB Emergency Services or Aftercare Manager and the Director of Social Work at the state facility. When determining responsibilities related to admissions, Region 2 Admission Protocols should be followed. DBHDS regulations regarding Human Rights and HIPAA should always be followed.

If the concern is regarding patient care or the medical stability of an individual then see and implement doctor to doctor dispute resolution protocol (<http://www.dbhds.virginia.gov/assets/doc/about/masg/adults-medical-and-screening-guidelines-11-5-2018.pdf>) and copied below:

#### ***Doctor-to-Doctor Dispute Resolution Protocol***

- *Stage 1: When there is a disagreement between the referring physician and receiving physician about any requested laboratory work or evaluations, and/or admission, the physicians should attempt to resolve the matter amicably.*
- *Stage 2: If such resolution cannot be reached between the physicians, the referring physician may request that the dispute be escalated to the Medical Director (or designee) of the referring facility to initiate a discussion with the Medical Director (or designee) of the receiving facility for resolution.*
- *Stage 3: If the matter remains unresolved or the Medical Director is unavailable, the Medical Director (or designee) at the referring facility may request that the dispute be brought to the Chief Medical Officer (or equivalent) of the receiving facility for resolution. This discussion should be facilitated by either the referring facility's Medical Director (or designee) or the Chief Medical Officer (or equivalent).*

**Note:** *When DBHDS state facilities are involved in a dispute, the chain of command should be followed with escalation after the CMO to the State Hospital Facility Director, and if not successful, escalation to the DBHDS Chief Clinical Officer and/or DBHDS Commissioner is appropriate.*

If the concern is regarding admission not related to medical stability or medical clearance and it cannot be resolved through collaboration between the CSB Emergency Services Manager and the Director of Social Work at the state facility, then the CSB's ED, the NVMHI/PGH/CCCA Facility Director (or their appointees) and NVRPO will collaborate on a conference call in an effort to develop a resolution. NVRPO will initiate the call, serve as scribe, and record the results of this review.

If the concern is regarding a discharge, the initial step towards resolution is a Prescription Team Meeting (PTM) of the Clinical Treatment Team. A PTM can be requested by either the CSB or state facility. If there is still no resolution, there should be collaboration between the CSB Aftercare Manager and the Director of Social Work at the state facility. If this collaboration does not yield a resolution, then the CSB ED and the NVMHI/PGH/CCCA Facility Director (or their appointees), and NVRPO will participate in a conference call to

develop a collaborative resolution. NVRPO will initiate the call, serve as scribe and record the results of this review.

In the event that there is a concern related to standards and protocols which involves a single CSB and NVMHI/PGH/CCCA, then the CSB ED and the NVMHI/PGH/CCCA Facility Director, their appointees and NVRPO participate in a conference call in an effort to develop a collaborative resolution. NVRPO will initiate the call, serve as scribe and record the results of this review.

If the concern involves service delivery system or regional protocols, then NVRPO staff presents the issue and documentation on the next Weekly Regional Management Group (RMG) conference call. Weekly RMG calls occur each Monday except for the Monday following a Friday in person RMG meeting. NVRPO staff serves as scribe and records the results of the RMG review.

NVRPO staff is responsible for managing follow-up of the proposed resolution.

If the review process does not result in an acceptable resolution, the issue is referred to the DBHDS Director of Community Integration for assistance, the Director of Facilities and/or the Commissioner.

When determining responsibilities related to discharge planning, The Discharge Protocols should be followed. DBHDS regulations regarding Human Rights and HIPAA should always be followed.

Any emerging or ongoing issues affecting the collaboration between CSB discharge planning staff and NVMHI/PGH/CCCA social work staff may be addressed in the quarterly joint meeting and/or in the monthly Aftercare Managers meeting.

NOTE: If the complaint involves a violation of Human Rights, the provider must comply with processes outlined in the DBHDS's *Chapter 115: Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation, and Substance Abuse Service*.