



Medical Clearance for Psychiatric Hospitalization- Considerations with the COVID-19 Pandemic Emergency

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The current COVID-19 Pandemic Emergency in Ohio requires serious consideration of the best use of available medical resources. Hospital Emergency Departments (ED) are expected to see a very significant increase in service volume to meet the needs of those with suspected and confirmed COVID-19 infection as with the predicted upcoming “surge” in cases within the coming weeks. Persons in a behavioral health crisis and in need of psychiatric hospitalization have often received medical clearance using ED resources. Given the present circumstances, use of the ED for such patients may present risks for their health, as many with chronic and persistent mental health conditions have co-existing chronic medical conditions that place them at an increased risk for severe illness should they develop COVID-19.

There is no directive that requires that medical clearance for psychiatric hospitalization occur in an ED setting versus an ambulatory healthcare setting. Appropriate settings could include behavioral health crisis assessment centers, health (or integrated behavioral healthcare) clinics, Federally Qualified Health Centers (FQHC), urgent care clinics, or medical practices. Persons who are highly agitated, violent, or actively suicidal will continue to need assessment and medical clearance in high-intensity medical care settings such as EDs or a behavioral health crisis center designed for patients exhibiting these features, but for those without such features, medical clearance can be accomplished in an ambulatory setting. Use of such settings would alleviate overburdening ED resources and potentially provide a safer environment of care for persons in behavioral health crisis able to cooperate with medical clearance procedures.

Medical clearance is a function that allows for determination that a patient does not have acute medical issues that necessitate admission to an acute medical setting despite the presence of a psychiatric emergency. It is accomplished by qualified medical professional (physician, nurse practitioner) review of medical history, performance of physical assessment/examination, and review of any necessary laboratory/other medical studies (X-rays, CT scans, for example) necessary to establish the absence of acute medical issues that would preclude safe patient care delivery in a psychiatric setting.

Medical Clearance for psychiatric stabilization can be streamlined using focused screening tools such as the SMART Medical Clearance form (a non-copyrighted resource; attached along with FAQs). Use of the SMART Medical Clearance form (or similar instrument) and physical examination/assessment, may establish the stability of a patient without obtaining laboratory/additional medical studies.

In addition, with the current COVID-19 Pandemic Emergency situation, all healthcare providers are utilizing screening instruments to establish the presence of possible COVID-19 symptoms and/or exposure to persons known or suspected to have COVID-19 infection, to determine next steps. Examples of screening question (those in current use at State-Operated Regional Psychiatric Hospitals) are as follows:

1. Does the patient have symptoms of respiratory infection (fever, cough, or shortness of breath)?
2. Has the patient traveled outside of the United States within the past 14 days, or been exposed to someone with confirmed COVID-19?
3. Take the patient’s temperature to see if the patient has a temperature of 100.4 degrees Fahrenheit or greater.

Those persons screening negative for COVID-19 on such questionnaires would not require further medical testing while positive responses to any of these questions require further medical investigation and follow-up, including contact with local health department regarding the need for COVID-19 testing.

While this guidance is being offered to encourage utilization of ambulatory healthcare settings for performance of medical clearance for psychiatric hospitalization, we recognize that communities will require a planning and coordination process to move toward implementing this change, and that communities will differ in the resources available to devote to this work.

Given these considerations, community systems are strongly encouraged to explore the use of alternative sites and partnerships for the medical clearance work. Considerations that may be useful in this planning and coordination include:

Use existing forums to elevate and facilitate the discussion. Consider this as part of the local community planning and crisis response approach. Local conveners may include ADAMH Boards, federally qualified healthcare centers and providers, to name a few.

Build upon key partnerships in your local healthcare system and look for unique ways to partner with others in your community such as local DD boards, Area Agencies on Aging, home healthcare provider organizations, and transportation providers among others.

Review and become familiar with the admission protocols used by your local psychiatric hospital(s).

Develop triaging processes for those who need additional testing prior to inpatient psychiatric admission- those that are not able to be medically cleared through the tools described above. This includes further developing and/or extending your local network of providers who may have additional capacity to perform lab services, EKGs, or other testing that may be needed.

Consider any transportation needs as you are looking at alternative sites for medical clearance. Be sure to have a plan for transporting individuals between the site(s) and the hospital in a manner that is safe for both the individual being transported as well as the individual providing the transportation.

Consider the timeliness of completing the medical clearance review- getting the patient to the alternate site, evaluating the patient, communicating with the psychiatric hospital, getting the acceptance from the hospital to admit the patient. How can any of these steps be streamlined? What partnerships are needed to decrease wait times?

Be sure to include local law enforcement and first responders in your planning process. They will be key to getting patients to designated alternative sites for medical clearance. Communication of these changes in the behavior health crisis response approach and referral patterns will need to be clearly communicated to their colleagues in the field.