

Designated Receiving Facility (DRF) Admission Guidelines for Care Traffic Control (CTC) Referral Packet

This reference guide provides detailed information on the required DRF admission criteria for Adult Involuntary Emergency Admissions (IEA) and Revocation of Conditional Discharge (RCD/CDR) patients including demographic, legal, medical, and behavioral health documentation. Each DRF will work with the CTC to make the most appropriately informed admission placement based on the following information.

Printed copies of this document are for reference ONLY. Please refer to the electronic copy for the latest version:
<https://www.dhhs.nh.gov/about-dhhs/locations-facilities/new-hampshire-hospital/nhh-involuntary-admissions>

All referring organizations must submit admission packets to CTC. If referring hospital is transferring patient to their own DRF, the admission packet must still be submitted to CTC.

CTC Contact Information

Phone: 603-271-5364 or 603-274 5248 or 603-271-5410 or 603-271-5306

Fax: 603-271-5723

Encrypted Email: nhhadmissionsoffice@dhhs.nh.gov

First, provide detailed information on the organization referring patient to DRF and the location of patient. This information helps the CTC admissions team contact the appropriate members of the referring organization when questions or circumstances regarding admission criteria arise and for disposition planning.

Contact information must include:

- Referring Facility/Location
 - Referring Clinician and Phone
 - 24x7 Contact Information at Hospital and/or CMHC
 - Patient Current Location (Hospital/Unit/Floor)
 - DRF & Bed Assignment* (if patient has already been accepted and bed is available)
- *Concord Hospital Franklin, Elliot, Parkland, Portsmouth – hospitals with internal DRF beds

PATIENT DEMOGRAPHICS

Review the content of patient demographics on your electronic medical record (EMR) face/demographic sheet. If the following information is not on facesheet, please provide additional information as follows:

- First Name, Last Name
- Chosen Name (if patient prefers a different name)
- Age and Date of Birth
- Address (if patient is homeless, and if available, provide general area of residence)
- City/State/Zip
- Primary Phone #
- Secondary Phone # (if available)
- Preferred Language
- Hearing Status (hearing impairment or deaf)
- Identify if interpreter is needed
- Insurance Plan and Member ID (if available)

The following helps to determine bed placement:

- Biologic Sex: Male, Female, Other
- Gender Identity

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LEGAL DOCUMENTATION FOR HOSPITALIZATION

The following information must be completed in its entirety and attached to the admission packet.

Check appropriate boxes on checklist in order for CTC to know what information is attached to referral packet:

- Adult Involuntary Emergency Admission (IEA) or Revocation of Conditional Discharge (RCD/CDR)
- 612 Transfer
- Bail Order (if coming from jail)
- Community Commitment
- Other Relevant Legal Documents including:
 - Interested Parties involved with Patient/Family including Juvenile Probation and Parole Officer (JPPO); Division for Children, Youth and Families (DCYF)

Legal Agent Documentation:

Guardian: If patient has a guardian, provide complete Guardianship Documentation including Letter of Guardianship and Order. Documentation must include name, relationship, email and/or address, phone number, and agency

Durable Power of Attorney (DPOA): If activated, provide supporting documentation including Treatment Against Objection (TAO) clause if enacted.

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MEDICAL ATTACHMENTS

- Medical History & Physical will determine patient's foreseeable needs for medical supervision and treatment. H&P must be comprehensive and include the following:
- Current Medication List including dose & frequency of medications taken at home and medications given in referring facility.
- Result of COVID-19 Antigen Test. If result is positive, CTC will work with DRFs to determine appropriate placement.
- Vital Signs. All vitals must be taken within last 24 hours of referral.
 - Height
 - Weight
 - Temperature
 - Blood Pressure
 - Pulse
 - Respiratory Rate
 - Oxygen
- Labs Results. The following are the minimally required lab tests for review.
 - CBC with diff
 - CMP
 - UTOX/ DAU
 - Alcohol Level
 - UA
 - HCG (55 and under)
 - Phenytoin/Dilantin (if applicable)
 - Include other lab tests that are pertinent to admission criteria
 - **If patient refuses labs, documentation must be provided.**
- Pertinent Diagnostic Tests, Reports and/or Printouts that have been performed.
(e.g., EKG, X-ray, EEG, CT scan, MRI, Neurology consult).
If diagnostics are referenced in H&P and have been performed, provide appropriate documentation.
- Medical Devices and/or Adaptive Equipment in Use or Needed (e.g., ambulatory equipment, CPAP).
- Self-Care (Activities of Daily Living)
 - Independent
 - Needs Assistance
 - Dependent

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BEHAVIORAL HEALTH ATTACHMENTS

- Primary Psychiatric Diagnosis
- Complete Psychiatric History & Mental Status Examination
For patients 60 years and older, include Mini-Cog (Mini-Cog forms available per request from CTC)
- Provide Overview of High Risk Factors:
 - Violence
 - Suicidal Ideation
 - Homicidal Ideation
 - Self-Injurious Behavior
 - Elopement Risk
 - Substance Withdrawal
 - Seizure History
 - Use of Restrictive Measures (e.g. emergency medication treatment, seclusion, restraint)
 - Other

If available, provide Collateral Information which can aid in admission decisions.

- Agency: _____
- Current Therapist/Case Manager: _____
Phone: _____
- Behavioral Health Treatment Provider(s): _____
Phone: _____
- Name of On-Call Physician/ARNP: _____
Phone: _____
- Other: _____