

POLICY AND PROCEDURE

REACH for Tomorrow

Coordination with Hospitals and Emergency Departments Procedure Partial Hospitalization Program (PHP)

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: All Programs — Outpatient MH/SUD, IOP, PHP, and Integrated Primary Care/Behavioral Health

Purpose

To establish procedures for coordination and communication between the Partial Hospitalization Program (PHP) and hospitals or emergency departments (EDs). Effective coordination supports continuity of care, timely crisis response, safe transitions between levels of care, and improved outcomes for individuals served.

Policy

The Partial Hospitalization Program maintains procedures for timely communication and coordination with hospitals and emergency departments when individuals served require emergency evaluation, hospitalization, or transition from acute care back to PHP or other appropriate services.

Collaboration occurs in accordance with privacy laws, clinical standards, and with appropriate client authorization when required.

Situations Requiring Hospital or Emergency Department Coordination

Coordination with hospitals or emergency departments may occur when:

- An individual experiences a psychiatric or medical crisis
- There is imminent risk of harm to self or others
- Acute withdrawal or overdose risk is present
- Medical complications arise requiring urgent evaluation
- An individual is discharged from inpatient psychiatric or medical hospitalization

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Emergency Referral Procedure

When a crisis or medical emergency occurs:

1. Staff assess the level of risk and determine the need for emergency intervention.
2. Emergency services (911) may be contacted when immediate medical or psychiatric evaluation is required.
3. Staff provide relevant clinical information to emergency responders when appropriate.
4. A designated staff member may coordinate communication with the receiving hospital or emergency department.
5. Incident documentation is completed according to organizational policies.

Hospital Admission Coordination

When an individual is admitted to a hospital or emergency department:

- Staff provide relevant clinical information when authorized
- Medication information and recent clinical observations may be communicated
- The treatment team documents the admission and coordinates follow-up planning

Hospital Discharge Coordination

When an individual is discharged from a hospital or emergency department:

- Staff obtain discharge summaries when available
- Medication changes are reviewed by appropriate clinical staff
- The individual's treatment plan is reassessed
- Appropriate follow-up appointments or services are arranged

Continuity of Care

Coordination with hospitals supports continuity of care by:

- Ensuring treatment information is communicated when authorized
- Reviewing clinical changes following hospitalization
- Updating treatment plans based on current needs
- Supporting safe transition back to PHP or referral to another level of care

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Documentation Requirements

All communication and coordination with hospitals or emergency departments must be documented in the clinical record including:

- Date and time of communication
- Provider or facility contacted
- Summary of information shared or received
- Clinical decisions and follow-up actions

Confidentiality and Authorization

All information shared with hospitals and emergency departments must comply with applicable privacy laws including:

- HIPAA regulations
- 42 CFR Part 2 when substance use information is involved
- Applicable state confidentiality laws

Client authorization must be obtained when required unless disclosure is permitted by law in emergency circumstances.

Quality Monitoring

Coordination with hospitals and emergency departments is reviewed through chart audits, incident reviews, and quality improvement processes to ensure effective crisis response and continuity of care.