Alberta Health Services

PROCEDURE

TITLE
ADMISSION, ASSESSMENT AND DISCHARGE

SCOPE
Provincial: Protection of Children Abusing Drugs Program

DOCUMENT #
AMH-12-03

APPROVAL AUTHORITY
Chief Program Officer, Provincial Addiction & Mental Health and Correctional Health Services

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Residential Addiction Treatment and Detoxification Programs Policy (#AMH-08)

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To provide direction to **Alberta Health Services (AHS) Protective Safe House (PSH) health care providers** and **contracted PSH staff** on **admission**, assessment, and **discharge** planning processes.
- To recognize the importance of **patient- and family-centred care** in the transition of youth (persons under 18 years of age) into and from a PSH.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

1.1 AHS PSH health care providers and contracted PSH staff shall work collaboratively to provide a seamless transition for youth to be admitted to a PSH.

1.2 AHS PSH health care providers and contracted PSH staff shall collect, access, use, and disclose information regarding the youth in accordance with the AHS *Information Sharing with Guardians* Guideline (Addiction & Mental Health [AMH]) and the AHS *Collection, Access, Use and Disclosure of Information* Policy.

1.3 AHS PSH health care providers and contracted PSH staff shall gather information for screening, assessment, and planning purposes from all relevant sources, where practical, and in accordance with Section 1.2 above, including but not limited to:

a) the youth;

b) the youth's **family/guardian(s)**;

c) other AHS PSH health care providers and contracted PSH staff with experiences interacting with the youth; and

d) any professional or other supports connected with the youth as identified at admission and/or throughout the youth's time at the PSH.

1.4 AHS PSH health care providers and contracted PSH staff shall make frequent and ongoing attempts to establish, maintain contact, and work collaboratively with the family/guardian(s) throughout the youth's time at the PSH, in accordance with Section 1.2 above.

1.5 AHS PSH health care providers and contracted PSH staff shall create a safe and therapeutic environment that supports the youth in understanding the reasons and conditions for their admission, as outlined in the Protection Order, and to participate in the PChAD program.

1.6 AHS PSH health care providers and contracted PSH staff shall initiate collaborative discharge planning in advance of anticipated discharge and shall include, at minimum, the youth and their family/guardian(s), as clinically appropriate, in accordance with Section 1.2 above.

2. Orientation to the PSH

2.1 Within 24 hours of a youth's arrival at the PSH, and depending on the youth's ability and willingness to participate in orientation, contracted PSH staff shall:

a) welcome the youth in a positive and supportive manner;

b) orient the youth to the PChAD program and setting;

c) discuss the goals and objectives of the PChAD program;

d) conduct an initial screening of the youth (see Section 3 below);

e) verify receipt of medications in bubble-pack format for supported administration;

f) provide a copy of and review the Protection Order and its purpose with the youth;

g) inform the youth of their legal right to request a review of the Protection Order with legal assistance at no cost;

h) provide a copy of the *Notice and Request for Review of a Protection Order* form (Alberta); and

i) complete other requirements as outlined in the site-specific admission checklist.

2.2 If the youth chooses to request a review of the Protection Order, contracted PSH staff shall support the youth to:

a) contact legal assistance (i.e., lawyer);

b) complete required documentation (it is recommended the youth's lawyer lead this, when practical); and

c) provide notice to their family/guardian(s), PSH director, and the Provincial AHS PChAD Bed Coordination Line (1-888-844-5395).

3. Screening Upon Admission

3.1 AHS PSH health care providers shall screen the youth upon admission for the following:

a) mental status examination (observations on the youth's presentation, including appearance/behaviour, speech, emotion/mood/affect, perception, thought content/process, insight/judgement and cognition);

b) details on their substance use, including time, type of substance, route, pattern of use (e.g., binge) and estimated quantity of last usage;

c) need for withdrawal management;

d) suicide risk, in accordance with the AHS *Suicide Risk Management* Policy Suite (AMH);

e) other physical, medical or health needs, including, but not limited to:

(i) medication regimes;

(ii) current health conditions (e.g., diabetes, communicable diseases);

(iii) menstruation and pregnancy status; and

(iv) elopement risk.

4. Assessment

4.1 Based on the results of screening and, if consulted, the judgement of the clinical team, the AHS PSH health care provider shall conduct assessments on the youth to:

a) prevent and manage risk (e.g., withdrawal, suicide, elopement, aggression, self-injury [self-harm]);

(i) For suicide risk, refer to the AHS *Suicide Risk Management* Policy Suite (AMH).

b) provide the youth and their family/guardian(s) with follow-up treatment recommendations upon discharge.

4.2 AHS PSH health care providers shall use standardized tools validated for the population, where practical (see Appendix A: *Standardized Screening and Assessment Tools*).

4.3 AHS PSH health care providers should conduct ongoing assessments based on clinical judgement, and application should be dynamic and responsive to the needs of the youth and/or situation (e.g., administered or informed by formal structured interview, informal conversation, observation).

4.4 AHS PSH care providers shall assess the youth based on the following domains, including but not limited to:

a) major life areas, including family, education, employment, relationships, legal, physical health, mental health, history of trauma, leisure, culture and spirituality;

b) substance use history;

c) strengths, resilience factors and/or protective factors;

d) the youth's readiness for change; and

e) risk factors.

5. Management and Recommendations

5.1 When a risk (e.g., suicide, elopement, aggression, self-harm) is identified, the AHS PSH health care provider shall complete mitigation strategies (e.g., community-based naloxone kits, safety plan [see the AHS *Personal Safety Plan* Form]) related to that risk.

a) Safety plans shall be documented by the AHS PSH health care provider as soon as practical and made available to all AHS PSH health care providers working with the youth, contracted PSH staff, the youth, and family/guardian(s), as appropriate, in accordance with Section 1.2 above.

5.2 AHS PSH health care providers and contracted PSH staff shall develop and share strategies with each other to improve therapeutic engagement with the youth.

5.3 AHS PSH health care providers provide education to the youth and their family/guardian(s), on:

a) substance use, including information on specific substances;

b) risks associated with the use of each substance;

c) the potential of opioid poisoning (i.e., overdose) after a period of abstinence due to reduced tolerance if there is a return to use; and

d) the risks of withdrawing without addiction treatment (e.g., opioid agonist treatment [OAT]).

5.4 When pre-admission opioid use is identified, AHS PSH health care providers shall:

a) support the youth to access OAT or, where this is not practical, attend medically managed withdrawal; and

b) provide a community-based naloxone kit and naloxone administration training to the youth and their family/guardian(s) (refer to the AHS *Distribution of Community Based Naloxone Kits* Policy).

6. Planning for Care Transition(s)

6.1 Recognizing that **care transitions** (e.g., pending discharge or conclusion of care, change in treatment setting or handover) are often a period of increased vulnerability, AHS PSH health care providers shall:

a) assess the youth's readiness for care transition;

b) complete suicide risk screening during care transitions that are significant to the youth, in accordance with the AHS *Suicide Risk Management* Policy Suite (AMH); and

c) complete other risk screening and assessment(s) (e.g., drug use post-discharge), as appropriate.

6.2 Care transition plans, shall:

a) identify the responsible person picking up the youth; and

b) be arranged prior to discharge in consultation with the contracted PSH staff and family/guardian(s).

6.3 AHS PSH health care providers and contracted PSH staff, as appropriate, should meet (in person, virtually or over the phone) with the youth and family/guardian(s) prior to discharge to facilitate a smooth transition and address the youth's concerns.

7. Discharge

7.1 Per the *Protection of Children Abusing Drugs Act* (Alberta), the youth must be picked up by the family/guardian(s) or a responsible person appointed by the family/guardian(s).

a) The identity of the person picking up the youth shall be verified prior to the youth's discharge by contracted PSH staff using photo identification, if practical, or at least two (2) forms of other identification (e.g., copy of the Protection Order with that individual's name, birth certificate, health care card) that includes two (2) or more identifiers from but not limited to the following:

(i) first and last name (considered one [1] identifier);

(ii) full date of birth (inclusive of day, month and year);

(iii) personal health care number; and

(iv) home or mailing address.

b) If the family/guardian(s) or appointed responsible person does not attend the PSH for the discharge, contracted PSH staff shall:

(i) continue to confine the youth at the PSH for a period that the PSH director considers reasonable in the circumstance;

(ii) not discharge the youth:

- to homelessness or a public shelter, unless otherwise directed in writing by Child and Family Services;
- using unaccompanied travel in a taxi, ride share (e.g., Uber), or public transit;
- with anyone under 18; or
- with any individual not identified by the family/guardian(s);

(iii) report the matter to Child and Family Services, in accordance with Section 4 of the *Child, Youth, and Family Enhancement Act* (Alberta); and

(iv) notify AHS through the Provincial PChAD Bed Coordination Line (1-888-844-5395).

7.2 A youth whose 18th birthday occurs while in the program is still subject to the Protection Order and cannot leave before the planned discharge date but may choose where to go upon discharge without a guardian present, unless guardianship is in place for the 18-year-old.

7.3 AHS PSH health care providers shall provide a copy of the assessment and treatment recommendations to the youth and family/guardian(s), in accordance with Section 1.2 above, including but not limited to the following:

a) summary of discussion regarding goals, outcomes and progress;

b) effectiveness of interventions;

c) how to access a primary care provider if they do not currently have one;

d) how to access crisis and emergency services; and

e) how to access AMH services if needed in the future.

8. Documentation

8.1 Standardized documentation and communication strategies should be used by AHS PSH health care providers and contracted PSH staff to ensure communication is accurate, timely and clear.

8.2 Documentation should reflect clinically relevant interactions with the youth, including care provision, risk mitigation and consultations with their family/guardian(s) and others involved in the youth's care and treatment.

8.3 Documentation shall be consistent with the AHS *Clinical Documentation* Directive and the AHS *Clinical Documentation Process* Directive.

8.4 Documentation in the **health record** shall adhere to the:

a) AHS *Clinical Documentation* Directive and AHS *Clinical Documentation Process* Directive; and

b) AHS *Documenting Care Coordination* Procedure (AMH).

8.5 **Records** of the youth's stay shall be kept together using site-specific processes at the PSH and then moved to the youth's health record in adherence with the AHS *Records Management* Policy and AHS *Scanning and Digitization* Policy.

DEFINITIONS

Admission means the process by which a patient enters the healthcare system.

Alberta Health Services (AHS) Protective Safe House (PSH) health care provider (AHS PSH health care provider) means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers, and other persons acting on

behalf of Alberta Health Services within a Protective Safe House as part of the Protection of Children Abusing Drugs program (e.g., counsellors).

Care transitions means, for the purpose of this document, a change in Alberta Health Services Addiction & Mental Health Services care team membership, location, service area, and/or sectors (e.g. admission, handover, transfer and discharge).

Contracted Protective Safe House (PSH) staff means any person employed by a contracted service provider, inclusive of health care professionals, staff, students, volunteers, and other persons, and providing services to youth prior to and during admission to a Protective Safe House as part of the Protection of Children Abusing Drugs program.

Discharge means the patient has exited the system or services of Alberta Health Services. The patient's care may be continued by another agency or provider not a part of AHS.

Family(-ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends, and informal caregivers.

Guardian means, for a minor, as defined by the *Family Law Act* (Alberta), a divorced parent with custody of the minor, or a person appointed pursuant to a will, personal directive, court order, agreement or by authorization of legislation (e.g., *Child, Youth and Family Enhancement Act* [Alberta]).

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Patient- and family-centred care means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care, as integral members of the patient's care and support team, and as partners in planning and improving facilities and services. Patient- and family-centred care applies to patients of all ages and to all areas of health care.

Record means documents, data, or information of any kind, in any medium (e.g., paper, digital, and audio-visual media), and in any format (e.g., documents, spread sheets, databases, emails, blogs, wikis, and website pages) created, received, recorded, and maintained by Alberta Health Services as part of its services or business. This definition includes health records but does not include computer software or any mechanisms that produce records.

REFERENCES

- Appendix A: *Standardized Screening and Assessment Tools*
- Alberta Health Services Governance Documents:
  - *Clinical Documentation* Directive (#1173)
  - *Clinical Documentation Process* Directive (#1173-01)
  - *Collection, Access, Use and Disclosure of Information* Policy (#1112)
  - *Consent to Treatment/Procedure(s)* Policy Suite (#PRR-01)
  - *Distribution of Community Based Naloxone Kits* Policy (#HCS-246)
  - *Information Sharing with Guardians* Guideline (#AMH-12-01)

- *Records Management* Policy (#1133)
- *Residential Addiction Treatment and Detoxification Programs* Policy (#AMH-08)
- *Scanning and Digitization* Policy (#1191)
- *Suicide Risk Management* Policy Suite (#AMH-11)

- Alberta Health Services Forms:
  - *Personal Safety Plan* Form (#18600)
- Non-Alberta Health Services Documents:
  - *Child, Youth, and Family Enhancement Act* (Alberta)
  - *Notice and Request for Review of a Protection Order* Form (Alberta)
  - *Protection of Children Abusing Drugs Act* (Alberta)
  - *Protection of Children Abusing Drugs Regulation* (Alberta)

APPENDIX A

Standardized Screening and Assessment Tools

A PChAD Assessment Report for each youth in the program shall be completed using the screening and assessment flow sheets in Connect Care and the following standardized tools as appropriate:

a) Alcohol, Drug Use, and Gambling Monitoring Information (ASIST Monitoring Questions)

b) The Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

c) Adverse Childhood Experiences (ACE Short Form)

d) Child and Youth Resilience Measure (CYRM)

e) Columbia-Suicide Severity Rating Scale (C-SSRS Screener)

f) Health of the Nations Outcome Scales Children and Adolescents (HoNOSCA)

Additional tools may be used on a case by case basis when deemed necessary. These may include the following, but are not limited to:

a) Southern Oaks Gambling Screen (SOGS)