

## Procedure for Assigning OPEN ACCESS (OA) Individuals to Nursing

It is the understanding that Nursing Care can provide critical functions during the routine treatment of individuals seeking care at Open Access.

This procedure will establish care teams and assist in outlining the assignment of individuals receiving care through Open Access (OA).

### Definitions:

Location Specific Nursing Team - each service location that offers nursing services to more than one program on site, that is staffed by more than one nurse, or the potential to staff more than one nurse.

Triage - The sorting of patients according to the urgency of their need for care, to utilize resources for those with highest need.

Medical Necessity - Services that are necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort.

Elevated Risk for suicide: Any person served who as a result of a recent or remotely recent suicide attempt/s required need of care by a specialized medical unit (I.e ICU, CCU) or a medical floor due to the severity of the attempted act/s or who was recently discharged from an inpatient psychiatric unit as a result of suicidal/ homicidal ideations with plan, intent and means to carry out their attempt.

Primary Nurse – This Nurse is a North Nurse that will be spending the most amount of time assisting OA with nursing related concerns.

### Nursing Teams:

1. Cases Assignments are referred to a given nursing team. No case, unless delineated in this process, will be assigned to an individual RN (Registered Nurse).
2. Nurses will create a group email significant to their clinic location in Outlook, for example RN's working at the North location have email, [mccmhnorthnurses@mccmh.net](mailto:mccmhnorthnurses@mccmh.net), any nurse that is considered a "primary" with OA will be included in the North Nursing Team emails.
3. All nurses in the group will be responsible for checking the emails sent to their team throughout the workday. When a nurse replies to an email, they will "reply all" so the team knows the email is being addressed.
4. Physicians, Case managers, therapists and supervisors who work primarily for OA will email the nursing team assigned to an individual for nursing related issues.

### Assigning Individuals to a Team:

1. Individuals should be assigned to the team closest to their residence, unless the individual has a preference for another location. This needs to be clearly communicated to the individual served

that the location they choose will be where they will be receiving all of their nursing services until they are closed with OA.

- Due to current FOCUS limitations, the process to select the correct nursing team is to schedule an appointment on the nursing calendar for the end of December of the following year. This appointment should be deleted if the case is transferred to another provider or renewed for the next December if the case remains open.

Add Appointment FOCUS

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**Appointment with First North Nursing Activities**

Date: Wednesday, December 29, 2021

Begin Time: 1:45 PM End Time: 2:00 PM

Purpose: Other  
 Other: North Nursing Team

Consumer: 999999 Joe B. Consumer

Additional Information

Location: 688 MCCMH North

Place Of Service: Other

Notes: Assignment of team

To Check which Team of nurses has been assigned, look at the appointment calendar in the individual's FOCUS chart.

Macomb County Community Mental Health MCCMH

Consumer Chart FOCUS

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**HEALTH AND SAFETY WARNING**  
Show/Hide Details

Name: Consumer, Joe B (35/M) Case #: 999999 Case: Open

Date of Birth: 09/01/1986 Home Phone: (555) 335-1225

Address: 111 Trainer CLINTON TOWNSHIP, MI 48035

Primary Program: Easterseals Society (Macomb) dba Easter Seals - MI

Case Holder: Karen Pferstinger

Disability Designation: Click here for Evidence Based Programs

Chart Documents 1 Alert

Eligibility/Insurance Diagnosis

Health/PHCP Info Clinical Guidelines Consumer Calendar

Chart Links Chart Documents **Appointments** To-Do Items

Affiliate: MCCMH

Date: 09/29/2021 - 03/29/2022

Staff: lookup clear

Show Appointment History Show Future Appointments Show No-Show/Cancellation History Generate Report

**6 Appointments**

Date / Time	Purpose	Staff	Location / Site	Status
10/04/2021 9:00AM - 10:00AM	Testing @ Old PID	Carolyn Landy	MCCMH West	Scheduled <a href="#">View</a>
10/04/2021 1:00PM - 2:00PM	Testing @ New Site	Carolyn Landy	MCCMH Case Management MCCMH North	Scheduled <a href="#">View</a>
10/05/2021 12:30PM - 1:15PM	Intake	Anna Baur	New Oakland Family Centers Outpatient (Center Line)	Scheduled <a href="#">View</a>
10/20/2021 9:00AM - 9:15AM	Service: T1017	STEVEN SMITH	MCCMH Case Management MCCMH West	Scheduled <a href="#">View</a>
11/03/2021 12:30PM - 1:15PM	Intake	Anna Baur	New Oakland Family Centers Outpatient (Center Line)	Scheduled <a href="#">View</a>
12/29/2021 1:45PM - 2:00PM	North Nursing Team	First North Nursing Activities	MCCMH North	Scheduled <a href="#">View</a>

### Items that should involve the nursing teams:

#### Triage:

1. OA supervisor/T3 will pass along the need for an individual to be triaged to the location specific nursing team.
2. In the event of a request for an emergent medication review from OA Case Management Services, the Case Manager/Holder needs to communicate the request to the OA supervisor/T3 in order to determine the necessity of triaging, this will be relayed to the nurse that is the “primary” with OA, if this RN is not available for the triage, the triage request will be sent to the location specific Nursing team assigned to the individual.
3. The OA supervisors/ t3 will based their decision of which RN team will be contacted based on person served demographics when at all possible.
4. Nurses will then communicate with individuals that have had a request for urgent med review. This communication will allow nurses to triage requests based on medically significant side effects, risk for harm to self and others, and urgency (for example risk of withdrawal if running out of medication, etc.).
5. If the need for an emergent medication review is confirmed, the RN will communicate with the license provider or his/her covering colleague (when primary provider is not available or out of reach) to receive instruction on next steps. RN will assist in coordinating with clerical when needed as per licensed provider recommendations on the case.
6. If the need is triaged as non-emergent, RN can coordinate with clerical scheduling individual with their assigned provider as his/her appointment availability allows and notify licensed provider and case holder of their recommendations.

#### Vital Signs/Eyes on:

1. If a physician requests vital signs for an individual served this should be emailed to the location specific nursing team, if the case/care manager identifies concerns with the vitals obtained that require elevating it to the RN teams.
2. If a licensed provider needs the person seen face-to-face for any reason as per their clinical judgment, this should be emailed to the RN team specifying the clinical concern at hand.
3. **In cases where there is an elevated risk for suicide/homicide:** This type of case requires ALL treatment team members to be aware of (licensed provider, RN team, Therapist, Case manager) So that appropriate steps to maintain an intensive follow up following discharge are put in place. The decision of how to implement that support must be reached with the involvement of all the parties here mentioned. The feedback from the licensed provider is key in these cases.

### **Long- Acting Injections:**

1. If an individual is discharged from the hospital on injection the intake worker will email the site-specific nursing team to provide them a notification to be preparing to assist.
2. If the Licensed Provider starts or continues a long-acting injection, or there is a change in a currently prescribed long acting injection, the licensed provider should email the site specific nursing team found in FOCUS.
3. Nurses will coordinate the ordering and administration of the injection according to current program procedures, Licensed provider orders and follow MCCMH policy.
4. Nurses will document administration of injectable medication according to MCCMH policy, and if the individual misses the injection will inform the physician and primary case holder.
5. Nursing is expected to reach out to the licensed provider directly in the event of any questions related to order or other issue with the injection that might need further clarification.
6. If an individual on long acting injectables transfers to another program, or refuses services this will be communicated to the correct Location Specific Nursing team so the Medication can be returned and no longer ordered.

### **Assigning individual nurses to a case:**

#### **Clozapine:**

1. Assigning individuals to a nurse's case for Clozapine monitoring will be considered best care, since Clozaril is handled through the REMS system.
2. During Intake if an individual served is discovered to have been discharged from hospital on Clozapine (Clozaril, FazaClo, Versacloz) the intake worker must notify the nursing team in an email, once the nurses review the email, a nurse from the team will respond to OA supervision and own direct supervisor, to be added to the assignment of this case.
3. The nurse assigned will assist the individual in finding a lab, assist in gathering lab results and if so, designated by the licensed provider, provide the data into the information through the REMs system.
4. Nursing is expected to reach out to the licensed provider directly in the event of any questions related to order or other clozapine related issue that might need further clarification

### **Medical Complications:**

1. If an individual is medically compromised, they may need a nurse assigned if both these specifications are met:
  - A. Nursing services will be providing a specialized nursing assessment and,
  - B. The assigned nurse is needed to assist the case holder in Person Centered Planning (PCP) while providing outcomes and interventions that are medically necessary.
  - C. If only B is applicable that requires no specific RN assignment, any RN team member could be able to advise in creating objectives and intervention for a PCP.