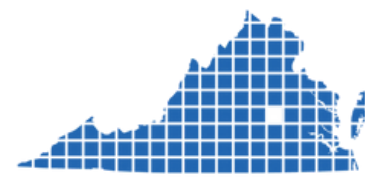


# Virginia

## Behavioral Health Medical Clearance

An update on Virginia Guidelines, state law,  
and our needs from behavioral health CMOs & CNOs

Summer 2023



# About the Medical Clearance Guidelines

In 2018, Virginia doctors, hospitals, and the DBHDS implemented medical assessment and screening guidelines to appropriately treat psychiatric patients.

## Why do we need these Guidelines?

- To standardize what is needed **to medically assess and clear a patient** for mental health admission
- To avoid using limited staff and resources for unnecessary testing in young, otherwise healthy patients
- To encourage and reinforce **Doctor-to-Doctor communication** and collaboration through the establishment of procedures for amicably resolving concerns around psychiatric admissions
- To ensure patients with capacity are **not forced to undergo unnecessary labs/urine tests**
- To outline admission limitations of state psychiatric hospitals and crisis stabilization units (CSUs) through a **list of exclusionary criteria**

Doctors, Hospitals, State Health Officials Implement Medical  
Assessment and Screening Guidelines to Enhance Timely  
Access to Appropriate Treatment for Psychiatric Patients  
**November 5, 2018**

## Needs and Challenges

# Improving the admissions process

Despite the Guidelines, Emergency Physicians regularly encounter barriers with the Admissions team — typically a nurse or other staff member who is unaware of the official state process for psych admission. **Barriers typically include:**



**Admissions teams unwilling to allow Doc-to-Doc communication — a state law.**



**Facilities using checklists or processes that differ from the agreed-upon Guidelines.**



Code of Virginia, § 32.1-127

# Doc-to-Doc

If there are disagreements regarding assessment and screening needed prior to psychiatric admission, an Emergency Physician can request a direct communication with the admitting Psychiatrist. This is a process that builds **trust** between providers and offers **reassurance** to the Psychiatrist and their institution. **Doc-to-Doc is allowed by state law** and outlined in the Code of Virginia, § 32.1-127. **However, Doc-to-Docs rarely occur and Admissions/Psych are largely unaware of the rule.**

20. Shall require that each hospital that provides inpatient psychiatric services establish a protocol that requires, for any refusal to admit (i) a medically stable patient referred to its psychiatric unit, direct verbal communication between the on-call physician in the psychiatric unit and the referring physician, if requested by such referring physician, and prohibits on-call physicians or other hospital staff from refusing a request for such direct verbal communication by a referring physician and (ii) a patient for whom there is a question regarding the medical stability or medical appropriateness of admission for inpatient psychiatric services due to a situation involving results of a toxicology screening, the on-call physician in the psychiatric unit to which the patient is sought to be transferred to participate in direct verbal communication, either in person or via telephone, with a clinical toxicologist or other person who is a Certified Specialist in Poison Information employed by a poison control center that is accredited by the American Association of Poison Control Centers to review the results of the toxicology screen and determine whether a medical reason for refusing admission to the psychiatric unit related to the results of the toxicology screen exists, if requested by the referring physician;

## ☑ **Redistribute the 2018 Guidelines**

Please send out the 2018 Medical Clearance Guidelines and educate your Admissions and Clinical teams on them. These rules supercede any internal processes. Find them here: [vacep.org/guidelines](http://vacep.org/guidelines).

## ☑ **Reinforce Virginia's Doc-to-Doc Law**

If an Emergency Physician or admitting Psychiatrist asks to speak to the other, they must be connected. **No excuses – it's state law.**

## ☑ **Explain that many tests are unnecessary**

Emergency Physicians are still being asked by Admissions to order unnecessary labs, EKGs, X-rays, and CTs on psychiatric patients who do not require a full workup. Such tests are not needed, as defined in the Guidelines.

## ☑ **CSBs can help**

Community Services Boards are your partner in this process. Staff are trained on elevating concerns when there are disagreements. Get them involved as early as possible.

# Here's what we need from you.

Our downloadable one-page PDF offers a printable and sharable overview of the Guidelines and a reminder of the Doc-to-Doc state law. Get it now.

[vacep.org/guidelines](http://vacep.org/guidelines)



# Guidelines Protocol Review and Monitoring Committee (PRMC)

Nedra Moncrief-Craig | Sentara Behavioral Health Services

Jennifer Wicker | Virginia Hospital and Healthcare Association (VHHA)

Heather Baxter, LPC | Behavioral Health Program Manager, Prince William County

Lawrence Varner, MD | Virginia DBHDS

Steven Crossman, MD | Virginia DBHDS

Joran Sequeira, MD | Virginia College of Emergency Physicians (VACEP)

Bruce Lo, MD | Virginia College of Emergency Physicians (VACEP)

Albert Arias, MD | Psychiatric Society of Virginia (PSV)

## Support and Improve the Guidelines.

Encourage doctors and psych teams to report issues, barriers, or education with medical assessments and screening. They can contact one of two members of the PRMC.



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