

BC Psychosis Program

The British Columbia Psychosis Program

Referral Package

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BC Psychosis Program

Referral Information Package

The British Columbia Psychosis Program provides intensive, patient focused care for people with psychosis related treatment challenges. The program is a resource to Health Authorities across BC by providing unique, highly specialized services to patients based on the best available evidence including pharmacologic, biophysical, and psychosocial treatments when community-based resources are not fully effective. Research is an integral part of the Program, and patients may be offered the opportunity to participate as a subject in a clinical trial or other research project.

The program is a provincial inpatient treatment resource and all referrals must be made through a designated referral agent within one of the provincial health authorities. Although each patient is treated individually, the estimated duration of stay is 3-6 months.

Admission criteria

Patients need to have the following items to be considered for the program:

1. BC residents ages 18 years and older who are medically stable;
2. Diagnosis of schizophrenia, schizoaffective disorder, mood disorder with psychosis, or non-substance-related psychosis requiring diagnostic clarification;
3. History of no response or inadequate response of positive symptoms to at least 2 adequate trials of antipsychotics (one of which is a second generation agent) by HA tertiary clinical teams;
4. Incomplete recovery of social, vocational, and occupational functioning likely to respond to active intervention;
5. If present, substance use disorder, pervasive developmental disorder, developmental disability, personality disorder, aggression, or head injury are not the primary focuses of treatment.

Program

The referral process has been agreed to by all health authorities. As discussed amongst the Health Authority representatives, each Health Authority is responsible for implementing and coordinating its own referral process within its region; however is committed to a single (central) point of referral from the Health Authority to the Program. Each Health Authority will identify a contact position/person to act as the liaison with the Program. The Program will be informed of any changes in contact personnel.

All patients should be assessed by the Health Authority prior to the referral being forwarded. The assessment will include the following work up:

1. Diagnosis
2. Medical / psychiatric history
3. Social and family history
4. Current medications
5. Referee's contact information
6. Other relevant documentation to be attached (e.g. assessments, consults, lab work, hospital discharge summaries)

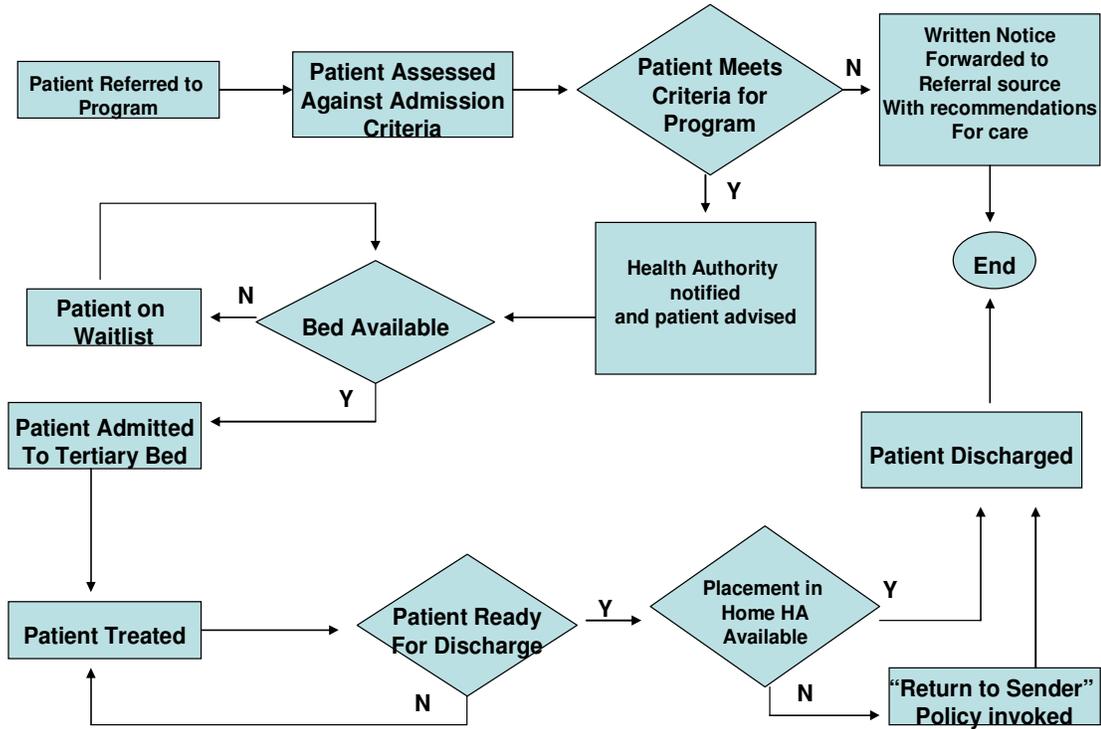
Note: Each Health Authority is responsible for triaging and prioritizing their referrals through a centralized process with one identified contact person for BC Psychosis for prioritization of referrals (function may be delegated when contact not available).

Referrals into the Program are triaged through a centralized process at the Program level as follows:

1. HA forwards request for admission (non-urgent referrals) to the BC Psychosis Access / Discharge Coordinator.
2. The Access / Discharge Coordinator reviews each request for completeness and general eligibility (see Admission Criteria above, and forwards appropriate requests to the Program's intake committee.
3. If it is determined by the intake committee that an individual is suitable (i.e., meets criteria for admission), the team makes the decision to accept the patient into the Program.
4. The Access / Discharge Coordinator will directly advise the referring health authority key contact of acceptance (or not) into the program and anticipated wait time. When indicated direct dialogue between BCPP & the referral source is welcome.
5. If not accepted, the Program may offer suggestions for alternative service options.
6. If an individual is accepted into the Program and a bed is not readily available and significant management issues exist, the Access / Discharge Coordinator will inform the referring Health Authority and may suggest clinical management strategies.

This process is captured in Figure 1 below describing the Program’s referral pathway.

Figure 1:



Transition Planning

Transition plans will begin prior to admission by the patient's mental health team at their home Health Authority. This plan will be updated by the BC Psychosis care team with the patient's home Health Authority mental health team as soon as the patient completes the stabilization and assessment phase and treatment goals are identified. The Access / Discharge Coordinator will work with the patient, the BC Psychosis care team, and the patient's designated Health Authority referral source to determine a "best fit" for aftercare ensuring a continuum of treatment whenever possible. The Access / Discharge Coordinator and the community mental health team will regularly liaise to collaborate on transition planning throughout the patient's treatment.

Once treatment has been optimized in the provincial program, patients will be transferred back to the referring HA for ongoing care and treatment. The program will provide input to the discharge plan. Seamless patient flow into and out of the program is critical. Research has shown that the best possible recovery is achieved when there are continuity of care and a multidisciplinary team approach. It is important for the HA clinical staff to maintain communication with the patient and the provincial treatment team during their inpatient stay to facilitate admission and timely discharge. This leads to an easier transition for patients and providers and improves compliance with treatment.

It is the responsibility of the health authorities to ensure access to appropriate resources for the support of patients upon discharge for patients deemed ready for transfer back to the HA from the provincial program. Patients will be repatriated within 28 days of HA notification and being deemed 'Ready for Discharge.' At the time of admission, a return agreement will be established with the referring health authority to address situations where an appropriate placement is not available at the time of discharge. See [Appendix A](#) for Return Agreement

As part of our program evaluation and quality improvement process, we gather specific information on patients within 6 months of discharge to determine if our recommendations are helpful, and how they have reintegrated into their communities and progressed in recovery

Process

Appeal/Dispute Resolution Process

A two-step dispute resolution process will be initiated. Step 1 involves a discussion between the health authority contact person and the Access / Discharge Coordinator to determine if clarification of information or more information is required to resolve the issue. Discussion and resolution of the issue should remain between the referral source and the program.

Step 2 should be utilized for issues related to access to the program or discharge back to the health authorities. This step will occur at the tertiary network meetings.

Communication

To ensure the success of the program there must be significant collaboration and communication between the Program and the Health Authorities. This communication is to continue from the time of referral until the patient has been successfully returned to his/her health authority. It is expected that the Program, referring HA, and the community mental health team will connect on a continuous basis (at least twice monthly) throughout the admission and will actively participate in all discharge planning processes related to its patients.

BC Psychosis Program

Patient Information Package

Program

The BC Psychosis Program uses the wellness and recovery model which is that we believe recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. This is the model in which we base all programming and treatment decisions.

Upon arrival you will be asked to participate in a number of interviews and assessments to develop a full picture of your strengths and any medical and mental health issues and or goals you would like to achieve while in the program.

IMPORTANT INFORMATION:

1. All patients will have private rooms.
2. You and your primary care Staff are the only individuals allowed in your room; other patients or visitors are not permitted to visit within your room.
3. During the initial assessment and admission period, all visitations are determined by the care team and patients – many patients and their care team find it is best to limit visitations during these initial few weeks. Regular visiting hours: 1000-2000 unless clinically indicated otherwise (e.g. appointments, treatments, etc).
4. The program is not responsible for the loss of any of your personal belongings and valuables. Valuables that fit into a legal size envelope will be sent to a vault at Patient Accounts for safekeeping.
5. Phones are available on the ward for patients to access. BC Psychosis is not responsible for loss or damage of personal cell phones that are brought to the program. Personal cell phones that are brought to the program are not permitted to be held or used on the unit. The use of personal cell phones is permitted off the unit (unless contraindicated) but is subject to the protocol of having personal cell phones signed out / in by staff.
6. Computers with internet access are available in program. BC Psychosis is not responsible for loss or damage of personal laptop computers that are brought to the program. Personal laptop computers with cameras or that have the capability of accessing the internet are not permitted to be held or used on the unit but may (unless contraindicated) be used off the unit subject to a protocol of staff signing out / in.
7. Patients have bureaus and lockers to store belongings.
8. Please do not to bring valuables or large sums of money to the program.
9. Free laundry facilities are available.
10. All food, snacks, and coffee are provided.
11. The program is a scent-free environment. Any perfumes or scented products will not be allowed in the building. Shampoo, soaps, deodorant, toothpaste will be provided to you.
12. The program and grounds is a SMOKE-FREE environment. Smoking is not permitted on VCH grounds and individuals will be orientated to the perimeter of VCH grounds to ensure adherence to this restriction. The program provides liberal Nicotine Replacement Therapy (NRT) options to prevent nicotine withdrawal syndrome. NRT can be used to support abstinence but it can also be used if an individual chooses to continue to smoke.
13. Belongings left after discharge from the program will be donated to charities.

Patient Information Package (continued)

WHAT SHOULD YOU BRING?

1. Clothing that is comfortable, appropriate, and suitable for in-residence living and outings to the general community (under garments, sweat pants, long/short sleeved shorts, sweater, socks etc.). Bring a bathing suit so that you can join our swimming program.
2. Please limit your belongings to one bag or suitcase.
3. Scent free toiletries.
4. All prescription and non-prescription medications will need to be provided to your care team on arrival who will then initially take responsibility for ensuring you receive medication as prescribed by your physicians.
5. An inexpensive watch. **Rationale:** Time management is an important life skill. An inexpensive watch effectively empowers & equips patients to develop this skill.
6. An inexpensive battery powered (no cords) clock / with alarm. **Rationale:** as above.
7. A plastic (not metal or glass) reusable water bottle. **Rationale:** A reusable beverage container will reduce the dependence on paper cups which is environment friendly. This practice will provide savings in costs & staff time as well as empower & equip patients to maintain healthy hydration. Staff would ensure these bottles are passed through the dishwasher / sanitizer daily.

DIRECTIONS AND MAP



The BC Psychosis program is located at 2255 Wesbrook Mall, Vancouver, BC, V6T 2A1. It is located in a newly renovated space on the second floor of Detwiller Pavilion, UBC Hospital, part of the UBC Point Grey campus.

How to get to Detwiller Pavilion

By Car

1. You can reach the UBC Point Grey campus by driving westbound along 4th Avenue, 10th Avenue, 16th Avenue, or 41st Avenue. Access to the campus is from South West Marine Drive or Chancellor Boulevard.
2. UBC transport options and campus maps: <http://www.trek.ubc.ca>
3. There are a number of parking lots available to the public.
4. About parking at UBC: <http://www.parking.ubc.ca>

Public Transport → Translink's free Trip Planning service can help you to plan your trip to UBC from virtually any Lower Mainland location: <http://tripplanning.translink.bc.ca/>

From Vancouver and the Lower Mainland:

- Take any bus that states UBC as its destination
- Skytrain passengers can get off at Broadway Station or VCC Clarke Station and then transfer onto the #99 B-Line bus or 84 Express to UBC
- Note that some routes service the UBC campus only during peak hours

For further information about directions please call Hospital Reception (24hrs) at 604-822-7121.

Detwiller Pavilion is located near the red arrow on the map below.



REFERRAL BC PSYCHOSIS PROGRAM

FOR INTAKE COMMITTEE USE ONLY

Referral form received: _____

Date Committee discussed: _____

Referring Psychiatrist:

Phone: _____ Email: _____

GP: _____

Phone: _____

Case Manager:

Phone: _____ Fax: _____

Email: _____

Patient Name: *(Include Alias)* _____

Date of Birth: _____

(dd/mm/yy)

Age: _____ Gender: _____

PHN: _____

Marital Status: _____

Smoker: Yes No

Patient's Home Address: _____

Current Hospital: _____

Admission Date: _____

Family Contact: _____

Committeeship

Phone: _____ Email: _____

Power of Attorney

Address: _____

Representation Agreement

Other

Voluntary Admission Certified under Mental Health Act - Date Certification will expire: _____

REASON FOR REFERRAL *(include treatment goals)*:

DIAGNOSIS:

Axis 1 _____

Axis 2 _____

Axis 3 _____

MEDICATION REVIEW

Patient has failed two significant medication trials and considered Refractory: Yes No

If Yes, then a complete listing of trialled medications are required:

List medications that have had some effect in the past and highest dosage:

List medications that have had no effect in the past and highest dosage:

Previous Clozapine trial: Yes No

Length and dosage of Clozapine trial: _____

Reason for discontinuing Clozapine trial: _____

SOCIAL / LEGAL ISSUES

Finances: PWD Regular IA CPP/ CPP-D LTD GIS Work Income Other: _____

Finances are managed by: Patient Other: (name and phone) _____

Currently on Probation for: _____

Legal charges outstanding for/court dates: _____

Forensic Involvement:

Criminal record - Yes No Forensic history - Yes No Current charges - Yes No (describe)

Substance Abuse: Yes No (describe)

Form Completed by: _____

Date: _____

Position: _____

Contact Phone #: _____

Thank you for your referral to BC Psychosis Program. Please ensure that your patient is assessed by their psychiatrist prior to the referral being forwarded.

In order for us to review the referral we require a recent written assessment by a psychiatrist including the following:

- Identifying information
- Diagnosis and Clinical Global Impression-Severity (CGI-S)
- Psychiatric history for past 3-5 years leading up to hospitalization
- Previous tertiary mental health treatment (if any)
- Aggression and safety concerns
- Current psychiatric medications and therapeutic response
- Pertinent medical history and active problems
- Current mental status
- Question for consultation and goals for admission to tertiary program

Please submit Referral Form to the Tertiary Access Coordinator for your Health Region

RETURN TO HEALTH AUTHORITY AGREEMENT

DATE: _____

RE: Discharge Commitment / Return Agreement

In order to maintain a responsive system, we understand that discharges from the provincial system to the referring communities will be required.

This letter is to advise that we will accept: _____
(Patient)

back to: _____
(Hospital or Facility)

Specific Unit/Ward/Floor/Program: _____

within 28 days of his/her readiness for discharge from BC Psychosis programming.

Patient Care Coordinator or Manager

Referring Psychiatrist

This form must be completed before an admission will be scheduled