

INTER-AGENCY AGREEMENT

1.0 Identification of Agreeing Agencies:

Hôpital Notre Dame (soins ambulatoire et actif)

and

Hearst, Kapuskasing and Smooth Rock Falls Counselling Services

2.0 Duration of Agreement:

Agreement is effective unless one of the two agreeing agencies request modification through the persons identified in Section 10, 12, or their delegates.

To be revised from time to time as required.

3.0 Purpose of Agreement:

Ensuring a community crisis response that is closely linked and based on client's needs by:

- Ensuring a proper follow-up by the Counselling Services upon discharge of a client from the hospital.
- Facilitating information sharing between agreeing agencies for the benefit of client's safety and wellness.
- Ensuring a proper follow-up by the hospital when a client of the counselling Services is referred.

4.0 Target Clients:

Clients in crisis..

Clients suffering from a severe psychiatric disorder

5.0 Typical Circumstances:

A client in crisis is referred to Notre Dame Hospital by the Counselling Services.

A common client in crisis is discharged from hospital.

Nursing staff requires input regarding ways to behave with some hospitalized clients.

Hospital staff refers a client to the Counselling Services on behalf of a physician (nursing or secretarial staff).

A client seeking Emergency room services is referred to the Counselling Services from 9 a.m. to 3 a.m. 7 days a week.

A known client is placed on a Form 1 following a visit to the ER.

6.0 Procedures by typical Circumstances:

6.1 A client in crisis is referred to the hospital by the Counselling Services:

The client's counsellor will ensure appropriate measures of transportation to the hospital. This may include an ambulance call.

The client's counsellor will share the following information with the admitting nurse and/or the on-call physician.

- situation
- observed symptoms and known diagnosis
- current medications
- actions taken by our services
- recommendations
- the date of the next possible appointment

6.2 A common client¹ in crisis is discharged from the hospital:

The Counselling Services is informed prior to the client's discharge by the nurse responsible for the patient.

Counsellor may recommend for reassessment of dangerousness risk before discharge.

6.3 Nursing staff requires input and/or support regarding ways to behave and help with some hospitalized clients:

The nurse responsible or delegate invites the client's counsellor to a clinical meeting. This should be done as far in advance as possible.

The client's counsellor participates in the meeting if:

- There is no other major priority.
- Information disclosure forms (Forms 14) have been signed by the client.

6.4 Hospital refers a client to the Counselling Services on behalf of a physician during office hours:

The nurse calls the Counselling Services and shares the following information:

- name of client and date of birth
- phone number and address
- date of hospitalization
- referring/treating physician
- family physician
- reasons for referral
- # of the room

¹ A common client is defined as a client that has been referred/visited while they were hospitalized.

If the referral is not made on the counsellor's visiting day and that a delay before the assessment is expected, the counsellor will call the referring physician to:

- assess the priority level
- explore alternative solutions if needed

After arrangements have been made for assessment or visits or appointments with the client, the counsellor calls back the nurse in charge to let him/her know when he or she plans to come to see the patient. It is the nursing staff's responsibility to put the information in the patient's individual care plan.

The Counselling Services provides consultation in a delay compatible with the priority level of the client's situation.

After an assessment or visit and upon proper written authorization by the client, the counsellor leaves a note in the hospital file indicating:

- observed symptoms
- impressions of the counsellor
- recommendations (see attached form)

6.5 A client seeking Emergency room services is referred to the Counselling Services (from 9 a.m. to 3 a.m. 7 days a week)

Client must be physically in the hospital in order to have access to this service.

The ER staff get the client's verbal consent to involve a Counselling Services' counsellor and to empower the Counselling Services staff to share information with the hospital.

The ER referring person calls the Counselling Services with the appropriate number

Office hours:Monday to Friday from 9 a.m. to 5 p.m.	372-1933
On Call hours: Evenings from 5 p.m. to 10 p.m. (Cell phone)	372-8056
Evenings from 10 p.m. - 3 a.m. (Cell phone)	372-5732
Weekends from 9 a.m. to 9 p.m.(Cell phone)	372-8056
Weekends from 9 p.m. - 3 a.m. (Cell phone)	372-5732

The ER referring person will then give the following information to the Counselling Services:

- name
- age
- circumstances of visit to ER
- reasons for referral

The counsellor conducts a short telephone interview with the client aiming at determining the admissibility of the client to the services.

The admission criteria for the crisis service are as follows:

- 1. The patient is 16 years of age or older**
- 2. The patient is not intoxicated**
- 3. One or more of the following condition**

A. There is a need for a risk assessment

Risk to self (suicide, mutilation, inability to take care of oneself)

Risk to others (homicide, violence)

B. There is a need for intervention

Patient is suicidal, homicidal, aggressive or psychotic

Patient has a psychiatric disorder that can include, but is not limited to:

Mood disorder (manic episode, depressive episode, mixed episode...)

Psychotic disorder (schizophrenia, paranoia...)

Anxiety disorder (panic attack, post traumatic stress disorder...)

Personality disorder

Patient just went through a life threatening experience and needs counselling

Rape, assault,...

C. The patient tells the E.R. staff that he is a client at the Counselling services and wants to talk to the on call counsellor.

Once admissibility is established for the Counselling Services on call crisis service, the client will be placed in a quiet room in the ER

The counsellor will go to the ER and meet the client in the quiet room.

The counsellor will write a report of his intervention with recommendations using the attached standard format.

The counsellor might involve family members in the crisis intervention.

The hospital agrees to provide to the Counselling Services:

- access to a telephone
- access to a quiet and private room

6.6 A known client is placed on a Form 1 following a visit to the ER.

The Counseling Services is informed of the situation while the client is awaiting for transfer.

The Counselling Services might have a counsellor at ER available to support the client while awaiting the transfer.

The Counselling Services will transmit proper information and reports to the psychiatric facility upon client's approval.

7.0 Procedures guidelines for non-typical circumstances:

Safety and wellness of clients in crisis and their relatives must be ensured through appropriate information sharing.

There must be a continuity between the services offered by both agencies to the same client.

8.0 Information sharing conditions:

As directed by the Mental Health Act.

9.0 Usual worker/position involved by the procedure agreement:

Counselling Services: Secretary
Supportive Independent Living Counsellors
Mental Health Counsellors
On call crisis counsellor

Hospital: The physician in charge
Nurses responsible for the involved clients
Executive Leader of Ambulatory Care Services or delegate
Clinic's secretary
ER personnel

10.0 Resource/Contact person in revising/monitoring the present agreement:

Counselling Services: Louise Thompson, Clinical Director

Notre Dame Hospital: Joan Leclerc, Executive Leader of Ambulatory Care Services

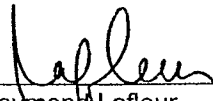
11.0 Forms:

Form 14 from the Mental Health Act

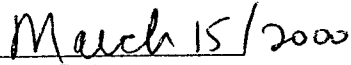
Crisis Intervention Form

12.0 Inter-Agency Agreement Statement:

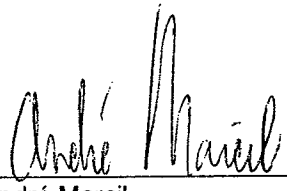
We agree over implementing necessary procedures to mutually respect this agreement.



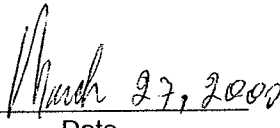
Raymond Laffleur
Hospital Administrator
Notre Dame Hospital



Date



André Marcil
Executive Director
Counselling Services



Date