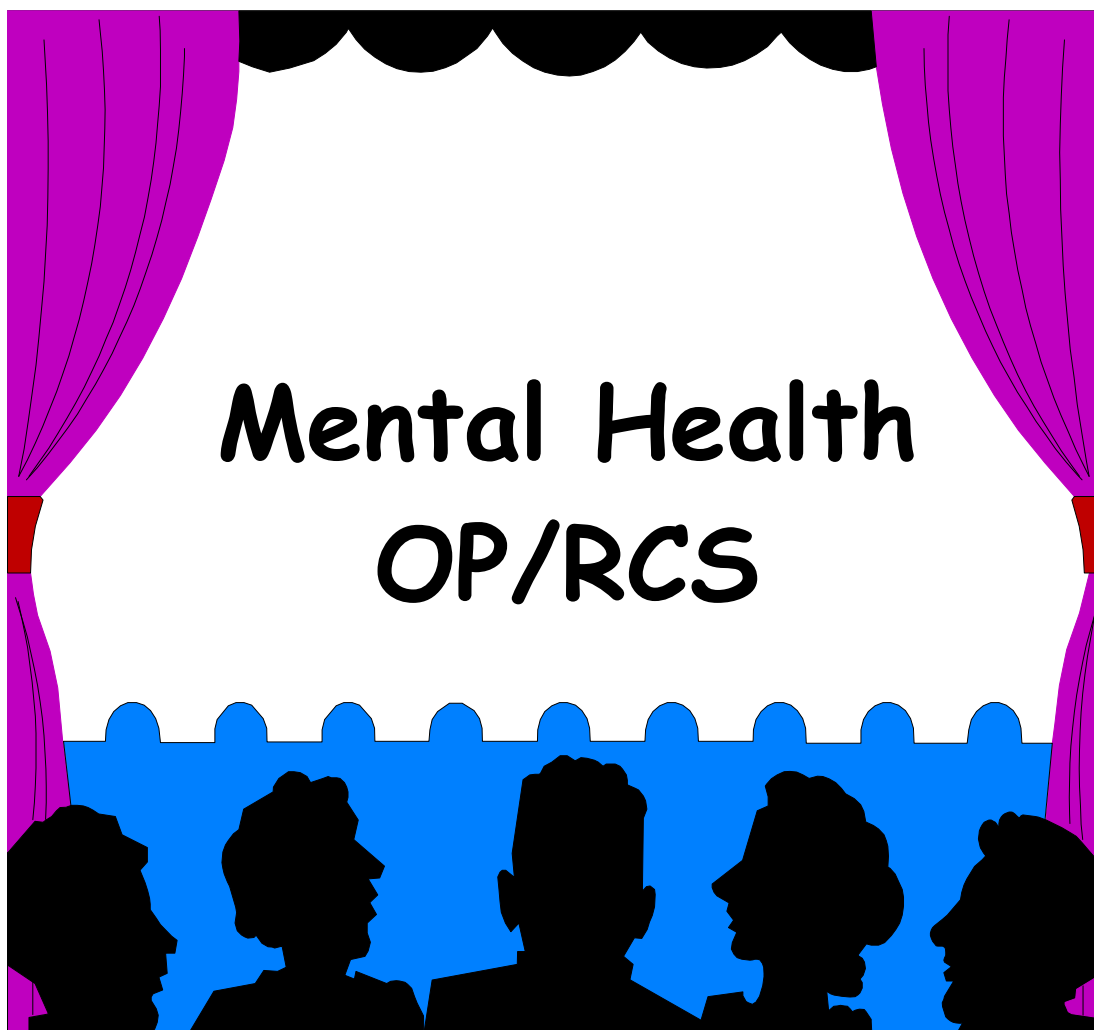


Manual

for State Psychiatric and Regional Acute Care Facilities



Department of Human Services

Addictions & Mental Health Division
500 Summer Street NE E86
Salem, Oregon 97301-1118

May 2008



If you need this publication in an
alternate format

Please call (503) 945-5763 (voice)
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Bob Nikkel
Administrator

Prepared by
the OP/RCS Data Team



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ABOUT THIS MANUAL

Subject This manual provides information for the Oregon Patient Resident Care System (OP/RCS).

- ◆ **Part One, Introduction to OP/RCS**, provides an overview of the OP/RCS and instructions for completing the mental health OP/RCS reporting forms.
- ◆ **Part Two** provides box-by-box codes in the order that they appear on the State Psychiatric OP/RCS forms.
- ◆ **Part Three** contains a **Glossary**.
- ◆ **Part Four** provides various **Appendices**.

Audience This manual is for anyone who will be completing, reviewing or entering mental health OP/RCS forms. It may also prove helpful to those analyzing the OP/RCS data. It provides general instructions to users of the OP/RCS who provide mental health services.

Purpose The purpose of this manual is to provide current reporting instructions and common OP/RCS item definitions for state and local mental health OP/RCS users. The manual is most readily used as a reference book, although it is recommended that anyone completing OP/RCS forms begin by scanning the entire manual.

This is a comprehensive manual, which includes instructions for both State and Acute Care Psychiatric Facilities. Therefore, some items may not directly apply to your program.

A table of contents is located in the front of this page to help locate the desired box.

Updates Updates to this manual will be communicated through numbered and dated OP/RCS mental health manual replacement pages from AMH. It is recommended that you keep this manual in a binder so that replacement pages are easily inserted.

Suggestions

If you have suggestions on how to improve this users manual, please contact:

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PART ONE



Introduction to OP/RCS

The Oregon Patient / Resident Care System

Addictions & Mental Health Division (AMH) implemented the Oregon Patient / Resident Care System (OP/RCS) during the 1981-83 Biennium. OP/RCS is a vital management tool, which provides:

- ✓ Documentation that services are being delivered by community acute care and state psychiatric facilities supported by AMH and other funds in compliance with the Legislatively approved budget and statutory mandates;
- ✓ Data on the performance of acute care community and state psychiatric programs used by state and local management to advocate for services and funding;
- ✓ Basic data for program evaluation, trend analysis, and community mental health research;
- ✓ Data for determining expanded commitment criteria; and
- ✓ Gun control verification.

The OP/RCS consists of several parts:

Enrollment and Discharge Demographics - In all cases, the patient is enrolled in State psychiatric or acute care services by entering enrollment information. When the patient is discharged, the discharge portion of the form is filled out.

The State Psychiatric Facilities use other portions of the OP/RCS including: laboratory, pharmacy, and dietary orders.

We All Benefit From OP/RCS Data, because OP/RCS...

A. Provides Accountability for Funds Spent by:

- 1) monitoring the number of patients served compared with funded capacity. Utilization rates help to create a better case for additional funding from the legislature; and
- 2) calculating measures for performance reports (outcome measures of patients). Measures are calculated for patients terminated during each quarter (such as making sure patients that are discharged from the State Psychiatric Facilities and are reopened in community programs within a desired time period).

B. Generates More Funds for Services by:

- 1) documenting services provided to patients;
- 2) documenting the need for continual federal & state funding to the Legislature;
- 3) providing information to legislators and others for planning -- Oregon data is reported to federal oversight agencies through Block Grant reports;
- 4) documenting expenditures in reports to funding agencies.

Importance of Accurate Data

It is important that your OP/RCS patient data accurately reflect your program, because the data...

- ✓ affects performance reports, utilization, and other reports;
- ✓ are used as part of ongoing certification requirements;
- ✓ are used for outcome studies;
- ✓ are used as a basis for future funding requests;
- ✓ can enable a program to evaluate their own performance and progress;
- ✓ can assist in the management of the program; and
- ✓ can assist the Addictions & Mental Health Division (AMH) in managing resources.

Types of OP/RCS Enrollment and Discharge Forms

There are two different enrollment/discharge forms. They both include the termination portion on the same sheet. Each form is identified by a title appearing in the upper right corner and form numbers in the bottom left.

Note: Appendix B contains sample OP/RCS forms.

- 1) **The Mental Health State Psychiatric Facility Enrollment and Discharge Form** (Form No: MHD-ADMS-OPRCS -0003) is to be used if the consumer is enrolled or discharged in a State Psychiatric Facility (State Hospital in Salem, Portland, or the Blue Mountain Recovery Center in Pendleton).

Instructions: At the beginning of the episode, complete the enrollment portion, and enter it into the OP/RCS, then place the form in the patient's file. On a designated basis, update the status of the patient. When the patient's episode has ended, complete the discharge portion, and enter it into the OP/RCS.

- 2) **The Mental Health Acute/Sub-Acute Psychiatric Facility Enrollment and Discharge Form** (Form No: MHD-ADMS-OPRCS -0002) is to be used if the consumer is enrolled or discharged in an Acute or Sub-Acute Psychiatric Facility (regional facility).

Instructions: At the beginning of the episode, complete the enrollment portion, and enter it into the OP/RCS, then place the form in the patient's file. On a designated basis, update the status of the patient. When the patient's episode has ended, complete the discharge portion, and enter it into the OP/RCS

Who Fills Out the Form?

It is very important that the clinician / physician who assesses the patient provides the information to fill out the OP/RCS form. Some portions of the form require clinical judgment and certain information is only gathered during the patient assessment. The Data Coordinator or Office Manager, however, should review the forms before keying them into the OP/RCS database.




How the OP/RCS Data are Processed

Enrollment

- ⌚ The Forms contain both enrollment and discharge data on the same sheet and should be retained by the provider. Please store the paper forms in the patient's file.
 - Within twenty-four (24) hours after the patient is enrolled in your facility, the enrollment information must be entered into the OP/RCS database. Most facilities do this online (See appendix C).
 - The discharge information should be a re-assessment of the patient prior to discharge. This information also must be entered within twenty-four (24) hours after the patient is discharged.
- ⌚ The data entered into the OP/RCS mainframe computer are checked for errors.
- ⌚ Errors that occur are referred to the enrolling facility for clarification and/or correction. Please return our phone calls promptly, so that we can keep the data timely, clean and accurate.

Timing and Consequences of Late Data

Key in the...

-  **Enrollment information** within 24 hours of the first face-to-face treatment contact (usually the initial assessment).
-  **Status Change information** within a designated time period after enrollment. Usually 180 days.
-  **Discharge information** no later than 24 hours after the last face-to-face treatment contact.

Where to Send Completed Forms and Reports:

Most of the time, you will key your own forms into the OP/RCS online database. However, there are times when your connection to the database is down, and you need to send us the forms. Please fax to: **503-945-6199**

Note: The print on the forms must be dark enough to be faxed.

THE IMPORTANCE OF TIMELY SUBMISSIONS

Delays in keying or sending the forms may result in your program not receiving credit for all of the patients you have served. Also, the patient may need to be enrolled in another facility, but because they are still open in your facility, the system will not allow a re-enrollment.

ENROLLMENT: Who to Enroll in OP/RCS



Do Enroll

Anyone who is detained (hold room)¹, civilly committed, or is medically indigent (has no insurance), or whose services are paid with public funds².

For each patient enrolled on OP/RCS, the psychiatric facility must maintain a file that includes, but is not limited to, documentation of the primary diagnosis, a psychosocial work-up (which might include a family history, prior treatment information, etc.), and a treatment or training plan. Please refer to the Oregon Administrative Rules (OARs) appropriate to the service you are providing to the patient.



Do Not Enroll

Friends, relatives, or other associates (collaterals) of the enrolled patient who are contacted or otherwise involved during the course of the primary patient's treatment.

CONFIDENTIALITY

Patient information reported to AMH through OP/RCS is confidential and protected by State and Federal law and operating computer protocols. No person or agency other than authorized personnel can gain access to confidential patient information in OP/RCS. AMH complies with Section 42 of the Federal Confidentiality Regulations as well as the Health Information Portability and Accountability Act (HIPAA).

¹ This includes Private Pay patients, as well.

² Public funds include Medicaid, Medicare, and Oregon Health Plan

QUESTIONS?

Key contact people:

For training, electronic submission,
and technical support:

Dianna Bernards
Data Coordinator
(503)-945-6186
dianna.bernards@state.or.us

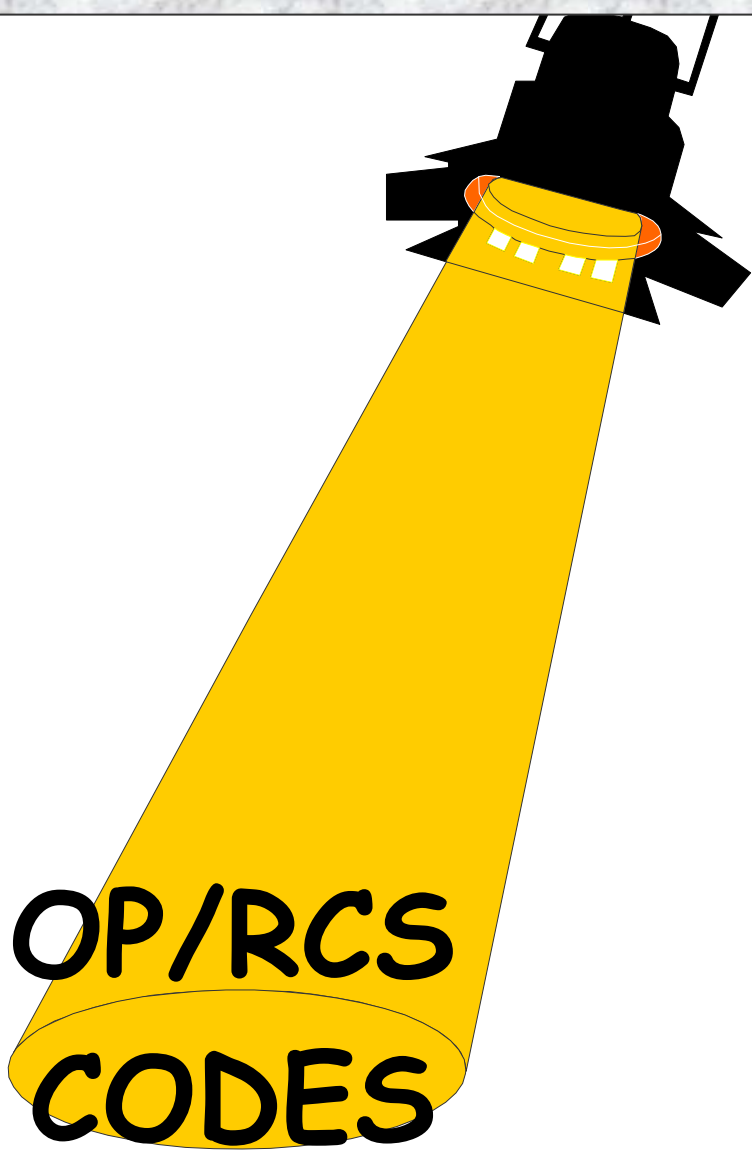


For electronic access to OP/RCS contact:

Lucia Eleen
Data Analyst
(503)-945-5766
lucia.eleen@state.or.us

See Appendix B for technical information on how to log in to the OP/RCS.

PART TWO



**OP/RCS
CODES**

FACILITY NAME

FACILITY NAME

Instructions:

Enter the name of your facility. This usually is automatically entered when you log in to the OP/RCS via the online system.

PATIENT'S NAME

PATIENT'S NAME (USE UPPER CASE)

LAST

Instructions:

Enter the entire last name and first name of the patient. Also enter the patient's middle initial (M.I.).

Definition:

Birth Name is the last name of the person as it would appear on his/her birth certificate.

Notes:

1. Check spelling of names for correctness. This is critical for database integrity.
2. Enter patient's full given (or legally changed) name, NOT nickname.
3. This is a required data field.

Example:

Example of Patient Name: Alice P. Johnson is a residential patient who has never been married. JOHNSON would be the "LAST" and "BIRTHNAME." ALICE, of course, would be the "FIRST" name, and "P", the Middle Initial (M.I.).

ALIAS NAME

ALIAS NAME (USE UPPER CASE LAST

Instructions:

If the patient has an alias name, please enter it here.

Definition:

Alias is defined as another name that the client has used in the past.

Notes:

Check spelling of names for correctness.

SEX

SEX*	
<input type="checkbox"/>	F-Female
<input type="checkbox"/>	M-Male

Instructions:

Enter the code "F" (female) or "M" (male) to identify the gender of the patient.

Code Definitions:

F = Female

M = Male

Note:

This is a required field.

DATE OF BIRTH

DATE OF BIRTH*		
month	day	year

Instructions:

Enter the date of birth.

The date must be logical. For example, it should be prior to the date of admission or the date of arrival.

Examples:

Date of Birth: Ida Mann knows her date of birth. It is December 4, 1939. Enter 12-04-39 in the appropriate boxes.

Note:

This is a required data field.

AGE

AGE (In years)

Instructions:

Enter the age (in years) of the patient. Please cross check the age with the date of birth to make sure it's correct.

DATE OF ADMISSION

(DATE OF ARRIVAL)

DATE OF ADMISSION*		
month	day	year

DATE OF ARRIVAL*		
month	day	year

Instructions:

Enter the date on which the patient was admitted to your psychiatric facility. The date should be logical. For example, it should be *after* the patient's date of birth. Complete the blocks for month, day, and year with two-digit numbers. Use leading zeros where necessary (Example: The date of admission/arrival is February 22, 2005. Enter Month = 02, Day = 22, Year = 05).

Definition:

Generally the Date of Admission or Date of Arrival refers to the date on which the first face-to-face service was delivered to the patient in accordance with AMH administrative rules. Most often this is the date of the initial assessment.

Note:

This is a required data field.

TIME OF ADMISSION (TIME OF ARRIVAL)

TIME OF ADMISS.*
:

TIME OF ARRIV.*
:

Instructions:

Enter the time when the patient was admitted to your psychiatric facility. Please use military time, i.e., 2:00 pm is recorded as 14:00.

Note:

This is a required data field.

COMMITMENT TYPE

COMMIT. TYPE*		
Codes on back		

Instructions:

Enter the code that indicates the type of commitment that caused the patient to enter the psychiatric facility.

COMMIT. TYPE*		
C	C	C
Codes on back		

Definition:

CC	Civil Commitment
CCC	Criminal Court Commitment
COS	Court Ordered Screening (Evaluation Ordered By Court)
CT	Court Order
DIV	14 Day Diversion
EMG	Emergency Commitment (Used with the Native American Population)
HH	Hospital Hold
JCF	Juvenile Correction Facility
JCO	Juvenile Court Order
NHH	Non Hospital Hold
OYA	Oregon Youth Authority – Voluntary
RVC	Revocation Of Conditional Release
SCF	Services To Children And Families - Voluntary
SCR	Screened, Not Admitted
TC	Transport Custody
VCF	Voluntary – Correctional Facility
VCP	Voluntary - Conditional Probation/Parole
VG	Voluntary By Guardian
VOL	Voluntary
VP	Voluntary – Parental
VRP	Voluntary Return Of PSRB Client
WOD	Warrant Of Detention

Note:

This is a required data field.

COUNTY OF RESIDENCE

CO. OF RESIDENCE
(see back of form)

Instructions:

Enter the code from the list below that identifies the patient's legal residence prior to enrollment (NOT where they will be residing as a consequence of the enrollment). If the patient is from a state other than Oregon select OTHE (Other).

County Codes:

BAKE – Baker	HOOD – Hood River	OTHE – Other (out of state)
BENT – Benton	JACK – Jackson	POLK – Polk
CLAC – Clackamas	JEFF – Jefferson	SHER – Sherman
CLAT – Clatsop	JOSE – Josephine	TILL – Tillamook
COLU – Columbia	KLAM – Klamath	UMAT – Umatilla
COOS – Coos	LAKE – Lake	UNIO – Union
CROO - Crook	LANE – Lane	WALL – Wallowa
CURR – Curry	LINC – Lincoln	WASC – Wasco
DESC – Deschutes	LINN – Linn	WASH – Washington
DOUG – Douglas	MALH – Malheur	WHEE – Wheeler
GILL – Gilliam	MARI – Marion	YAMH - Yamhill
GRAN – Grant	MORR – Morrow	
HARN - Harney	MULT - Multnomah	

STATE OF RESIDENCE

STATE OF RESIDENCE	
	See back of form for codes

Instructions:

Enter the code from the following codes that identifies the patient's legal residence prior to enrollment (NOT where they will be residing as a consequence of the enrollment). Most of the time, this will be coded as OR. If the patient is not from the United States, use FC, Foreign Country.

State Codes :

AK	Alaska	KS	Kansas	OK	Oklahoma
AL	Alabama	KY	Kentucky	OR	Oregon
AR	Arkansas	LA	Louisiana	PA	Pennsylvania
AZ	Arizona	MA	Massachusetts	PR	Puerto Rico
CA	California	MD	Maryland	RI	Rhode Island
CO	Colorado	ME	Maine	SC	South Carolina
CT	Connecticut	MI	Michigan	SD	South Dakota
DC	District of Columbia	MN	Minnesota	TN	Tennessee
DE	Delaware	MO	Missouri	TX	Texas
FC	Foreign Country	MS	Mississippi	UK	Unknown
FL	Florida	MT	Montana	UT	Utah
GA	Georgia	NC	North Carolina	VA	Virginia
GU	Guam	ND	North Dakota	VI	Virgin Islands
HI	Hawaii	NE	Nebraska	VT	Vermont
IA	Iowa	NH	New Hampshire	WA	Washington
ID	Idaho	NJ	New Jersey	WI	Wisconsin
IL	Illinois	NM	New Mexico	WV	West Virginia
IN	Indiana	NV	Nevada	WY	Wyoming
		NY	New York		
		OH	Ohio		

SCREENED BY COUNTY

SCREENED BY CO.
(see back of form)

Instructions:

Enter the code from the following codes that identify where the patient was screened. If the patient was screened in another state, select OTHE (Other).

County Codes:

BAKE – Baker

BENT – Benton

CLAC – Clackamas

CLAT – Clatsop

COLU – Columbia

COOS – Coos

CROO - Crook

CURR – Curry

DESC – Deschutes

DOUG – Douglas

GILL – Gilliam

GRAN – Grant

HARN - Harney

HOOD – Hood River

JACK – Jackson

JEFF – Jefferson

JOSE – Josephine

KLAM – Klamath

LAKE – Lake

LANE – Lane

LINC – Lincoln

LINN – Linn

MALH – Malheur

MARI – Marion

MORR – Morrow

MULT - Multnomah

OTHE – Other (out of state)

POLK – Polk

SHER – Sherman

TILL – Tillamook

UMAT – Umatilla

UNIO – Union

WALL – Wallowa

WASC – Wasco

WASH – Washington

WHEE – Wheeler

YAMH - Yamhill

BIRTH PLACE (STATE)

BIRTH PLACE	

Instructions:

Enter the code from the following codes that identifies the state where the patient was born. If the patient is not from the United States, use FC, Foreign Country.

Birth Place State Codes :

AK	Alaska	KS	Kansas	OK	Oklahoma
AL	Alabama	KY	Kentucky	OR	Oregon
AR	Arkansas	LA	Louisiana	PA	Pennsylvania
AZ	Arizona	MA	Massachusetts	PR	Puerto Rico
CA	California	MD	Maryland	RI	Rhode Island
CO	Colorado	ME	Maine	SC	South Carolina
CT	Connecticut	MI	Michigan	SD	South Dakota
DC	District of Columbia	MN	Minnesota	TN	Tennessee
DE	Delaware	MO	Missouri	TX	Texas
FC	Foreign Country	MS	Mississippi	UK	Unknown
FL	Florida	MT	Montana	UT	Utah
GA	Georgia	NC	North Carolina	VA	Virginia
GU	Guam	ND	North Dakota	VI	Virgin Islands
HI	Hawaii	NE	Nebraska	VT	Vermont
IA	Iowa	NH	New Hampshire	WA	Washington
ID	Idaho	NJ	New Jersey	WI	Wisconsin
IL	Illinois	NM	New Mexico	WV	West Virginia
IN	Indiana	NV	Nevada	WY	Wyoming
		NY	New York		
		OH	Ohio		

COUNTY OF RESPONSIBILITY

CO. OF RESPONSIBILITY

(see back of form)

Instructions:

Enter the code from the following codes that identify the county of responsibility. County of responsibility is the county that made the referral into treatment.

County Codes:

BAKE – Baker

BENT – Benton

CLAC – Clackamas

CLAT – Clatsop

COLU – Columbia

COOS – Coos

CROO - Crook

CURR – Curry

DESC – Deschutes

DOUG – Douglas

GILL – Gilliam

GRAN – Grant

HARN - Harney

HOOD – Hood River

JACK – Jackson

JEFF – Jefferson

JOSE – Josephine

KLAM – Klamath

LAKE – Lake

LANE – Lane

LINC – Lincoln

LINN – Linn

MALH – Malheur

MARI – Marion

MORR – Morrow

MULT - Multnomah

OTHE – Other (out of state)

POLK – Polk

SHER – Sherman

TILL – Tillamook

UMAT – Umatilla

UNIO – Union

WALL – Wallowa

WASC – Wasco

WASH – Washington

WHEE – Wheeler

YAMH - Yamhill

CMHP OF RESPONSIBILITY

CMHP OF RESPONSIBILITY
(see back of form)

Instructions:

This field is **automatically generated** on the OP/RCS. However, we have included the codes for your information only.

CMHP Codes:

BAKE – Baker	HOOD – Hood River	OTHE – Other (out of state)
BENT – Benton	JACK – Jackson	POLK – Polk
CLAC – Clackamas	JEFF – Jefferson	SHER – Sherman
CLAT – Clatsop	JOSE – Josephine	TILL – Tillamook
COLU – Columbia	KLAM – Klamath	UMAT – Umatilla
COOS – Coos	LAKE – Lake	UNIO – Union
CROO - Crook	LANE – Lane	WALL – Wallowa
CURR – Curry	LINC – Lincoln	WASC – Wasco
DESC – Deschutes	LINN – Linn	WASH – Washington
DOUG – Douglas	MALH – Malheur	WHEE – Wheeler
GILL – Gilliam	MARI – Marion	YAMH - Yamhill
GRAN – Grant	MORR – Morrow	
HARN - Harney	MULT - Multnomah	

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

Instructions:

Enter the patients' Social Security Number. Please make sure that it is nine (9) digits in length and separated by a "-". Example: 555-55-5555.

Please verify the patient's Social Security Number by reviewing documentation. Once this has been done, please indicate that the Social Security Number has been "verified" by coding a "Y" in the VERIFIED box.

VERIFIED?	
Y	Y or N

Note:

Verified means that you have reliable documentation that confirms the Social Security Number.

RACE / ETHNICITY

RACE/ETHNICITY			
codes on back			

Instructions:

Enter the appropriate code number to indicate the primary racial/ethnic group with which the patient chooses to identify. This is a patient-reported box. If the patient looks to be of one race, but reports another, use the race the patient reports. If the patient is multi-racial, use the code that reflects the race the patient associates with most. If none of the race/ethnicity categories apply, choose OTH - Other Race/Ethnicity. If the patient refuses to answer, use REF – Refused.

Code Definitions:

AI	American Indian
AN	Alaskan Native
ASI	Asian
BNH	Black, Non Hispanic
HC	Hispanic, Cuban
HM	Hispanic, Mexican
HO	Hispanic, Other
HPR	Hispanic, Puerto Rican
NHP	Native Hawaiian / Other Pacific Islander
OTH	Other Race / Ethnicity
REF	Refused
SEA	Southeast Asian
UNK	Unknown
WNH	White, Non Hispanic

REFERRAL SOURCE

REFERRAL SOURCE	
Codes on back	

Instructions:

Enter the number from the following codes that identify the institution, agency, or person taking **deliberate action** to get the patient into your provider for service. If both an institution and a person have referred the patient, enter the appropriate code number for the institution only.

Definition:

Deliberate Action - the referring source brings in the patient, writes letters, makes phone calls to set up appointments, or takes any other similar action to assure that the patient is actually seen by your provider. A simple suggestion to a patient to go somewhere for help is not a “deliberate action” and therefore is not considered a referral for the purposes of OP/RCS.

Referral Code Definitions:

- | | |
|--|---|
| 00 Unknown / None | 26 Probation (Co./State/Federal)
Includes Juveniles |
| 04 Developmental Disabilities Serv. | 31 Private Professional |
| 05 School | 32 Self |
| 06 Other Community Agency | 33 Family/Friend |
| 07 Support Programs for Adults (TANF /
Food Stamps | 35 Senior Services Division |
| 08 Support Programs for Children
(Child Welfare) | 87 Community Based Mental Health
and/or Addiction Service Provider |
| 11 Vocational Rehabilitation Div. | 88 State Psychiatric Facility |
| 16 Eastern Oregon Training Center | 89 Acute or Sub-Acute Psychiatric Facility |
| 19 Primary Care Provider, Specialist,
or Other Physical Health Provider | 90 Mental Health Organization (MHO) |
| 20 State Correctional Institution | 91 Youth/Child Social Service Agency,
Center or Team |
| 21 Court | 92 Fully Capitated Health Plan (FCHP) |
| 22 Jail (city/county) | 93 Federal Correctional Institution |
| 23 Parole (County/State/Federal) | 94 Employer / Employee Assistance
Program (EAP) |
| 24 Police/Sheriff – Local, State | 99 Other |
| 25 Psychiatric Security Review Board
(PSRB) | |

READMISSION

READMIN?	
<input type="checkbox"/>	Y or N

Instructions:

Has the patient been in your psychiatric facility before? Indicate by entering a Y or N in the box.

US CITIZEN

US CITIZEN?	
<input type="checkbox"/>	Y or N

Instructions:

Please indicate if the patient is a United States citizen. Documentation may be necessary.

METHOD OF ARRIVAL

METHOD OF ARRIVAL

Instructions:

How did the client arrive at your psychiatric facility? Your response must be 25 characters or less.

SCREENING DATE

SCREENING DATE		
month	day	year

Instructions:

Enter the date on which the patient was screened by a mental health professional. The date should be logical. For example, it should be *after* the patient's date of birth. Complete the blocks for month, day, and year with two-digit numbers. Use leading zeros where necessary (Example: The date of admission/arrival is February 14, 2005. Enter Month = 02, Day = 14, Year = 05).

SCREENING TIME

SCREENING TIME

Instructions:

Enter the time on which the patient was screened by a mental health professional. Please use military time, i.e., 4:00 p.m. would be entered as 16:00.

SCREENING PHYSICIAN

SCREENING PHYSICIAN

Instructions:

Enter the four (4) digit physician code for the physician who performed the mental health screening. These codes are maintained by the Medical Records staff at your facility.

Note:

This box is only used by State Psychiatric Facilities.

SCREENING SOCIAL WORKER

SCREENING SOCIAL WORKER

Instructions:

Enter the four (4) digit physician code for the social worker who performed the mental health screening. These codes are maintained by the Medical Records staff at your facility.

Note:

This box is only used by State Psychiatric Facilities.

RETURN FROM TRIAL VISIT?

RETURN FROM TRIAL VISIT?	
<input type="checkbox"/>	Y
<input type="checkbox"/>	N

Instructions:

Did the patient return from a trial visit? Enter a Y or N.

RETURN FROM ESCAPE?

RETURN FROM ESCAPE	
<input type="checkbox"/>	Y
<input type="checkbox"/>	N

Instructions:

Did the patient return from an escape? Enter a Y or N.

ADMISSION/PROVISIONAL DIAGNOSIS

ADMISSION DIAGNOSIS	
DSM IV AXIS I	_____
DSM IV AXIS II	_____
ICD-9-CM AXIS III	

Instructions:

Enter the Admission or Provisional Diagnosis using the DSM IV (Axis I and II) and ICD-9-CM (Axis III) codes.

Definition:

For more information, please see the Diagnostic Statistical Manual of Instructions and the International Classification of Diseases, 9th Revision.

REASON NOT ADMITTED

REASON NOT ADMITTED		
DMC - Does not meet admission criteria		
OPS - Outpatient Service		

Instructions:

Enter the reason the patient was not admitted to the psychiatric facility.

Codes:

DMC – Does not meet admission criteria

OPS – Client will go into Outpatient Service

Leave Blank – Patient was admitted

COMMUNITY REFERRAL AGENCY

COMMUNITY REFERRAL AGENCY	

Instructions:

Enter the number from the following codes that identify the community agency taking **deliberate action** to get the patient into your psychiatric facility for service.

Definition:

Deliberate Action - the referring source brings in the patient, writes letters, makes phone calls to set up appointments, or takes any other similar action to assure that the patient is actually seen by your provider. A simple suggestion to a patient to go somewhere for help is not a “deliberate action” and therefore is not considered a referral for the purposes of OP/RCS.

Referral Code Definitions:

00	Unknown / None	26	Probation (Co./State/Federal) Includes Juveniles
04	Developmental Disabilities Serv.	31	Private Professional
05	School	32	Self
06	Other Community Agency	33	Family/Friend
07	Support Programs for Adults (TANF / Food Stamps	35	Senior Services Division
08	Support Programs for Children (Child Welfare)	87	Community Based Mental Health and/or Addiction Service Provider
11	Vocational Rehabilitation Div.	88	State Psychiatric Facility
16	Eastern Oregon Training Center	89	Acute or Sub-Acute Psychiatric Facility
19	Primary Care Provider, Specialist, or Other Physical Health Provider	90	Mental Health Organization (MHO)
20	State Correctional Institution	91	Youth/Child Social Service Agency, Center or Team
21	Court	92	Fully Capitated Health Plan (FCHP)
22	Jail (city/county)	93	Federal Correctional Institution
23	Parole (County/State/Federal)	94	Employer / Employee Assistance Program (EAP)
24	Police/Sheriff – Local, State	99	Other
25	PSRB (Psychiatric Security Review Board)		

MARITAL STATUS

MARITAL STATUS		
DIV - Divorced		
LAM - Living as Married		
MAR - Married		
NM - Never Married		
REF - Refused		
SEP - Separated		
UNK - Unknown		
WID - Widowed		

Instructions:

Enter the 3-digit code from the following list that identifies the patient's current marital situation.

Code Definitions:

DIV - Divorced - Divorced and living presently as a single person.

LAM - Living as Married - Two persons living essentially as a married couple.

MAR - Married - married, two persons living together as a couple.

NM - Never Married - Never married and living presently as a single person.

REF - Refused - Patient refuses to give their current marital status.

SEP - Separated - Married but not living with spouse.

UNK - Unknown - The current marital status is unknown at this time.

WID - Widowed - Widowed and living presently as a single person.

OREGON DRIVERS LICENSE

OREGON DRIVERS LICENSE

Instructions:

Enter the patient's Oregon Drivers License number. If the patient does not have a drivers' license, leave this item blank.

EDUCATION

EDUCATION	
Highest grade completed.	

Instructions:

Enter the *highest grade in school* the patient has completed. For those who have a GED, and no further education, enter 12. If patient has some post-secondary education (including community college) enter total number of completed years of school. The maximum is 25 years. Remember that these are grades completed, and are not necessarily the number of years of attendance.

Codes range from 00 to 25. If more than 25 years have been completed enter 25. Complete both boxes, using a leading zero if necessary (i.e., 02).

LIVING ARRANGEMENT

LIVING ARRANGEMENT			
Codes on back of form.			

Instructions:

Enter the code from the following codes that identify the patient's living arrangement.

If patient lives with more than one category of other people, select the first appropriate code going down the list of codes below.

Definition:

Current Living Arrangement is the living situation the patient is in just prior to the time of enrollment.

Codes:

- ACF – Acute Care Facility (Intensive, psychiatric services provided on a short-term basis to a person experiencing significant symptoms of a mental disorder that interfere with the person's ability to perform activities of daily living.)
- CORR – Corrections Facility (County, State or Federal prison or jail.)
- EOPC – Eastern Oregon Psychiatric Center / Blue Mountain Recovery Center
- EOTC – Eastern Oregon Training Center
- FCNR – Non-Relative Foster Care (Person lives in a home licensed to serve five (5) or fewer patients who are not related to the provider. The provider receives service payments to provide personal care, 24-hour supervision, and room and board.)
- FCR – Relative Foster Care (Person lives in a home licensed to serve five (5) or fewer patients who are related to the provider.)
- GH – General Hospital

- HH – Halfway House (Services that provide discharged patients facilities for their gradual transition from hospital or residential services to community life.)
- HMLS – Transient/Homeless (Person is transient or lives in an emergency shelter or place not meant for human habitation such as on the street, in a public park or in an abandoned building.)
- INST – Institution (Person lives in a state hospital or training center, private hospital, city or county jail, state correctional facility, Juvenile training school, or special school such as the State School for the Blind or Deaf.)
- ITH – Intensive Training Home
- MOSH – Oregon State Hospital
- NF – Nursing/Intermediate Care Facility (Person lives in a certified facility, meeting federal standards, which provides medical care for long-term illnesses and convalescents. Persons living in such a facility require nursing services.)
- OBS – Oregon School for the Blind
- ODS – Oregon School for the Deaf
- ORFG – Other Residential Facility/Group Home (Person lives in a facility or other congregate setting licensed or certified by a government entity other than AMH. Setting provides 24-hour non-medical care and supervision to elderly, disabled or otherwise dependent persons needing a long term, supervised living arrangement.)
- OTHE – Other (Any living situation or place not listed above.)
- PASS – Overnight Pass
- PPH – Private Psychiatric Hospital (For profit psychiatric facility owned by a non-charitable organization.)
- PRA – Private Residence – Alone (Person lives alone in his/her own home, apartment or other private residential setting. A single parent with a minor child(ren) would be included here, as well.)
- PRF – Private Residence – w/Friend(s) or Other Unrelated Person(s) (Person lives with friends or others. The person does not receive support or training services from a Supported Housing or Independent Living program and friend/other does not receive service payments to care for the person.)

- PRP – Private Residence – w/Parent, Relative, Adult Child(ren) (Person lives in a home, apartment or other private residential setting provided by parents or relatives who also reside there. The family does not receive service payments to care for the person, except in the case of Relative Foster Care.)
- PRS – Private Residence – w/Spouse or Significant Other (Person lives with spouse or significant other in their own home, apartment or other private residential setting.)
- PTC – Private Training Center
- RAB – Room and Board (Person lives in a facility which provides room and board only in exchange for a fee paid directly by the resident.)
- REF – Refused
- RESP – Respite Care (Support for families that may need to keep their child with a disability or chronic illness at home.)
- RFH – Relative Foster Home (Out of home placement for children with a relative that provides a safe and nurturing environment until they are able to reunify with their parents or until permanent plans are implemented.)
- RTC – Residential Treatment Center (Person lives in a facility licensed by AMH to provide non-medical care and individualized treatment to persons with mental and emotional disorders in a setting with 24-hour supervision. Residential Treatment Facilities serve six (6) or more residents. Residential Treatment Homes serve five (5) or few residents.)
- SHEL – Shelter
- TFCY – Treatment Foster Care (Youth) (Person is a youth who lives in Foster Care.)
- UNK – Unknown

PRESENTING DANGER

MAKE AN ENTRY FOR EACH ITEM

<input type="checkbox"/>	SUICIDE	MAKE AN ENTRY FOR EACH
<input type="checkbox"/>	OTHER HARM TO SELF	
<input type="checkbox"/>	HARM TO OTHERS	1 = YES
<input type="checkbox"/>	HARM TO PROPERTY	2 = NO

Instructions:

FOR EACH of the categories of dangerous behaviors listed below, enter the code in each box that corresponds to the whether or not the patient exhibits symptoms indicating a high level of presenting danger.

Definitions for the Categories of Dangerous Behavior:

Suicide - Intentionally trying to take one's own life.

Other Harm to Self - Intentionally trying to inflict bodily injury on oneself, except for suicide.

Harm to Others - Intentionally trying to inflict bodily injury on another person.

Harm to Property - Intentionally trying to do some harm to some inanimate thing or animal.

COMMITMENT DATE

COMMIT. DATE*		
month	day	year

Instructions:

Enter the date that indicates when the patient was committed to the psychiatric facility. Complete the blocks for month, day, and year with two-digit numbers. Use leading zeros where necessary (Example: The date of commitment is August 4, 2005. Enter Month = 08, Day = 04, Year = 05).

Note:

This is a required data field.

COMMITMENT TIME

COMMIT. TIME*

Instructions:

Enter the time that indicates the when the patient was committed to the psychiatric facility. Please use military time, i.e., 5:00 pm would be recorded as: 17:00.

Note:

This is a required data field.

COMMITMENT COUNTY

COMMIT. CO.*
Codes on back.

Instructions:

Enter the code from the following codes that identify the county in which the commitment occurred. If the commitment occurred in another state, use OTHE – Other (out of state).

County Codes:

BAKE – Baker	HOOD – Hood River	OTHE – Other (out of state)
BENT – Benton	JACK – Jackson	POLK – Polk
CLAC – Clackamas	JEFF – Jefferson	SHER – Sherman
CLAT – Clatsop	JOSE – Josephine	TILL – Tillamook
COLU – Columbia	KLAM – Klamath	UMAT – Umatilla
COOS – Coos	LAKE – Lake	UNIO – Union
CROO - Crook	LANE – Lane	WALL – Wallowa
CURR – Curry	LINC – Lincoln	WASC – Wasco
DESC – Deschutes	LINN – Linn	WASH – Washington
DOUG – Douglas	MALH – Malheur	WHEE – Wheeler
GILL – Gilliam	MARI – Marion	YAMH - Yamhill
GRAN – Grant	MORR – Morrow	
HARN - Harney	MULT - Multnomah	

OREGON REVISED STATUTES NUMBER

ORS NUMBER

Instructions:

Enter the Oregon Revised Statutes Number that best describes why the patient is being admitted to the psychiatric facility. Make sure the ORS Number corresponds with the Commitment Type listed.

Codes:

CODE	DESCRIPTION	COMMITMENT TYPE
137.540	Condition of probation for non-sexual crime; Voluntary admission as a condition of probation (non sexual crimes)	COS, CT, VOL
161.125	Drug or controlled substance defense as a negative element	COS, CT
161.295	Evaluation for criminality of conduct	COS
161.300	Evidence of disease or defect admissible as to intent	COS, CT
161.315	Pretrial exam for insanity or extreme emotional disturbance	COS, CT
161.327	Judge commits PSRB client directly to MHD; Judge orders evaluation for 'fitness for conditional release' – PSRB	CCC, COS
161.328	Commitment for 'guilty except for insanity'	CT
161.336	Court order to determine fitness for conditional release; PSRB revokes conditional release	COS, RVC
161.346	PSRB commitment after review hearing	CCC
161.365	Pretrial exam to determine 'fitness to proceed'	COS, CT
161.370	Commitment for 'unfit to proceed'	CT
161.735	Pre-sentence investigation to determine 'dangerous offender'	COS, CT
163.135	Affirmative defense of extreme emotional disturbance	COS, CT
179.473	Inmate or youth offender (transferred up to 30 days) for stabilization/evaluation, may be administratively committed up to 180 days.	ACF, JCF
179.475	Inmate transferred (up to 15 days) for evaluation/treatment, may become voluntary; Maclaren/hillcrest transfer (15 days for evaluation/treatment) may be extended with students' informed consent – Repealed 7/2005	VCF, JCF
179.477	Involuntary admission of juvenile training school student; Involuntary commitment of inmate – Repealed 7/2005	JCF

CODE	DESCRIPTION	COMMITMENT TYPE
419.352	Juvenile court commitment for hospitalization and mental health treatment	JCO
419.507	Examination/treatment of youth by health care provider	JCO
420.505	Petition for voluntary admission of juvenile training school student	JCF
426.070	Detention pending civil commitment hearing (3 court days)	WOD
426.125	Establishes for conditional release	CC
426.127	Outpatient commit	CC
426.130	Original civil court commitment order	CC
426.175	Two-physician hold (5 calendar days)	HH
426.180	Emergency commitment upon 2 person affidavit (15 calendar days)	EMG
426.215	Mental health hold (same timelines and procedures as HH); Police office hold (5 judicial days)	HH
426.220	Voluntary	OYA, VOL, VG, VP, VCF, SCF, VRP
426.228	Police office custody	HH
426.231	Transport custody	TC
426.232	Hospital hold	HH
426.233	Non hospital hold	NHH
426.235	Authority to transport	CC
426.237	14 day diversion	DIV
426.273	Trial visit	CC
426.275	Civil recommit of trial visit	CC
426.300	Discharge from civil commitment to <u>voluntary</u> status	SCF, OYA, VCF, VG, VOL, VP
426.301	Non-protested extension of civil commitment	CC
426.307	Protested extension of civil commitment	CC
426.450	Voluntary admission for alcoholism or drug addiction	VCF, VOL
426.650	Voluntary admission of sexually dangerous person	VCF
426.675	Pre-sentence investigation to determine 'sexually dangerous offender'; Voluntary admission of sexually dangerous person as a condition of probation	COS, CT, VCP
427.020	Certification for continued care & training (365 days)	CC
427.290	Original developmental disability civil court commitment order (365 days)	CC

WARD

WARD

Instructions:

This box refers to the Acute Care facility's health plan wards. The Acute Care facilities also have a "generic" ward for their hospital. Enter the patient's health plan coverage in this box.

Codes:

ABH0	Accountable Behavioral Health Alliance
CBH0	Clackamas Behavioral Health
FC00	Family Care, Inc.
GOB0	Greater Oregon Behavioral Health, Inc.
JBH0	Jefferson Behavioral Health Care
LHS0	Lane Health Systems (Lane Care)
MBH0	Multnomah Behavioral Health (Verity)
MV00	Mid Valley Behavioral Care Network
ODS0	ODS Community Health
PHS0	Providence Health Systems
RHM0	Regency HMO
WCHO	Washington County Dept. of Health

Note:

These are acute care facility health plan codes. The acute care facilities also have "Non-OHP" codes. These vary depending on the facility. Please contact us if you have questions. Additional codes may be added in the future.

Status Change Section of the Form

The next section of the form pertains to a patient's "Status Change." Some information on the patient needs to be updated on a regular basis (usually every 180 days).



STATUS CHANGE: COMMITMENT TYPE

COMMIT. TYPE*		

Codes on back

Instructions:

Enter the code that indicates the type of commitment if the patient is re-committed to the psychiatric facility.

Definition:

ACF	Adult Correction Facility
CC	Civil Commitment
CCC	Criminal Court Commitment
COS	Court Ordered Screening (Evaluation Ordered By Court)
CT	Court Order
DIV	14 Day Diversion
EMG	Emergency Commitment
HH	Hospital Hold (includes Two Physician Holds)
JCF	Juvenile Correction Facility
JCO	Juvenile Court Order
NHH	Non Hospital Hold (includes Police Officer Custody Holds)
OYA	Oregon Youth Authority – Voluntary
RVC	Revocation Of Conditional Release
SCF	Services To Children And Families - Voluntary
SCR	Screened, Not Admitted
TC	Transport Custody
VCF	Voluntary – Correctional Facility
VCP	Voluntary - Conditional Probation/Parole
VG	Voluntary By Guardian
VOL	Voluntary
VP	Voluntary – Parental
VRP	Voluntary Return Of PSRB Client
WOD	Warrant Of Detention

Note:

This is a required data field.

COMMITMENT DATE

COMMIT. DATE*		
month	day	year

Instructions:

Enter the date that indicates the when the patient was re-committed to the psychiatric facility. Complete the blocks for month, day, and year with two-digit numbers. Use leading zeros where necessary (Example: The date of admission/arrival is August 4, 2005. Enter Month = 08, Day = 04, Year = 05).

Note:

This is a required data field.

COMMITMENT TIME

COMMIT. TIME*

Instructions:

Enter the time that indicates the when the patient was re-committed to the psychiatric facility. Please use military time, i.e., 5:00 pm would be recorded as: 17:00.

Note:

This is a required data field.

COMMITMENT COUNTY

COMMIT. CO.*
Codes on back.

Instructions:

Enter the code from the following codes that identify the county in which the re-commitment occurred. If the commitment occurred in another state, use OTHE – Other (out of state).

County Codes:

BAKE – Baker	HOOD – Hood River	OTHE – Other (out of state)
BENT – Benton	JACK – Jackson	POLK – Polk
CLAC – Clackamas	JEFF – Jefferson	SHER – Sherman
CLAT – Clatsop	JOSE – Josephine	TILL – Tillamook
COLU – Columbia	KLAM – Klamath	UMAT – Umatilla
COOS – Coos	LAKE – Lake	UNIO – Union
CROO - Crook	LANE – Lane	WALL – Wallowa
CURR – Curry	LINC – Lincoln	WASC – Wasco
DESC – Deschutes	LINN – Linn	WASH – Washington
DOUG – Douglas	MALH – Malheur	WHEE – Wheeler
GILL – Gilliam	MARI – Marion	YAMH - Yamhill
GRAN – Grant	MORR – Morrow	
HARN - Harney	MULT - Multnomah	

OREGON REVISED STATUTES NUMBER

ORS NUMBER

Instructions:

Enter the Oregon Revised Statutes Number that best describes why the patient is being treated in your reporting psychiatric facility. Make sure the Statute corresponds with the commitment type listed.

Codes:

CODE	DESCRIPTION	COMMITMENT TYPE
137.540	Condition of probation for non-sexual crime; Voluntary admission as a condition of probation (non sexual crimes)	COS, CT, VOL
161.125	Drug or controlled substance defense as a negative element	COS, CT
161.295	Evaluation for criminality of conduct	COS
161.300	Evidence of disease or defect admissible as to intent	COS, CT
161.315	Pretrial exam for insanity or extreme emotional disturbance	COS, CT
161.327	Judge commits PSRB client directly to MHD; Judge orders evaluation for 'fitness for conditional release' – PSRB	CCC, COS
161.328	Commitment for 'guilty except for insanity'	CT
161.336	Court order to determine fitness for conditional release; PSRB revokes conditional release	COS, RVC
161.346	PSRB commitment after review hearing	CCC
161.365	Pretrial exam to determine 'fitness to proceed'	COS, CT
161.370	Commitment for 'unfit to proceed'	CT
161.735	Pre-sentence investigation to determine 'dangerous offender'	COS, CT
163.135	Affirmative defense of extreme emotional disturbance	COS, CT
179.473	Inmate or youth offender (transferred up to 30 days) for stabilization/evaluation, may be administratively committed up to 180 days	ACF, JCF
179.475	Inmate transferred (up to 15 days) for evaluation/treatment, may become voluntary; Maclaren/Hillcrest transfer (15 days for evaluation/treatment) may be extended with students' informed consent - Repealed 7/2005	VCF, JCF
179.477	Involuntary admission of juvenile training school student; Involuntary commitment of inmate - Repealed 7/2005	JCF

CODE	DESCRIPTION	COMMITMENT TYPE
419.352	Juvenile court commitment for hospitalization and mental health treatment	JCO
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426.070	Detention pending civil commitment hearing (3 court days)	WOD
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426.127	Outpatient commit	CC
426.130	Original civil court commitment order	CC
426.175	Two-physician hold (5 calendar days)	HH
426.180	Emergency commitment upon 2 person affidavit (15 calendar days)	EMG
426.215	Mental health hold (same timelines and procedures as HH); Police office hold (5 judicial days)	HH
426.220	Voluntary	OYA, VOL, VG, VP, VCF, SCF, VRP
426.228	Police office custody	HH
426.231	Transport custody	TC
426.232	Hospital hold	HH
426.233	Non hospital hold	NHH
426.235	Authority to transport	CC
426.237	14 day diversion	DIV
426.273	Trial visit	CC
426.275	Civil recommit of trial visit	CC
426.300	Discharge from civil commitment to <u>voluntary</u> status	SCF, OYA, VCF, VG, VOL, VP
426.301	Non-protested extension of civil commitment	CC
426.307	Protested extension of civil commitment	CC
426.450	Voluntary admission for alcoholism or drug addiction	VCF, VOL
426.650	Voluntary admission of sexually dangerous person	VCF
426.675	Pre-sentence investigation to determine 'sexually dangerous offender'; Voluntary admission of sexually dangerous person as a condition of probation	COS, CT, VCP
427.020	Certification for continued care & training (365 days)	CC
427.290	Original developmental disability civil court commitment order (365 days)	CC

WARD

WARD

Instructions:

Enter the patient's current health plan coverage in this box.

Codes:

- ABH0 Accountable Behavioral Health Alliance
- CBH0 Clackamas Behavioral Health
- FC00 Family Care, Inc.
- GOB0 Greater Oregon Behavioral Health, Inc
(GOBHI)
- JBH0 Jefferson Behavioral Health Care
- LHS0 Lane Health Systems
- MBH0 Multnomah Behavioral Health
- MV00 Mid Valley Behavioral Care Network
- ODS0 ODS Community Health
- PHS0 Providence Health Systems
- RHM0 Regency HMO
- WCH0 Washington County Dept Of Health

Note:

Additional codes may be added in the future.

DISCHARGE SECTION OF THE FORM

The next section of the form is a reassessment of the client before discharge. Do not copy the information from the enrollment or status change portions of the form.



DISCHARGE DIAGNOSIS DATE

DISCHARGE DX DATE		
MONTH	DAY	YEAR

Instructions:

Record the date that the patient's discharge diagnosis was recorded. Enter two digits each for Month, Day, and Year, using leading zeroes as necessary.

DISCHARGE DIAGNOSIS

DISCHARGE DIAGNOSIS
DSM IV AXIS I _____
DSM IV AXIS II _____

Instructions:

Enter the discharge diagnosis using the DSM IV, AXIS I and II codes.

Definition:

Please refer to the Diagnostic Statistical Manual of Instructions.

DISCHARGE DATE

DISCHARGE DATE*		
MONTH	DAY	YEAR

Instructions:

Record the date the patient was discharged from the psychiatric facility. Enter two digits each for Month, Day, and Year, using leading zeroes as necessary.

Note:

This is a required data field.

DISCHARGE TIME

DISCH. TIME*

Instructions:

Record the time the patient was discharged from the psychiatric facility. Use military time format, i.e., 6:00 pm would be recorded as 18:00.

Note:

This is a required data field.

DISCHARGE REASON

DISCH. REAS.*
Codes on Back.

Instructions:

Enter one of the following codes to indicate the reason for discharge from the reporting facility. All data pertains to the patient at the time of his/her last face-to-face treatment contact.

Codes:

AMA	Against medical advice
DSCH	Discharged
EXP	Expired
JUEX	Legal jurisdiction expired
MB	Maximum benefit
NH	No hearing
PSRB	Conditional release to PSRB
REP	Repatriated
REV	Revocation of trial visit
RTV	Trial visit
TACF	Transfer to acute care facility
TACP	Transfer to adult corrections program
TCH	Transfer to court for hearing
TESH	Transfer to Eastern Oregon hospital
TI	Treatment intervention
TJCP	Transfer to juvenile corrections program
TOH	Transfer to other hospital
TOSH	Transfer to Oregon state hospital
TPNA	Treatment program no longer available
TSRF	Transfer to secure residential facility
UL	Unauthorized Leave

Note:

This is a required data field.

DISCHARGE COUNTY

DISCHARGE CO.*
(see back of form)

Instructions:

Enter the code from the following codes that identify the county to which the patient was discharged. If the patient was discharged to another state, use OTHE – Other (out of state).

County Codes:

BAKE – Baker	HOOD – Hood River	OTHE – Other (out of state)
BENT – Benton	JACK – Jackson	POLK – Polk
CLAC – Clackamas	JEFF – Jefferson	SHER – Sherman
CLAT – Clatsop	JOSE – Josephine	TILL – Tillamook
COLU – Columbia	KLAM – Klamath	UMAT – Umatilla
COOS – Coos	LAKE – Lake	UNIO – Union
CROO - Crook	LANE – Lane	WALL – Wallowa
CURR – Curry	LINC – Lincoln	WASC – Wasco
DESC – Deschutes	LINN – Linn	WASH – Washington
DOUG – Douglas	MALH – Malheur	WHEE – Wheeler
GILL – Gilliam	MARI – Marion	YAMH - Yamhill
GRAN – Grant	MORR – Morrow	
HARN - Harney	MULT - Multnomah	

Note:

This is a required field.

COMPETENT TO DRIVE

COMPETENT TO DRIVE	
<input type="checkbox"/>	1 - Yes
<input type="checkbox"/>	2 - No

Instructions:

Is the patient competent to drive a motor vehicle. Indicate with a 1 – Yes, or 2 – No.

REFERRED TO

REFERRED TO*	
	See back of form.

Instructions:

Enter the appropriate code number(s) from the Referral Code list below to indicate the institution, agency, and/or person the patient is referred to at the time of discharge. Referral requires "deliberate action".

Definitions:

"Referral" identifies to whom a referral was made for some treatment, service, or follow-up of some kind. A person is only considered referred if some deliberate action was taken to get the person into another service or agency. Deliberate Action refers to taking the patient there, or writing a letter, or making a phone call, or filing a notice.

Referral Code Definitions:

00 Unknown / None	26 Probation (Co./State/Federal) Includes Juveniles
04 Developmental Disabilities Serv.	31 Private Professional
05 School	32 Self
06 Other Community Agency	33 Family/Friend
07 Support Programs for Adults (TANF / Food Stamps	35 Senior Services Division
08 Support Programs for Children (Child Welfare)	87 Community Based Mental Health and/or Addiction Service Provider
11 Vocational Rehabilitation Div.	88 State Psychiatric Facility
16 Eastern Oregon Training Center	89 Acute or Sub-Acute Psychiatric Fac.
19 Primary Care Provider, Specialist, or Other Physical Health Provider	90 Mental Health Organization (MHO)
20 State Correctional Institution	91 Youth/Child Social Service Agency, Center or Team
21 Court	92 Fully Capitated Health Plan (FCHP)
22 Jail (city/county)	93 Federal Correctional Institution
23 Parole (County/State/Federal)	94 Employer / Employee Assistance Program (EAP)
24 Police/Sheriff – Local, State	99 Other
25 PSRB (Psychiatric Security Review Board)	

Note: This is a required field.

LIVING ARRANGEMENT AT DISCHARGE

LIVING ARR.*
(codes on back)

Instructions:

Enter the code from the following list that identifies the patient's living arrangement at discharge, i.e., where is the client going?

Definition:

Living Arrangement is the living situation the patient is headed to at the time of discharge.

Codes:

- ACF – Acute Care Facility (Intensive, psychiatric services provided on a short-term basis to a person experiencing significant symptoms of a mental disorder that interfere with the person's ability to perform activities of daily living.)
- CORR – Corrections Facility (County, State or Federal prison or jail.)
- EOPC – Eastern Oregon Psychiatric Center / Blue Mountain Recovery Center
- EOTC – Eastern Oregon Training Center
- FCNR – Non-Relative Foster Care (Person lives in a home licensed to serve five (5) or fewer patients who are not related to the provider. The provider receives service payments to provide personal care, 24-hour supervision, and room and board.)
- FCR – Relative Foster Care (Person lives in a home licensed to serve five (5) or fewer patients who are related to the provider.)
- GH – General Hospital
- HH – Halfway House (Services that provide discharged patients facilities for their gradual transition from hospital or residential services to community life.)
- HMLS – Transient/Homeless (Person is transient or lives in an emergency shelter or place not meant for human habitation such as on the street, in a public park or in an abandoned building.)

- INST – Institution (Person lives in a state hospital or training center, private hospital, city or county jail, state correctional facility, Juvenile training school, or special school such as the State School for the Blind or Deaf.)
- ITH – Intensive Training Home
- MOSH – Oregon State Hospital
- NF – Nursing/Intermediate Care Facility (Person lives in a certified facility, meeting federal standards, which provides medical care for long-term illnesses and convalescents. Persons living in such a facility require nursing services.)
- OBS – Oregon School for the Blind
- ODS – Oregon School for the Deaf
- ORFG – Other Residential Facility/Group Home (Person lives in a facility or other congregate setting licensed or certified by a government entity other than AMH. Setting provides 24-hour non-medical care and supervision to elderly, disabled or otherwise dependent persons needing a long term, supervised living arrangement.)
- OTHE – Other (Any living situation or place not listed above.)
- PASS – Overnight Pass
- PPH – Private Psychiatric Hospital (For profit psychiatric facility owned by a non-charitable organization.)
- PRA – Private Residence – Alone (Person lives alone in his/her own home, apartment or other private residential setting. A single parent with a minor child(ren) would be included here, as well.)
- PRF – Private Residence – w/Friend(s) or Other Unrelated Person(s) (Person lives with friends or others. The person does not receive support or training services from a Supported Housing or Independent Living program and friend/other does not receive service payments to care for the person.)
- PRP – Private Residence – w/Parent, Relative, Adult Child(ren) (Person lives in a home, apartment or other private residential setting provided by parents or relatives who also reside there. The family does not receive service payments to care for the person, except in the case of Relative Foster Care.)
- PRS – Private Residence – w/Spouse or Significant Other (Person lives with spouse or significant other in their own home, apartment or other private residential setting.)

- PTC – Private Training Center
- RAB – Room and Board (Person lives in a facility which provides room and board only in exchange for a fee paid directly by the resident.)
- REF – Refused
- RESP – Respite Care (Support for families that may need to keep their child with a disability or chronic illness at home.)
- RFH – Relative Foster Home (Out of home placement for children with a relative that provides a safe and nurturing environment until they are able to reunify with their parents or until permanent plans are implemented.)
- RTC – Residential Treatment Center (Person lives in a facility licensed by AMH to provide non-medical care and individualized treatment to persons with mental and emotional disorders in a setting with 24-hour supervision. Residential Treatment Facilities serve six (6) or more residents. Residential Treatment Homes serve five (5) or few residents.)
- SHEL – Shelter
- TFCY – Treatment Foster Care (Youth) (Person is a youth who lives in Foster Care.)
- UNK – Unknown

Note:

This is a required data field for the Acute/Sub Acute Psychiatric Facilities.

RELIGION CODES

Religion
(codes on back)

Instructions:

Enter the appropriate religion code from the list below:

Note:

This is an optional field.

Religion Codes:

ADV	Adventist	JEW	Jewish
ALL	Alliance Church	LUT	Lutheran
AOG	Assembly Of God	MEN	Mennonite
ATH	Atheist	MET	Methodist
BAP	Baptist	MOM	Mormon (Latter-Day Saint)
BUD	Buddhist	NAR	Native American Religion
CAT	Catholic	NON	Non Denominational
CHR	Christian	OTH	Other
CMA	Christian Mission Alliance	PEN	Pentecostal
COC	Church Of Christ	PRE	Presbyterian
COG	Church Of God	PRO	Protestant
CON	Congregational	QUA	Quaker
CSC	Christian Science	SAT	Satanist
DCD	Christian Disciples Of Christ	UCC	United Church Of Christ
EPI	Episcopalian	UNI	Unitarian
GRE	Greek Orthodox	UNK	Unknown
HIN	Hindu		
ISL	Islam		
JEH	Jehovah Witness		

PART THREE



Glossary

Glossary

Acute Care - Intensive, psychiatric services provided on a short-term basis to a person experiencing significant symptoms of a mental disorder that interfere with the person's ability to perform activities of daily living.

Admission Date - The date on which the first service was delivered to the client by face-to-face contact in accordance with the AMH administrative rules.

AMH – Addictions & Mental Health Division

Birth Name - The last name of the person as it would appear on his/her birth certificate.

Civil Commitment Process - The legal process of involuntarily placing a person, determined by the Circuit Court to be a mentally ill person as defined in ORS 426.005 (1) (d), in the custody of the Addictions & Mental Health Division (AMH). AMH has the sole authority to assign and place a committed person to a treatment facility. AMH has delegated this responsibility to the Community Mental Health (CMHP) director. Civil commitment does not automatically allow for the administration of medication without informed client consent. Additional procedures described in administrative rule must be followed before medication can be involuntarily administered.

CMHP - Community Mental Health Program

Conditionally Released - The judge found the person mentally ill and placed the person in the care and custody of a legal guardian, relative or friend.

Current Living Arrangement - The living situation the client is in at the time of enrollment or termination.

Current Marital Status - The marital situation of the client at the time of enrollment or termination.

Deliberate Action - The referring source brings in the client, writes letters, makes phone calls to set up appointments, or takes any other similar action to assure that the client is actually seen by a Provider of Service. A simple suggestion to a client to go somewhere for help is not a "deliberate action" and therefore is not considered a referral for the purposes of OP/RCS.

Discharge Referral - Identifies to whom a referral was made for some treatment, service, or follow-up of some kind. A person is only considered referred if some *deliberate action* was taken to get the person into another service or agency.

DSM-IV - The numerical code, including modifiers, which identifies psychiatric disorders defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, American Psychiatric Association, 1994.

FCHP – Fully Capitated Health Plan – Prepaid Health Plans that contract with the Division of Medical Assistance Programs (DMAP) to provide capitated services under the Oregon Health Plan. The distinguishing characteristic of FCHP's is the coverage of hospital inpatient services.

Institutions - A state hospital or training center, private hospital, city or county jail, state correctional facility, SCF juvenile training school, or special school such as the State School for the Blind or Deaf.

Intermediate Care Facility – A semi-skilled facility, that is certified and meets federal standards, that provides less intensive medical care than a skilled nursing facility. Persons living in an ICF are not fully capable of living by themselves, but are not generally ill enough to require "round-the-clock" medical supervision.

Medicaid - A federal and state funded portion of the Medical Assistance Program established by Title XIX of the Social Security Act, as amended, and administered in Oregon by the Department of Human Services. The program provides medical assistance to poor and indigent persons.

Medicare - Federal health insurance for persons 65 and older.

Mental Disorder - A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is typically associated with either a painful symptom (distress) or impairment in one or more important areas of functioning (disability).

Non-Relative Foster Home - A home certified to serve five (5) or fewer clients which are not related to the provider. The provider receives service payments to provide personal care, 24-hour supervision and room and board.

OMHAS – Office of Mental Health and Addiction Services. Name no longer in use – now Addictions & Mental Health Division (AMH).

Oregon Patient /Resident Care System (OP/RCS) - AMH data system for persons receiving services in the Oregon State Hospitals and selected community hospitals providing Acute Inpatient Hospital Psychiatric and training services under contract with AMH.

Patient Number - The unique identification number assigned to each client (only one number to a client) by the Data Coordinator for the facility.

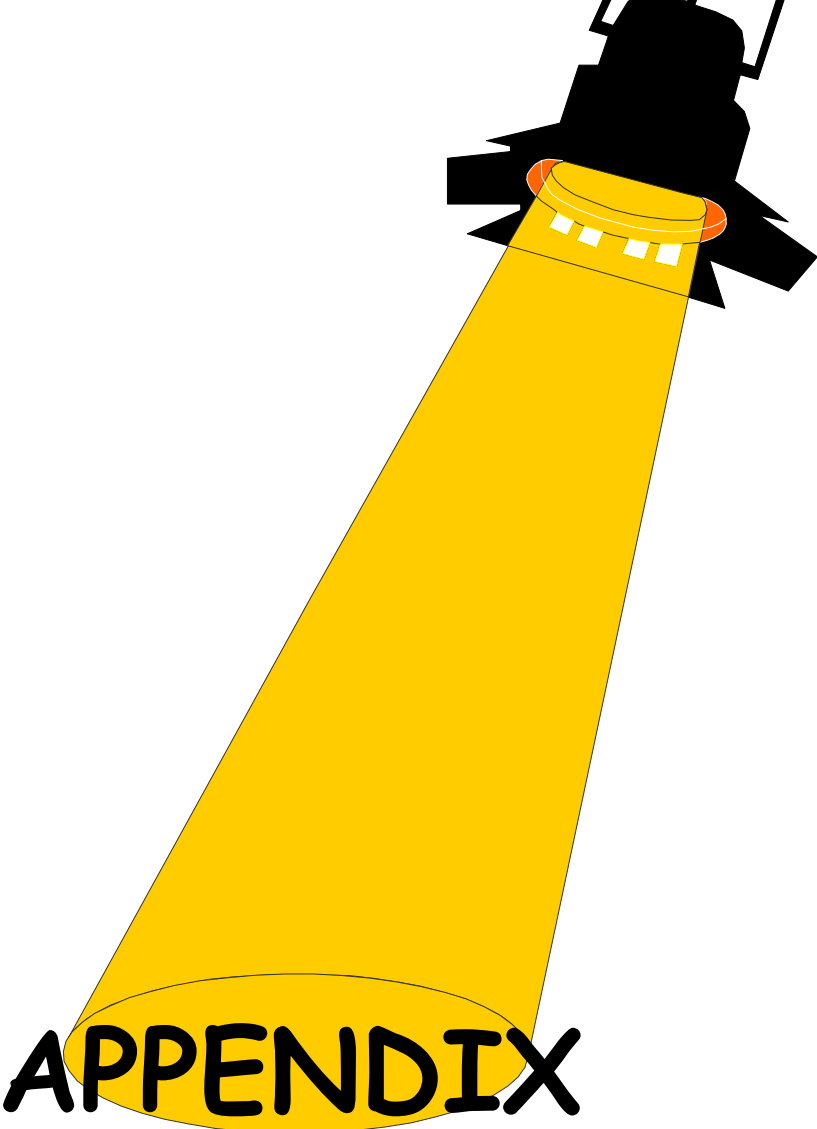
PSRB - Psychiatric Security Review Board, which has jurisdiction over clients who are guilty except for insanity.

Referral - Helping a person gain access to another person, group, or agency that agrees to assist.

Screening - An initial contact by phone or in person to assess a person's problems, needs, and resources, to determine whether the person should: (a) be further evaluated by a qualified crisis worker, (b) be referred elsewhere, or (c) needs no further service.

Skilled Nursing Facility - A certified facility that meets federal standards, and provides Medical care for long-term illnesses and convalescents. Persons living in such a facility are incapable of living by themselves, and require nursing supervision 24 hours a day, 7 days a week.

PART FOUR



A. OP/RCS Enrollment and Discharge Forms..... 96
B. OP/RCS Online Instructions..... 102

APPENDIX A: OP/RCS Psychiatric Facility Forms

OREGON PATIENT RESIDENT CARE SYSTEM

State of Oregon
 OP/RCS - OMHAS
 DEPT. OF HUMAN SERVICES

MENTAL HEALTH
STATE PSYCHIATRIC FACILITY
ENROLLMENT & DISCHARGE FORM

<input type="checkbox"/> CHECK BOX IF CORRECTION		FACILITY NAME						
____/____/____ DATE OF CORRECTION								
PATIENT'S NAME (USE UPPER CASE BLOCK LETTERS)*								
LAST		FIRST			M.I.	BIRTH NAME		
ALIAS NAME (USE UPPER CASE BLOCK LETTERS)								
LAST		FIRST			BIRTH NAME			
SEX*	DATE OF BIRTH*		AGE (In years)		DATE OF ARRIVAL*		TIME OF ARRIV.*	
<input type="checkbox"/> F-Female <input type="checkbox"/> M-Male	month	day	year		month	day	year	
COMMITMENT TYPE*	CO. OF RESIDENCE		STATE OF RESIDENCE		SCREENED BY CO.		BIRTH PLACE	
Codes on back	(see back of form)		See back of form for codes		(see back of form)		(See back)	
COUNTY OF RESPONSIBILITY	CMHP OF RESPONSIBILITY		SOCIAL SECURITY NUMBER			VERIFIED?		
(see back of form)	(see back of form)					<input type="checkbox"/> Y or <input type="checkbox"/> N		
RACE/ETHNICITY	REFERRAL SOURCE		READMIN?	US CITIZEN?	METHOD OF ARRIVAL			
codes on back	Codes on back		<input type="checkbox"/> Y or <input type="checkbox"/> N	<input type="checkbox"/> Y or <input type="checkbox"/> N				
SCREENING DATE	SCREENING TIME	SCREENING PHYSICIAN			SCREENING SOCIAL WORKER			
month day year								
RETURN FROM TRIAL VISIT?		RETURN FROM ESCAPE						
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N						
PROVISIONAL DIAGNOSIS				REASON NOT ADMITTED		COMMUNITY REFERRAL AGENCY		
DSM IV AXIS I				DMC - Does not meet admission criteria				
DSM IV AXIS II				OPS - Outpatient Service				
ICD-9-CM AXIS III								
Status Change								
COMMIT. TYPE	COMMITMENT DATE		COMMIT. TIME	COMMITMENT CO.	ORS NUMBER	WARD		
Codes on back.	month	day	year	Codes on back.	see manual			
COMMIT. TYPE	COMMITMENT DATE		COMMIT. TIME	COMMITMENT CO.	ORS NUMBER	WARD		
Codes on back.	month	day	year	Codes on back.	see manual			
COMMIT. TYPE	COMMITMENT DATE		COMMIT. TIME	COMMITMENT CO.	ORS NUMBER	WARD		
Codes on back.	month	day	year	Codes on back.	see manual			
Discharge								
DISCHARGE DX DATE			DISCHARGE DIAGNOSIS			DISCHARGE DATE*		
MONTH	DAY	YEAR	DSM IV AXIS I			MONTH	DAY	
			DSM IV AXIS II			YEAR		
DISCH. TIME*	DISCH. REAS.*	DISCHARGE CO.*	COMPETENT TO DRIVE		REFERRED TO*			
	Codes on Back.	(see back of form)	<input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2- No		See back of form.			

Form Number MHD-ADMS-OPRCS-0003

* = Required Data Item

Revision Number 07-04

MENTAL HEALTH OP/RCS CODE LIST

CMHP AND COUNTY CODES

BAKE - BAKER
 BENT - BENTON
 CLAC - CLACKAMAS
 CLAT - CLATSOP
 COLU - COLUMBIA
 COOS - COOS
 CROO - CROOK
 CURR - CURRY
 DESC - DESCHUTES
 DOUG - DOUGLAS
 GILL - GILLIAM
 GRAN - GRANT
 HARN - HARNEY
 HOOD - HOOD RIVER
 JACK - JACKSON
 JEFF - JEFFERSON
 JOSE - JOSEPHINE
 KLAM - KLAMATH
 LAKE - LAKE
 LANE - LANE
 LINC - LINCOLN
 LINN - LINN
 MALH - MALHEUR
 MARI - MARION
 MORR - MORROW
 MULT - MULTNOMAH
 OTHE - OTHER (OUT OF STATE)
 POLK - POLK
 SHER - SHERMAN
 TILL - TILLAMOOK
 UMAT - UMATILLA
 UNIO - UNION
 WALL - WALLOWA
 WASC - WASCO
 WASH - WASHINGTON
 WHEE - WHEELER
 YAMH - YAMHILL

COMMITMENT TYPE

CC - Civil Commitment
 CCC - Criminal Court Commitment
 COS - Court Ordered Screening
 SCF - Services to Children & Families
 CT - Court Order
 DIV - 14 Day Diversion
 EMG - Emergency Commitment
 HH - Hospital Hold
 JCF - Juvenile Correction Facility
 JCO - Juvenile Court Order
 NHH - Non Hospital Hold
 OYA - Oregon Youth Authority Voluntary
 RVC - Revocation of Conditional Release
 SCF - Serv. to Children/Families Voluntary
 SCR - Screened, Not Admitted
 TC - Transport Custody
 VCF - Voluntary-Correctional Facility
 VCP - Voluntary-Cond. Probation/Parole
 VG - Voluntary by Guardian
 VP - Voluntary-Parental
 VOL - Voluntary
 VRP - Voluntary Return of PSRB Client
 WOD - Warrant of Detention

RACE/ETHNICITY CODES

AI - American Indian
 AN - Alaskan Native
 ASI - Asian
 BNH - Black, Non Hispanic
 HC - Hispanic (Cuban)
 HM - Hispanic (Mexico)
 HO - Hispanic (Other)
 HPR - Hispanic (Puerto Rico)
 NHP - Native Hawaiian/Other Pacific Islander
 OTH - Other
 SEA - Southeast Asian
 REF - Refused
 UNK - Unknown
 WNH - White, Non Hispanic.

REFERRAL CODES

00 Unknown / None
 04 Developmental Disabilities Serv.
 05 School
 06 Other Community Agency
 07 Support Programs for Adults (TANF / Food Stamps)
 08 Support Programs for Children (Child Welfare)
 11 Vocational Rehabilitation Div.
 16 Eastern Oregon Training Center
 19 Primary Care Provider, Specialist, or Other Physical Health Provider
 20 State Correctional Institution
 21 Court
 22 Jail (city/county)
 23 Parole (County/State/Federal)
 24 Police/Sheriff - Local, State
 25 PSRB
 26 Probation (Co./State/Federal) Includes Juveniles
 31 Private Professional
 32 Self
 33 Family/Friend
 35 Senior Services Division
 87 Community Based Mental Health and/or Addiction Service Provider
 88 State Psychiatric Facility
 89 Acute or SubAcute Psychiatric Fac.
 90 Mental Health Organization (MHO)
 91 Youth/Child Social Service Agency, Center or Team
 92 Fully Capitated Health Plan (FCHP)
 93 Federal Correctional Institution
 94 Employer / Employee Assistance Program (EAP)
 99 Other

DISCHARGE REASON CODES

AMA - Against Medical Advice
 DSCH - Discharged
 EXP - Expired
 JUEX - Legal Jurisdiction Expired
 MB - Maximum Benefit
 NH - No Hearing
 PSRB - Conditional Release to PSRB
 REP - Repatriated
 REV - Revocation of Trial Visit
 RTV - Trial Visit
 TACF - Transfer to Acute Care Facility

DISCHARGE REASON CODES (CONTINUED)

TACP - Transfer to Adult Corrections Fac.
 TCH - Transfer to Court for Hearing
 TESH - Transfer to Eastern OR Hospital
 TI - Treatment Intervention
 TJCP - Transfer to Juvenile Corrections Fac.
 TOH - Transfer to Other Hospital
 TOSH - Transfer to Oregon State Hosp.
 TPNA - Treatment Program No Longer Available
 TSRF - Transfer to secure residential facility

STATE & BIRTH PLACE CODES

AK ALASKA
 AL ALABAMA
 AR ARKANSAS
 AZ ARIZONA
 CA CALIFORNIA
 CO COLORADO
 CT CONNECTICUT
 DC DISTRICT OF COLUMBIA
 DE DELAWARE
 FC FOREIGN COUNTRY
 FL FLORIDA
 GA GEORGIA
 GU GUAM
 HI HAWAII
 IA IOWA
 ID IDAHO
 IL ILLINOIS
 IN INDIANA
 KS KANSAS
 KY KENTUCKY
 LA LOUISIANA
 MA MASSACHUSETTS
 MD MARYLAND
 ME MAINE
 MI MICHIGAN
 MN MINNESOTA
 MO MISSOURI
 MS MISSISSIPPI
 MT MONTANA
 NC NORTH CAROLINA
 ND NORTH DAKOTA
 NE NEBRASKA
 NH NEW HAMPSHIRE
 NJ NEW JERSEY
 NM NEW MEXICO
 NV NEVADA
 NY NEW YORK
 OH OHIO
 OK OKLAHOMA
 OR OREGON
 PA PENNSYLVANIA
 PR PUERTO RICO
 RI RHODE ISLAND
 SC SOUTH CAROLINA
 SD SOUTH DAKOTA
 TN TENNESSEE
 TX TEXAS
 UK UNKNOWN
 UT UTAH
 VA VIRGINIA
 VI VIRGIN ISLANDS
 VT VERMONT
 WA WASHINGTON
 WI WISCONSIN
 WV W. VIRGINIA
 WY WYOMING

OREGON PATIENT RESIDENT CARE SYSTEM

State of Oregon
 OP/RCS - OMHAS
 OREGON DEPT. OF HUMAN SERVICES

**MENTAL HEALTH
 ACUTE/SUB-ACUTE PSYCHIATRIC FACILITY
 ENROLLMENT & DISCHARGE FORM**

<input type="checkbox"/> CHECK BOX IF CORRECTION		FACILITY NAME					
____/____/____ DATE OF CORRECTION							
PATIENT'S NAME (USE UPPER CASE BLOCK LETTERS)*							
LAST		FIRST			M.I.	BIRTH NAME	
ALIAS NAME (USE UPPER CASE BLOCK LETTERS)							
LAST		FIRST			BIRTH NAME		
SEX*	DATE OF BIRTH*		AGE (In years)		DATE OF ADMISSION*		TIME OF ADMISS.*
<input type="checkbox"/> F-Female <input type="checkbox"/> M-Male	month	day	year		month	day	year
CMHP OF RESP. (codes on back)		CO. OF RESIDENCE (codes on back of form)		CO. OF RESPONSIBLITY (codes on back of form)		SOCIAL SECURITY NUMBER	
RACE/ETHNICITY		REFERRAL SOURCE		MARITAL STATUS		OREGON DRIVERS LICENSE	
AI - American Indian AN - Alaskan Native ASI - Asian BNH - Black, Not Hispanic HC - Hispanic (Cuban) HM - Hispanic (Mexico) HO - Hispanic (Other) HPR - Hispanic (Puerto Rico) NHP - Native Hawaiian/Other Pacific Islander OTH - Other SEA - Southeast Asian REF - Refused		Codes on back of form.		DIV - Divorced LAM - Living as Married MAR - Married NM - Never Married REF - Refused SEP - Separated UNK - Unknown WID - Widowed		EDUCATION	
UNK - Unknown WNH-White, Non Hispan.						Highest grade completed.	
						LIVING ARRANGEMENT	
						Codes on back of form.	
ADMISSION DIAGNOSIS				PRESENTING DANGER			
DSM IV AXIS I				MAKE AN ENTRY FOR EACH ITEM			
DSM IV AXIS II				<input type="checkbox"/> SUICIDE			
ICD-9-CM AXIS III				<input type="checkbox"/> OTHER HARM TO SELF			
				<input type="checkbox"/> HARM TO OTHERS 1 = YES			
				<input type="checkbox"/> HARM TO PROPERTY 2 = NO			
COMMIT. TYPE*	COMMIT. DATE*		COMMIT. TIME*	COMMIT. CO.*	ORS NUMBER		WARD
Codes on back.	month	day	year	Codes on back.	See Manual		
Status Change							
COMMIT. TYPE	COMMITMENT DATE		COMMIT. TIME	COMMITMENT CO.	ORS NUMBER		WARD
Codes on back.	month	day	year	Codes on back.	See Manual		
COMMIT. TYPE	COMMITMENT DATE		COMMIT. TIME	COMMITMENT CO.	ORS NUMBER		WARD
Codes on back.	month	day	year	Codes on back.	See Manual		
COMMIT. TYPE	COMMITMENT DATE		COMMIT. TIME	COMMITMENT CO.	ORS NUMBER		WARD
Codes on back.	month	day	year	Codes on back.	See Manual		
Discharge Information							
DISCHARGE DIAGNOSIS DATE			DISCHARGE DIAGNOSIS			DISCHARGE DATE*	
MONTH	DAY	YEAR	DSM IV AXIS I			MONTH	DAY
			DSM IV AXIS II			YEAR	
DISCH. TIME*	DISCH. REAS.*		DISCHARGE CO.*	COMPET. TO DRIVE	REFERRED TO*		LIVING ARR.*
	(codes on back)		(codes on back)	<input type="checkbox"/> 1 - Yes	(codes on back		(codes on back)
				<input type="checkbox"/> 2 - No	of form)		

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 GILL - GILLIAM
 GRAN - GRANT
 HARN - HARNEY
 HOOD - HOOD RIVER
 JACK - JACKSON
 JEFF - JEFFERSON
 JOSE - JOSEPHINE
 KLAM - KLAMATH
 LAKE - LAKE
 LANE - LANE
 LINC - LINCOLN
 LINN - LINN
 MALH - MALHEUR
 MARI - MARION
 MORR - MORROW
 MULT - MULTNOMAH
 OTHE - OTHER (OUT OF STATE)
 POLK - POLK
 SHER - SHERMAN
 TILL - TILLAMOOK
 UMAT - UMATILLA
 UNIO - UNION
 WALL - WALLOWA
 WASC - WASCO
 WASH - WASHINGTON
 WHEE - WHEELER
 YAMH - YAMHILL

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 08 Support Programs for Children
 (Child Welfare)
 11 Vocational Rehabilitation Div.
 16 Eastern Oregon Training Center
 19 Primary Care Provider, Specialist,
 or Other Physical Health Provider
 20 State Correctional Institution
 21 Court
 22 Jail (city/county)
 23 Parole (County/State/Federal)
 24 Police/Sherrif - Local, State
 25 PSRB
 26 Probation (Co./State/Federal)
 Includes Juveniles
 31 Private Professional
 32 Self
 33 Family/Friend
 35 Senior Services Division
 87 Community Based Mental Health
 and/or Addiction Service Provider
 88 State Psychiatric Facility
 89 Acute or SubAcute Psychiatric Fac.
 90 Mental Health Organization (MHO)
 91 Youth/Child Social Service Agency,
 Center or Team
 92 Fully Capitated Health Plan (FCHP)
 93 Federal Correctional Institution
 94 Employer / Employee Assistance
 Program (EAP)
 99 Other

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 TACF - Transfer to Acute Care Facility
 TACP - Transfer to Adult Corrections Fac.
 TCH - Transfer to Court for Hearing
 TESH - Transfer to Eastern OR Hospital
 TI - Treatment Intervention
 TJCP - Transfer to Juvenile Corrections Fac.
 TOH - Transfer to Other Hospital
 TOSH - Transfer to Oregon State Hosp.
 TPNA - Treatment Program No Longer Available
 TSRF - Transfer to secure residential facility

LIVING ARRANGEMENT CODES

ACF Acute Care Facility
 CORR Corrections Facility
 EOPC Eastern OR Psychiatric Center
 EOTC Eastern OR Training Center
 FCNR Non Relative Foster Care
 FCR Relative Foster Care
 HH Halfway House
 HMLS Homeless
 INST Institution
 ITH Intensive Training Home
 MOSH Oregon State Hospital
 NF Nursing Facility
 OBS Oregon School for the Blind
 ODS Oregon School for the Deaf
 ORFG Other Residential Fac./Group Home
 OTHE Other
 PASS Overnight Pass
 PPH Private Psychiatric Hospital
 PRA Private Residence - Alone
 PRF Private Residence - w/ Friend or Other
 Unrelated Person
 PRP Private Residence - W/ Parent,
 Relative, Adult Child(ren)
 PRS Private Residence - W/ Spouse or
 Significant Other
 PTC Private Training Center
 RAB Room and Board
 REF Refused
 RESP Respite Care
 RFH Relative Foster Home
 RTC Residential Treatment Center
 SHEL Shelter
 TFCY Treatment Foster Care (Youth)
 UNK Unknown

Appendix B

OP/RCS Online Instructions

STATE PSYCHIATRIC FACILITY COMPUTER MANUAL

The following section consists of step by step instructions for inputting patient information. All of the procedures in this chapter were written according to the Ward Sign-ons. If you are using a different sign-on, select options with the same wording. The numbers may be different. Please be careful to always enter accurate data.

Table of Contents

Admitting Patients	107
Discharging	111

ADMITTING PATIENTS

The following instructions are for admitting patients. These procedures are written according to the Ward Sign-ons. If you are using a different sign-on, select the options with the same wording. The numbers may be different.

1. From the OSH Master Screen

Type: 02 (ADMIT)
Press: **ENTER**

2. Select the Patient by Name option

Type: 01 (PATIENT BY NAME)
Press: **ENTER**

3. Move the cursor to the Last Name Field

Type: SMITH (Type Last Name)
Type: C (Type First Initial)
Press: **ENTER**

IMPORTANT:

Do not fill in the full name. The patient may have been a prior Mental Health patient under a different first name. (Example: Charles or Charlie)

4. A list of prior Mental Health patients will appear. See example below:

NAME	AGE	DOB	SEX	COUNTY
AA- Smith Al	18	12/04/87	M	LANE
AB- Smith Ann	33	12/10/72	F	MARI
AC- Smith Charles	60	08/31/45	M	LANE
AD- Smith Doris	29	05/02/76	F	POLK
AE- Smith Greg	50	10/16/55	M	LANE

SELECT CLIENT --

81-ENTER 01-NEW PT 73-PAGE FWD 74-PAGE BWD
SELECTION: **01**

If the patient does not appear on the list, select the new patient option. Continue with these procedures.

Type: 01 (on the selection line)
Press: **ENTER**

(OR)

If the patient's name is on the list, Charles Smith, for example:

Type: 81 (on the selection line)
Type: AC (on the select client line)(see above)
Press: **ENTER**

Move to step 6 in these procedures.

5. Type the DOB, first name and last name.

DATE OF BIRTH: 12 :: 17 :: 1940 :
Month Day Year

NAME: LAST: SMITH
FIRST: MARTHA

Press: **ENTER**

6. The Pre-Admission Data screen will appear. Use the first section of this manual to help complete the screen. It is very important to fill out as much information as possible.

Sample Pre-Admission Screen

```

NAME: SMITH MARTHA                DOB: 12 / 17 / 40
ALIAS: SMITH KAREN                SEX: F  AGE: 52   OREGON STATE HOSPITAL
PRE-ADMISSION DATA              REVIEW DATA. THEN SELECT DESIRED ACTION
DATE OF ARRIVAL                  : 02 / 02 / 92           TIME OF ARRIVAL : 1000
PATIENT NUMBER:                  :                       TYPE OF COMM/ADMIY : VOL
COUNTY OF RESIDENCE             : MARI                STATE OF RESIDENCE: OR
SCREENED BY COUNTY                : MARI                PLACE OF BIRTH : OR
COUNTY OF RESPONSIBILITY        : MARI                RESPONSIBLE CMHP :
SS NUMBER: VERIFIED:             : 444 -55 -6666      ETHNIC CATEGORY: WNH
REFERRAL SOURCE                  : 19                 READMISSION : N
US CITIZEN                       : Y                  METHOD OF ARRIVAL:
DATE SCREENING COMPLETED        : / /                TIME SCREENING COMPLETED: 1000

SCREENING PHYSICIAN              : GGER                SCREENING SOCIAL WORKER: EMOL
ADMIT IS RETURN FROM RTV        : N :                ADMIT IS RETURN FROM ESCAPE: N :
SCREENING/PROVISIONAL DIAGNOSIS PRIN DX (X ONE ONLY).
  DSM III      AXIS I  : 295 : 10 : X
  DSM III      AXIS II :      :      :
  ICD-9-CM     AXIS III:      :      :
REASON NOT ADMITTED             :                    COMMUNITY REF AGENCY :

```

Type: Information from Chart
 Press: **ENTER**

7. The Pre-Admission Data screen will appear again. If **** appear in any of the fields, you must enter data there before the admit will be accepted.

Type: missing data
 Type: 01 (ADMIT)
 Press: **ENTER**

8. Additional information must be added in order to complete the admitting process.
See example below:

STARRED FIELDS ARE NECESSARY TO COMPLETE AN ADMISSION
NAME: SMITH MARTHA *SEX: F
DATE OF BIRTH : 12/17/40 SOC SEC NO : 444 - 55 - 6666 :
CASE NUMBER : *WARD : 34D :
*ADMIT DATE : 02 /02 / 92 *TIME : 1000 : READMISSION: N
*COMMITMENT TYPE : **VOL** : *COMMITMENT DATE: 02 / 02 / 92
*COMMITMENT COUNTY : **MARI** : ORS NUMBERS : . :
: . :
*VETERAN : U :
LIVING ARRANGEMENT: ALON ADMIT IS: RETURN FROM RTV : N
RETURN FROM ESCAPE: N
SECLUSION/RESTRAINT: : C/ATP ONLY: REG: : CRISIS: :

Type: Fill in information with * next to the line.
Press: **ENTER**

9. The same screen will appear again. Verify that all data is correct.

Type: **01** (ADMIT)
Press: **ENTER**

The Message "Patient has been admitted" should appear on the bottom of the screen.
There is still critical information that needs to be added to the patient's record. Follow the instructions in Part 2 of this manual.

DISCHARGING PATIENTS

The following instructions are for discharging patients. These procedures are written according to the Ward Sign-ons. If you are using a different sign-on, select the options with the same wording. The numbers may be different.

1. From the OSH Master Screen

Type: 01 (WARD ROSTER)

Press: **ENTER**

2. From the ward Roster Screen, select the patient. See example below:

NAME	AGE	DOB	SEX	COUNTY
AA- Smith Al	18	12/04/87	M	LANE
AB- Smith Ann	33	12/10/72	F	MARI
AC- Smith Charles	60	08/31/45	M	LANE
AD- Smith Doris	29	05/02/76	F	POLK
AE- Smith Greg	50	10/16/55	M	LANE

SELECT CLIENT AG

81-ENTER 73-PAGE FWD 74-PAGE BWD 71-PRINT 98-MASTER
SELECTION: 81

Type: AC (Select patient) (See above)

Type: 81 (on the selection line)

Press: **ENTER**

3. The "Patient Information and Movement Screen" will appear.

Type: 11 (**ENTER** Discharge Information)

Press: **ENTER**

4. The "Discharge Mater Screen" will appear. See below:

DISCHARGE MASTER SCREEN

01-DISCHARGE DIAGNOSIS

02-DISCHARGE PLAN DATA

03-DISCHARGE SUMMARY DATA

Type: 01 (Discharge Diagnosis)

Press: **ENTER**

5. The patient's current diagnosis will be on the screen. Make any necessary additions/changes.

Type: Make changes

Press: **ENTER** (Press **ENTER** even if no changes were made)

6. The discharge diagnosis will still be on the screen.

Type: 82 (Update)

Press: **ENTER**

7. Go back to the Discharge Menu.

Type: 01

Press: **ENTER**

8. From the Discharge Menu, select the Plan Discharge data.

Type: 02

Press: **ENTER**

9. The "Discharge Plan Data" screen will appear. Fill in as much information as possible.

Type: Fill in data

Press: **ENTER**

Note: If the discharge is not planned, leave data and time blank. If discharge is planned, type future date and time.

10. The discharge plan data will still be on the screen.

Type: 82 (Update)

Press: **ENTER**

11. Go back to the Discharge Menu.

Type: 01

Press: **ENTER**

12. From the “Discharge Master Screen”, select the discharge Summary Data.

Type: 03
Press: **ENTER**

13. The “Discharge Summary Data” screen will appear. Fill in as much information as possible.

Type: Fill in data
Press: **ENTER**

14. The discharge summary data will still be on the screen.

Type: 82 (Update)
Press: **ENTER**

A message will appear on the screen “Patient is Discharged”.

15. Go back to the OSH Master Screen

Type: 98
Press: **ENTER**

Acute / Sub-Acute Care Psychiatric Facilities

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OVERVIEW

- 1) **HOSPITAL ROSTER:**
To update information on patients currently in your facility and to **ENTER** discharge information.
*Note: It is important to always **ENTER** discharge information on patients when they are leaving your facility. If a patient is not discharged off the system, they cannot be admitted to another facility.*
- 2) **PRIOR HOSPITAL/COMMUNITY: (Query only)**
Provides information on patient's previous history. History available includes hospitalizations in state facilities and community facilities.
- 3) **MASTER PATIENT INDEX QUERY: (Query only)**
Provides previous admitting information on patients currently or previously in your facility or other facilities.
- 4) **SEND MESSAGE:**
To send messages to AMH for problems on accounts which cannot be corrected at your facility. Contact AMH for further information.
- 5) **POPULATION BULLETIN REPORT: (Rarely used)**
Contact AMH for further information
- 6) **UPDATE NURSING STATION: (Rarely used)**
Contact AMH for further information
- 7) **DEPARTMENT POPULATION REPORT: (Rarely used)**
Contact AMH for further information
- 8) **ADMISSION:**
To **ENTER** patients admitting information onto the system.
NOTE: When searching for a patient use minimal information to help prevent duplicate entries (i.e., last name, and only first initial).
- 9) **POPULATION BULLETIN MAINTENANCE: (Rarely used):**
Contact AMH for further information.
- 10) **HISTORY MAIN TENANCE:**
To correct data problems on files for patients who are no longer in your facility.

SELECT APPROPRIATE ACTION

01-HOSPITAL ROSTER	02-PRIOR HOSPITAL/COMMUNITY
03-MASTER PATIENT INDEX QUERY	04-SEND MESSAGE
05-POPULATION BULLETIN REPORT	06-UPDATE NURSING STATION
07-DEPARTMENT POPULATION REPORT	08-ADMISSION
09-POPULATION BULLETIN MAINTENANCE	10-HISTORY/MAINTENANCE
	99-SIGN OFF

SSMASTER SELECTION:

Hospital Roster selection can be used to update current patient information and to input discharge information.

SALEM HOSPITAL
SPECIFY STARTING NAME FOR ROSTER

KEY UP TO 5 LETTERS OF THE LAST NAME OF THE PATIENT YOU WANT THE ROSTER TO BEGIN WITH. THIS OPTION IS NOT REQUIRED, AND IF LEFT EMPTY, THE ROSTER WILL LIST ALL PATIENTS.

ROSTER STARTING WITH:

PRESS ENTER TO CONTINUE

97-RETURN 99-SIGN OFF

SSNAME SELECTION:

Once you have selected Hospital Roster this screen will be the next screen you see. At this screen you can press enter, which will start you at the beginning of the roster or you can enter a name. When entering a name press **TAB**, your cursor should now be in Line with "Roster Starting With:", at this point enter the first five digits of the patients last name, then press **ENTER**.

ROSTER -DEMOGRAPHIC INFORMATION

PATIENT NAME	CASE NO	WARD	COMMENTS	TYPE	DOB	AGE	AD DATE
AA- PYTHON MONTE	000900	36		P	05/07/49	048	10/12/94
AB- POTTER HAROLD	000003	14		P	09/23/80	014	09/23/94
AC-							
AD-							
AE-							
AF-							
AG-							
AH-							
AI-							
AJ-							
AK-							
AL-							
AM-							
AN-							

SELECT CLIENT: :

81-ENTER 73-PG FWD 74-PG BKWD 71-PRINT 98-MASTER
 QMHRSTAI SELECTION: : 01-CRITICAL 02-COUNTY 03-MEDICAL

At the next screen key in "81" and enter the line code for the correct patient. Example: To enter the discharge information on Monty Python:

Selection: 81
 Select Client: AA

Press **ENTER**.

NAME: PYTHON MONTE SEX: M
PT NUMBER: 000900 DOB: 05/07/49 AGE: 048 MERLE WEST
WARD: 36

ENTER APPROPRIATE ACTION

01-QUERY FACE SHEET
02-ENTER DISCHARGE INFORMATION
03-CURRENT DIAGNOSIS UPDATE
04-DEMOGRAPHIC DATA UPDATE
05-LEGAL MAINTENANCE

06-TRANSFER PATIENT TO ANOTHER WARD
07-CHANGE LAST WARD TRANSFER
08-CHANGE ADMITTING WARD
09-PATIENT MOVEMENT HISTORY

92-RE-SELECT PATIENT 98-MASTER 99-SIGN OFF
SWADMOB SELECTION: :

The next screen allows you to work on several areas of the patient's file.

- 01- Look at information input at admission or updated information
- 02- Enter discharge information *-see next page*
- 03- Self-explanatory
- 04- Changes to face sheet information
- 05- Commitment information from admission or updated information.
Change or add commitment.
- 06 Self explanatory
- 07- Self explanatory
- 08- Self explanatory
- 09- Self explanatory

For the purpose of this manual we will select 02. After doing this press **ENTER**.

NAME : PYTHON MONTE WARD: 36 SEX: M 10/10/97 0832
PT NUMBER: 000900 DOB: 05/07/49 AGE: 048 MERLE WEST

DISCHARGE MASTER SCREEN

SELECT DESIRED SCREEN

01-DISCHARGE DIAGNOSIS

02-DISCHARGE SUMMARY DATA

98-MASTER 97- RETURN 99-SIGN OFF

SMRDSCHA SELECTION: :

At this screen select 01- discharge diagnosis (if your facility tracks diagnosis data). Press **ENTER**.

If your facility doesn't track diagnosis data or after returning to the discharge master screen, select 02- discharge summary data. Press **ENTER**.

NAME : PYTHON MONTE WARD: 36 SEX: M 10/29/97 1058
PT NUMBER: 000900 DOB: 05/07/49 AGE: 048 MERLE WEST

DISCHARGE DIAGNOSIS. DISCHARGE DIAGNOSIS DATE: / / :

PRIN DX COMMENT

AXIS I: ..: : : : :
: : : : :
: : : : :
: : : : :
: : : : :
AXIS II: .: : : : :
: : : : :
: : : : :
: : : : :
: : : : :
AXIS IV: : : : :
: : : : :
: : : : :
AXIS V : : : :
: : : : :
: : : : :

01- DISCHARGE MENU 02-ICD-9 84-DELETE 98-MASTER

SMRDSCHD SELECTION:

After selecting 01 this screen will appear. Key in discharge date, diagnosis code and "X" under prin. DX. Press **ENTER**.

NAME : PYTHON MONTE WARD: 36 SEX: M 10/29/97 1104
PT NUMBER: 000900 DOB: 05/07/49 AGE: 048 MERLE WEST
DISCHARGE DIAGNOSIS DISCHARGE DIAGNOSIS DATE: 10/27/97:

 PRIN DX COMMENT
AXIS I:309 81: :X: :POST-TRAMATIC STRESS DISORDER :
 : : : :
 : : : :
 : : : :
 : : : :
AXIS II: .: : : : :
 : : : :
 : : : :
 : : : :
AXIS IV: : : : : :
 : : : :
 : : : :
AXIS V : : : : : :
 : : : :
 : : : :

REVIEW DATA AND THEN SELECT DESIRED ACTION

01-REENTER DSM DIAGNOSIS 82-UPDATE 91-CANCEL 71-PRINT
SMRDSICHE SELECTION: :

If diagnosis code is valid, the screen will refresh with written definition of diagnosis.
Type 82 in selection to update. Press **ENTER**.

After the data has been updated, type 01 in selection to return to discharge menu.

NAME: PYTHON MONTE WARD: 36 SEX:M 10/10/97 0912
PT NUMBER: 000900 DOB: 05/07/49 AGE: 048

DISCHARGE SUMMARY DATA UPDATE OR ENTER DATA AND THEN PRESS ENTER

ACTUAL DATE OF DISCHARGE: / / : ACTUAL TIME OF DISCHARGE: :

REASON FOR DISCHARGE : :

COUNTY OF DISCHARGE : : COMPETENT TO DRIVE : :
COUNTY OF RESPONSIBILITY: KLAM : CMHP OF RESPONSIBILITY :0018:
COUNTY OF RESIDENCE : KLAM :

REFERRAL SOURCE/DISCHARGE : :
DISCHARGE LIVING ARRANGEMENT: :

97-RETURN 91-CANCEL 99-SIGN OFF
SMRDSCHB SELECL10N::

If you select 02 at the Discharge Master Screen this screen you will see this screen, press **TAB**. This will place your cursor at the date of discharge.

Enter the actual date of discharge:
Enter the time of discharge: (military time)
Enter reason for discharge: See code list
County of discharge: See Code list
Competent to drive: Y (yes) or N (no) -(not required)
County of Responsibility: information already listed
CMHP of responsibility: information already listed
County of Residence: information already listed
Referral Source: See code list
Discharge Living Arrangements: See code list

Once all information has been keyed, in press **ENTER**. If all information has been entered correctly the following options will be listed at bottom of screen.

01-Discharge
91-Cancel

Type 01 to discharge and press **ENTER**.

SELECT APPROPRIATE ACTION

- | | |
|------------------------------------|------------------------------------|
| 01-HOSPITAL ROSTER | 02-PRIOR HOSPITAL/COMMUNITY |
| 03-MASTER PATIENT INDEX QUERY | 04-SEND MESSAGE |
| 05-POPULATION BULLETIN REPORT | 06-UPDATE NURSING STATION |
| 07-DEPARTMENT POPULATION REPORT | 08-ADMISSION |
| 09-POPULATION BULLETIN MAINTENANCE | 10-HISTORY/MAINTENANCE |
| | 99-SIGN OFF |

SSMASTER SELECTION:

This selection is query only. You can access information on patients that are currently or previously in your facility or other facilities.

PRIOR HOSPITAL/COMMUNITY HISTORY

- 01-BY NAME
- 02-BY CASE NUMBER

97-RETURN 98-MASTER 99-SIGN OFF
SMHISTX SELECTION: :

This selection will allow you to search for the patient by name or case number, if the case number is known. Make your selection and press **ENTER**.

RETRIEVE CLIENT BY

CASE NUMBER: : **SUFFIX** : :

OR

NAME - LAST : :

 FIRST: :

OPTIONAL: KEY IN

 SEX: :

OR APPROX. AGE: :

NOW PRESS THE ENTER KEY

SPHSTRA 97 - RETURN 98 - MASTER
SELECTION: :

When searching for the patient by name only key in enough information to find the name. If you are too specific you won't find the name. Many names are entered into the Computer differently (i.e., Michael as Mike, Daniel as Dan). Key in your information and press **ENTER**.

NAME	AGE	DOB	SEX	RESID	**HOSPITALS	**
AA- PYTHON MICHELLE	018	10/12/79	F	KLAM	MWM	
AB- PYTHON MONTE	048	05/07/49	M	KLAM	MWM	
AC-						
AD-						
AE-						
AF-						
AG-						
AH-						
AI-						
AJ-						
AK-						

SELECT CLIENT: :

81-ENTER 73-PAGE FWD 74-PAGE BKWD 98-MASTER 01-MORE INFO 02-ALIASES
SMMSTA SELECTION: : 98-MASTER

This screen has several options to choose from:

- 01- Provides more information on the patient, such as "race, physical characteristics (i.e., eye color & height) and SSN#
- 02- Allows you to check possible alias the patient may have.
- 81- Community history (*see next screen*)

After you have made your selection enter the line code. Example: To check Monte Python's history you would key in:

Selection: **81**
Select Client: **AB**
Press: **ENTER.**

PT NAME: PYTHON, MONTE DOB: 05/07/49

SEX: MALE ETHNIC: WHITE ENTRY: VOLUNTARY CASE: 054321
ADMITTED: TERMINATED: PROVIDER PHONE:
LAST SERVICE: MED NON-HOSPITAL CRISIS SERVICE
PROVIDER:
DIRECTOR:

SELECT PAGE FOR WARD TO CONTINUE

73 -PAGE FWD 98- MASTER 71- PRINT
SELECTION:

There would be a listing for each episode. This information could be useful to the current treating physician.

SELECT APPROPRIATE ACTION

01-HOSPITAL ROSTER
03-MASTER PATIENT INDEX QUERY
05-POPULATION BULLETIN REPORT
07-DEPARTMENT POPULATION REPORT
09-POPULATION BULLETIN MAINTENANCE

02-PRIOR HOSPITAL/COMMUNITY
04-SEND MESSAGE
06-UPDATE NURSING STATION
08-ADMISSION
10-HISTORY/MAINTENANCE
99-SIGN OFF

SSMASTER SELECTION:

This screen is very similar to screen 02. You can use this section to query patient records.

RETRIEVE CLIENT BY:

CASE NUMBER: :
IF APPLICABLE, KEY IN
CASE NUMBER SUFFIX:

OR

NAME-LAST: :
FIRST: :
OPTIONAL: KEY IN
SEX: :
OR APPROX. AGE: :
NOW PRESS THE ENTER KEY

98-MASTER

SMCSNAM SELECTION: :

This selection also allows you to search for the patient by name or case number. Again, if you search for the patient by name, key in only enough information to find the name. Key in your information and press **ENTER**.

NAME	AGE	DOB	SEX	RESID	**HOSPITALS	**
AA- PYTHON MICHELLE	018	10/12/79	F	KLAM	MWM	
AB- PYTHON MONTE	048	05/07/49	M	KLAM	MWM	
AC-						
AD-						
AE-						
AF-						
AG-						
AH-						
AI-						
AJ-						
AK-						

SELECT CLIENT: :

81-ENTER 73-PAGE FWD 74-PAGE BKWD 05-ALIASES 71-PRINT
SMNMRST SELECTION: : 97-RETURN 98-MASTER

This screen will show all the patients episodes at all facilities. For further information you can select 81 and the line code for the appropriate patient. Example:

Selection: 81
Select Client: AB
Press **ENTER**.

NAME: PYTHON MONTE	ALIAS:
PT NUMBER: 000900	SS NUMBER: - -
DOB: 05/07/49	PLACE: RELGN:
ETHNIC: WNH	MARITAL: DIV
VET: U	SEX: M
CORRES:	
COMMIT DATE: 10/12/94	TERM DATE:
ADDRES:	
COMMIT TYPE: VOL	COMMIT COUNTY: KLAM
CITY:	
PSRB CLIENT: JUR	EXP: PHONE: - -
HOSP SCREEN/ADMIT	TYPE
DATE	TIME
COMM	PHYS
WARD	RESP
DISCH	DISCH
DATE	TYPE
DIAGN	
?AA-MWM 10/12/94 1200 VOL 36 KLAM	
?AB-	
?AC-	
?AD-	
?AE-	
?AF-	
?AG-	
?AH-	
?AI-	

SELECT CASE: :

01-LEGAL 02-MOVEMENTS 73-PG FWD 74-PG BKWD 03-COMMUNITY HIST
QMSSTIDX SELECTION: : 71-PRINT 97-RETURN 98-MASTER

This screen allows you to check for details on each of the patient's episodes.

SELECT APPROPRIATE ACTION

01-HOSPITAL ROSTER
02-PRIOR HOSPITAL/COMMUNITY
03-MASTER PATIENT INDEX QUERY
04-SEND MESSAGE
05-POPULATION BULLETIN REPORT
06-UPDATE NURSING STATION
07-DEPARTMENT POPULATION REPORT
08-ADMISSION
09-POPULATION BULLETIN MAINTENANCE
10-HISTORY/MAINTENANCE
99-SIGN OFF

SSMASTER SELECTION:

The admission screen allows you to enter information on new patients, both new to your hospital and new to the system.

SELECT APPROPRIATE ENTRY

01-PATIENT BY NAME
02-PATIENT BY CASE NUMBER

WITH PRIOR HOSPITAL COMMUNITY HISTORY:

03-PATIENT BY NAME
04-PATIENT BY CASE NUMBER

98-MATER 99-SIGN OFF
SSADMTB SELCTION: :

To enter admit information on patients you can either do it by name or case number. When entering by name you have two choices.

- 01 - If you are already aware of prior hospital community history.
This is a faster way to admit someone.
- 02 - Shows patient history.

After making your selection press **ENTER**.

KEY IN

NAME: LAST: :

FIRST: :

OPTIONAL: KEY IN

SEX: :

APPROX AGE : :

NOW PRESS THE ENTER KEY

98-MASTER

SADMTC SELECTION: :

After selecting either 01 or 03 this screen will appear. Tab to enter the patient's name. Key in the patient's last name and only first initial of first name. After you have keyed in the information press **ENTER**.

NAME	AGE	DOB	SEX	RESID	**HOSPITALS	**
AA- PYTHON MICHELLE	018	10/12/79	F	KLAM	MWM	
AB- PYTHON MONTE	048	05/07/49	M	KLAM	MWM	
AC-						
AD-						
AE-						
AF-						
AG-						
AH-						
AI-						
AJ-						
AK-						

SELECT CLIENT: :

81-ENTER 01-NEW PT 73-PAGE FWD 02-MORE INFO
SWADMTE SELECTION: : 03-ALIASES 98-MASTER

Now select your patient and press enter. Example: to select Monte Python:

Selection: 81
Select Client: AB
Press **ENTER**.

NOTE: If you selected 03 the next two screens will contain the patient's previous hospital/community history.

```

NAME: PYTHON MONTE              DOB: 05 / 07 / 49
ALIAS:                           SEX: M  AGE: 048
    PRE-ADMISSION DATA  UPDATE OR ENTER DATA AND THEN PRESS ENTER
DATE OF ADMISSION: / / :        TIME OF ADMISSION : :
PATIENT NUMBER :000900:        CMHP OF RESPONSIBILITY: 0018 :
COUNTY OF RESIDENCE: KLAM :    COUNTY OF RESPONSIBILITY : KLAM :
SOC SEC NUMBER: - -:           ETHNIC CATEGORY : WNH :
REFERRAL SOURCE : :           MARITAL STATUS : DIV :
OREGON DRIVERS LICENSE: :      EDUCATION : 12 :
LIVING ARRANGEMENT: :
ADMISSION DIAGNOSIS:           PRIN DX (X ONE ONLY)
    DSM III  AXIS I  : : : : : : : : : : :
    DSM III  AXIS II : : : : : : : : : : :
    IDC-9-AXIS III  : : : : : : : : : : :
PRESENTING DANGER:              COMMITMENT: TYPE : :
: : SUICIDE                    DATE: : : : :
: : OTHER HARM TO SELF          TIME: :
: : HARM TO OTHERS              COUNTY : :
: : HARM TO PROPERTY            ORS NUMBERS: .:

              72-HELP              91-CANCEL
SWADMTF      SELECTION: :

```

To enter patient admit information. **TAB** to begin

Enter any known Alias
Date of Admission (24 hours clock)
Referral Source (see code list)
Living Arrangements (see code list)
Admission Diagnosis -only one can be principle (X).
Commitment Type (see code list) ..

Suicide }
Other Harm to Self } 1 = Yes
Harm to Others } 2 = No
Harm to Property }

Commitment Date
Time
County
ORS Numbers (see 72-help)

Hit **ENTER**. If the information entered is correct you will now see at the bottom of the screen several options:

01 -Admit 02 -Re-enter 71 -Print 91 -Cancel

Choose 01 (Admit) the patient is now admitted.

Some facilities will have another screen for ward codes. **TAB** and enter the correct ward code.

NAME	AGE	DOB	SEX	RESID	**HOSPITALS	**
AA- PYTHON MICHELLE	018	10/12/79	F	KLAM	MWM	
AB- PYTHON MONTE	048	05/07/49	M	KLAM	MWM	
AC-						
AD-						
AE-						
AF-						
AG-						
AH-						
AI-						
AJ-						
AK-						
SELECT CLIENT: :						
81-ENTER 01-NEW PT 73-PAGE FWD 74-PAGE BKWD 02-MORE INFO						
SWADMTE SELECTION: : 03-ALIASES 98-MASTER						

To select the screen for a new patient key in 01 in the selection field.

*NOTE: the 01- new patient, means someone who has never been enrolled in the state computer system. New patient **DOES NOT** mean new to your facility.*

KEY IN ALL FIELDS:

DATE OF BIRTH: :: :: :
 MONTH DAY YEAR

NAME: LAST: CLEOPATRA

FIRST: :

THEN PRESS ENTER KEY

 98-MASTER
SW ADMTEA SELECTION: :

After selecting 01 to enter a new patient this screen will appear. **TAB** to begin entering patient's information. Key in patient's date of birth, re-key the last name and key in the patient's complete first name. When this is complete press **ENTER**.

ORS Numbers (see 72-help)

Hit **ENTER**. If the information entered is correct you will now see at the bottom of the screen several options:

01 -Admit 02 -Re-enter 71 -Print 91 -Cancel

Choose 01 (Admit) the patient is now admitted.

Some facilities will have another screen for ward codes. **TAB** and enter the correct ward code.

SALEM HOSPITAL

WARD ROSTER

WARD NAME	WARD NAME
01- ABHO ABHA	16
02- SLM SALEM HOSP WARD SLM	17-
03-	18-
04-	19-
05-	20-
06-	21-
07-	22-
08-	23-
09-	24-
10-	25-
11-	26-
12-	27-
13-	28-
14-	29-
15-	30-

SELECT WARD THEN PRESS ENTER

SELECT WARD: :

73-PAGE FORWARD 98-MASTER 91-CANCEL

SMWROSTI SELECTION: :

If a hospital has multiple wards, after entering all data fields required, Press **ENTER**.
Key in 01, press **ENTER**.

To choose the correct ward, **TAB** to select ward field, key in line number, press **ENTER**. Patient is now admitted.

NAME: DUCK DILBERT SEX: M 01/26/98 1403
 PT NUMBER: 000015 DOB: 01/01/11 AGE: 087 SALEM HOSPITAL
 WARD: ABHO

ENTER APPROPRIATE ACTION

01-QUERY FACE SHEET
 02-ENTER DISCHARGE INFORMATION
 03-CURRENT DIAGNOSIS UPDATE
 04-DEMOGRAPFFIC DATA UPDATE
 05-LEGAL MAINTENANCE

 06-TRANSFER PATIENT TO ANOTHER WARD
 07-CHANGE LAST WARD TRANSFER
 08-CHANGE ADMITTING WARD
 09-PATIENT MOVEMENT HISTORY

92- RE-SELECT PATIENT 98-MASTER 99-SIGN OFF
 SSADMOB SELECTION:

To correct ward information go to the Hospital Roster and key in information regarding your patient. At the next screen select client.

You should now see the screen above. Select 08 to change patient ward.

NAME : BEAVER BENNY SEX: M
 PT/RES NO:000013 DOB: 05/05/80 AGE: 017 SALEM HOSPITAL

 MOVEMENT DATE: 01/13/98
 MOVEMENT TIME : 1200
 MOVEMENT TYPE: ADM

 HOSPITAL: S
 WARD :ABHO:

CHANGE WARD, THEN PRESS ENTER

97-RETVRN 72- VALID WARDS HELP 98-MASTER
 SMRMOVEC SELECTION: : 99-SIGN OFF

TAB to ward field, key in correct ward name. Press **ENTER**. If you are unsure of the ward name, key in 72 in selection for ward help.

SALEM HOSPITAL

VALID WARD LIST

ABHO

SLM

97- RETURN 98-MASTER 99-SIGN OFF
SELECTION: :

The ward help screen will show all valid wards for this hospital. Key in 97 to return to previous screen. Enter correct ward information.

SELECT APPROPRIATE ACTION

01-HOSPITAL ROSTER	02-PRIOR HOSPITAL/COMMUNITY
03-MASTER PATIENT INDEX QUERY	04-SEND MESSAGE
05-POPULATION BULLETIN REPORT	06-UPDATE NURSING STATION
07-DEPARTMENT POPULATION REPORT	08-ADMISSION
09-POPULATION BULLETIN MAINTENANCE	10-HISTORY/MAINTENANCE
	99-SIGN OFF

SSMASTER SELECTION:

This section is used to correct problems on files of clients who are no longer in the hospital. You cannot change a patient's name or date of birth. For these changes you must contact the AMH Data Team. Phone Numbers are on page 18. If duplicate files are found, please contact us.

RETRIEVE CLIENT BY:

CASE NUMBER: : SUFFIX: :

OR

NAME-LAST: :

FIRST: :

OPTIONAL: KEY IN
SEX: :

OR APPROX. AGE: :

NOW PRESS THE ENTER KEY

97-RETURN 98-MASTER

SWHSTRA SELECTION: :

You can either select a file by case number or patients name. Remember when selecting by patient's name to only key in a minimal amount of information. After you have made your selection press **ENTER**.

NAME	AGE	DOB	SEX	RESID	**HOSPITALS	**
AA- CLEOPATRA ANTHONY	000	10/12/79	F	KLAM	MWM	
AB- CLEOPATRA TONY	000	05/07/49	M	KLAM	MWM	
AC-						
AD-						
AE-						
AF-						
AG-						
AH-						
AI-						
AJ-						
AK-						
SELECT CLIENT: :						
81-ENTER 73-PG FWD 74 PG BKWD 97-RETURN 01-ALIAS 98-MASTER						
SWHSTRB SELECTION: : 71-PRINT 03-HOSP PT						

Select your patient and hit **ENTER**. Example: to select Anthony Cleopatra

Selection: 81
 Select Client: AA
 Press **ENTER**.

NAME: CLEOPATRA ANTHONY	SEX:M	10/10/97 1547
DOB : 10/08/97	AGE: 000	

ENTER DESIRED ACTION

01-HOSPITAL HISTORY

02-HOSPITAL CASE CHANGE

03-CLOSED CASE MAINTENANCE

04-LEGAL MAINTENANCE

05-ALIAS MAINTENANCE

92-RE-SELECT PATIENT	98-MASTER	99-SIGN OFF
SWHSTRC SELECTION: :		

After selecting the appropriate patient the screen above will appear on your screen. For closed case maintenance select #3.

NAME: CLEOPATRA ANTHONY SEX: M AGE: 000 10/10/97 1554
DOB : 10/08/97 CLOSED CASE HISTORY ROSTER MERLE WEST
 PCS ACCT HOSP CASE MR/DD ADMIT DT TYPE COMM DT DSCH DT REASON
AA-000215214 MWM 000001 10/09/97 VOL 10/09/97 10/10/97 DSCH
AB-
AC-
AD-
AE-
AF-
AG-
AH-
AI-
AJ-
AK-
AL-
SELECT HOSPITALIZATION: :

81-ENTER 73-PAGEFWD 74-PAGEBKWD 97-RETURN 98-MASTER
SWHSTRG SELECTION: : 71-PRINT

At this screen select 81 and enter the line code for the appropriate hospital visit.
Press **ENTER**

NAME: CLEOPATRA ANTHONY SEX: M 10/10/97 1557
DOB : 10/08/97 AGE: 000 MERLE WEST

CLOSED CASE MAINTENANCE

01-DISCHARGE MAINTENANCE

02-QUERY PATIENT MOVEMENT HISTORY

03-DIAGNOSIS MAINTENANCE

04-QUERY DISCHARGE INFORMATION

05-LEGAL MAINTENANCE

06-QUERY FACE SHEET

 97-RETURN 98-MASTER 99-SIGN OFF
SWHSTRH SELECTION: :

The next screen that appears will give you the choice of what you would like to update. In this case we will update discharge maintenance (01). Select 01 and press **ENTER**.

NAME: CLEOPATRA ANTHONY SEX: M 10/10/97 1559
DOB : 10/08/97 AGE: 000 MERLE WEST

CHANGE DISCHARGE INFORMATION

HOSPITAL CASE :000001

ADMISSION DATE : 10/09/97: ADMISSION TIME :1145:
DISCHARGE DATE : 10/10/97: DISCHARGE TIME :1500:

DISCHARGE:

REASON FOR DISCH: DSCH : COMMITMENT TYPE :VOL
LIVING ARRANGEMENT : PPH : COMMITMENT DATE :10/09/97
REFERRAL SOURCE: 00 :
COUNTY OF DISCHARGE : KLAM :
COMPETENT TO DRIVE : :

CHANGE DESIRED FIELDS AND PRESS ENTER

97-RETURN 98-MASTER 99-SIGN OFF
SWDSCMA SELECTION: :

Enter **TAB**. You can now change the discharge information. Press **ENTER** when finished.