

**MONTANA STATE HOSPITAL
FORENSIC MENTAL HEALTH FACILITY
POLICY AND PROCEDURE**

**DISCHARGE SUMMARY FOR PATIENTS AT
THE FORENSIC MENTAL HEALTH FACILITY**

Effective Date: February 1, 20XX

Policy #: MSH FMHF-14

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- I. PURPOSE:** To provide guidelines for the completion of discharge summaries.
- II. POLICY:**
 - A. The discharge summary provides a synopsis of the patient's history and their examination, care, and treatment at the Montana State Hospital (MSH) Forensic Mental Health Facility (FMHF). The basis for the discharge summary is the patient's clinical assessments, treatment plan, progress notes, and treatment plan reviews.
 - B. A discharge summary is to be entered into the patient record within thirty (30) days following discharge.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
 - A. The attending Licensed Independent Practitioner (LIP) or a designee is responsible for completing the discharge summary.
- V. PROCEDURE:**
 - A. The discharge summary will be written by a member of the hospital's professional staff who is well acquainted with the patient's clinical course during their stay at the FMHF. The summary must be approved and signed off by the attending LIP.
 - B. The discharge summary will contain the following information:
 - 1. Identifying data – patient's name, hospital number, date of admission, and discharge date.
 - 2. History of present illness – includes reason for admission and pertinent history, which may include psychiatric, drug and alcohol, family, medical, social, work, marital/children, military service, and criminal histories, and living situation.

3. Significant medical and/or physical findings – from review of the physical evaluation done by the medical clinic.
4. Laboratory, X-ray and other consultation findings – results of any significant diagnostic tests or procedures should be listed here along with any pertinent consultation findings.
5. Course in the hospital– include mental status at admission, target symptoms, address treatment modalities utilized, response to treatment, adverse or unexpected results of treatment (such as medication side affects), special treatment procedures used (such as seclusion and restraint), and patient's role in the treatment process.
6. Condition at discharge – includes mental status at discharge, justification for discharge (typically no longer in need of inpatient level of care, no longer a danger to self or others, can be safely and effectively treated within the community, etc.)
7. Level of risk at discharge – includes risk assessment of danger to self or others.
8. Disposition and treatment recommendations – significant components of the discharge planning process, difference of opinion with community providers, any significant communications with providers, families, Tarasoff concerns (if used, specify who was contacted, list phone numbers/addresses, indicate what was said, or else indicate where in the record such information can be found – details are VERY IMPORTANT).
9. Legal status at discharge- voluntary, conditional release, and other details regarding commitment or other legal matters that may be important.
10. Discharge Instructions
 - a. Restriction to physical activities.
 - b. Dietary restrictions.
 - c. Follow-up instructions to patient.
 - d. Conditions of release (if not mentioned in legal section).
11. Discharge Medications – including days of medications provided.
12. Diagnosis – using DSM V criteria/terminology.
13. Signature and Date and Time.

VI. REFERENCES: Hospital Licensure Standard 482.61(e). Administrative Rule of Montana 37.106.1909 and 37.106.1917

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HEALTH FACILITY**

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- VII. COLLABORATED WITH:** Medical Staff, Medical Director, Hospital Administrator, Director of Health Information, Clinical Services Director, FMHF Program Manager, and MSH Social Work Manager.
- VIII. RESCISSIONS:** None, new MSH FMHF policy.
- IX. DISTRIBUTION:** All MSH FMHF policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Medical Director
- XII. ATTACHMENTS:**
A. Discharge Summary Template

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director

MONTANA STATE HOSPITAL
FORENSIC MENTAL HEALTH FACILITY
DISCHARGE SUMMARY
(Date here)

MSH No:
Date of Admission:
Date of Separation:

History of Present Illness:

Psychiatric History:

Drug and Alcohol History:

Family History:

Medical History:

Social History:

Work History:

Marital History/Children:

Military Service:

Criminal History:

Living Situation:

Significant Medical and/or Physical Findings:

Laboratory, X-ray & Other Consultation Findings:

Course in the Hospital:

Condition at Discharge:

Level of Risk at Discharge:

Discharge Plan

Disposition and Treatment Recommendations:

Legal Status at Discharge:

Discharge Instructions:

Discharge Medications:

Diagnoses:

Primary:

- 2.
- 3.

Psychosocial and Environmental Issues:

- 1.
- 2.

Submitted by,

, MD
Staff Psychiatrist
Montana State Hospital

Date/Time

R:

T: