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Hearing Date: 2/23/2024

Today's Date: 2/26/2024

Agency: Ohio Department of Mental Health and Addiction Services

Rule Number(s): 5122-14-01, 5122-14-02, 5122-14-03, 5122-14-04, 5122-14-05, 5122-14-06, 5122-14-07, 5122-14-08, 5122-14-10, 5122-14-11, 5122-14-12, 5122-14-13, and 5122-14-14

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If no comments at the hearing, please check the box. ☐

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List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. Amanda Lucas, Executive Director, Ohio State University Wexner Medical Center
2. Dr. B. Bryan Graham, President, Ohio Chapter of the American College of Emergency Physicians
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## Hearing Summary Report

### **Consolidated Summary of Comments Received**

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

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5122-14-01

Ohio State Wexner Medical Center has concerns regarding making the definition of “transitional hold” in 5122-14-01 consistent with the newer definition of this term in the parallel rule governing community behavioral health services providers (5122-26-16). The representative said that the acuity level of the patient population served in the acute care inpatient psychiatric setting is higher than that of the patients seen in the community behavioral health services setting. To continue to maintain workplace safety and safety for patients, the representative asked that the existing definition of “transitional hold” be preserved for the ongoing limited use of this type of hold in circumstances where hospital staff is unable to keep an acutely violent patient from harming themselves or others.

5122-14-14

Associated with the comment above from Ohio State, the OSU Wexner representative asked that the prohibition on use of transitional holds be eliminated. She also asked that there be clarification regarding 5122-14-10(D)(9)(c). She pointed out that the language, “initial order for the seclusion is to include the physical transport restraint,” appears to conflict with the statement that “if restraint is necessary as a means of safely transporting (i.e., a physical transport restraint) an individual to seclusion, either a separate order for restraint and separate order for seclusion is needed, or....”

5122-14-12 – Ohio State Wexner Medical Center asked that language specifying that psychiatric nursing experience does not include experience derived from working in a hospital medical unit or emergency department be removed.

No specific rule #

The Ohio Chapter of the American College of Emergency Physicians expressed concern about patients being “boarded” in emergency departments for days while waiting on admission to a psychiatric hospital. The chapter has formed a workgroup specifically dedicated to exploring solutions to this type of boarding in emergency departments. They asked OhioMHAS to consider allowing emergency departments (not licensed by OhioMHAS, but rather the Ohio Department of Health) to initiate psychiatric care (under OhioMHAS rules) in emergency departments while patients are waiting for admission to a psychiatric hospital.

## Hearing Summary Report

### **Incorporated Comments into Rule(s)**

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.

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OhioMHAS has decided to keep the definition of “transitional hold” consistent with the definition in O.A.C. 5122-26-16. This definition was discussed extensively during the spring the summer of 2023 and it was decided that consistency between regulated providers was important. The changes to this rule also align OhioMHAS with similar rules for providers licensed by the Ohio Department of Job and Family Services, providing consistency across regulatory entities. The removal of transitional holds is being done to protect clients due to the danger of serious injury in any downward facing restraint. In addition, OhioMHAS has prohibited the use of transitional holds in its regional psychiatric hospitals since August 2023. The acuity level of those patients would be comparable to those in private psychiatric hospitals.

OhioMHAS is making a change in response to the comment about the conflicting language. OhioMHAS will be refiling 5122-14-10 to reflect that change.

OhioMHAs has decided to retain the language regarding psychiatric nursing experience. Psychiatric hospitals are the highest level of care in the continuum of care and require the expertise of nurses with certain experience.

OhioMHAS does not regulate emergency departments. Those entities fall under the jurisdiction of the Ohio Department of Health. Emergency departments would be required to provide care to patients with psychiatric diagnoses in accordance with the standards of care applicable to emergency departments.