Inpatient Capability and Capacity Documentation Tool

Patient Information:_______________________________________________________________

Date/Time of Referral:_________________________  Staff Name:____________________________

FACTORS THAT MAY BE INCLUDED IN CAPABILITY AND CAPACITY TOOL (choose objective measures that are applicable to your inpatient behavioral health unit to assess acuity, staffing, etc.):

- Current Unit Acuity_______
- Current Census________
- Current Bed Availability_______
- Quiet Rooms in Use_______
- Bed Closures________
- Patients on 1:1_______
- Patients on Eyesight_______
- Falls Risk_______
- Psychotic Patients_______
- Manic Patients_______
- Skilled Nursing Care_______
- Active Withdrawal_______
- Active Seclusions_______
- Active Restraints/Physical Assists___
- Admissions in the last 12 hours____
- Discharges in the last hour_______
- Anticipated discharge in the next 2 hours________
- Special Staffing Issues________

If patient is not accepted for admission to inpatient behavioral health unit, physician must document reason:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Physician Name:________________________________________________________________________

Date/Time of Decision:____________________________________________________________________

Include details of referral/notification to requestor, etc. depending on your workflow.