

**Memorandum of Understanding (MOU) for the  
VA Portland Health Care System between  
Department of Veterans Affairs, Portland Healthcare System (VAPORHCS) and  
American Federation of Government Employees (AFGE), AFL-CIO  
National VA Council 53, AFGE Locals 2157 and 2583**

The following constitutes an agreement between the [parties] of the VA Portland Health Care System (VAPORHCS) [Portland/Vancouver Divisions] within VISN 20, and the American Federation of Government Employees (AFGE), AFL-CIO, National VA Council #53 (NVAC), AFGE Local 2157 & AFGE Local 2583, the parties have reviewed and agreed upon the appropriate arrangements and procedures regarding the Standard Operating Procedures (SOP) Acute Psychiatric Event.

Both Management and the Union reserve the right to re-open bargaining in this MOU by providing a minimum of 30 days advance written notice requesting negotiation. The terms of this MOU will remain in place until any new updates are agreed upon.

**Donald Fowler**  
NVAC 11<sup>th</sup> District Representative  
Chief Negotiator, Labor

Donald L Fowler

Date: 11/20/19

**Patti Morganson**  
Mental Health  
Chief Negotiator, Management

Patti Morganson MSN

Date: 11/20/2019

**Denise L. Lieb**  
President AFGE Local 2583

Denise L Lieb

Date: 11-20-19

**Marcia Blaine**  
President AFGE Local 2157

Marcia Blaine

Date: 11-20-19

**Acute Psychiatry Event Notification**

1. **PURPOSE:** To provide guidance for notifying leadership in the circumstance of an event impacting immediate operations and/or safety within the Acute Psychiatry Section of the Mental Health and Neurosciences Division.
2. **SCOPE:** This SOP applies to all Acute Psychiatry programs on Portland and Vancouver campuses of VA Portland Health Care System.
3. **DEFINITIONS:**
  - a. **Event:** a crisis, untoward situation, adverse/sentinel event that results in harm or creates an unsafe condition for staff, trainees, patients, contractors or visitors. Leadership also needs signaling in the circumstance of media interest, outside agency visitations or inquiry from political or law enforcement entities.
  - b. **Notification:** communication up the 'chain of command' both verbally and in writing by both secure email and in the medical record when indicated.
4. **RESPONSIBILITIES:** All persons are required to be aware of people, events and situations that could impact operations or could generate unusual interest and must notify as directed.
5. **PROCEDURES:**

Trigger Event: The following occurrences within the program must be signaled forward to leadership. Below a-j triggers are the more commonly encountered ones in acute psychiatry (5C/RRTP) setting, but, anything else that impacts immediate safe clinical operations should be reported. This could include a catastrophic failure of a facility support structure. It is important to recognize that there are other events that require notification; reporting of anything unusual and significant is encouraged.

- a. Suicide/suicide attempts
- b. Assault (sexual, physical) against either patient or staff
- c. Death occurring within the program
- d. Disasters either internal or external impeding operations
- e. Infectious disease outbreak
- f. Elopements (high risk RRTP)
- g. VA Police-involved injury
- h. Terrorist event or credible threat
- i. Significant on-the-job injuries
- j. Staffing shortages impeding operations
- k. Other impactful events or circumstances

Notifications: Leadership must be notified of triggers through supervisory communication. The goal is to quickly escalate information and, as such, the steps vary by time of day since after hours involves on-call staff and these events cannot wait until next business day.

During regular business hours, a staff person notifies their immediate supervisor who notifies Acute Psychiatry and MH Division leadership. {Typically, the MH Division alerts Chief of Staff team who notifies Director etc.} Leadership names are listed below.

After hours/on-call the communication path is streamlined with information to the Psychiatry Attending on-call, then to AOD who escalates to the Executive On Call.

See flow chart for diagrammatic display of communication pathway. Notification always includes MHD Leadership and Acute Psychiatry Leadership.

Acute Psychiatry Leadership:

PCL Manager – Keith Rogers

5C Supervisors –

Courtney Covey Lewis, Nurse Manager  
Meridith Allen, Supervisory Social Worker  
Diane Simonson, Assistant Nurse Manager  
Julia Chipman, Assistant Nurse Manager  
Heather Logan, Assistant Nurse Manager  
Natasha Carroll, Assistant Nurse Manager

RRTP Supervisors –

Annette James, Nurse Manager  
Carolyn Mounts, Supervisory Social Worker

Mental Health Division Leadership:

Kristen Dunaway, Clinical Director  
Patti Morganson, Nurse Director  
Clinton Miller, Administrative Director

AOD: call x55424

Psychiatry Attending On-Call: see call schedule; changes daily; use pager

**6. FOLLOW-UP RESPONSIBILITY:** PCL Manager, Acute Psychiatry

**7. EXPIRATION DATE:** 06/01/2022

2 AM DLT  
11/20/19

October, 2019

APPROVING *K. Ragan*  
PCL Manager, Acute Psychiatry

DISTRIBUTION: All Acute Psychiatry Staff and trainees, all ancillary staff working in Acute Psychiatry programs

*PM*

*DLJ*  
*11/20/19*