



Medical Incapacity holds & Dementia holds

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Medical Incapacity Holds

- For situations in which **medically hospitalized patients** who lack decisional capacity in the hospital may request, demand, or attempt to leave the hospital despite grave risk to themselves.
- Examples: Cognitive impairment or delirium due TBI, stroke, seizure, infection, cancer, post operative effects, or dementia.
- Individuals may leave against medical advice (AMA), protected by common law “right to self determination”.
- Physicians face decision on allowing patient to leave AMA or holding them against their will.

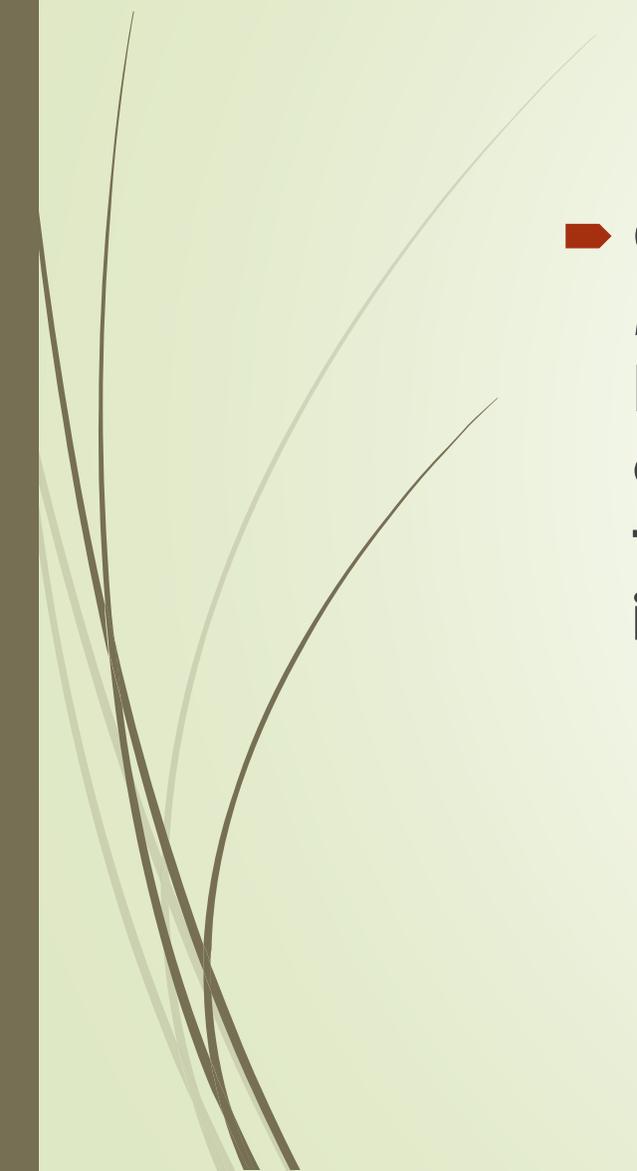


Issues with lack of Medical Incapacity Hold law in Nevada

- Often physicians detain these individuals on the basis that they lack capacity, but in few states have laws that address this matter directly.
- Multiple hospitals in Nevada report struggling with this issue in policy and in practice
 - Leads to inappropriate use of involuntary psychiatric holds
 - Problems developing policy and procedures without basis in law
 - Face risk for liability for false imprisonment



Dementia Holds

- ▶ Concept introduced by multiple stakeholders from Mobile Outreach Safety Teams, law enforcement, and hospitals to address gap in ability to detain **individuals in community who are a danger to self or others or unable to care for self, and do not have an underlying mental illness.**
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Issues and Opportunities to Support Individuals with Dementia in the community

- Gathered input from stakeholders and specialists focused on dementia and identified multiple issues and opportunities for collaboration.
 - **Early Intervention:** No mechanism in place for systematic early identification of individuals with dementia in the hospitals.
 - **In-home response:** Need for mobile crisis response to work to keep individuals in their home
 - **Hospital training:** Hospitals lack training to identify individuals who have mild symptoms of dementia and misdiagnose older adults with dementia who are experiencing other issues.
 - **Return to home:** Providing supports that allow individuals to retain autonomy and stay in their homes.



Emergency detainment for individuals experiencing crisis

- Gap in the system for individuals experiencing medical issues or dementia and are a danger to self or others or are unable to care for self, but who do not have mental illness.
- Law enforcement, Mobile Outreach Safety Teams, and hospitals do not believe they have legal means of detaining individuals for evaluations.
- Individuals are at times left in crisis, arrested, or inappropriately detained on mental health crisis hold.



Initial Conclusions



1. Issues in the hospital and community are similar in need for detainment and evaluation for issues involved in lack of capacity around decision making related to medical conditions.
2. Don't use the term "dementia hold".
 - Unnecessarily pejorative and stigmatizing for individuals who are diagnosis with dementia.
 - Also is inaccurate as it does not capture other medical conditions impacting capacity to make decisions.
3. Need exists for multi-system collaboration to address gaps and needs.



Thank you!

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