



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

REIMBURSEMENT FOR DAMAGE/ DESTRUCTION OF HOSPITAL PROPERTY

Effective Date: December 1, 2007

Policy #: BS-05

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- I. PURPOSE:** To encourage Patients to be responsible for their behaviors.
- II. POLICY:** It is the policy of Montana State Hospital (MSH) to have an organized procedure to provide reimbursement for the destruction/damage of hospital property or employee property; i.e. broken glasses.
- III. DEFINITIONS:**
 - A. Damage: Impairment of the usefulness or value of property: harm.
 - B. Destruction: The act of destroying; the condition or fact of being destroyed; the cause or means of destroying.
 - C. State Property: Refer to Montana State Hospital Policy and Procedure Manual, Volume I, Section III – Business Services.
- IV. RESPONSIBILITIES:**
 - A. Patients are held responsible and accountable for damage or destruction of property while staying at Montana State Hospital.
 - B. Montana State Hospital Employees are responsible for completing an Incident Report and notifying the Nurse Manager or designee on duty whenever State property is damaged or destroyed.
 - C. The Nurse Manager on the Patient Unit will review incident and discuss with Patient's Treatment Team. The Nurse Manager must notify the Team Leader who will work with the Patient's Social Worker to ensure communication of the Patient's financial status to the Business Office. The Team Leader must notify the Business Office of the Patient's financial status within 5 working days.
 - D. The Maintenance Department and Property Manager will be contacted to assess damage and complete repairs. The Maintenance Department will provide an itemized invoice to the Business Office.
 - E. The Social Worker will coordinate with the Treatment Team, Patient, and Business Office.
 - F. The Business Office will ensure proper accounting procedures are followed.

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V. PROCEDURE:

- A. This policy must be explained to all Patients at the time of admission. The Patient must sign the attachment at this time.
- B. Safety concerns must be met first. Damaged or destroyed property is to be rendered harmless to the treatment environment (i.e., maintenance department or heating plant to be notified and remove broken glass).
- C. Incident Reports will be completed by Staff at the time of the incident and placed in the Nurse Manager's basket.
- D. The Nurse Manager or designee on Patient's Treatment Unit will send original Incident Report to Safety Officer.
- E. The Nurse Manager or designee will alert the Treatment Team. The Treatment Team will discuss with the Patient the consequences of his/her behavior.
- F. The Team Leader will work with the Patient's Social Worker to provide the Business Office with the name of the Patient's payee representative and information relating to the Patient's personal funds.
- G. The Safety Officer will forward a copy of all Incident Reports that indicate property damage by a Patient to the Business Office.
- H. The Business Office after receipt of Incident Report will contact the Facility Maintenance Manager or Property Manager, will prepare an invoice of damages, and will coordinate with the Team Leader to facilitate repayment. The Business Office will provide the Team Leader with an itemized invoice that identifies the cost of repairing the damage. The Business Office will provide the Team Leader with a quarterly statement that identifies the Patient's outstanding balance.

VI. REFERENCES: The American Heritage Dictionary

VII. COLLABORATED WITH: Business Office, Safety Officer, Social Worker Supervisor

VIII. RESCISSIONS: #BS-05; *Reimbursement for Damage-Destruction of Hospital Property* dated November 17, 2004; #BS-05; *Reimbursement for Damage-Destruction of Hospital Property* dated March 15, 2002; Policy # BS-05, *Reimbursement for Damage/Destruction of Hospital Property* dated October 1, 2001.

IX. DISTRIBUTION: All hospital policy manuals

X. REVIEW AND REISSUE DATE: December 2010

Financial Responsibility for Hospital Property

Patients admitted to Montana State Hospital can be held responsible and accountable for property damage or destruction while staying at Montana State Hospital.

Signature acknowledges **notice** of financial responsibility only. Not necessarily agreement with Hospital Policy.

Print name of Patient

Signature of Patient

Date

Witness

Date

Staff Signature if Patient refuses to sign

Date