

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 2:	Provision of Care, Treatment and Services
PROCEDURE 2.14:	Transitional Planning Between Units and Programs
REVISED:	11/2007; 04/26/10; 11/23/15; 02/18
Governing Body Approval:	05/13/10; 12/10/15; 04/18

PURPOSE: To provide Connecticut Valley Hospital (CVH) patients' exposure to other programmatic areas in anticipation of final approval for transfer to another treatment program.

SCOPE: All Direct Care Nursing Staff; Medical Staff; Divisional Leadership and DMHAS Police as necessary

POLICY:

Visiting prospective units has the potential benefit of instilling hope in patients and staff and reducing the stress of an anticipated move. Providing ample opportunities for visits to prospective units may decrease stress on the patient. Transitional visits also provide an opportunity for treatment staff to assess the patient's adjustment to a new therapeutic milieu.

PROCEDURE:

Patients are approved as ready to begin transition to another treatment service in divisional patient flow meetings. Patients who fall under the jurisdiction of the Psychiatric Security Review Board (PSRB) are approved by the Forensic Review Committee prior to transition. Additionally, patients may need approval from the State-Wide Utilization Committee prior to transition.

Once approval has been obtained, a receiving service/program and unit is identified.

Each treatment team meets to review the clinical case, treatment goals and transition schedule.

Prior to Transition/Transport:

- A. A level of transport (if appropriate) is determined by the Attending Psychiatrist and approved by the appropriate divisional body responsible for approval.
- B. A verbal report is communicated between the sending and receiving unit prior to transport and upon return to the primary unit.
- C. A medical record summary with medical (including the printed medication profile), psychiatric, and risk concerns will accompany the patient.
- D. A staff member accompanies and stays with the patient on the unit. When clinically indicated, transitioning nursing will absorb supervision and a primary nurse therapist will be assigned.
- E. Nursing staff will add the patient to the unit census check for the period the patient remains on the unit.
- F. A patient mentor (*if appropriate*) will be assigned to orient and integrate the patient to the unit.

- G. A progress note by the sending unit's nursing staff will be necessary, post visit to describe the patient's clinical progress and the ability to adapt to the new environment.
- H. Risk concerns will be immediately reported to the sending unit with consideration of return to the primary unit if deemed necessary.
- I. The patient's maximum freedom of movement is determined by the primary unit as well as for divisional protocols while day programming in the receiving unit.
- J. The treatment teams will meet on a regular basis to discuss progress, ongoing transition schedule and a permanent (*when final approval occurs*) transfer date.