

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 2:	Provision of Care, Treatment and Services
PROCEDURE 2.17:	Patient Privileges
REVISED:	05/18/07, 06/03/09; 11/26/2018
Governing Body Approval:	12/13/2018

PURPOSE: This procedure establishes standards and procedures for the granting and withholding of patient privileges at Connecticut Valley Hospital (CVH) and allowing for greater freedom of movement and access to programs and services in and about the hospital, on its grounds, and in the community consistent with due consideration of potential therapeutic benefit and assessed level of risk.

SCOPE: All clinical nursing staff

POLICY:

In granting or withholding patient privileges, careful attention needs to be paid to the manner that provides the most appropriate and least restrictive care and treatment consistent with the fundamental safety, welfare, and legal rights of patients, staff and the public. As such, privileges are considered to be therapeutic aspects of inpatient hospital treatment and are never used for punitive purposes. While issues of patient safety remain of paramount importance throughout the course of hospitalization, gradual increases in patient privileges as clinically appropriate encourage increased patient autonomy, self-esteem, quality of life, and provide a more normalized treatment environment in which to prepare for life after discharge. Furthermore, the assessment by the clinical team of how a patient manages during privilege times and passes provides invaluable clinical data with which to assess the patient's progress, and ultimately to determine when discharge is possible.

Definitions:

Privilege - Privileges are a level of movement off the unit authorized for a patient. Privilege levels range from restricted to the inpatient unit (the most restricted privilege level) to authorization for the patient to leave the buildings and grounds without escort for a specified period of time (the least restrictive privilege level). The Patient Privilege level grid is attached to this procedure.

Pertinent Factors - These are meant as guidelines and not to represent all situations or to be used as a replacement for clinical judgment. Patients restricted to Levels 1 through 3 (except in the first 24 hours of admission) will be provided with opportunities for fresh-air and exercise daily, unless clinically contraindicated and documented by physician's order and progress note. Addiction Services Division (ASD) clients are usually admitted on Privilege Level 1-3 for detoxification patients and on a Privilege level 3 for its Rehabilitation patients, unless a more intensive observation level is clinically warranted.

PROCEDURE:

I. Overview:

CVH endeavors to establish processes which are consistent with the standards set forth in this procedure, for the granting or withholding of patient privileges. In doing so, CVH has developed a system which allows patients to move freely about the hospital with increasing degrees of freedom in order to access programs, services and activities in the hospital, on its grounds and in the community with due consideration for therapeutic benefit, patient preference and clinical risk.

II. Requirements:

The procedure establishes a process for the granting or withholding of patient privileges and conforms to the standards set forth below:

- A A range of general privilege levels or categories are established and include the most restrictive category (no permission to leave the unit), the least restrictive category (permission to leave the buildings and grounds without escort for a specified period of time), and appropriate intermediate categories which shall permit patient movement out of the units to on-grounds or off-grounds locations with and without staff escort as described on the attached grid.
- B All privilege levels from the most restrictive category (no permission to leave the unit) through permission to leave the hospital grounds without staff escort, will be defined as privileges which can be ordered by a physician and apply on an ongoing basis.
- C The patient's psychiatrist, after meeting with the other members of the patient's treatment team, will determine the patient's privilege level. This determination includes as much participation from the patient as possible. Patients may also request an increase in privileges or other changes in privileges in writing or verbally. When it is necessary to change a patient's privilege level at a time when the full treatment team cannot meet, the Attending Psychiatrist will consult with as many team members as possible. In such cases, the treatment team will attempt to meet as soon as possible to consider the change and any subsequent changes in privilege status which are clinically indicated. The rationale for privilege changes will be documented by the patient's attending psychiatrist or covering physician in the progress note section of the patient's medical record, and the clinical criteria upon which the patient progresses through various privilege levels will be documented in the patient's multidisciplinary treatment plan.
 - 1 Issues which must be considered when determining privilege levels include at least the following:
 - a. current risk of harm to self and/or others;
 - b. ability to care for self;
 - c. history of significant harm to self or others;
 - d. legal status;
 - e. applicable legal issues;
 - f. history and/or current pattern of substance abuse;
 - g. therapeutic goal(s) to be served by privilege level (e.g. autonomy, safety);
 - h. manner in which privilege status is consistent with the multidisciplinary treatment plan; and

- i. medical conditions.

III. Implementation

- A. Upon the initial hospital admission of a patient, the admitting physician assesses the patient and writes orders to determine the appropriate privilege level for the patient. This privilege level applies until the initial treatment plan has been completed (no longer than the end of the first business day, after admission or until the requisite attending physician judgment, made in consultation with the patient's treatment team, regarding privileges can be exercised, whichever comes first.
- B. The criteria for determining clinically appropriate privilege levels is based on the ability of a patient to manage safely a given privilege level without unacceptable risk of serious harm to self or others. The assignment of privilege levels will be in the least restrictive privilege category consistent with the criteria discussed in this procedure.
- C. The assignment of an individual patient to a particular privilege level or category and the reassignment of a patient to a more or less restrictive privilege level or category is based on the professional judgment of the patient's Attending Psychiatrist, made in consultation with the patient's treatment team. The criteria for determining clinically appropriate privilege levels will be the ability of a patient to safely manage a given privilege level without unacceptable risk of serious harm to self or others.
- D. Wherever possible and prudent no patient will automatically, without review, receive reduced privileges upon transfer within the same hospital. A change in the patient's privilege level requires a review, consistent with this procedure.
- E. Arrangements for regular access by patients to the outdoors will be made to the extent possible, consistent with each patient's privilege level or category.
- F. When the Attending Psychiatrist, in conjunction with the treatment team, decides to "tailor" the patient's level, he/she may do so by limiting the privilege to specific activities, destinations and purposes and for specific time limits. Levels may not be expanded beyond the definitions of the levels contained in this procedure.
- G. Family members, friends and community service providers and students may not substitute for staff supervision of a patient. However, a Physician's Order may specify when, and under what circumstances such persons may accompany the patient.
- H. Although the patient is continuously re-evaluated, patient privileges' are specifically re-evaluated at the Master Treatment Plan (MTP) meeting within ten (10) days of hospitalization. Clinical and risk management concerns, which are the basis for restricting the patient's freedom of movement, must be reflected in the psychiatrist's progress notes that refer to the Treatment Plan. Related behavioral problems and corresponding intervention(s) will be defined in order to achieve the fullest possible freedom of movement that the patient can adequately manage. Re-evaluation at the MTP and subsequent reviews may result in designation of Levels 1-5, as described above.
- I. Patient privileges are reviewed by the Attending Psychiatrist in consultation with treatment team members at least weekly for the first eight weeks, at least monthly thereafter; anytime a patient makes a formal request (*see appeal process below*) and when

there is a change in the patient's condition.

- J. Increases or decreases in any patients' freedom of movement must be documented by the Attending Psychiatrist on the Physician's Order Sheet. The progress note must reflect the clinical or risk assessment.
- K. Staff responsibilities may vary slightly based on clinical stability and risk as specifically ordered by the Attending Psychiatrist.
- L. Psychosocial community integration trips are for individual groups of patients with Level 3 or higher and must follow the hospital's [*Operational Procedure 5.5 Patient and Staff Safety in the Community*](#).
- M. Patient privileges may be reduced at any time by the Attending Psychiatrist based on clinical evidence that the patient is a danger to self, others, property or is an elopement risk. Relevant incidents will be brought to the attention of the Psychiatrist and may affect the patient's established freedom of movement level.
- N. When an On-call Physician writes the order to discontinue a special observations status, the physician may write a new privilege level on the physician order sheet or may write an order to keep the patient's level on hold until the regular treatment team convenes.
- O. All privilege reductions will be documented in the physician's progress notes indicating the behavioral and medical changes that support the Physician's Order for a level reduced.
- P. Holds on patients' privileges will not be instituted or continued unnecessarily when other clinical interventions are considered more appropriate. True holds are not to be used as coercive measures and are serious events. A hold reduces a patient to level 1+ or 1.
 - 1. The holding of a freedom of movement level may be made by a Registered Nurse (RN) because of a change in mental status, a critical incident, or a serious behavioral change. The RN may institute a hold independent of the treatment teams regularly scheduled reviews.
 - 2. The RN must immediately report the hold to the nurse supervisor and to the Attending Psychiatrist (or designee). Assuming agreement, the Attending Psychiatrist (or designee) will give a Physician's Order that the patient's privilege level is "on hold." This Physician's Order may be a verbal order which must be signed before the physician goes off duty.
 - 3. Due to risk management considerations, the On-Call Physician (or designee) who gives the order for a hold generally will not restore a patient's privilege level during weekends or holidays and will document the clinical assessment in the medical record and for any appropriate changes in the treatment plan.
 - 4. Once instituted, a "hold" will remain in effect until reviewed by the Attending Psychiatrist and treatment team meeting is held. This review must occur on the next regular working day and would constitute a Focused Treatment Plan Review.
 - 5. A hold on a level will be documented in the patient's progress note and will reflect the Focused Treatment Plan Review. A hold on a patient's level by a RN must also be recorded on the daily nurse supervisor's report to the Division Director.

Q. Appeals Process

Any patient dissatisfied with restriction of or failure to provide a certain patient privilege may request from the treatment team, in writing, an increase in freedom of movement. The treatment team request forms are to be utilized for this purpose.

1. The psychiatrist, nurse and available treatment team members will meet with the patient and his/her patient advocate, if the patient desires and if available, to discuss the request within 72 hours, except when the same issue was already considered within the previous two weeks and the team concludes that the circumstances are unchanged.
2. The patient is informed of the decision and the rationale for the decision within 24 hours of the review meeting. The rationale will address the risks of danger to self, others, and property or the likelihood of elopement that would justify the restriction.
3. If the patient is dissatisfied with the decision of his/her Attending Psychiatrist, the patient may notify the Program Manager of his/her dissatisfaction.
4. The Division Director will advise the patient that the matter will be reviewed within three working days.
5. The Division Director, after reviewing the matter with the Medical Director and Patient Advocate, will notify the patient in writing of the outcome of the review.
6. The response will be provided to the patient within 3 working days of the request for review.
7. A patient who remains dissatisfied may request further review from the Chief of Professional Services (COPS). The COPS will render a final, written response within five (5) working days. This will be the hospital's final action in the appeal process.

R. Special Circumstances:

1. Transitional Programs for patients are part of individualized treatment plans. *Transitional program activities with staff supervision are outside of the Freedom of Movement system.* The Attending Psychiatrist writes a specific order for each patient's transitional program. The order may cover up to a 30-day period and must be accompanied by a progress note. Patients in the transitional program generally have achieved *at least* a Level 3 status.
2. Clinical passes are ordered by a psychiatrist and are not part of the patient freedom of movement system. They are for therapeutic purposes as defined by the physician's order.

Patient Privileges Worksheet

Patient Privilege Level		
	ASD	GPD
<u>Level One – Restricted to the Unit</u> Unknown to staff or current information about the patient is unavailable. Patient's behavior presents management difficulties requiring close monitoring (e.g. conflicts with other patients).	Detox	√
<u>Level 1+ (GPD) Restricted to the unit and dining room under staff supervision</u> Factor(s) pertinent to Level 1+: The patient's behavior is consistent with the above but it is felt that he patient is safe enough to go to the Dining Rm, enclosed Battell rooftop terrace, or eligible to attend groups in specialized areas on the same floor as the unit.	Detox √	√
<u>Level Two- Building privileges with staff supervision.</u> (ASD and GPD) Medical or psychiatric condition requires ongoing availability of staff for emergent symptoms and/or routine treatment; Requires general staff supervision and unit structure due to symptoms that interfere with the ability to manage safely personal care; is able to maintain basic self control with staff prompting or supervision; does not present an elopement risk (GPD); may be substantially non-communicative, but does respond to verbal directions.	Detox √	√
<u>Level Three - Building, grounds, off-grounds access with staff supervision</u> (GPD, ASD) Patient is known to the treatment team and does not constitute an imminent risk to self, others, or property, and is not an elopement risk; patient has awareness of the circumstances of his/her admission; patient demonstrates some working relationship with staff.	√	√
<u>Level 3+ (ASD)</u> may be designated for patients meeting criteria for level 3 if the patient is determined to be eligible for grounds/off-grounds access with staff supervision, but building privileges in designated areas are unsupervised.	√	
<u>Level 4: Unsupervised building and grounds access</u> (ASD and GPD) Any medical or psychiatric conditions present are considered either resolved or sufficiently stabilized such that staff supervision is not always required; the patient cooperates with team members sufficiently to allow a reasonable assessment of his/her condition and displays a reasonable working alliance; demonstrate active control of behavior such that brief periods without staff supervision present minimal risk of lapse behaviors; has not verbalized significant ideation to harm self, others, property, or elope from the hospital; the patient does not present and has not verbalized any threats of injury to self, others, property and does not present an elopement risk from the hospital; is able to use non-aggressive and socially acceptable methods of coping with stress.	√	√
<u>Level Five: Unsupervised off-grounds privileges.</u> (GPD and ASD); Any medical or psychiatric conditions present are either resolved or stabilized such that staff supervision is not required; as appropriate, patient is able to self-administer prescribed medication; is in final stages of achieving treatment goals; has structured plans for maintaining recovery in a community setting; demonstrates responsible behavior and remains communicative.	√	√

**Patients restricted to Levels 1 through 3 (except in the first 72 hours of admission) will be provided with opportunities for fresh air and exercise daily, unless clinically contraindicated.*