

 <p>Connecticut Valley Hospital Nursing Policy and Procedure</p>	<p>SECTION C: PSYCHOLOGICAL ADAPTATION</p> <p>CHAPTER 9: LEVELS OF OBSERVATION FREEDOM OF MOVEMENT</p> <p>POLICY & PROCEDURE: 9.1.1 FREEDOM OF MOVEMENT (GENERAL PSYCHIATRIC DIVISION)</p>
<p>Authorization: Nursing Executive Committee</p>	<p>Date Effective: May 1, 2018 Scope: Connecticut Valley Hospital</p>

Policy:

Patients in the General Psychiatric Division at CVH will have freedom of movement and access to programs, services, and activities in the hospital, on its grounds, and in the community consistent with patients' clinically assessed level of risk and demonstrated level of responsibility. The following five levels of freedom of movement, with their respective escort ratios, are to be used uniformly throughout the division:

Privilege Level 1

- (minus): Restricted to ward only.
- + (plus): Dining room and enclosed rooftop of Battell.

Privilege Level 2:

- Building access with staff supervision which includes the following locations:
- Dining Room
 - B3S Activity Area
 - Auditorium
 - Fenced-in Courtyard
 - Battell Roof
 - Vending Machine Room

Within GPD buildings the escort ratio is 6:1.

Privilege Level 3:

Building, grounds and off-grounds privileges with staff supervision.
Level 3 patients require a 4:1 patient/staff ratio in the community. The maximum size for a community trip is twelve (12) patients. Level 3 patients must be under the direct supervision of CVH staff only.

Privilege Level 4:

Unsupervised building and grounds access. Patients with Level 4 may utilize the hospital bus transportation system to and from the Page Hall Mall without staff supervision.

Privilege Level 5:

Unsupervised off-grounds privileges as defined in physician's order.

Patients on special observation status are exempted from the Freedom of Movement Policy.

ON-GOING FREEDOM OF MOVEMENT

The patient's freedom of movement level is reviewed by the attending psychiatrist in consultation with nursing staff and available treatment team members, according to the following:

- . At least weekly for the first eight weeks;
- . At least monthly, thereafter;
- . Any time a patient makes a formal request (see appeal process below);
- . When behavioral changes require a review.

Increases or decreases in any patient's freedom of movement level must be documented by the attending psychiatrist on the physician's order sheet. The progress note must reflect the medical or behavioral risk assessment.

REDUCTION IN FREEDOM OF MOVEMENT

Freedom of movement 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 an elopement risk. Relevant incidents shall be brought to the attention of the psychiatrist and may affect the patient's established freedom of movement level.

All level reductions from unsupervised to supervised will be documented in the physician's progress notes indicating the behavioral and medical changes that support the physician's order for a level reduction.

HOLDS ON FREEDOM OF MOVEMENT

Holds on a patient's freedom of movement are not instituted or continued unnecessarily when other clinical interventions may be more appropriate. Holds are not to be used as coercive measures but in response to a serious event.

- 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 team's regularly scheduled reviews.
- The RN immediately reports the hold to the nurse supervisor and to the attending psychiatrist. Assuming agreement, the attending psychiatrist shall give a Physician's Order that places the patient's privilege level on "hold." This Physician's Order may be a telephone order, which must be signed before going off-duty.
- Due to risk management considerations, the On-Call or Attending Psychiatrist who gives the order for a hold should not restore a patient's privilege level during

weekends or holidays. However, the On-Call or Attending Psychiatrist who gives the order for a "hold" performs a clinical assessment of any patient whose privilege level has been put on "hold" if the next day is not a regular working weekday. This clinical assessment evaluates whether any change in treatment plan needs to occur in order to address the behavioral problems that have led to the "hold." The On-Call or Attending Psychiatrist who gives a Physician's Order for a "hold" shall be responsible for performing and documenting this clinical assessment in the medical record before going off-duty and giving orders for any appropriate changes in the treatment plan.

- Once instituted, a "hold" shall remain in effect until a Focused Treatment Plan Review by the treating team members is held. This Focused Review must occur before 4:00 p.m. on the next regular business day. The patient will be invited to participate in this Review. If the patient requests a legal advocate, and if the legal advocate is available, the legal advocate is invited to attend.
- A hold on a level is documented in the patient's progress note. A hold on a patient's level by an RN must also be recorded on the daily nurse supervisor's report to the Chief of Patient Care Services who will incorporate it into the building report for the Division and Unit Directors' daily review.

APPEAL PROCESS

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

- The psychiatrist, nurse, social worker, and other available treatment team members meet with the patient and his/her legal advocate, if the patient desires and if available, to discuss the request at a Focused Treatment Plan Review within 72 hours, except when the same issue was already considered within the previous two (2) weeks and the team concludes that the circumstances are unchanged.
- The patient is informed of the decision and the rationale for the decision within 24 hours of the Review meeting. The rationale addresses the risks of danger to self, others, and property or the likelihood of elopement that would justify the restriction.
- If the patient is dissatisfied with the decision of his/her attending psychiatrist, the patient may notify the Program Director of his/her dissatisfaction.
- The Program Director will advise the patient that the matter will be reviewed within three working days.
- The Program Director, after reviewing the matter, notifies the patient in writing of the outcome of the review.

- The response is provided to the patient within three (3) working days of the request for review.
- A patient who remains dissatisfied may request further review from the Service Medical Director/COPS, in consultation with the Program Director, will render a final, written response within five (5) working days. This will be the hospital's final action in the appeal process.

STAFF RESPONSIBILITIES

Every staff member is responsible for knowing the current status of a patient's freedom of movement before allowing a patient to leave the units.

Each unit, each shift assigns a nursing staff member to each patient. Each unit will be responsible for holding a morning community meeting (between 8:30 and 9:30 a.m.) that includes treatment team members and an evening community meeting before 6:30 p.m. During the community meetings, nursing staff members observe their assigned patients to note any marked changes in behaviors which may effect their patient's ability to safely leave the unit. Relevant observations and data are not limited to community meetings. Concerns are brought to the Registered Nurse on the unit. The RN performs a risk assessment before the patient is permitted to leave the unit unsupervised.

Any staff member permitting a level 4 or 5 patient to leave the unit must witness that the patient has signed out by initialing the unit's log book. A photo ID card is issued for the patient to carry on his/her person when leaving the unit. Staff may, at any time, refuse to let a patient leave the unit if the patient's behavior is considered a safety risk. The staff member will notify the Registered Nurse as soon as possible. The Nurse performs a risk assessment and may institute a "hold" if warranted. (Refer to "Hold of Freedom of Movement" above).

Each patient's freedom of movement level is posted on the unit's "white board." The lead mental health worker, or designee, on each shift is responsible for keeping this information current on the white board.

A listing of all patients with their corresponding freedom of movement levels is brought by each unit to the weekly division UM/UR meeting and given to the Performance Improvement Chief for review.

The night staff updates the list of patients currently holding Level 4 status each night. The night staff provides the Visitor's Center with this information each morning at the change of shift.

COMMUNITY TRIPS AND ACTIVITIES

Rehabilitation Community Trips for groups of patients with Level 3 or higher must follow staffing guidelines, aggregate risk assessment, and hourly census checks. The attending psychiatrist's signature on Form #433 substitutes for a physician's order (Use Form #433).

Guidelines for Staffing

The following staffing guidelines apply to all staff accompanying groups of patients off grounds for group trips or activities in the community.

- Staff assure that patients have attained a Freedom of Movement Level 3 to be eligible for group trips/activities.
- Staff conduct hourly documented census checks when in the community with patients on trips/activities.
- Staff provide a one to five staff/patient ratio for groups of patients on Levels 4 and 5.
- Staff provide a one to four staff/patient ratio for groups of patients, composed of any Level 3 patients. Level 3 patients must be under the direct supervision of CVH staff only.
- Staff may take a maximum size group of 12 patients for a community activity or trip.
- Staff use Form #433 aggregate risk assessment. The signature of a psychiatrist(s) is required on this form prior to the trip. Hourly census checks may also be recorded on this form.

Special events or activities may be requested for waiver of group size. In such cases, Form #433 must be completed and authorized by the Treatment Director(s) at least 72 hours in advance of the on-grounds activity.

PATIENT TREATMENT OPTIONS OUTSIDE FREEDOM OF MOVEMENT POLICY

Patient Transitional Programs

Transitional Programs for patients are a part of the individualized Master Treatment Plan. 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 must have achieved at least a Level 3 status. Staffing guidelines for groups of transitional patient activities, and hourly census checks, are to be used for all transitional programming outside the hospital. (Use Form #433)

Guidelines for Staffing patients

The following staffing guidelines apply to all staff supervising patients in transitional programs when staff are in the community or in community-based facilities.

- A transitional program for a patient is a part of their individualized Master Treatment Plan. The attending psychiatrist writes a specific order for each patient's individual transitional program. The order may cover up to a 30-day period, and must be accompanied by a weekly progress note.
- Patients must be at a Level 3 or higher to be in a CVH Transitional Program off grounds.
- For Transitional Program groups off campus where patients are a Level 4 or 5, a one to five staff/patient ratio is required. This may include co-supervision, i.e. CVH staff and staff from community based agencies.
- For Transitional Program groups composed of any Level 3 patient(s), a one to four staff/patient ratio must be provided. Level 3 patients must be under the direct supervision of CVH staff only.
- Form #433 (attached) is to be used for recording Transitional Program trips/activities off grounds. The individual psychiatrist's order substitutes for the physician signature requirement on Form #433.
- Hourly census checks are required and may be recorded on Form #433.

Clinical Passes

Clinical Passes ordered by a psychiatrist are not part of the patient freedom of movement system. They are for therapeutic purposes as defined by the physician's order.