

 <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: 9.1.2 FREEDOM OF MOVEMENT (ADDICTION SERVICES DIVISION)</p>
<p>Authorization: Nursing Executive Committee</p>	<p>Date Effective: May 1, 2018 Scope: Connecticut Valley Hospital</p>

Policy:

Patients in the Addiction Service Division of CVH will have freedom of movement and access to programs, services, and activities in the hospital, its grounds and in the community consistent with patient's clinically assessed level of risk and demonstrated level of responsibility. The following five levels of freedom of movement are to be used uniformly throughout all hospital units:

Level 1: Restricted to unit.

Level 2: Building access (including Page Hall) with staff supervision; including Page Hall.

Level 3: Grounds (and off-grounds) access with staff supervision.

Level 4: Unsupervised building and grounds access.

Level 5: Unsupervised off-grounds access.

On grounds access for purposes of this policy shall be defined as the Connecticut Valley Hospital property bounded by Eastern Drive, Bow Lane and the chain link fence around Merritt, with the exception of the area between the CVH garage and the Whiting Forensic Division. All other areas are considered off-grounds. The programs within each division maintain the right to reduce the boundaries of on "grounds" as stated above.

ADDICTION SERVICES DIVISION

Admission

- A. Detoxification Program** - On admission the patient will be placed on Level I or II as determined by the admitting physician, unless special observation status is required. The admission level assignment will be reviewed/re-evaluated at the treatment team meeting usually within 24 hrs. of admission.

B. Rehabilitation Program - The level assigned at admission is evaluated and determined by the psychiatrist.

Management of patient risk involves the assessment of patient's appropriateness for placement in one of several levels which determine freedom of movement. This level system is campus-wide, but has been adjusted for use in the Addiction Services Division. That system may be summarized as follows:

LEVEL SYSTEM

Level I	Restricted to unit.
Level II	Building access with staff supervision.
Level III	Buildings/grounds/off-grounds access with staff supervision.
Level III+	Grounds/off-grounds access with staff supervision, but building privileges are unsupervised.
Level IV	Unsupervised building and grounds access.
Level V	Unsupervised building, grounds, and off-grounds access.

ON-GOING FREEDOM OF MOVEMENT

- A. Detoxification Program - In this program patients will primarily remain on Levels I or II. However, the psychiatrist in conjunction with the treatment team may consider Level III for patients in need of an expanded scope of treatment services, usually when the detoxification procedure requires an extended period of time.
- B. Rehabilitation Program - Requests for increases are most often generated by the patient. Reductions of level due to unstable or unpredictable behavior are initiated by the psychiatrist in consultation with the treatment team.

Levels will be reviewed at team meetings as needed and at specific case team reviews.

Level 4 is an unsupervised building and grounds privilege for one-hour at a time. Patients at Level 4 are required to return to the unit for an hourly census check for this unsupervised privilege level. The psychiatrist may expand the Level 4 privilege for up to two hours. A progress note by the psychiatrist must document the therapeutic rationale for the two-hour Level 4.

Family, friends and community providers may not substitute for staff supervision of a patient. However, a psychiatrist's order may specify when, and under what circumstances such persons may accompany a patient.

HOLDS ON FREEDOM OF MOVEMENT

Holds on a patient's freedom of movement should not be instituted or continued unnecessarily when other clinical interventions are considered more appropriate. For example, a patient may be asked by the staff to voluntarily give up a particular pass time in order to regain self-control. True holds are not to be used as coercive measures and are serious events. A hold reduces a patient to Level 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 team's regularly scheduled reviews.
- * The RN must immediately report the hold to the nurse in charge (head nurse or supervisor), and to the attending psychiatrist (or designee). Assuming agreement, the attending psychiatrist (or designee) shall 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 going off-duty.
- * Due to risk management considerations, the On-Call Physician who gives the order for a hold should not restore a patient's privilege level during weekends or holidays. However, the On-Call Physician who gives the order for a "hold" should perform a clinical assessment of any patient whose privilege level has been put on "hold" if the next day is not a business weekday. This clinical assessment evaluates whether any change in the treatment plan needs to occur in order to address the behavioral problems that have led to the "hold." The On-Call Physician 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.

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 team will consider this request within the next working day, and report its decision to the patient within 24 hours. If the patient is dissatisfied with this decision, he/she may appeal to the Program Director who will review and respond to the matter within 3 working days of receipt of the request. A patient who remains dissatisfied may refer his complaint to the Division Director, who, in consultation with the Program Director will render a final written response within 5 working days. This will be the hospital's final action on 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 off 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. Patients on Level 1-3 must be accompanied by nursing staff while in the Medical or Dental clinics. This staff must remain with the patients for the duration of the visit. If concerns exist about a patient's level of functioning/safety risk, they will be brought to the RN on the unit who will assess the patient before she/he is allowed to leave the unit unsupervised.

ATTENDING PSYCHIATRIST

The granting of freedom of movement is part of treatment planning. Changes in freedom of movement levels are addressed at regularly scheduled MTP, TPR's, or team meetings under the direction of the psychiatrist. All level changes require a physician's order. For increases to Levels 4 and 5, unsupervised freedom of movement, a physician's progress note is required for documenting the rationale for the change based on the psychiatrist's risk/benefit assessment of the patient. As treatment team leader, the attending psychiatrist is responsible for assessing both the patient's ability to assume responsibility, and the consequences to the patient and the community, if the patient should leave the grounds or abuse the freedom of movement.

PATIENTS' COMMUNITY TRIPS AND ACTIVITIES

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:

- * Patients must have attained a Freedom of Movement Level 3 to be eligible for group trips/activities. Hourly documented census checks must be done by staff when in the community with patients on trips/activities and recorded on the Treatment Groups and Community Activities Sheet (CVH-433). For groups of patients a 1:10 staff/patient ratio must be provided.
- * Form 433b is to be used for off grounds group activities and is to be signed by the unit psychiatrist or designee. Additions must be approved by the unit psychiatrist or designee. At departure time any change in the list (deletions) must be documented and signed off by the nurse in charge.