

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 6: Patient Care

POLICY: 6.006

SUBJECT: Off-Grounds Outings

POINT PERSON: SUE ZAKES
TRAILS PROGRAM DIRECTOR

APPROVED: GREGORY P. ROBERTS
SUPERINTENDENT

DATE: APRIL 30, 2012

I. POLICY

The community environment is an extension of the treatment program for interventions indicated on the patient's Treatment Care Plan (TCP) to assist with the acquisition and practice of functional skills. All outings are evaluated to minimize risks to the patients and community and maximize therapeutic benefit.

II. DEFINITIONS

- A. "Close proximity to a body of water" Any location where there is a significant risk that a patient may come into dangerous contact with water.
- B. "Outing" Any time a patient is off grounds under staff supervision.
- C. "Pass" Any time a patient is off grounds without staff.
- D. "Originator" The individual responsible for initiating the original trip slip request for an off-ground outing.
- E. "Outdoor Program Outing" An outing, either inside or outside Salem or Portland, that engages in activities that are routinely offered by or require the participation of the Outdoor Specialist as indicated in the Rehabilitation Services Department (RSD) Manual.
- F. "Trip Slip" The required form used anytime a patient is off grounds in Harbors, Trails, Bridges, PSRB patients in Springs, and group outings in Springs and Portland. The form identifies the purpose, date and time of the trip. Information includes patients that will be participating in the

outing, any other stops, risk mitigation, goals, return date and time, special considerations, and staff that will be escorting

- G. “Interdisciplinary Team (IDT)” The team that is comprised of at least the Primary Psychiatrist and RN; may also include the Psychologist, Case Monitor, Treatment Care Plan Specialist, Social Worker and if needed other ancillary services.
- H. “Unauthorized Leave (UL)” Term used to describe when a patient has left the hospital grounds, unit or trip without authorized permission.
- I. “A.M. Huddle” Early morning team meeting that reviews specific patients, status, needs and concerns.
- J. “Microsoft Access” A database where trip slips are created and tracked.
- K. “Manager” Nurse Manager approving unit-based trips and Mall Manager approving mall-based trips.

III. PROCEDURES

- A. Prior to the trip slip request, the Interdisciplinary Treatment Team (IDT) shall determine the appropriateness of a patient for all off-grounds outings.
 - 1. The IDT shall complete a Short-Term Assessment of Risk and Treatability (START). Within Bridges, Trails, and Harbors, the IDT shall obtain privileges in keeping with Oregon State Hospital (OSH) Policy and Procedure 6.029, Forensic Risk Review Panel.
 - 2. The START is to be reviewed every 90 days and also to be reviewed at transfers, discharge, or as change necessitates.
 - 3. Within OSH-P and Springs, there are some patients who must go before the Risk Review Panel before privileges are granted. The IDT shall obtain privileges in keeping with Oregon State Hospital Policy and Procedure 6.043, Adult Treatment Services Risk Review Panel and Policy and Procedure 6.029, Forensic Risk Review Panel.
 - 4. The patient shall have an intervention written on his/her TCP that integrates the goal of the outing with treatment and discharge planning. These goals must be written in observable and measurable terms and be individualized for each patient.

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- B. Outings that are part of the Treatment Malls shall have a written program plan including risk factors and a corresponding risk management plan, treatment plan goals, and the treatment focus of the outing. The first group shall be an orientation to the group and expectations for patients on outings.
- C. The Trip Slip form shall be completed by the Originator. The forms may not be signed any earlier than thirty (30) days prior to the outing. All forms need to be sent in for approval no later than two (2) days prior to the trip for trips within Salem/Portland and no later than seven (7) days prior to the trip outside of Salem/Portland.
- D. The Originator shall use the appropriate screen from the desktop icon and completely fill out the required sections of the trip slip. These sections include:
1. Time of day
 2. Destination of trip
 3. Identify staffing needs and/or availability. Minimum staffing levels on outings shall be determined by the unit RN and shall consider patient needs, and adhere to the guidelines for each program:
 - a. OSH-P: 1:1s and 1:3s are allowed. All other outings must have at least two (2) staff and there must be at least one (1) staff for every three (3) patients.
 - b. Springs: 1:1 outings are permitted with a physician's order. All other outings must have at least two (2) staff and there must be at least one (1) staff for every five (5) patients. Psychiatric Security Review Board (PSRB) patients in the Springs program must have all privileges granted by the Risk Review Panel.
 - c. Bridges, Trails, and Harbors: Privileges are determined by the Risk Review Panel for both on- and off-grounds privileges. All medical appointments and discharge transport to an off-grounds location require a doctor's order. All medical appointments and discharges visits in Harbors, Trails, and Bridges programs do require a Trip Slip.
 - d. OSH-P and Springs: Medical appointments, individual outings, Buddy and Solo passes, 1:3 outings and discharge visits are exempted from this policy, but still require a physician's order. This does not include patients in these programs under forensic legal status.

e. Staff must be familiar with the patients and have a therapeutic relationship as determined by unit RN and or treatment mall manager. Interns may be included in the staffing ratios as jointly determined by the Program Director and Discipline Director. Agency and temporary staff can be included in the ratios, when accompanied by a permanent staff.

4. Size of group participating
5. Whether a meal is needed. If an outing occurs during a mealtime, meals must be provided or accommodations for purchasing food made. If meals are prepared and served on the outing, all Food & Nutrition Services and OSH Policies shall be followed. Staff handling food must have current food-handlers certification and follow safe food-handling procedures.
6. Distance of Trip
7. Destination specific precautions, e.g., bathroom needs and risks (single stall, double stall, windows, multiple exits, co-ed), location demographics, clothing appropriateness, weather, needed supplies, near-water activities.

An individual who has successfully completed waterfront training and swift water training must accompany any outing that involves a body of water or where there is a significant risk because of close proximity to a body of water. This individual is responsible for the throw bag.

8. Arrangement of transportation needs

E. Once all required sections are completed by the Originator, the trip slip will be saved to Access and a notification will be generated via email to the IDT team for review.

F. IDT review at AM Huddle:

1. Once the IDT team receives notification of the pending trip slip, they shall retrieve the document in Access. They shall then research the request for appropriateness, and complete the form in the morning huddle or during another time designated by the IDT.
2. The research performed by the IDT shall include but not be limited to:
 - a. Privilege levels
 - b. Sex Offender (SO) status

- c. Physician order. The physician's order shall be written for the patient to participate in off-grounds outings. This order must be updated or given signature review at least monthly.
 - d. Gender of staff, if necessary
 - e. Medical/Physical needs
 - f. Researching whether pass meds are needed. For the administration of medication on outings, the physician reviews the medications and documents all medication requirements in the physician's order prior to the outing. Certified and licensed staff shall administer all medications, unless the physician writes an order for self-administration.
 - g. Current stability of the patients
 - h. Relating the trip to treatment
 - i. Demographic risks associated with destination (children congregating in area, etc.)
 - k. Review of critical items from the START including U/L concerns
3. Once the IDT has researched and approved the outing, the trip slip shall be saved to Access and the Nurse or Mall Manager will be notified via email of pending trip slip.

G. If the IDT does not approve the patient to go on the trip:

1. The IDT denies the patient to go on the trip, they shall mark the patient as denied in Access and it is saved in a "not approved" folder in the database. This means the trip may continue without that patient.
2. The IDT shall select an alternate if one has been listed on the trip slip. The procedure shall begin at item F.2.a.
3. The Originator shall be notified via email that the patient shall not go on the trip.
4. The Originator and someone from the IDT shall notify the patient that the request for an off ground outing has been denied.

H. Manager Notification:

1. The Manager receives notification of the pending trip slip, and retrieves the document in Access.
2. The Manager shall research and complete the form checking on unit/mall acuity, overtime required (If any), and if staff pairing is appropriate. If overtime is needed, fill in the projected hours.

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3. Once approved, the Manager shall save the approved trip slip to the Access database.

I. If the trip is not approved after Manager Review:

1. If the Manager does not approve the trip, they shall mark the trip as denied in Access and it is saved in a "not approved" folder in the database.

2. The Originator and IDT shall be notified via email that the off-ground outing has been denied and the reasons for the denial.

3. The Originator and someone from the IDT shall notify the patient(s) that the request for an off ground outing has been denied.

J. Program Director Notification:

1. The Program Director shall have access to review all pending trip slips and retrieve the documents in Access.

2. The Program Director shall review the trip slip for any concerns to be brought forward to the IDT or Manager prior to the trip occurring.

K. Day of Trip:

1. The RN shall assess the staff availability of the unit.

2. The RN shall identify if the staff on the trip slip are available to go on the trip. If the assigned staff is not available the Lead RN shall assign staff as appropriate.

3. The RN shall perform a clinical screen of the patient to assess mental status and any concerns and safety issues that would affect the trip.

4. If the patient passes the screening, they are approved to go on the trip.

5. The trip slip is saved to the database, and the Communication Center in Salem/Reception Desk in Portland are able to review all trip slips by accessing the Access database.

6. Two copies of the trip slip are printed from Access, with clinical screen approved by RN, and given to staff and or Transport for use on the trip as well as one copy for the unit or mail.

L. If the patient fails the RN screening due to behavior, health, safety or other concerns:

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1. The patient shall not be permitted to go on the trip
2. The RN shall notify, via email, the Nurse Manager for the unit or Mall, the IDT and the Originator of the off-ground request of the denial.
3. The RN shall mark the trip as denied in Access and it is saved in a “not approved” folder in the database.
4. The RN and/or at least two members of the patient’s IDT shall inform the patient that he or she is not able to go on the trip.

M. Escorting staff on day of trip:

1. One copy of the trip slip shall be given to staff and or transport escorting patient(s) on the trip.
2. One copy shall be given to the Unit or Treatment mall.
3. Gather the patients and any belongings to go on the trip.
4. Ensure the patients sign out on the board in the unit or mall and commence the trip.
5. Staff in charge of the outing shall hold a meeting on the day of the trip with patients and other staff prior to all outings to discuss staff roles, patient needs, goals, rules, behavioral expectations, and commitments. Length of the meeting may vary depending on the type and length of the outing.
6. Staff shall carry an OSH cell phone that is turned on at all times. Cell phones are available from the Communications Center in Salem or Reception Desk in Portland. The cell phone number shall be left with the Communications Center in Salem or Reception Desk in Portland, on the unit, and written on the Off Grounds Outing Request Form (Attachment 1).
7. First aid kits are required on all outings. For outings in town, the kit stored in the vehicle can be used. For all other outings, the kit must be carried on the staff. The staff in charge is responsible for checking the contents of the kit and replenishing items as needed. A checklist of required contents must be kept inside all first aid kits. The Outdoor Specialist should be contacted for all questions regarding the first aid kits and replenishing supplies.
8. Patients should remain within “line of sight” of staff members and should be able to hear staff when they speak in a normal speaking voice. This means that the staff should be able to easily see the patients when they look at them. The patient should also be within speaking distance at all times. When escorting, staff should vary their spacing so one staff is at the rear.

8. Prior to a patient using the restroom, staff shall do a thorough inspection for risks such as toxic materials, escape opportunities, other occupants, and other hazards. If the location is considered safe, the patient may use the restroom alone. If escorting staff are of a different gender than the patient, assessment of particular restrooms shall be done in advance of the outing. A peer or "buddy system" is not an acceptable substitution for staff security responsibilities.
9. During the outing, all staff are to collaborate to solve problems that arise and immediately report to the Unit Nurse Manager or Unit Nurse any relevant problems. Staff should consult with the Unit Nurse or Unit Nurse Manager immediately if medical issues arise on the trip.
10. Upon return from the outing, a debrief meeting shall be held with staff and patients who went on the outing to discuss the outing, review any difficulties, reinforce good behaviors, and review goals and outcomes. If any property was purchased on the outing, the staff who went on the outing shall enter it on the patient property sheets of the medical record. The unit staff shall inspect and ensure that it fits within the patient property limits and if not, shall be stored into the long-term storage.
11. Any changes or additions made prior to the outing to the itinerary or patient list requires a new trip slip. Any changes that need to be made during the outing shall be phoned to the persons that have signed off on the form.
12. Hospital-sanctioned outings are prohibited outside the state of Oregon.
13. Outdoor Program Outings.

The staff planning the outing shall:

1. Follow all procedures above.
2. The Outdoor Specialist shall be contacted if there is additional equipment required for the outing, and is also a contact for locating the nearest hospital for medical coverage on these outings.
3. Staff and patients going on the outing shall meet prior to the outing to discuss the location, risks, concerns, expectations, and goals for each person. Staff shall be assigned the responsibility of specific patients and duties during these outings.
4. Upon return, the group shall meet to review goals, outcomes, problems, and successes.

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- N. If an unauthorized leave occurs during an off-grounds outing, staff shall immediately report to the Communications Center in Salem or the Reception Desk in Portland, and wait for further instructions from them. Please reference OSH Policy and Procedure 8.018, Staff Response to Patient Unauthorized Leave.

V. REFERENCES

Trails and Bridges Program Policy and Procedure Manual
Nursing Service Department Manual
Rehabilitation Services Department Policies and Procedures Manual
OSH Policy and Procedure 6.043, Adult Treatment Services Risk Review Panel
OSH Policy and Procedure 6.029, Forensic Risk Review Panel.
OSH Policy and Procedure 8.018, Staff Response to Patient Unauthorized Leave

Replaces Oregon State Hospital Policy and Procedure 6.006, *Off Grounds Outings*, dated 7/19/2011.