

# OREGON STATE HOSPITAL

PORTLAND – SALEM

## POLICIES AND PROCEDURES

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**SECTION 8:** Safety, Security, Emergency Management      **POLICY: 8.003**

**SUBJECT:** Reporting of Patients on Unauthorized  
Leave and the Handling of Their Medical  
Records

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**POINT PERSON:** KAREN GARCIA  
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**APPROVED:**   
GREGORY P. ROBERTS  
SUPERINTENDENT

**DATE:** FEBRUARY 6, 2012

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### I. POLICY

All patients on unauthorized leave shall be reported to the Oregon State Hospital (OSH) Communications Center, Salem Campus, telephone number 503-945-2800. Unit personnel shall determine that the patient is absent from the unit before reporting that the patient is on unauthorized leave.

### II. PROCEDURES

A. In reporting a patient on unauthorized leave, the following information shall be provided:

1. Legal status: patient's commitment type, as noted on the OP/RCS hospital roster or ward roster.
2. Physical description: date of birth, height, weight, color of eyes and hair, and clothing worn when last seen.
3. Telephone numbers and addresses of concerned persons.
4. Any history of violent behavior such as assault, arson, etc.
5. Time last seen.
6. Any history of suicidal behavior or self-injury and current risk.

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- B. During regular business hours, Communications Center staff shall notify the Superintendent or designee, the Program Director, and Security Director of the patient's absence.
- C. Communications Center staff shall contact the primary physician in charge (or in his/her absence, the physician on duty) who shall instruct them regarding the patient's condition and any specific instructions under which the patient is to be reported to the police or other law enforcement agency. The Communications Center shall contact the Oregon State Police per current Communications Center policies and procedures. These are as follows:
1. The patient is "in need of further treatment." This authorizes the Oregon State Police to detain or return these individuals to OSH.
  2. The patient is "dangerous" to himself or others. The Oregon State Police are notified that the patient is "dangerous." A standard All Points Bulletin shall then be dispatched.
  3. If caution should be used in apprehending a patient considered dangerous, the Oregon State Police shall be given complete information in this regard. Specific instructions given the Oregon State Police shall be documented in the Communication Log by the Communications Center staff.
  4. Patients from Forensic Psychiatric Services shall be reported as Unauthorized Leave from Official Detention. The Psychiatric Security Review Board (PSRB) shall be notified, if applicable.
  5. Transfers from correctional facilities shall be reported to the parent institution.
- D. Criminal court committed patients reported as unauthorized leave are reported to the Superintendent for issuance of a warrant (Attachment 1). Oregon State Police shall be informed of the nature of the individual's crime.
- The Legal section of the patient's chart shall be reviewed to determine if any victim notifications are required. The PSRB may also be contacted to obtain victim notification information.
- E. The OSH Communication Manager shall be informed of unauthorized leave by patients who are presenting circumstances in which assistance by the public would be helpful in locating the patient.

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Department of Human Services (DHS)/Oregon Health Authority (OHA) Public Affairs shall assist the hospital in preparing information for public dissemination.

- F. The physician shall sign an order for disposition of all patients on unauthorized leave.
  - 1. Court committed patients may be discharged or remain on unauthorized leave status until the period of court commitment expires.
- G. Patients who overstay off-ground passes shall be considered as being on unauthorized leave and managed as described above. If the patient is reported as dangerous to self or others after being placed on a pass, the patient's medical record must state the reason why the physician now believes the patient to be dangerous where it was presumed he was not dangerous during the period of official leave.
- H. When a patient leaves the hospital on unauthorized leave status (ESC) or as a voluntary on elopement status (ELP), the ward chart shall be held on the unit for seven (7) calendar days, counting the day the patient left.
- I. The ward chart must be maintained in the ward chart binder and filed in the ward chart rack during this seven-day hold period.
- J. If the patient does not return by midnight of the seventh calendar day (counting the day the patient left), the ward chart shall be processed as described in Medical Record Services Policy and Procedure A12, Discharge: Record Processing, and shall be sent to Medical Record Services.
- K. If the patient returns within the seven (7) calendar days, the patient's ward chart shall be continued.
- L. When a chart is continued under the guidelines of this procedure, the physician writes or dictates a brief progress note describing interval events and the current condition of the patient.
- M. If a voluntary patient defined as "against medical advice" (AMA) is discharged, the record is processed as described in Medical Record Services Policy and Procedure A12, Discharge: Record Processing, and shall be sent to Medical Record Services. Record is NOT held on the unit.
- N. A new voluntary form must be signed upon return of a patient on ELP or AMA.

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- O. Proper codes must be entered on OP/RCS when a patient leaves or returns from unauthorized leave. For details see Medical Record Services Policy and Procedure A10, Unauthorized Leave - , Documentation Requirements.

### **III. ATTACHMENTS**

Attachment 1 – Oregon State Hospital Order for Arrest and Detention of Absconder

### **IV. REFERENCES**

OAR 309-031-0200 to 309-031-0220

ORS 161.336 and 426.005 through 426.350

OMHAS Handbook on Confidentiality

Medical Record Services Policy and Procedure A10, Unauthorized Leave – Documentation Requirements

Medical Record Services Policy and Procedure A12, Discharge: Record Processing

Replaces OSH Policy and Procedure 8.003, *Reporting of Patients on Unauthorized Leave and the Handling of Their Medical Records*, dated 10/17/2006.