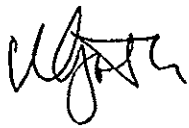




Oregon

John A. Kitzhaber, MD, Governor

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Date: September 23, 2011
To: All Clinical Staff
From: Rupert Goetz, MD
Chief Medical Officer 
Subject: On-grounds and Off-grounds Outings for PSRB Patients



On September 7, I issued a directive requiring the review of privileges for all patients under the jurisdiction of the Psychiatric Security Review Board (PSRB). Thank you to everyone who took the assignment to heart and completed this urgent task.

The review of privileges is the first part of a larger initiative to ensure we are providing recovery-oriented care while meeting the safety needs of our patients, staff and the community. This week, as the second step in this process, we are acting to clarify use of current OSH policies and procedures related to outings, while we formally review and update them.

As the new Chief Medical Officer, I am leading this larger initiative to identify opportunities to better meet our vision of "inspiring hope, promoting safety and supporting recovery." Our purpose is threefold -- to ensure that 1) safety is built in to every step of the outings process; 2) outings meet the treatment plan goals of our patients; and 3) outings are planned carefully to avoid contributing to mandated overtime. The recent unauthorized leave makes the review of our outings even more relevant.

Currently, outings are addressed in the following policies:

- OSH 6.006 Off Grounds Outings
- OSH 6.029 Forensic Risk Board
- OSH 6.043 Adult Treatment Services, Risk Review Panel
- OSH 6.011 Interdisciplinary Treatment Team
- OSH 7.005 Patient Rights
- FPS 4.011 Use of Clinical Holds

In essence, these policies require that the Individual Treatment Plan identifies an activity as clinically beneficial; the Risk Review Panel Report finds that a level of supervision is safe, and the MD Order puts in place the level of supervision; the team's Outing Request Form finds the specific activity clinically appropriate; the Trip Slip accurately reflects the outing, including communication if a patient's acuity has changed and the Clinical Hold provides for temporary security measures.

Effective Tuesday, September 27, this memorandum makes several temporary changes and clarifications to these policies. Please take the time between today and Tuesday to review these changes and prepare for implementation.

1. The following specific activities are placed on temporary hold for all patients under the jurisdiction of the PSRB (both in Trails and Bridges), pending review of their clinical necessity and our capacity to manage the activity:
 - a. Large, public sports events;
 - b. Outdoors programs, such as OPEC, or hiking or fishing outside of the Salem/Keizer area;
 - c. Salem coffee shops except the Fresh Start café;
 - d. Salem Kroc Center outings; and
 - e. Salem Public Library.

This is temporary and does not affect other programs, which should continue where indicated, safe and appropriate.

2. The following changes are made to the outing approval and monitoring process:
 - a. Trip Slips are required for all outings (whether on-grounds or off-grounds) and require the following safeguards:
 - i. A new interim Trip Slip shall be used;
 - ii. The Trip Slip originates with the Activity Leader, who fills in the information relevant information to the activity and routes it (through the Mall Manager for Mall activities) to the Treatment Teams;
 - iii. The team adds necessary patient-specific information on privilege level, treatment goals and risk prior to signing off at a minimum by the MD and RN (Note: this is a time-sensitive step.)
 - iv. The Trip Slips are then routed for final approval as follows:
 1. For Mall activities to the Mall Manager; or
 2. For Unit activities to the Program Director.
 - v. All Trip Slips must be received by the Program Director or Mall Manager at least 48 hours before the planned outing and must contain all necessary information or they will be returned; and
 - vi. The Program Director or Mall Manager has the authority to approve or deny any outing outside of the secure perimeter; appeals to the decision may be routed to the Chief Medical Officer.
 - b. For weekends or holidays, Trips Slips are also required. Therefore, they must be completed and approved prior to the day off, for staff familiar with the individual patients' needs to maintain responsibility.
 - c. The following exceptions are made to the above Slip requirements:
 - i. Medical appointments for patients who have the appropriate privilege level do not need Trip Slips and should continue as before. Medical appointments for patients who do not have the appropriate privilege level should also continue as before, but require STRs or a doctor's order that these are not necessary.

- ii. Bridges transports for Mall and meals, "patient pay" programs and greenhouse/vocational work also do not require Trip Slips and should continue as before.
- d. To assure that changes in acuity are reliably communicated between the Unit and the Treatment Mall:
- i. Units will maintain copies of active Trips Slips;
 - ii. In the morning, the Unit RN will review the clinical status of any patient with an active Trip Slip (i.e., going on an outing that day), will note changes in the Cardex and will communicate concerns that would limit participation in an outing to the Mall staff by 7:30 a.m.;
 - iii. At the morning Unit Huddle, if additional concerns are identified, they are also made part of the Cardex and are communicated immediately to the Mall staff by the RN; and
 - iv. Mall staff will include such communications on the Mall Primary Visual Display so it is available to Mall group leaders preparing outings.

Please remember these changes are temporary while we conduct our review of all policies and procedures related to outings. We will share the results of this review, including any permanent changes, as soon as they are determined. To be sure the review takes place in a timely manner, I am setting ourselves a time-line of completing the task by no later than mid December.

I also want to emphasize that our purpose of these temporary changes is not to discourage outings in any way. Outings, such as family visits and community activities, are a fundamental tool for providing patients with skills and training they need to successfully transition to life in the community. Our purpose is to improve treatment, ensure safety and focus staff resources in the best way.

The topic of outings is just one of the challenging issues we as hospital need to explore in order to improve our clinical practices, and we invite all interested parties into the discussion, including patients, staff, family members and advocates. It is essential that our treatment and practices are consistent with our vision of hope, safety and recovery. Together, we can ensure our clinical processes are safe, well-aligned with each Individual Treatment Plan, and in full compliance with our duty to protect patient rights, while at the same time carrying out our forensic responsibility to the community.

Thank you for your help in implementing and communicating these changes! If you have any questions, please contact me.

- c:
- Nikki Mobley, Mall Administrator
 - Nena Strickland, Deputy Superintendent
 - Rebeka Gipson-King, Public Affairs Officer
 - Deborah Howard, Director of Family and Consumer Services
 - Greg Roberts, Superintendent

Oregon State Hospital
Interim Outings Request Form (Trip Slip)
Forensic Psychiatric Services

Date(s) of Activity: _____

Time(s) of Activity: _____

ON GROUNDS
 Unit: _____
 Mail: _____

OFF GROUNDS
 Unit: _____
 Mail: _____

EMERGENCY CONTACT (Salem 503-945-2800) (Portland 503-731-8620)

Cell Phone Number(s): _____ Radio: _____

OUTING INFORMATION

Name of Outing: _____ Overall Goal: _____

Primary Destination: _____ Address: _____
 Departure Date: _____ Phone: _____
 Departure Time: _____
 Return Time: _____ Comments: _____

Additional Destination(s): _____ Address: _____ Time: _____

STAFF ESCORTS / TRANSPORTATION

Name	Title	OT Y/N	Mode of Transportation:
_____ (Lead)	_____	_____	<input type="checkbox"/> Walking
_____	_____	_____	<input type="checkbox"/> State Car / Van
_____	_____	_____	<input type="checkbox"/> Other (list) _____
_____	_____	_____	

PATIENT INFORMATION

Patient:	Unit:	Medications:	Other Information:

CLINICAL INFORMATION AND APPROVALS (see back)

SCAN OR DELIVER TO COMMUNICATIONS CENTER PRIOR TO DEPARTURE

Patient Name	Unit	Privilege Level	Patient Goals (DT)	Risks Identified (DT)	Daily Clinical Screen (Unit RN Initials & Date(s))
		Risk Plan/Safeguards (Group Leader)			
		Risk Plan/Safeguards (Group Leader)			
		Risk Plan/Safeguards (Group Leader)			
		Risk Plan/Safeguards (Group Leader)			
		Risk Plan/Safeguards (Group Leader)			
		Risk Plan/Safeguards (Group Leader)			
		Risk Plan/Safeguards (Group Leader)			
		Risk Plan/Safeguards (Group Leader)			
		Risk Plan/Safeguards (Group Leader)			

REVIEW / APPROVAL SIGNATURES

IDT/MD: _____ Date: _____
 (All Outings) Unit Nurse Manager Date: _____
Mail On/Off Grounds: _____ Date: _____
 Mail Manager Director Date: _____

If outing not approved, please comment _____
 Signature: _____ Date: _____

- | | | |
|---|---|---|
| <p><u>Risks to Consider:</u>
 Potential Risk of Harm to Community
 Potential Risk of Harm to Self
 Medical Emergency or needs, incl. BR</p> | <p>UL, Separation from group, or Wandering
 Contraband
 Other People/Crowds
 Over Stimulation</p> | <p>Motor Vehicle Accident
 Seasonal Specific Risks (Heat, Rain, Sun, Etc)
 Environmental Hazards (Ocean/Water, Ice/Snow, Terrain)</p> |
|---|---|---|