

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 6: Patient Care

POLICY: 6.038

SUBJECT: Supporting Patients' Treatment Mall
Participation

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SUPERINTENDENT

DATE: SEPTEMBER 17, 2012

I. POLICY

The Oregon State Hospital (OSH) provides the bulk of its group activities through Treatment Malls. It is the hospital's policy to support patient participation in such activities.

II. PURPOSE

The purpose of this policy is to identify how OSH staff regularly and reliably can support patient participation in Treatment Mall activities. The general expectation is that everyone who is able will participate in Treatment Mall activities. It is further the purpose of this policy to make clear that motivational techniques which lead to voluntary participation are the primary means to accomplish this. It is finally the purpose of this policy to also clarify how situations where a patient is unable or refuses to participate should be managed.

III. DEFINITIONS

- A. "Medically Able to Participate" means a patient has been determined by the treating or designated physician or treating nurse practitioner as having no physical or psychiatric cause to prevent him/her from participating in treatment mall activities.
- B. "Pre-contemplation Area" means an area on the unit or in the treatment mall designated and specifically approved for use by patients who choose not to participate in a treatment mall or treatment mall group/activity.

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- C. "Treatment Mall Activities" for the purposes of this policy means regularly scheduled activities carried out Monday through Friday during normal business hours in the Treatment Mall areas.

IV. PROCEDURES

A. Responsibilities of the Interdisciplinary Treatment Team (IDT):

1. Supporting participation in Treatment Mall activities begins with the IDT's selection of activities that:
 - a. Are beneficial to meeting the patient's treatment plan goals;
 - b. Are identified as mutually agreeable between the patient and the IDT; and
 - c. Are continuously updated as necessary to meet the patient's changing treatment needs and motivation.
2. Where the IDT asks a patient agree to participate in an activity which they find less agreeable or more challenging, every effort is made to develop a schedule that:
 - a. Is easily understood by the patient as making sense as part of a path to discharge;
 - b. Entails a balance between desirable and challenging activities; and
 - c. Fits with the patient's current ability to engage in treatment.

B. Responsibilities of the unit staff:

1. Patient participation in Treatment Mall activities shall be supported by staff encouragement and support.
 - a. Unit nursing staff shall remind patients at least a half hour prior to treatment mall to allow time for preparation.
 - b. Patients shall be verbally encouraged to participate in mall/group activities using techniques aligned with motivational interviewing, an evidence-based practice.

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- c. When a patient indicates he/she does not intend to participate in the treatment mall, nursing staff shall solicit and evaluate the reason(s) for the declination. Where possible, reasonable barriers to participation should be removed or otherwise addressed.
2. Patients who are medically able to participate shall be transported from residential units to the treatment mall during scheduled treatment mall hours or be accommodated in a unit pre-contemplation area.
3. Each unit shall have a designated pre-contemplation area or have a clearly established agreement with a Treatment Mall for use of their pre-contemplation area, so patients who wish to refuse activities can be accommodated.
 - a. The pre-contemplation area should be accommodating, allowing as many individual activities of choice as possible without unnecessarily reinforcing avoidance of Treatment Mall activities.
 - b. Each unit shall make a determination on whether patient rooms should be kept locked during Treatment Mall hours.
4. Patient participation in Treatment Mall activities shall also be supported by staff from the unit - themselves participating in leading, co-leading or otherwise supporting activities on the Malls.

C. Exceptions for Patients Medically Unable to Participate:

1. Patients who are medically able to participate are expected to be in their treatment mall activities during scheduled treatment mall hours. Patients who are medically unable to participate shall be accommodated either on the Unit or their Treatment Mall.
2. When a patient on the unit has a medical condition that he/she believes precludes participation in treatment mall activities, the unit nurse shall evaluate the patient and make a determination whether to refer the matter to the designated physician or treating nurse practitioner. That person may excuse the patient from treatment mall participation and shall document this in the medical record, including the location the patient requires, such as their own room on the unit, or a unit area, or Treatment Mall pre-contemplation area.

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3. If a patient is found medically able to attend treatment mall activities yet makes the choice not to attend, then he/she shall be offered the unit pre-contemplation area as an alternative. (Note that additional provisions outlined below under "refusal" may then also apply.)

D. Responsibilities of the Treatment Mall Staff:

1. Once on the Treatment Mall, patients are expected to participate in groups or activities designated in the patient's TCP.
2. When a patient indicates he/she does not intend to continue with a Treatment Mall activity, Mall staff shall solicit and evaluate the reason(s) for the declination. Where possible, reasonable barriers to participation should be removed or otherwise addressed.
3. If a patient indicates he/she remains unwilling to participate in an activity, then he/she shall be offered the Mall pre-contemplation area as an alternative. (Note that additional provisions outlined below under "refusal" may then also apply.)
4. Staff shall re-engage with those patients who choose to spend their time in the pre-contemplation area every thirty (30) minutes to encourage their participation in treatment groups or activities.
5. When a patient has a medical condition that he/she believes precludes participation in Treatment Mall activities while at the Mall, the Mall nurse manager or designee shall evaluate and make appropriate alternative accommodations.

E. Patient Refusals:

1. The treating physician/nurse practitioner shall be notified when a patient declines to participate in the treatment mall.
2. The physician/nurse practitioner shall talk to the patient who declines to attend the mall and reiterate the expectation that all patients attend and participate in the mall. The patient shall be reminded of treatment goals that can be achieved through mall participation. Engagement in mall programming is expected to assist in the development of skills or obtaining of privileges required for transfer to a less restrictive environment and/or discharge.

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3. Repeated refusal of patients to participate in treatment mall activities shall be addressed as part of their clinical treatment. Additionally, information on treatment mall participation shall be used to improve treatment mall activities.
4. Following a patient's third (3rd) consecutive refusal to attend the treatment mall, the Interdisciplinary Treatment Team (IDT) shall meet with him/her to identify and discuss related issues and interventions. Interventions incorporated into the patients TCP shall be subsequently reviewed for effectiveness at regularly scheduled IDT meetings.
5. If all lesser restrictive support and encouragement options have failed, and if the patient's refusal and location of refusal presents a safety problem or impairs the staff's ability to deliver needed services to other patients, the designated physician or treating nurse practitioner shall make the decision regarding the location the patient will go to during refusal, and the manner in which the patient shall be transported. In any case of transport, the least restrictive manner shall be used. In no case shall hands-on be used for transport without the Chief Medical Officer's or designee's approval and completion of necessary restraint documentation.

F. Documentation:

1. Attendance data is maintained on the mall. Group notes document the level of participation.
2. Mall attendance shall be regularly reported to and reviewed by the Clinical Executives Committee for opportunities to improve participation.
3. If transport assistance is required, this shall be communicated to the Director of Security and the Chief Medical Officer. The Chief Medical Officer or designee shall review the transport data weekly and make necessary and appropriate follow-up actions as needed.