

# OREGON STATE HOSPITAL

PORTLAND

## POLICIES AND PROCEDURES

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**SECTION 6:** Patient Care

**POLICY:** 6.043

**SUBJECT:** Adult Treatment Services  
Risk Review Panel

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**POINT PERSON:** NANCY GRIFFITH  
ASSOCIATE PROGRAM DIRECTOR

**APPROVED:** GREGORY P. ROBERTS  
SUPERINTENDENT

 **DATE:** JANUARY 4, 2012

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### I. POLICY

- A. The Adult Treatment Services (ATS) Risk Review Panel is a committee chaired by the Program Director to assist treatment teams to provide a clinical risk management process for some Adult Treatment Services patients.
- B. The clinical risk management process carried out by the ATS Risk Review Panel is a balance between safety/security and psychiatric care/treatment. The process identifies and analyzes individual risk factors for each patient, evaluates the severity and probability of occurrence of those risks, and devises management methods which mitigate risk and achieve treatment goals in the least restrictive environment possible while protecting patients, staff, and the general public.

### II. Procedures

- A. The Adult Treatment Services Risk Review Panel membership shall include two psychiatrists, two managers, one psychologist, one social worker, one rehabilitation staff, a nurse, and a community representative. In the event of a lack of consensus amongst the Panel the Chief Medical Office (CMO) shall make the conclusive decision.
- B. Any Interdisciplinary Treatment Team (IDT) member or management staff member can refer a patient to the ATS Risk Review Panel if the patient falls within at least one of the categories in Section D.

- C. Patients may request a risk review meeting be held. The IDT shall consider the request and either initiate a review or explain to the patient why a review shall not occur.
- D. Risk Review Panel hearings must be scheduled for the following patients:
1. If the patient is a registered sexual offender;
  2. If the patient has a significant sexual offender history that impedes discharge;
  3. If the patient has two or more incidents a month of sexually acting out behavior within the three months prior to the request for privileges;
  4. If the patient has eloped from Oregon State Hospital (OSH) in the past five years or from the immediate preceding acute care hospitalization;
  5. If the patient has seriously injured themselves in the prior 30 days (requiring medical treatment such as suturing, invasive procedures, or hospitalization);
  6. If the patient has seriously injured another person in the prior 30 days;
  7. If the patient has a felony conviction within the previous five years; and/or
  8. Patients with Immigration and Customs Enforcement (ICE) detainees.
  9. If the patient or the patient's family has been involved in an Adult or Child Protective Services report and they are requesting passes together.
- E. If the patient has pending legal charges, before any privileges are granted the Program Director and Supervising Psychiatrist shall determine if the IDT needs to present the case for Risk Review. When the IDT has determined the patient is stable and qualifies for privileges the social worker shall send a note to the Program Director with the patient's name, county of responsibility, and information about pending charges. Within three days of receipt of the information from the social worker, the Program Director, in consultation with the Supervising Psychiatrist, shall decide if the patient needs to be presented to the Risk Review Panel for privileges.
- F. Privileges granted by the ATS Risk Review Panel are documented on the Oregon State Hospital ATS Risk Review form (see Attachment 1). Prior to all off-unit activities, the registered nurse (RN) shall assure patient exhibits

appropriate behavior for a pass. The RN shall hold patients on the unit whenever there is a clinical or security concern (e.g., increase in symptoms, change in status, personal loss, or any unusual behavior).

- G. The IDT can decrease or limit privileges granted by the ATS Risk Review Panel without consulting the Panel. If privileges are held or suspended for less than 60 days, the IDT may return privileges without consulting the ATS Risk Review Panel. If privileges are held or suspended for longer than 60 days, the IDT must consult the ATS Risk Review Panel before privileges may be reinstated. Completion of the Oregon State Hospital ATS Risk Review form is required.
- H. Any patient who attempts an unauthorized leave whether or not successful shall automatically lose all privileges and must be presented to the ATS Risk Review Panel for reconsideration of any privileges.
- I. Legal issues must be resolved prior to a referral to the Risk Review Panel. The status of the patient's current and/or pending legal issues must be assessed and documented in the chart to assure that it is reasonable, legal, and safe to allow the patient to have passes. If the patient has a guardian or probation officer they shall need to approve of the requested privileges. A member of the IDT must document approval for privileges from the probation officer or guardian in the medical record.
- J. All privileges approved by the ATS Risk Review Panel must be specifically listed on the Treatment Care Plan of the patient, showing the relationship between privileges and treatment goals and interventions.
- K. No Oregon State Hospital patient shall be transported out of the state of Oregon without the expressed written approval of the Superintendent.
- L. The ATS Risk Review Panel meetings are scheduled as needed. The ATS Risk Review Panel meetings shall be scheduled within seven (7) days of the request.
- M. Once privileges are granted any request for increase in privileges shall be referred to the ATS Risk Review Panel for approval.
- N. Treatment Care Plan Specialists shall:
  - 1. The following must be submitted prior to review and approval of privileges:
    - a. A completed Oregon State Hospital ATS Risk Review form. This shall be submitted to the ATS Risk Review Panel for

- distribution to the Risk Review Panel no less than five (5) working days prior to the Panel's meeting each time a patient/resident is considered for privileges.
2. When requesting patient privileges, the IDT shall submit a Risk Review draft document including:
    - a. Brief summary of the case;
    - b. Current treatment and response to include treatment participation;
    - c. Privileges requested;
    - d. How privileges shall be used for treatment;
    - e. Anticipated risks; how those risks shall be mitigated; and
    - f. Special assessments may be requested by the Panel.
  3. The case shall be presented to the ATS Risk Review Panel by a member of the IDT.

After the Risk Review Panel meets the following shall occur:

- O. Program Director:
  1. The results of the Risk Review Panel's deliberations and subsequent privileges granted shall be recorded on the Oregon State Hospital ATS Risk Review form and then signed by treatment team members and Risk Review Panel members. Original documents shall be filed in the patient's chart, with copies maintained by the Program Office.
  2. The Oregon State Hospital ATS Risk Review form is a document intended to capture information relevant to risk assessment. Revisions to the form shall be made when needed to improve the usefulness and reliability of the form.
- P. Physician: Prior to the exercise of any patient privilege granted by the ATS Risk Review Panel for group activities outside the secure perimeter, the physician shall review the proposed activity to assure that the therapeutic activity is part of the patient's Master Treatment and Care Plan.
- Q. Registered Nurse: Each time the patient leaves the unit the RN shall assess the patient's behavior and mental status to determine appropriateness to exercise the privileges.

R. All Staff:

1. Whenever any staff member has information they believe should prohibit a patient from using privileges (e.g., security concerns, lack of current compliance with treatment, unusual behavior, major loss, or other significantly impactful life event), they should immediately notify the IDT and/or a manager so privileges can be reviewed.
2. When needed, a special review by the IDT shall be scheduled by the unit manager to determine if privileges should be revised.

III. ATTACHMENTS

Attachment 1 – Oregon State Hospital ATS Risk Review form

IV. REFERENCES

Psychiatric Recovery Services Policy 3.012, Unescorted Off-Grounds Privileges, ATS

Replaces Oregon State Hospital Policy and Procedure 6.043, *Adult Treatment Services Risk Review Panel*, dated 7/29/2010.



<b>Patient Info:</b>	<b>Name:</b>	<b>Date of Risk Review Hearing:</b>	
	<b>Hospital #:</b>	<b>Age:</b>	<b>Ward:</b>
	<b>Date of Admission:</b>		

<b>Admission Type:</b>	<input type="checkbox"/> Civil Commitment	<input type="checkbox"/> Guardian	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Other
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<b>Legal Status:</b>	<b>Probation/Parole Status:</b>		
	Current Charges:		
	Pending Charges:		
	Detainer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Diagnosis:</b>	Axis 1:
	Axis 1:
	Axis 1:
	Axis 2:
	Axis 2:
	Axis 2:
	Axis 3:
	Axis 3:
	Axis 3:

<b>Psychotropic medications:</b>	
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**PRIVILEGE REQUEST**

How would the requested privilege(s) further treatment goal(s)? What specific goal(s) in the treatment plan is the privilege related to?

What has been done to mitigate the risks?

OFF-GROUNDS:	Requested	Denied	Approved	Restrictions or Conditions:
1 : 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 : 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 : 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff Passes only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family Passes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Authorized Person(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Buddy Patio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solo Patio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Buddy Passes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solo Passes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PROGRESSION OF PRIVILEGES GRANTED:**



Date START Conducted:

Date START Expires (3 months maximum):

Key Item	Strengths			START Items	Vulnerabilities			Critical Item	SIGNATURE RISK SIGNS						
	2	1	0		0	1	2		Hx <sup>†</sup>	Risks	T.H.R.E.A.T.		Low	Mod	High
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Relationships (TA:Yes)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Occupational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SPECIFIC RISK ESTIMATES</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Self-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violence	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Mental State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Harm	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Emotional State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicide	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unauthorized Leave		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Impulse Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. External Triggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Neglect		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Social Support (PPSYes) <sup>‡</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Being Victimized		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Material Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Specific Risk:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Med. Adherence (N/A <input type="checkbox"/> <sup>†</sup> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>START PARTICIPANTS</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Rule Adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAME		POSITION				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Insight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Coping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Treatability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Case Specific Item:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Case Specific Item:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____						

Health Concerns/Medical Tests:

Risk Formulation: what factors/predict-explain / which person/will carry out/what act/when?

Success Formulation: what factors will increase the likelihood of personal success and/or decrease the likelihood of an adverse outcome?

Key: T.H.R.E.A.T. = "Threat of Harm that is Real, Enactable, Acute, and Targeted"; \*TA = Therapeutic Alliance; <sup>‡</sup>PPS = Positive Peer Support; <sup>†</sup>N/A = Not/Applicable, No Medications







RISK MANAGEMENT	
Safety/Warning Status:	
Engagement Status:	
Transition Status:	
Community Re-integration Status:	

BRIEF SUMMARY OF HISTORICAL RISK BEHAVIORS IDENTIFIED ON THE START	
History of violence towards others, inside and outside OSH (briefly describe):	
History of self-harming behaviors without suicidal intent, inside or outside OSH (briefly describe):	
History of suicide attempted, inside or outside OSH (briefly describe):	
History of unauthorized leave; such as escape, absconded from CR, etc. (briefly describe):	
History of substance abuse, inside and outside OSH (briefly describe):	
History of self-neglect, inside and outside OSH (briefly describe):	
History of being victimized, inside or outside OSH (briefly describe):	
Case specific factor(s); e.g., fire setting, sexual offending, et cetera (briefly describe):	

ASSESSMENT OF LONG-TERM RISK	
Has a formal assessment(s) of long-term risk been completed (e.g., HCR-20, VRAG, et cetera)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date(s) Completed:	
Type of Risk Assessment(s) Conducted:	





<b>RISK REVIEW MINUTES (INCLUDE PATIENT COMMENTS):</b>

<b>TREATMENT TEAM:</b>	
Attending Physician:	Date:
Unit Director:	Date:
Social Worker:	Date:
Psychologist:	Date:
Registered Nurse:	Date:
Mental Health Specialist:	Date:
Rehabilitation Therapist:	Date:
Case Monitor:	Date:
Supervising RN:	Date:
Client:	Date:
Other:	Date:

<b>OSH RISK REVIEW PANEL:</b>	
	Date:
	Date:
	Date:
	Date:
	Date:
	Date:

<b>OSH ADMINISTRATIVE PARTICIPANTS:</b>	
	Date:
	Date:

<b>Program Director:</b>	
Nancy Griffith	Date:

CONFIDENTIAL: This information has been disclosed to you from records where confidentiality is protected by State Law (ORS 179.505) and Federal Law (45CFR, Part 164). You are prohibited from making further disclosure without specific written consent of the persons or as otherwise permitted by law.

Patient Name:  
Hospital Number:  
Ward:  
Date: