

# OREGON STATE HOSPITAL

PORTLAND – SALEM

## POLICIES AND PROCEDURES

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SECTION 6: Patient Care

POLICY: 6.057

SUBJECT: Trails Leaf 2 Privilege Process

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POINT PERSON: SUE ZAKES  
TRAILS PROGRAM DIRECTOR

APPROVED: GREGORY P. ROBERTS  
SUPERINTENDENT

DATE: SEPTEMBER 24, 2012

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### I. POLICY

- A. The Leaf 2 Interdisciplinary Treatment Team (IDT) has the responsibility to approve privileges for the majority of Leaf 2 patients. The team shall consider all relevant information and weigh the risks/benefits of privileges granted. The team shall assure risk is mitigated so that other treatment goals can be achieved and the patient can move successfully toward community transition.
- B. The Trails Leaf 2 Risk Review Panel is a committee co-chaired by the Trails Program Director and the Supervising Physician, and has the responsibility to approve privileges for Leaf 2 patients who present with particular risks. The Panel shall assure the IDT has provided a sufficient clinical risk management process for Leaf 2 patients who meet conditions described in this policy.
- C. The clinical risk management process carried out by the Trails, Leaf 2 Interdisciplinary Treatment Team and the 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. At the same time, it assures that privileges necessary to achieve treatment goals in the least restrictive environment possible are in place, while protecting patients, staff, and the general public.

- D. Any patient who attempts an unauthorized leave (whether or not successful) shall automatically lose all privileges and must be presented to the Trails Leaf 2 Risk Review Panel for reconsideration of any privileges.

## II. DEFINITIONS

- A. "Peer escort" refers to a pass granted to a patient when another patient who has already been approved for independent off-ground passes shall accompany the patient in a supportive relationship.
- B. "Privileges" refers to whether a patient is allowed to leave the unit or secure perimeter, go on off or on-grounds passes, and the number of staff that must accompany the patient. All privileges shall be supported by the IDT. The IDT shall help identify the current privilege level, as some privileges require Risk Review Panel approval. It is the responsibility of the patient to follow the rules of the privilege level. Privileges include:
1. Unescorted solo or peer escort passes within secure quad outdoor areas.
    - a. Using quads is voluntary for patients.
    - b. Patients are encouraged to use outdoor quads daily.
    - c. Patients may take drinks to the quads (no glass).
    - d. Staff in the building or in the quad shall have an activity sheet which designates which patients are in the quad. Patients shall be checked visually every 15 minutes.
  2. On-grounds passes with staff: On-grounds is defined as the south side of Center Street within hospital grounds. On-grounds passes require a trip slip as defined in OSH Policy 6.006.
  3. Off-grounds passes with staff: staff can escort the patient off grounds.
  4. Unescorted solo or peer escort passes on-grounds: On-grounds is defined as hospital property on the south side of Center Street.
  5. Unescorted solo or peer escort passes off-grounds: See Trails Leaf 2 Policy 3.014, "Unescorted Off-grounds Privileges."

6. Family/Authorized Others passes: Patients visit off grounds with friends and family.
- B. "Privilege Staffing Ratios" refers to ratios of staff to patients outside of the secure perimeter.
- C. "Solo/peer escort" pass refers to passes granted to patients to independently go off and on-grounds without staff.

### III. PROCEDURES

- A. Interdisciplinary Treatment Team Determination
  1. All patients on Leaf 2 may have their IDT grant all privileges except solo or unescorted pass privileges. Exceptions to this are patients who meet the conditions below in Section III.B.1. requiring Risk Review approval.
  2. Unescorted off-ground solo or peer escort privileges must also be approved by the Chief of Psychiatry or Trails Supervising Physician, and Program Director or their designee(s). (See Trails Policy 3.014)
  3. The IDT shall document clinical reasons for granting or removing privileges and the MD shall write orders clearly stating privileges granted or suspended and staff/patient ratios required. All unescorted solo and peer escort passes shall be documented in the patient's treatment care plan.
- B. Risk Review Determination
  1. Leaf 2 patients who meet the following conditions must go before the Trails Leaf 2 Risk Review Panel for approval of all of their privileges:
    - a. If the patient is a registered sexual offender;
    - b. If the patient has a significant sexual offender history that impedes discharge;

- c. 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;
  - d. If the patient has eloped from Oregon State Hospital (OSH) in the past five years, or from the immediate preceding acute care hospitalization;
  - e. If the patient has seriously injured himself/herself in the prior 30 days (requiring medical treatment such as suturing, invasive procedures, or hospitalization);
  - f. If the patient has seriously injured another person in the prior 30 days;
  - g. If the patient has a felony conviction within the previous five years;
  - h. Patients with Immigration and Customs Enforcement (ICE) detainees;
  - i. 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;
  - j. If the patient has pending charges.
2. The Trails Program Executive Committee shall function as the Leaf 2 Risk Review Panel. Membership shall consist of the following members: the Supervising Physician, Director of Nursing Service, Supervising Psychologist, Supervising Social Worker, Rehabilitation Services Supervisor, Treatment Care Plan Specialist Manager, Program Director, and a community representative. A quorum (more than 50 percent voting members) shall be present, and shall include one of the presiding co-chairs. In the event of a lack of consensus amongst the Panel, the Chief Medical Officer (CMO) shall make the conclusive decision.
3. Any IDT member or management staff member can refer a patient to the Leaf 2 Risk Review Panel if the patient is determined to be within at least one of the categories in Section III.B.1.

4. Patients may request a Risk Review meeting. The IDT shall consider the request and either initiate a review, or explain to the patient why a review shall not occur.
5. Privileges granted by the Trails Leaf 2 Risk Review Panel are documented on the Oregon State Hospital Trails Leaf 2 Risk Review form (see Attachment 1).
6. The IDT can decrease or limit privileges granted by the Leaf 2 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 Leaf 2 Risk Review Panel. If privileges are held or suspended for longer than 60 days, the IDT must consult the Leaf 2 Risk Review Panel before privileges may be reinstated. Completion of the Oregon State Hospital Trails Leaf 2 Risk Review form is required.
7. 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 approve the requested privileges. A member of the IDT shall document approval for privileges from the probation officer or guardian in the medical record.
8. All privileges approved by the Trails Leaf 2 Risk Review Panel shall be specifically listed on the Treatment Care Plan of the patient and show the relationship between privileges and treatment goals and interventions.
9. Treatment Care Plan Specialists shall submit a completed Oregon State Hospital Trails Leaf 2 Risk Review form to the Trails Leaf 2 Risk Review Panel. Once the Risk Review Panel chair reviews and considers the request complete, they shall schedule a Risk Review Panel meeting within seven (7) working days of the completed request. The Trails Leaf 2 Risk Review Panel meetings are scheduled as needed.
10. Once privileges are granted any request for increase in privileges shall be referred to the Trails Leaf 2 Risk Review Panel for approval.

11. 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 requested by the Panel.
12. The case shall be presented to the Trails Leaf 2 Risk Review Panel by a member of the IDT.
13. After the Risk Review Panel meets, the Program Director shall assure that the results of the Risk Review Panel's deliberations and subsequent privileges granted are recorded on the Oregon State Hospital Leaf 2 Risk Review form and then signed by IDT members and Risk Review Panel members. Original documents shall be filed in the patient's chart, with copies maintained by the Program Office.
14. The Oregon State Hospital Trails Leaf 2 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.

**C. Discipline-Specific Responsibilities**

1. **Physician:** Prior to the exercise of any patient privilege granted 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 Care Plan.
2. **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. 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).

3. All Staff:

- a. 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 shall immediately notify the IDT and/or a manager so privileges can be reviewed.
- b. 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 Leaf 2 Risk Review form







<b>PRIVILEGE REQUEST</b>
How would the requested privilege(s) further treatment goal(s)?
What specific goal(s) in the treatment plan is the privilege related to?
What are the risks?
What has been done to mitigate the risks?

ON-GROUNDS:	Requested	Denied	Approved	Restrictions or Conditions:
1 : 1 w/staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 : 4 w/staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 : 8 w/staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solo quads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peer Escort Quads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solo On-grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peer On-grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
2 : 8	<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"/>	
Peer Escort 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:**

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**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:



PURPOSE:  REFERRAL     ADMISSION     RISK REVIEW     OTHER  
Specify

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								
<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"/>	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"/>	6. Mental State	<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"/>	7. Emotional 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"/>	8. Substance Use	<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"/>	9. Impulse Control	<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"/>	10. External Triggers	<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"/>	11. Social Support (PPSYes) <sup>‡</sup>	<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"/>	12. Material Resources	<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"/>	13. Attitudes	<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"/>	14. Med. Adherence (N/A <input type="checkbox"/> ) <sup>†</sup>	<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"/>	15. Rule Adherence	<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"/>	16. Conduct	<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"/>	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?*

T.H.R.E.A.T. = "Threat of Harm that is Real, Enactable, Acute, and Targeted"

\*TA = Therapeutic Alliance

‡PPS = Positive Peer Support

†N/A = Not/Applicable, No Medications



BC Mental Health & Addiction Services



<b>BRIEF SUMMARY OF HISTORICAL RISK BEHAVIORS IDENTIFIED ON THE START</b>
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, major parole violation, 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):
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:
Social Worker:	Date:
Psychologist:	Date:
Registered Nurse:	Date:
Rehabilitation Therapist:	Date:
Case Monitor:	Date:
Supervising RN:	Date:
Client:	Date:
Other:	Date:

<b>OSH RISK REVIEW PANEL:</b>	
Supervising Psychiatrist:	Date:
Director of Nursing Services:	Date:
Supervising Psychologist:	Date:
Supervising Social Worker:	Date:
Supervisor of RSD:	Date:
Supervisor of TCPS:	Date:
Community Representative:	Date:
Other:	Date:

<b>Program Director:</b>	
Sue Zakes	Date: