



Section	Psychiatric Health Facility (PHF)	Effective:	1/4/2017
Sub-section	Interdisciplinary Patient Care		
Policy	Off-unit Therapeutic Passes	Last Revised:	3/14/2017
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	New policy	Audit Date:	3/14/2020

1. PURPOSE/SCOPE

1.1. To establish clinical standards and programmatic procedures in determining appropriateness for and the granting of off-unit therapeutic passes to patients admitted to the Santa Barbara County Psychiatric Health Facility (PHF).

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

2.1. **Off-unit Therapeutic Pass** – a temporary, time-limited pass that allows a PHF patient to be accompanied off the unit by a staff member for therapeutic, socialization, and/or community integration purposes only.

3. POLICY

3.1. The PHF is committed to the stabilization, recovery and rehabilitation of patients within a safe and secure, therapeutic environment. As such, patients admitted to the PHF require a high degree of care, treatment and monitoring to address acute/emergency psychiatric conditions. However, the PHF recognizes the benefits and positive impact being outdoors and in the community may have on a patient's overall wellbeing. When activities off the unit may assist in a patient's wellness and recovery, and it is deemed safe, clinically appropriate and programmatically feasible by the patient's treatment team, off-unit therapeutic passes may be granted on a case-by-case basis.

3.2. Off-unit therapeutic passes shall be limited to voluntary and/or administrative status patients only. Under no circumstances may an acute status patient be granted a pass.

3.3. All patients approved for off-unit therapeutic passes shall be accompanied and supervised by a PHF staff member, regardless if the patient is accompanied by a family member or friend on the pass.

4. OFF-UNIT THERAPEUTIC PASS REQUEST

4.1. A patient or family member may submit a request for an off-unit therapeutic pass to the patient's treatment team. The multidisciplinary treatment team – including the patient's licensed nursing staff (LNS), social worker, nurse practitioner and psychiatrist – will review and consider the request at the patient's next scheduled treatment team meeting, but no later than five (5) business days from the date of the request. Requests can be submitted verbally or in writing.

5. CLINICAL RISK ASSESSMENT

5.1. Following the request for an off-unit therapeutic pass, the patient's assigned nurse practitioner (NP) and/or psychiatrist (MD) will conduct a brief clinical risk assessment using **the Off-unit Therapeutic Pass Risk Assessment form (see Attachment A)** to determine the patient's eligibility for the pass. The assessment will be documented in the medical record by the NP and/or MD.

5.2. The assessment will consider the following:

1. Immediate risk to harm others or self;
2. History of elopement;
3. History of aggression and assaultive behaviors;
4. History of self-harming behaviors, suicidal ideation and attempts;
5. Impulsive tendencies;
6. Protective factors (i.e. goal oriented, family/friend support, religious beliefs);
7. Level of treatment engagement, including attendance and participation in groups, recreational therapy, treatment team meetings, and adherence to medication regimen;
8. Attention to activities of daily living (ADLs), such as showering, grooming and room care; and
9. Nutritional status and sleep habits.

6. TREATMENT TEAM DECISION-MAKING

6.1. The patient's treatment team will meet to review the findings of the clinical risk assessment and to account for other considerations, including any other safety concerns, co-occurring physical/medical conditions, and legal status.

6.2. The treatment team's decision will be communicated to the patient and (when applicable) family member, including the rationale for the decision. All decisions and the rationale will be documented in the medical record.

1. If the patient is on a temporary conservatorship (T-Con) or presently conserved, and the treatment team has deemed the request for a pass clinically appropriate, the patient's public guardian (or assigned public guardian) will be consulted and asked permission prior to granting approval for every pass. The public guardian's decision will be documented in the medical record by the social worker.
- 6.3. In their decision, the treatment team may prescribe the length of time and frequency of passes and types of activities and locations allowed on the pass.
- 6.4. The PHF recognizes that a patient's clinical disposition may fluctuate. If two (2) or more weeks have passed since the date of therapeutic pass approval by the treatment team, the patient shall be reassessed by the NP or MD for any imminent risk factors. However, reassessment may occur earlier as determined by the treatment team. Staff must exercise clinical judgment and reassess patients more frequently following changes in clinical disposition, medication regimes or other treatment areas.

7. **STAFFING AND UNIT ACUITY**

- 7.1. All patients approved for off-unit therapeutic passes shall be accompanied and supervised by a PHF staff member of the same sex so as to be able to accompany the patient to the restroom, regardless if the patient is accompanied by a family member or friend on the pass.
- 7.2. Before the patient leaves the unit on a pass, staff will document what the patient is wearing (i.e. type of clothing, color).
- 7.3. Staff members will be responsible for the care and safety of the patient and may not leave the patient unattended at any time.
 1. Staff are to carry a unit-assigned cell phone during the pass. Any concerns or issues that arise during the pass – including injury, illness or elopement¹ – are to be communicated immediately to the PHF team leader and law enforcement.
- 7.4. Time and length of off-unit therapeutic passes may be affected by other factors, including unit acuity and staff available to accompany the patient on the pass. Sufficient staffing must be available on the PHF unit to maintain the minimum staff-to-patient ratio mandated by state and federal regulations. A staff member may not be allocated for passes if doing so affects the ratio or potentially compromises unit safety.
 1. Scheduled passes may be subject to cancellation without notice in the event of unit acuity changes or lack of staffing availability.

8. **LENGTH OF PASSES**

- 8.1. Passes may not exceed the time limit of four (4) hours. The exact length, time and frequency of the pass may be determined or changed by the PHF team leader based on staffing availability, unit acuity and other factors.

¹ Please see the PHF's policy "Patient Elopement" for further details.

ASSISTANCE

Gerardo Puga-Cervantes, LMFT, PHF Program Manager
 Cheryl Cook Jacobs, RN, Interim Nursing Supervisor

REFERENCE

Attachment A – Off-unit Therapeutic Pass Risk Assessment

RELATED POLICIES

Patient Elopement

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
2.7.17	V.1.1	<ul style="list-style-type: none"> • Section 3.2 – Only patients on voluntary and/or administrative status may be granted an off-unit therapeutic pass. • Section 5.1 – established use of Off-unit Therapeutic Pass Risk Assessment • Section 6.4 – Reassessment is necessary if more than 2 weeks have passed since approval from treatment team, or more frequently as dictated by treatment team. • Section 7.2 – Documentation of patient’s clothing prior to leaving unit on a pass.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).