

Vermont Psychiatric Care Hospital Policy and Procedure		
Levels of Autonomy		
Effective: February 2021	Revised: August 2024	Due to Review: August 2026

POLICY

The Vermont Psychiatric Care Hospital (VPCH) has a legal and ethical responsibility to protect the rights and safety of persons who are hospitalized. These rights include, but are not limited to, access to clinical programing and access to fresh air and natural light to the extent that health or safety considerations do not make it necessary to place limitations on the aforementioned.

PROCEDURE


Attending providers, in collaboration with hospitalized individuals and their multidisciplinary treatment teams, shall be responsible for entering orders establishing levels of autonomy. VPCH has established a basic framework to help guide clinical decision-making in this regard, but a written provider order may specify an exception to, or individualization of, any autonomy level order. Unless otherwise specified by written provider order, levels of autonomy are defined as follows:

- Unit Only: A hospitalized individual will remain on the designated care unit unless otherwise specified by a written provider order.
- Unit and Yard: A hospitalized person may be escorted to staffed outdoor yards.
- Recovery Services Access 1 (RS1): A hospitalized individual may be escorted to the staffed yard or any secure area and may also participate in groups and activities with the designation RS1. Group and activity level designations are listed on a weekly schedule. The schedule is also posted on the unit and in the nurse's stations. RS1 is further described in Appendix A.
- Recovery Services Access 2 (RS2): This designation is identical to RS1, except that the hospitalized person may participate in groups and activities with the designation RS2 as well as those designated RS1; RS2 is also further described in Appendix A.

As a care and safety standard at the time of admission, an order shall be entered for the Unit Only level of autonomy. The ordered level of autonomy shall be evaluated and modified as clinically indicated throughout the course of hospitalization. A written provider order shall be required to increase the level of autonomy. Levels of autonomy and supervision shall not to be used as incentives to behavior modification but shall be related solely to the hospitalized individual’s ability to safely and appropriately handle differing levels of autonomy. It is a goal of recovery to increase individuals’ ability to safely handle levels of autonomy in the least restrictive manner, consistent with the hospital’s duty to provide a safe environment of care.

Consistent with the ordered level of autonomy, the assigned Registered Nurse (RN) or RN designee will conduct a safety assessment of individuals prior to authorizing off-unit escort. If the RN determines that it is safe and appropriate, they should initial the Precaution Monitoring form in the time slot that corresponds with their assessment.

It is within the scope of an RN to implement a decrease in the ordered level of autonomy at any time to address changes in assessed care or safety needs. This nursing intervention can remain until such time that the larger multidisciplinary team can collectively review and adjust plans of care. A written provider order should be sought as soon as reasonably possible to reflect an altered autonomy level.

Approved by	Signature	Date
Emily Hawes, Commissioner, Vermont Department of Mental Health	 <p>DocuSigned by: <i>Emily Hawes</i> C50275615A62462...</p>	8/27/2024

Appendix A: Recovery Service Access Defined

Recovery Services 1 Access:

RS1 groups are open groups. Participants may come and go from these groups but are asked to do so without causing significant disruption or distraction to other participants. While these are open groups, and discussions or topics require less processing and focus, persons hospitalized who attend will be asked to maintain safe and respectful behavior. Those who are consistently disruptive may not be permitted to attend RS activities. Persons hospitalized who do attend an RS1 group and who become disruptive in any way will be asked to leave. This determination is made by the group facilitators and includes, but is not limited to: yelling, arguing, threatening, etc., as well as impeding the participation of other hospitalized persons. Anyone who refuses a staff member's request to return to the unit due to disruptive behavior may lose the privilege to attend future groups, based on treatment team discussion as well as nurse and group facilitator discretion.

Anyone who consistently demonstrates the ability to remain respectful, safe, focused, and engaged during groups may be reassessed by the treatment team to have RS2 group access.

Recovery Services 2 Access:

RS2 groups are "processing" groups. Participants are requested to arrive to group on time, as these groups will close five minutes after opening. Participants are expected to remain on topic, engage, listen, and contribute in a manner that is respectful to all present. Those designated as having RS1 access are not permitted to attend RS2 groups; however, anyone who is designated as having RS2 access is allowed to attend all groups (with the exception of any restrictions made by the treatment team). As with RS1 access, persons hospitalized who attend RS2 groups are expected to maintain safe and respectful behavior both on the unit prior to the group as well as during group. Anyone who does not demonstrate these expectations may either be not permitted to attend the group at that time or may be asked by staff to leave group and return to the unit. Because RS2 groups require the ability to process sometimes emotionally sensitive topics/ conversations while maintaining respect and open dialogue, anyone with RS2 access who consistently demonstrates the inability to remain respectful, safe, and sufficiently engaged will be reassessed by the treatment team and may be switched back to RS1 access.