

Vermont Psychiatric Care Hospital Procedure

Levels of Autonomy and Supervision

Revised: X

Date: 07/09/15

DEFINITIONS:

“Secure Areas” refers to the unit, recovery services area including the secure yard areas.

“Unit” refers to an inpatient unit.

The “Levels of Autonomy and Supervision” are defined as follows:

- Level 1** **Restricted to the Unit:** A patient may not leave the unit except to attend legal proceedings or medical appointments. *See Transport Policy and Procedure.*
- Level 2** **Restricted to Secure Areas:** A patient may be escorted to the staffed yard or any secure area, as well as attending legal proceedings or medical appointments. A patient may participate in groups and activities in staffed secure areas.
- Level 3** **Supervised Off-Secure Area:** A patient may leave the hospital accompanied by authorized personnel.

CONSIDERATIONS/REQUIRED STEPS:

I. LEVELS OF AUTONOMY AND SUPERVISION DETERMINATIONS

- A. At the time of admission, all patients shall be assigned to Level 1 (Restricted to the Unit), unless a physician assesses the patient in consultation with the Nursing Supervisor and writes an order designating that the patient be assigned to Level 2 (Restricted to Secure Areas).
- B. Following admission, the attending physician, after consultation with the patient and members of the patient’s treatment team, will be responsible for setting the patient’s level of autonomy and supervision and for reviewing and documenting the level on a daily basis. Level of autonomy and supervision determinations shall be accompanied by a physician’s order and based upon a documented individualized risk of harm assessment.
- C. Following any order for an emergency involuntary procedure, any late return from an off-unit activity or, return from elopement status, a patient will immediately be assigned to Level 1 (Restricted to the Unit), until the attending physician in consultation with the patient and members of the patient’s treatment team order the patient to a higher level of autonomy and supervision.

II. STAFF LEVELS OF SUPERVISION IN THE YARD

1. When escorting patients off the secure areas, staff shall ensure that the patient to staff ratio is as follows:
 - i. For 1 patient = 1 staff, only with physician order.
 - ii. For 1 to 5 patients = 2 staff;
 - iii. For 6 to 8 patients = 3 staff.

See also *VPCH Escorting Patients Policy and Procedure*.

III. MAIL

Every patient is entitled to “communicate by sealed mail or otherwise with persons, including official agencies, inside or outside the hospital.” A patient’s right to communication and visitation shall not be restricted unless the Vermont Psychiatric Care Hospital (VPCH) Chief Executive Officer “determines that it is necessary for the medical welfare or needs of the patient or the hospital to impose restrictions.”

Notwithstanding any restrictions imposed pursuant to 18 V.S.A. § 7705 on a patient’s right of communication, every patient is entitled to communicate by sealed mail with the “board, the Commissioner, his [or her] attorney, his [or her] clergyman and the district judge, if any, who ordered his [or her] hospitalization.”

The VPCH Chief Executive Officer has delegated the authority to impose restrictions on communication and visitation to medical staff, as clinically warranted and in a manner consistent with the purposes of this policy.

A. Sending Mail.

Patients without funds may mail up to seven letters per week at hospital expense.

Every piece of outgoing mail must be properly return-addressed and sealed. Letters without a return address will be returned to the unit for correction. Letters with illegible addresses or without valid mailing addresses will not be considered bona fide mail and shall be returned to the patient.

If correspondence is found in an area other than a patient's room and is not in an envelope, it shall be returned to the patient.

Writing implements shall be available to patients, with the level of individual supervision necessary at staff discretion based upon safe use.

If a patient’s use of the mail becomes excessive or problematic, the patient’s treatment team shall discuss the issue with the patient and set appropriate limits.

If an individual contacts the Hospital to request that he or she not receive correspondence from a particular patient, staff shall document and evaluate that request in the patient's chart.

If the patient's behavior warrants limiting his or her use of the mail, the rationale for imposing such limits shall be documented in the patient's clinical records. Limitations on mail use must be reviewed for continuing necessity by the treatment team on a weekly basis. Where the patient or interested third parties request such a review, the treatment team shall initiate it the next business day.

B. Receiving Mail.

Staff shall examine and may open all incoming mail in front of the patient to whom it is addressed in order to screen it for dangerous items or valuables that should be stored. Staff shall not read the patient's correspondence or otherwise unnecessarily invade the patient's privacy.

IV. TELEPHONE USE

A patient telephone is available on the unit. Local calls from this telephone are free. Staff will assist patients in making long distance calls.

Patients are permitted to use the telephones between the hours of 0700 and 2200 hours. Because the patient telephone is shared, calls from this phone may be limited to ten minutes to allow other patients time on the phone.

Patients may refuse to receive phone calls.

If the patient's behavior warrants limiting his or her use of the telephone, the rationale for imposing such limits shall be documented in the patient's clinical records. Limitations on telephone usage must be reviewed for continuing necessity by the treatment team on a weekly basis. Where the patient or interested third parties request such a review, the treatment team shall initiate it the next business day. Phone use may be limited or supervised if a patient makes abusive, obscene, threatening, legally prohibited, or what can be considered harassing.

A patient whose phone access has been restricted will always be allowed to contact their attorneys, Disability Rights Vermont, the Patient Representative, clergy, health care agent, guardian, or family members who wish to receive calls.

V. PATIENT ACCESS TO VISITORS

The Vermont Psychiatric Care Hospital encourages patients to receive visitors. Except where the patient's treatment team finds visits by a specific individual to be clinically contraindicated, or where an individual visitor fails to abide by the rules set forth in the *VPCH Visitors Policy and Procedure*, patients shall be permitted to receive visits from anyone with whom they wish to meet.

There are two kinds of visits at VPCH:

1. **Supervised** – a visit that takes place on the unit, under the visual observation of a staff member.
2. **Unsupervised** – a visit occurring on the unit, without staff in close attendance.

When necessary, visits may be limited to 30 minutes.

Each patient's treatment team shall determine, in consultation with the patient, whether safety considerations or clinical need warrant supervised visits. The treatment team must document the rationale for this determination in the patient's clinical record. The treatment team shall review any restrictions on a patient's right to receive visitors. A patient or visitor may request the treatment team reconsider its determination at any time.

As outlined in the *VPCH Visitors Policy and Procedure*, representatives of Disability Rights Vermont and the Patient Representative have a right to reasonable unaccompanied access to all VPCH patients. A lawyer who represents the patient has a right to meet privately with that patient in any area of the inpatient unit. All other visitors on the unit are restricted to the visiting areas. Except for visits by representatives of Disability Rights Vermont, the Patient Representative, and a lawyer who represents a specific patient, visitors who may have reason to access the main patient care unit (e.g., advocates, licensing inspectors, non-VPCH clinicians, external maintenance contractors) will be escorted by a unit nurse or designee.

VI. YARD ACCESS

1. All patients may access the yard except for those patients who have been restricted to the unit by their Treatment Team, pursuant to the procedures outlined in this policy.
2. The yard will be open to patients for at least thirty minutes per day unless weather conditions create an unreasonable risk to health or safety.
3. Patients must be dressed appropriately for weather conditions and, when necessary, shall be assisted in getting access to necessary clothing.
4. The yard will remain open unless the hospital's ability to maintain safety and security of patients and staff both on the unit and in the yard is adversely affected.
5. The patient-to-staff ratio will never be greater than five patients to every staff member in the yard, always with a minimum of two staff present.
6. Staff in the yard will carry a two-way radio at all times.
7. A patient who refuses to return to the unit will be restricted to the unit until reevaluated for risk by his or her Treatment Team.

Related Policies and Procedures:

Escorting Patients Policy and Procedure
Patient Transport Policy and Procedure
Volunteer Policy

Visitors Policy and Procedure
Restricted Items and Search Policy and Procedure

Approved by	Signature	Date
Frank Reed, Commissioner of DMH		11/29/16