

OREGON STATE HOSPITAL

POLICIES AND PROCEDURES

SECTION 6: Patient Care

POLICY: 6.006

SUBJECT: On-grounds and Off-grounds Movement

POINT PERSON: SAFETY AND SECURITY DIRECTOR

APPROVED: DOLORES MATTEUCCI
SUPERINTENDENT

DATE: MARCH 22, 2021

I. POLICY

- A. Oregon State Hospital (OSH) recognizes that the community environment is an extension of the treatment program indicated on a patient's treatment care plan (TCP) to assist with the patient's community living skills. OSH establishes standardized systems accounting for patients while outside the secure perimeter.
- B. All movement outside the secure perimeter, including on-grounds and off-grounds activities and discharges, requires a trip slip, with the exception of a situation involving an emergency medical condition (see OSH Policy 8.038, "Code Blue Medical Emergency"). All movement must comply with privileges or other requirements established by Risk Review (see OSH policies 6.029, "Forensic Risk Review"; 6.043, "Risk Review for Civil Patients"). A residential treatment facility (RTF) program follows a separate process consistent with RTF regulatory requirements and is exempted from the regular trip slip process.
- C. In this policy, the following terms are defined:
 - 1. "On-grounds" means any area outside the secure perimeter (e.g., outside a sallyport), while still on the OSH campus (Salem or Junction City).
 - a. On-grounds areas on the Salem campus include the Empowerment Center; Kirkbride building floors 2, 3, and 4; the OSH Museum; Cottages, tennis court; and the OSH disc golf courses.
 - b. On-grounds areas on the Junction City campus include the Education and Development Department classrooms, National Alliance on Mental Illness (NAMI) office, administration second-floor areas, community gardens, NAMI memorial garden, challenge course (outside obstacle course), disc golf course, fruit orchard, and the access road.
 - 2. "Off-grounds" means any area outside the boundaries of the Salem and Junction City campus grounds.
 - 3. An "outing" means any time a patient is under staff supervision while outside the secure perimeter or off an OSH campus.

4. "Secure perimeter" means restricted high-security buildings, areas, and quads within the sallyport exits operated to manage movement of persons within the OSH campus. The secure perimeter areas include all quads, the ball field, and Medical Clinic.
 5. "Trip slip" refers to the form completed any time a patient leaves the secure perimeter.
- D. A patient committed to OSH pursuant to Oregon Revised Statute (ORS) 161.370, ORS 161.365, or admitted under an inter-agency agreement may not go anywhere outside the secure perimeter unless the patient is attending a doctor-ordered appointment or court-ordered hearing.
- E. With the exception of medical appointments and transition-related outings (e.g., group home visits), off-grounds outings must be within a 35-mile radius of the Salem campus and a 50-mile radius of the Junction City campus. Any other exception must be approved in writing by the a treatment mall manager and treatment mall director and program director or their designee.
- F. All outing locations must be within cellphone coverage. Exceptions may be granted by the program director.
- G. Outings outside the state of Oregon are prohibited unless the Superintendent grants an exception for a unique reason. If the patient is under the jurisdiction of the PSRB, PSRB's approval is also required.
- H. All activities must keep to their authorized start and end times. An activity must also keep to other time parameters ordered by the patient's psychiatrist/psychiatric mental health nurse practitioner (PMHNP).
- I. Minimum staffing ratios on outings must follow the psychiatrist/ PMHNP privilege orders located in the electronic health record (EHR).
1. Staff may be included in staffing ratios if they have been trained and if consistent with their position descriptions or contract provisions.
 2. A visitor or volunteer may not count in the staffing ratio for any outing.
- J. Before escorting a patient outside the secure perimeter, staff must complete the patient escort training on iLearn.
- K. This policy applies to all staff, including employees, volunteers, trainees, interns, contractors, vendors, and other state employees assigned to work at OSH. Staff who fail to comply with this policy or related procedures may be subject to disciplinary action, up to and including dismissal.
- L. OSH follows all applicable regulations, including federal and state statutes and rules; Oregon Department of Administrative Services, Shared Services, and Oregon Health Authority policies; and relevant accreditation standards. Such regulations supersede the provisions of this policy unless this policy is more restrictive.

III. PROCEDURES

- A. The registered nurse (RN) must perform a clinical screening before the patient may attend an outing as indicated in Attachment A of this policy. In Junction City secure residential treatment facility (SRTF) units, a licensed practical nurse (LPN) may perform the clinical screening.
- B. Outings must relate to treatment goals or discharge planning as indicated in the patient's TCP.
- C. Treatment mall outings, including on-grounds outings, must have a written program plan including risk factors and a corresponding risk management plan, treatment plan goals, and the treatment focus of the outing. The initial treatment mall class will include an orientation to the group and expectations for patients on that outing.
- D. Staff must email their request for an exception to designated activity start/end times or distance requirements before the outing to the applicable treatment mall manager, and treatment mall director, and program director or their designee. These managers or directors must respond with their approval or denial of the request via email.
- E. Escorting staff are responsible for the following on the day of the outing.
 - 1. Before leaving, escorting staff must gather the patient, trip slip, and any necessary belongings for the outing.
 - a. Escorting staff must print and distribute a copy of the trip slip to every staff member participating in the outing, to the appropriate treatment mall or unit, and to Security when exiting the secure perimeter.
 - b. Before leaving, staff in charge of the outing must hold a meeting with the patient and other staff to discuss staff roles, patient needs, goals, rules, behavioral expectations, and commitments.
 - c. Any changes or additions made before the outing to the itinerary or patient list must be revised by staff to reflect the change or addition. Copies of the revised trip slip must be printed and distributed as directed above.
 - d. Any changes that need to be made during the outing must be communicated by phone to the persons who have signed off on the original trip slip form and to Security. An incident report must be completed upon return to OSH describing the situation.
 - 2. Escorting staff must verify patients have appropriate privileges (see OSH policies 6.029, "Forensic Risk Review"; 6.043, "Risk Review for Civil Patients").
 - 3. Escorting staff are responsible to obtain and carry supplies necessary for the outing.
 - a. Staff must use a handheld radio or a state-issued cellphone when outside the secure perimeter.

- i. The cellphone number must be left with the Security Department, on the unit, and entered correctly on the trip slip.
 - ii. The radio or cellphone must be turned on during the entire outing.
 - b. If medication is necessary while the patient is on an outing, the medication must be packaged and dispensed per Pharmacy protocol. All medications must be handled, administered, and documented per this and other applicable OSH medication policies and processes.
 - i. If medication has been dispensed for a patient to take while on an outing, authorized staff must maintain possession of the medication and medication instructions unless otherwise ordered by the psychiatrist/PMHNP.
 - ii. When the medication is due, the authorized staff must hand the packaged medication to the patient and observe while the patient opens the package and takes the medication.
 - iii. If a medication was not administered per medication instructions, staff must bring the medication back and document the reason the medication was not administered as intended.
 - iv. If medication was administered, the staff person who gave the medication to the patient must report it to the nurse, who must document the medication was given.
 - v. Alternate medication instructions must be followed in accordance with the psychiatrist/PMHNP's order.
 - c. If an outing occurs during a mealtime, meals must be provided or accommodations made for purchasing food.
 - i. If meals are prepared and served on the outing, all applicable OSH policies and Food & Nutrition Services (FNS) guidelines must be followed.
 - ii. Staff preparing food (*i.e.*, making food) must have current food handlers certification and follow safe food handling procedures. Staff handing food prepared in advance by FNS at OSH do not need a food handlers certification.
 - d. The staff member in charge is responsible to verify transportation has been arranged. The OSH staff driver must be on the state's approved driver list per OSH policy 8.006, "Vehicle Usage".
 - e. First aid kits are required on all off-grounds outings. They are located in every state vehicle, but staff must bring a first aid kit on any off-grounds outing that does not involve a state vehicle.
- F. Unless the Safety and Security Director approves an exception, patients must exit the secure perimeter at sallyports with Security checkpoints.

1. Escorting staff must provide a copy of the trip slip to Security before exiting the secure perimeter.
 2. Security will verify patients listed on the trip slip and make necessary changes in the database.
- G. While outside the secure perimeter, staff must follow security guidelines described in this policy. A peer or “buddy system” is not an acceptable substitution for staff security responsibilities.
1. Escorting staff must verify treatment mall or unit staff know of the patient’s departure.
 2. During an outing, patient badges must be kept with staff on the staff member’s person per instructions in OSH Policy and Procedure 8.007, “Identification Badges.” During on-grounds outings, badges must be worn above the waist per the same policy.
 3. Staff must verify that patients remain within “line of sight” and within speaking distance of staff members. This means staff must maintain consistent visual contact with patients and be able to communicate using a normal speaking voice.
 4. When escorting, staff must vary spacing in the group and verify one staff member is at the rear of the group.
 5. Before patients use a restroom, staff must verify the restroom does not contain potential risks or alternative exits.
 6. After verifying the restroom does not contain potential risks or alternative exits, staff must continuously observe the restroom door the entire time patients are inside.
 7. If off-grounds, all staff must collaborate to solve problems that arise, including medical issues, and immediately report any relevant issues to the unit nurse manager or unit RN. If an emergency medical condition occurs during an off-grounds outing staff must follow OSH policy 8.038, “Code Blue Medical Emergency” processes and call 911 before consulting with the unit nurse.
 8. If an unauthorized leave occurs during an outing, staff must immediately contact the Security Department for instructions per OSH Policy and Procedure 8.018, “Unauthorized Leave”.
- H. On-campus patient treatment cottages must be staffed at regular staffing plus one staff at all times when patients are present – regardless of escort staffing ratios. (For example, if the staffing ratio is 2:8, required staffing is 3:8 when at the patient treatment cottages.)
- I. The Empowerment Center must also be staffed at regular staffing plus one staff at all times when patients are present – regardless of escort staffing ratios. (For example, if the staffing ratio is 2:8, the required staffing is 3:8 when at the Empowerment Center.) The only exception includes a Patient Pay position while the patient attends to assigned duties at the Empowerment Center.

1. Staff who are escorting patients at the Empowerment Center must:
 - a. Complete the required trip slip;
 - b. sign in and out on the attendance logs;
 - c. follow Empowerment Center expectations for staff;
 - d. verify the whereabouts of all patients at least one time every 15 minutes; and
 - e. maintain “line of sight” with each patient who is outside or on the porch.
2. Staff must be assigned to view each zone at the Empowerment Center (*i.e.*, front door, back door, kitchen, garage, quad, upstairs).
- J. Unless an exception is approved by the Safety and Security Director, patients and escorting staff must enter the secure perimeter at sallyports with Security checkpoints.
 1. Escorting staff must follow applicable security, treatment, and documentation processes upon return from an outing.
 2. Staff must follow search procedures in OSH Policy and Procedure 8.041, “Personal Searches” upon returning patients to the secure perimeter.
 3. If any property was purchased on the outing, escorting staff must follow procedures in OSH Policy and Procedure 8.037, “Patient Property”.
 4. Upon return from an off-grounds outing, a brief discussion will be held with staff and patients who participated in the outing to review any difficulties, goals, and outcomes discussed before the outing.
 5. Staff must document in each patient’s medical record the outcome of the outing including, but not limited to: behaviors observed, interventions used, and outcome as a result of the interventions used. Staff should also document recommendations for the next outing.

IV. ATTACHMENTS

- Attachment A Trip Slip Process
- Attachment B Salem Campus Secure Perimeter
- Attachment C Junction City Secure Perimeter

V. REFERENCES

- 42 CFR §482.62.
- Oregon State Hospital Policy and Procedure Manual. *Clinical documentation*, 6.045. Author.
- Oregon State Hospital Policy and Procedure Manual. *Code blue medical emergency*, 8.038. Author.
- Oregon State Hospital Policy and Procedure Manual. *Emergency medical care provided by OSH*, 8.002. Author.
- Oregon State Hospital Policy and Procedure Manual. *Epinephrine outside the secure perimeter*, 6.062. Author.

Oregon State Hospital Policy and Procedure Manual. *Forensic risk review panel and privileges*, 6.029. Author.

Oregon State Hospital Policy and Procedure Manual. *Identification badges*, 8.007. Author.

Oregon State Hospital Policy and Procedure Manual. *Treatment care planning*, 6.011. Author.

Oregon State Hospital Policy and Procedure Manual. *Patient food*, 6.047. Author.

Oregon State Hospital Policy and Procedure Manual. *Patient property and valuables*, 8.037. Author.

Oregon State Hospital Policy and Procedure Manual. *Patient personal searches*, 8.041. Author.

Oregon State Hospital Policy and Procedure Manual. *Risk review panel for civilly committed or voluntarily admitted patients*, 6.043. Author.

Oregon State Hospital Policy and Procedure Manual. *Staffing ratios guidelines for movement inside the secure perimeter*, 6.024. Author.

Oregon State Hospital Policy and Procedure Manual. *Unauthorized leave*, 8.018. Author.

Oregon State Hospital Policy and Procedure Manual. *Vehicle usage*, 8.006. Author.

Oregon State Hospital Policy and Procedure Manual. *Visitor cottage*, 4.005. Author.

Oregon State Hospital Policy and Procedure Manual. *Volunteers*, 5.018. Author.

Per OSH Policy 6.006, "On-grounds and Off-grounds Movement", this trip slip process must be fully completed before an outing.

NOTE: A residential treatment facility (RTF) program is exempted from this trip slip process and instead must follow their established process for outings.

- A. No earlier than 90 days before the outing, the Originator must completely fill out the required sections of the trip slip form in the "OSH Trip Slips" database (located on OSH computer desktops).
 - 1. Before completing a trip slip form, the Originator must confirm that the patient has the appropriate privileges as identified in the electronic health record (EHR).
 - 2. If the outing does not depart from OSH for any reason, the Originator must cancel the entire outing in the database.
- B. Before the patient may go on the outing, the treatment mall manager must approve a mall-based outing.
 - 1. The appropriate manager must retrieve and review the document in the OSH Trip Slips database.
 - 2. Before approving the trip slip, the appropriate manager must complete the form sections regarding unit or mall acuity, appropriate staff-to-patient ratios, destination appropriateness, and whether staff pairing with the patient is appropriate.
 - a. As necessary to correct the trip slip, the manager must review and edit privileges and add or delete patients on the trip slip. The manager may cancel a patient from an outing if necessary.
 - b. If the trip slip is approved, the manager must save the approved trip slip in the database.
 - 3. If the trip slip is not approved, the manager must mark the outing as "declined" in the database. The treatment mall manager will notify the Originator via email that the outing has been declined and the reasons for the declination.
- C. The registered nurse (RN) must verify safety and security for the unit and patient on the day of the outing.
 - 1. The RN must assess staff availability for the unit. The RN must determine whether staff noted on the trip slip are available to go on the outing. If assigned staff are not available, the lead RN must assign staff as appropriate and update the form as needed with correct names and cell phone numbers.
 - 2. The RN must verify privileges and edit the trip slip if necessary.
 - 3. The RN must perform the clinical screen to assess the patient's mental status and any concerns or safety issues that could affect the outing. The RN must document the screening on the trip slip.

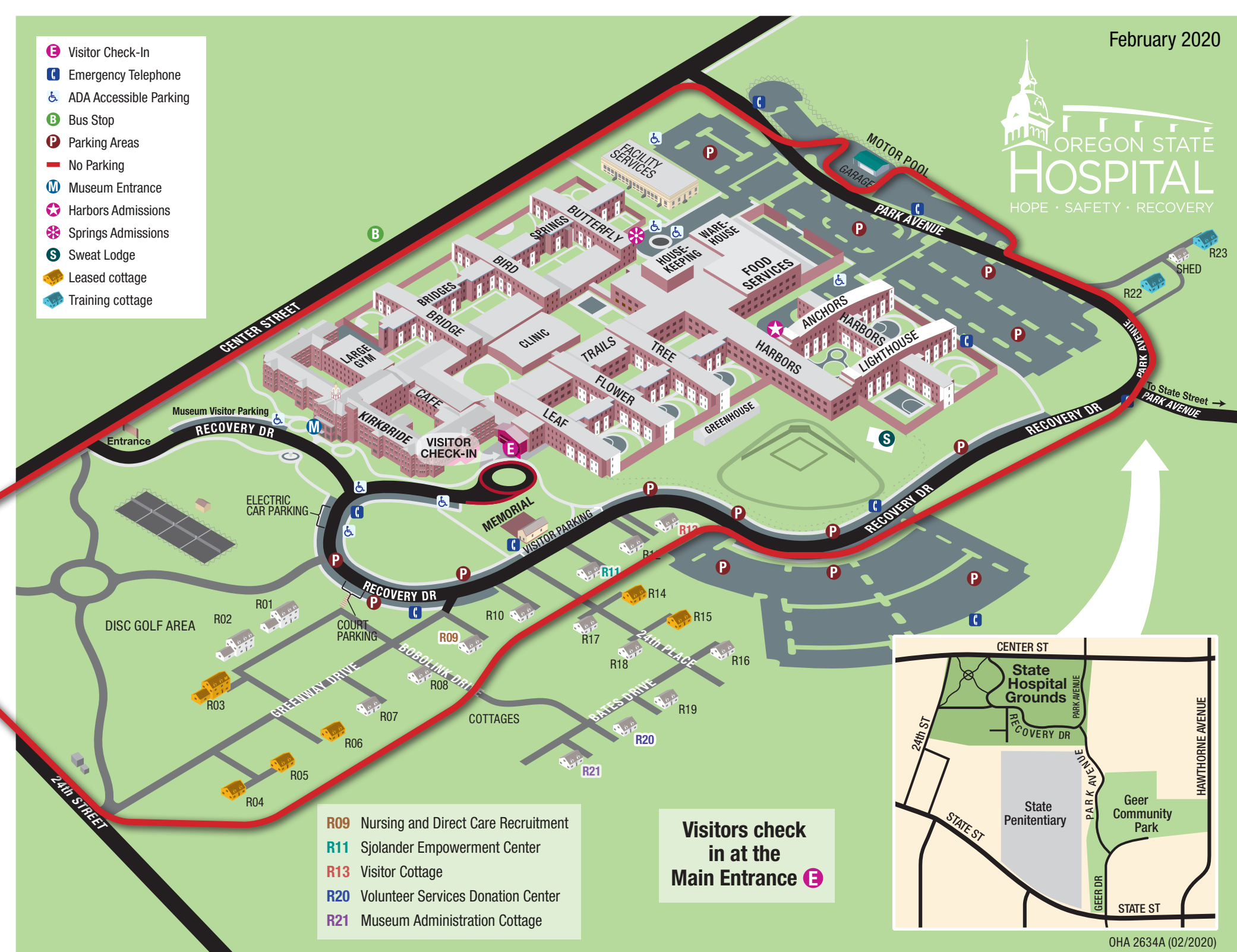
NOTE: In Junction City secure residential treatment facility (SRTF) units, a licensed practical nurse (LPN) may perform the clinical screening.

- a. If the patient passes the screening, the RN will approve the patient on the trip slip for the outing.
 - b. If the patient fails the screening due to behavior, health, safety, or other concerns, the patient may not go on the outing.
 - i. The RN must mark the patient as denied by indicating “declined” in the OSH Trip Slips database. (NOTE: This means the outing may continue without the patient.)
 - ii. The RN who conducted the clinical screening must inform the patient that they are not able to go on the outing.
- D. In the event of OSH Trip Slips database downtime, staff must contact the Trip Slip application administrator in Technology Services and follow procedures established by the administrator until database functioning is restored.

February 2020



- E Visitor Check-In
- C Emergency Telephone
- ♿ ADA Accessible Parking
- B Bus Stop
- P Parking Areas
- No Parking
- M Museum Entrance
- ★ Harbors Admissions
- ✳ Springs Admissions
- S Sweat Lodge
- 🏠 Leased cottage
- 🏠 Training cottage



- R09 Nursing and Direct Care Recruitment
- R11 Sjolander Empowerment Center
- R13 Visitor Cottage
- R20 Volunteer Services Donation Center
- R21 Museum Administration Cottage

Visitors check in at the Main Entrance E

