The Commonwealth of Massachusetts, Department of Mental Health

Patient Privileges

Policy # 96-1
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Approval by Commissioner
Signed by: Eileen Elias **Date:** January 4, 1996

I. Purpose of Policy.

This policy establishes standards and procedures for the granting and withholding of patient privileges in an inpatient setting.

This policy replaces chapter 3.05 (Patient Privileges) of the DMH Inpatient Facility Policy Manual and incorporates DMH Policy #84-107, which is hereby deleted.

II. Scope of Policy.

This policy applies to each DMH-operated inpatient facility (including privately-operated inpatient units within a state facility). This policy also applies to a private inpatient facility which agrees by contract (or other agreement) to comply with this policy.

Except where specific reference is made to patients of a particular age, each part of this policy applies equally to adults, adolescents and children.

III. Definition.

- Privilege: a level of movement off the unit authorized for a patient. Privilege levels range from restricted to the inpatient unit (the most restricted privilege level) to authorization for the patient to leave the buildings and grounds without escort for a specified period of time (the least restrictive privilege level).

IV. Overview.

Each DMH inpatient facility shall establish procedures, consistent with the standards set forth in this policy, for the granting or withholding of patient privileges. All such patient privileges must be granted or withheld in a manner that provides the most appropriate and least restrictive care and treatment consistent with the fundamental safety, welfare, and legal rights of patients, staff and the public.

Privileges are considered to be therapeutic aspects of inpatient hospital treatment and are never used for punitive purposes. While issues of patient safety remain of paramount importance throughout the course of hospitalization, gradual increases in patient privileges as clinically appropriate encourage increased patient autonomy, self-esteem, quality of life, and provide a more normalized treatment environment in which to prepare for life after discharge. Furthermore, the assessment by the clinical team of how a patient manages during privilege times and passes provides invaluable clinical data with which to assess the patient's progress, and ultimately to determine when discharge is possible.

V. Forensic Units and Patients.

The Department of Mental Health is developing a Policy for Forensic Inpatient Units which will apply to

1. any DMH funded or operated discrete forensic inpatient unit designed for the specific purpose of providing court-ordered evaluations including, but not limited to, evaluations ordered pursuant to G.L. c 123, ss.15, 16, 17 and 18; and
2. specialized secure care programs designed to provide care and treatment of persons admitted due to a special need for a higher level of security than is available in other DMH inpatient units, which may include persons admitted under the provisions of G.L. c. 123, ss.7 & 8 and 10 & 11.

In addition, DMH Policy #94-4: Mandatory Forensic Reviews establishes criteria for mandatory reviews of treatment team decisions to grant certain levels of patient privileges and/or discharge to forensic patients with a significant history of violence, as defined by the policy, and for certain patients transferred from Bridgewater State Hospital. The Policy also provides for optional reviews in other cases. Policy #94-4 applies to all DMH operated or funded inpatient facilities and replacement beds.

The Policy for Forensic Inpatient Units (when adopted by the Department) and the DMH Policy #94-4: Mandatory Forensic Reviews shall be referred to and followed when making privilege decisions governed by these policies. Staff shall consult also with the DMH Legal Office if there is any question as to any statutory or court-ordered notice requirement or other limitation regarding privileges of a forensic patient.

VI. Requirements.

The procedures established by each DMH inpatient facility for the granting or withholding of patient privileges shall conform to the standards set forth below:

1. A range of general privilege levels or categories shall be established and shall include the most restrictive category (no permission to leave the inpatient unit), the least restrictive category (permission to leave the facility's buildings and grounds without escort for a specified period of time), and appropriate intermediate categories which shall permit patient movement out of the inpatient units to on-grounds or off-grounds locations with and without staff escort.
2. All privilege levels from the most restrictive category (no permission to leave the unit) through permission to leave the hospital grounds without staff escort, shall be defined as privileges which can be ordered by a physician and apply on an ongoing basis.
3. All DMH inpatient facilities must clearly define all privilege levels and provide training to all clinical staff regarding the various privilege levels approved for use in the facility.
4. Patients
   a. Adult Patients: The patient's psychiatrist, after meeting with the other members of the patient's full treatment team, shall determine the patient's privilege level. This determination should include as much participation from the patient as possible. When it is necessary to change a patient's privilege level at a time when the full treatment team cannot meet, as many team members as possible should consult with the patient's attending psychiatrist or covering physician before a change is made. In such cases, the treatment team should attempt to meet as soon as possible to consider the change and any subsequent changes in privilege status which are clinically indicated. The rationale for privilege changes should be documented by the patient's attending psychiatrist or covering physician in the progress note section of the patient's medical record, and the clinical criteria upon which the patient progresses through various privilege levels should be documented in the patient's multidisciplinary treatment plan.

      Issues which must be considered when determining privilege levels include at least the following:

      1. current risk of harm to self and/or others;
      2. ability to care for self;
      3. history of significant harm to self or others;
      4. legal status;
      5. applicable legal issues;
      6. history and/or current pattern of substance abuse;
      7. therapeutic goal(s) to be served by privilege level (e.g. autonomy, safety);
      8. manner in which privilege status is consistent with the multidisciplinary treatment plan.

      Upon the initial hospital admission of a patient, the admitting physician shall assess the patient and write orders to determine the appropriate privilege level for the patient. This privilege level shall apply until the initial treatment plan has been completed (no longer than the end of the first business day, excluding Saturday, Sunday and holidays) after admission or until the requisite attending physician judgment, made in consultation with the patient's treatment team, regarding privileges can be exercised, whichever comes first.

   b. Child/Adolescent Patients: The child/adolescent's psychiatrist or other treating clinician, after meeting with the multi disciplinary treatment team and with input from the parent or guardian, shall determine the child/adolescent's initial privilege level. This determination should include as much participation as possible from the child/adolescent in keeping with his/her developmental level. A point and level system is the preferred system to be used in all adolescent programs as a basis for earning privileges. The system is employed to promote positive behaviors and to foster the child/adolescent's capacity to take responsibility for her/his behaviors. The point and level system is individualized according to the capabilities and individual functioning levels of

each child/adolescent. The daily point sheet translates into a progress update and is directly tied into privileges. The treatment team shall review any and all changes in the privilege status and the appropriate documentation of the changes shall be recorded in the progress note section of the child's medical record. The clinical criteria upon which the child progresses through the various privilege levels shall be documented in the child's multidisciplinary treatment plan.

Issues which must be considered when determining privilege levels include at least the following:

1. current risk of harm to self and/or others;
2. safety of home setting and ability of parent/guardian to provide appropriate supervision;
3. history of significant harm to self or others;
4. ability to make sound judgments tied in with level of impulsivity
5. legal status;
6. applicable legal issues;
7. history and/or current pattern of substance abuse;
8. therapeutic goals(s) to be served by privilege level (e.g. safety);
9. manner in which privilege status is consistent with the multidisciplinary treatment plan;
10. child/adolescent's demonstrated behaviors and conformance with the treatment plan.

5. The criteria for determining clinically appropriate privilege levels shall be the ability of a patient to manage safely a given privilege level without unacceptable risk of serious harm to self or others. The assignment of privilege levels shall be in the least restrictive privilege category consistent with the criteria discussed in this policy.

   The assignment of an individual patient to a particular privilege level or category, and the reassignment of a patient to a more or less restrictive privilege level or category, shall be based on the professional judgment of the patient's attending physician, made in consultation with the patient's treatment team. The criteria for determining clinically appropriate privilege levels shall be the ability of a patient to safely manage a given privilege level without unacceptable risk of serious harm to self or others.
6. No patient shall automatically, without review, receive reduced privileges upon transfer within the same hospital. A change in the patient's privilege level shall require a review, consistent with this policy.
7. Adjustments to a facility's general privilege levels or categories for individual patients shall be made when necessary to meet an individual patient's changing needs, but at least at each treatment plan review.
8. Arrangements for regular access by patients to the outdoors shall be made to the extent possible, consistent with each patient's privilege level or category.
9. Each facility shall designate those members of its professional staff (such as a unit charge nurse) who shall be authorized to make temporary changes in a patient's privileges when necessary for safety reasons. Such temporary restrictions and modifications shall be reviewed by the attending or consulting physician, in consultation with the treatment team, no later than the next business day after such restriction or modification is made.
10. At the request of any clinical team, each facility shall provide for a special clinical review of decisions to grant privileges. All such special clinical reviews shall be completed within one week of the request except when special circumstances arise. Patients and guardians, or parents or guardians in the case of a minor, can request clinical reviews if they are in disagreement with a privileging decision and each facility shall establish its own process for this purpose.
11. Each facility's special clinical review procedures shall be designed to ensure that no privileges are granted to a patient that contradict or violate the terms of any applicable court order committing the patient to the facility. In cases involving a court order, the facility's procedures shall ensure that timely notices or motions to modify are presented to the court and other persons to whom notice must be presented in accordance with the applicable legal requirements.
12. The specific privileges granted to a patient, and all changes or modifications of such privileges, shall be entered into the patient's medical record. The facility shall establish procedures to ensure both that all facility staff with a need to know are informed as to the status of each patient's privileges and that such privileges are fully and properly implemented.

13. Whenever a patient fails to return from his or her exercise of a privilege, and his or her absence is unauthorized, the facility's procedural requirements regarding unauthorized absences shall be implemented immediately.

VII. Implementation Responsibility.

It is the responsibility of the Chief Operating Officer and the Medical Director of each inpatient facility to implement this policy.

VII. Review of Policy.

This policy shall be reviewed on an annual basis.