

The Commonwealth of Massachusetts, Department of Mental Health

Absence Without Authorization from a Facility

Policy # 98-4

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Effective Date: May, 20 1998

Approval by Commissioner

Signed by: Marylou Sudders

Date: May, 20 1998

I. PURPOSE:

The purpose of this policy is to establish consistent standards of practice and procedures to be followed by Facilities when a Patient, in the care or under the supervision of a Facility, leaves the Facility grounds or an off-grounds program or activity without permission and fails to return within a reasonable time or who leaves the Facility with permission and fails to return at the designated time or within a reasonable time thereafter. The practices and procedures established hereunder shall ensure that all actions taken in such an event are in the best interests of the Patient and in conformance with G.L. c. 123, §30 and the Department's regulations (104 CMR 27.16), while at the same time recognizing legitimate public safety concerns. This policy covers the same subject matter as DMH Policy #95-9, which was repealed January 1, 1998.

II. SCOPE

This policy is applicable to all DMH-operated or contracted for Facilities, including all DMH-operated inpatient units at a Department of Public Health hospital and all Intensive Residential Treatment Programs.

III. DEFINITIONS

- Absent Without Authorization (AWA): The classification given to a Patient by a Facility Director because the Patient left the Facility grounds or an off-grounds program or activity without permission and failed to return within a reasonable time, or left the Facility with permission and failed to return at the designated time or within a reasonable time thereafter.
- Area of Responsibility: The DMH Area office responsible for providing services to a Patient.
- Authorized Visit/Privilege: A duly authorized temporary visit or privilege.
- Facility: An inpatient facility, unit or bed for the care and/or treatment of children, adolescents or adults with mental illness, operated or contracted for by the DMH, including all DMH-operated inpatient units at a Department of Public Health hospital, and all Intensive Residential Treatment Programs (IRTP).
- Incident Report: A form issued by DMH that requires Facilities and others to report critical incidents, including AWA, to the DMH Office of Investigations.
- Patient: A person admitted or committed to a Facility.
- Search: An organized and planned inspection of buildings, grounds, off-grounds program areas, public or private streets or buildings or commercial areas conducted to locate and return to the Facility any Patient who left the Facility grounds or an off-grounds program or activity without permission and failed to return within a reasonable time, or left the Facility with permission and failed to return at the designated time or within a reasonable time thereafter.

IV. IMPLEMENTATION REQUIREMENTS

A. Facility Procedures

Each Facility shall develop and implement procedures that comply with this policy. The Facility Director shall be responsible for ensuring that procedures are developed and implemented and that Facility staff is adequately trained regarding such procedures. If the Facility Director wishes to designate individuals to act on his or her behalf as permitted by this policy, such designations must be set forth in the procedures.

B. Notification to Patients

Each Patient shall be informed at the time of admission to a Facility of the circumstances under

which the Facility will classify the Patient as AWA and of the notices that will be given to next of kin and others if a Patient is so classified and also that a photograph may be released. In addition, Patients shall be advised of this information through the Patient Handbook and other regular notices of Patients' Rights.

V. STANDARDS

A. Maintenance of Applicable AWA Classification Criteria in Patient Medical Records

Every Patient's medical record shall contain at least the following information:

1. Progress notes to assist a clinician in determining immediate risk and the need for immediate AWA classification if the Patient leaves the Facility grounds or an off-grounds program or activity without permission and fails to return within a reasonable time or leaves the Facility with permission and fails to return at the designated time or within a reasonable time thereafter.
2. Easily accessible information concerning the Patient, including:
 - a. any known requirement of a "duty to warn and protect," pursuant to M.G.L. c.123, §36B (Attachment A);
 - b. any known restraining order;
 - c. any "special considerations," if applicable, such as a known medical condition, to aid the Facility Director when initiating a Search.

B. AWA Incident Management Plan

Each Facility must develop a written AWA Incident Management Plan that includes procedures to follow whenever a Patient leaves the Facility grounds or an off-grounds program or activity without permission and fails to return within a reasonable time or who leaves the Facility with permission and fails to return at the designated time or within a reasonable time thereafter. The plan shall include at least the following: immediate steps to take, conducting a search, determining if the Patient should be immediately classified as AWA, completing the required notifications, ongoing efforts to locate the Patient, actions to be taken upon the return of the Patient to the Facility, circumstances for discharge from the Facility, review, referring incidents for investigation and documentation.

1. Immediate Steps to Take

The Facility Director (or designee) shall be notified immediately concerning a Patient who has left the Facility grounds or an off-grounds program or activity without permission and failed to return within a reasonable time or who left the Facility with permission and failed to return at the designated time or within a reasonable time thereafter. However, notification can be delayed in situations where immediate notification would unreasonably delay staff actions that are likely to result in the Patient's quick and safe return.
2. Search

Each Facility shall develop Search procedures to be used to locate a Patient who has left the Facility grounds or an off-grounds program or activity without permission and failed to return within a reasonable time or who left the Facility with permission and failed to return at the designated time or within a reasonable time thereafter. The procedures, shall, at a minimum:

 - a. designate the person in charge of the Search;
 - b. provide for flexibility based upon the known facts at the time of the incident, including the Patient's last known mental status and risk assessment, the Patient's point of departure, current plans (if determined) and prior history of absence(s);
 - c. deploy sufficient staff to conduct the Search activities;
 - d. distribute necessary equipment to staff to conduct the Search;
 - e. provide staff with the Patient's personal identifying information and advise as to priority of Search areas; and
 - f. require that a report of the Search be completed by the person in charge and that it be appended to the Incident Report for future reference. The activities of the Search must also be documented in the Patient's medical record.

The person in charge shall review the Patient's medical record and confer with appropriate clinical staff to determine whether the Patient may be compromised to such an extent that immediate and life threatening risks are posed, warranting the expansion of the scope of the Search and the need for the assistance of state and local police.

Only the Facility Director (or designee) is authorized to call off a Search before a Patient is located.

3. Classification

The Facility Director (or designee) shall classify a Patient who has left the Facility grounds or an off-grounds program or activity without permission and failed to return within a reasonable time or who left the Facility with permission and failed to return at the designated time or within a reasonable time thereafter, as AWA in accordance with the following criteria. In making this determination, the Facility Director (or designee) shall consult with the Patient's treating psychiatrist or if not available, with a covering psychiatrist.

- a. Immediate Classification: A Patient who is admitted or committed to the Facility pursuant to G.L. c. 123, §§7 & 8, 10 & 11, or 12 and who is at high risk of harm to self or others or a Patient who is committed pursuant to G.L. c. 123, §§15, 16, 17, or 18 shall be immediately classified as AWA. In determining if a Patient is at high risk of harm to self or others, the information maintained in the Patient's medical record pursuant to Section V.A. shall be considered.
- b. Classification by midnight census: A Patient who does not meet the criteria of Section V.B.3.(a), above, shall be classified as AWA if he or she has not returned within a reasonable time based on clinical judgment or by the midnight census, whichever is earlier. In making a determination to delay classification, the Facility Director (or designee) shall consult with the Patient's treating psychiatrist or a covering psychiatrist. In conjunction with this review, a determination may be made, by the psychiatrist, at any time prior to the midnight census, to extend the Patient's authorized visit/privilege if there has been contact with the Patient or a caretaker, the whereabouts of the Patient are known, and there is reasonable assurance of the Patient's safety.
- c. Documentation: The Facility Director shall ensure that the classification of a Patient as AWA and the reasons for it, or the decision to delay classification and the reasons for it, are documented in the Patient's medical record.

4. Notification

- a. When a Patient is placed on AWA status, the Facility must notify, immediately by telephone and in writing by the next business day:
 - i. local, state and Facility police or security personnel;
 - ii. the district attorney of the county in which the Facility is located;
 - iii. the Patient's next of kin;
 - iv. the Patient's legally authorized representative;
 - v. where applicable, the court with jurisdiction over the person pursuant to G.L. c. 123, §§15,16, or 17, and the correctional facility pursuant to §18;
 - vi. the Area Director; and
 - vii. all individuals the Facility Staff have a duty to warn or in other way protect pursuant to G.L. c. 123, §36B.**.

If the AWA occurs during non-business hours, telephone notification shall be made in the morning of the next business day.

** If the attempt to contact the individual immediately by telephone is not successful, the local police in the community of the individual shall be contacted immediately by telephone.

Telephone notifications shall be documented on Form AWA-1, attached, placed in that Patient's medical record and appended to the Incident Report.

Written notification to state, local and Facility police or security personnel shall be

on Form AWA-2, attached. It shall contain a physical description of the Patient, including the person's height, weight, hair, skin, and eye color, a description of the clothing worn by the person when (s)he was last observed, and any other significant identifying characteristics. Additionally, it shall provide information of the Patient's tendencies to be assaultive, homicidal, suicidal or to use weapons. When available, a photograph may be released, along with the Form AWA-2, when authorized by the Facility Director (or designee). The written notifications required in Sections V.B.4.(2),(3),(4),(5), and (7), above, shall be on Form AWA-3, attached. Copies of all written notifications made with regard to a Patient on AWA status shall be placed in that Patient's medical record.

Written notice shall be given by fax or by first class or faster US mail.

- b. At any time after a Patient has left the Facility grounds or an off-grounds program or activity without permission and failed to return within a reasonable time or has left the Facility with permission and failed to return at the designated time or within a reasonable time thereafter, the Facility, taking into consideration the best interest of the Patient, may notify:
 - i. emergency services programs in the Area of Responsibility and the DMH Area in which the Facility is located;
 - ii. any other appropriate emergency services programs;
 - iii. any involved community programs, as appropriate; and
 - iv. any other person who might be helpful in assisting with the Patient's safe return.

5. Ongoing Efforts to Locate Patient

The Facility shall take appropriate and continuing steps to locate a Patient on AWA status until such time as the Patient returns or is discharged.

Each Facility shall designate the appropriate person to implement these procedures. The designated person shall monitor the continuing Search efforts and maintain a record of the contacts made in the Patient's medical record and on the Incident Report.

6. Patients on AWA Status Found in the Community or at Another Facility

- a. A Patient on AWA status who is found in the community or another inpatient psychiatric facility may be returned to the Facility without being readmitted if the Patient has not been discharged and, if applicable, his or her commitment order is still in effect. Otherwise a Patient can only be readmitted to a Facility if he or she meets the Facility's admission criteria.
- b. If the Patient is found in another inpatient psychiatric facility, the attending psychiatrist from the original Facility shall consult with appropriate clinical and administrative staff of the second facility to determine if the Patient should be returned to the original Facility or remain at the second facility.
- c. Patients located out-of-state may be returned to the Facility in accordance with the applicable Interstate Compact Agreement.

7. Actions to be Taken Upon a Patient's Return to the Facility

- a. Assessments
 - i. Immediately upon the return of a Patient, a physician must personally assess the Patient, make a determination as to whether a physical examination is necessary, and enter orders necessary to treat the Patient's immediate needs until such time as the treating clinicians can modify the Patient's treatment plan, as appropriate.
 - ii. A physical search of personal property that accompanies a returning Patient, and/or of the Patient, shall occur in accordance with the DMH Search Policy.
- b. Notification: Persons notified of a Patient's AWA classification must be notified of the individual's return to the Facility by the first business day following the return. The notification may be by telephone or in writing, by fax, or first class or faster US mail. These notifications shall be documented on Form AWA-1 and Form AWA-

4 and placed in the Patient's medical record. A copy of Form AWA-1 shall also be appended to the Incident Report.

In general, if written notice of the AWA incident was given, written notice of the return is required. In addition to written notification of return, telephone notification should be made when appropriate.

If only telephone notification was given (i.e., the Patient returned before written notification was made), then telephone notice of the return is sufficient.

8. Discharge

- a. Discharge of Patients on AWA status who are admitted under G.L. c. 123, §§7 & 8, 10 & 11 or 12.

A Patient whose legal status was G.L. c. 123, §§ 7 & 8, 10 & 11, or 12, or for whom a petition for §§ 7 & 8 commitment has been filed and is pending at the time he or she was placed on AWA status, may be discharged from the Facility by the Facility Director after consultation with the treating psychiatrist and the Facility Medical Director. The discharge may be made six months after the Patient is classified as AWA or earlier under specific circumstances. Specific circumstances include, but are not limited to, reasonable certainty that the Patient is safe and does not present a substantial risk to others; and the expiration of the current commitment order.

For children or adolescents, an early discharge decision must be reviewed and approved by the Assistant Commissioner for Child and Adolescent Services and the DMH Central Office consulting child psychiatrist.

- b. Discharge of Patients on AWA status who are committed under the provisions of G.L. c. 123, §§15, 16, 17 or 18.

Patients whose legal status was G.L. c. 123, §§15, 16, 17 or 18 at the time they were placed on AWA status may not be discharged unless the appropriate court changes or terminates that legal status.

- c. Admission of Patients to another facility

If it is determined that a Patient on AWA status who has been admitted to a second inpatient psychiatric facility should remain at that facility pursuant to Section V.B.6., the original Facility shall implement discharge procedures.

- d. Discharge Assessment

Each Facility shall establish procedures, including a timetable and requirement for clinical input, by which Patients on AWA status are reviewed for discharge pursuant to this Section V.B.8.

- e. Notification

Persons notified of a Patient's AWA status must be notified of the Patient's discharge from the Facility by the first business day following the discharge. Notice shall be given in writing by fax, first class or faster US mail. These notifications shall be documented on Form AWA-1 and Form AWA-4 and placed in the Patient's medical record. A copy of Form AWA-1 shall also be appended to the Incident Report.

In general, if written notice of the AWA incident was given, written notice of the discharge is required. In addition to written notification of discharge, telephone notification should be made when appropriate.

9. Review

- a. Clinical Review: A clinical review shall be completed whenever a Patient is classified as AWA. The review shall be conducted by the Patient's clinical team, and a progress note detailing the review must be placed in the Patient's medical record within two business days of a Patient being classified as AWA. Documentation shall include: a determination of whether the AWA incident changes the assessment of the Patient's risk; and if modifications should be made to the Patient's treatment plan, including a change in privileges, passes or

commitment status, should the Patient return to the Facility.

- b. Facility Director Review: Each Facility Director, or his/her designee(s), as defined in the Facility's procedures, must formally review incidents of Patients on AWA status, individually and in aggregate, to determine if any procedures need to be reviewed to decrease the likelihood of future incidents. The results of these formal reviews shall be sent to the Area Director.

10. Investigations

The Facility Director shall make a determination as to whether an investigation of an incident involving a Patient classified as AWA is indicated. The following incidents shall be referred to the Office of Investigations pursuant to 104 CMR 32.05(2)(d)(7):

- a. Patient is committed pursuant to G.L. c. 123, §§15, 16, 17 or 18 and Patient did not have privileges or, if Patient did have privileges, these privileges were not consistent with a judicial order;
- b. Patient went AWA while under supervision of staff;
- c. Patient was subject to Mandatory Forensic Review (MFR) and MFR was not complete or did not indicate that privileges should be granted;
- d. Facility staff had a duty to warn persons known to be placed at risk;
- e. Patient was subject to the provisions of SORI (Sexual Offender Registry Information established pursuant to G.L. c. 6, §178C et seq.) and was not registered; and
- f. There is reason to believe that staff either by commission or omission facilitated the unauthorized absence.

11. Documentation

An Incident Report shall be completed for each Patient classified as AWA. The Incident Report, with Form AWA-1 and the Search report required by V.B.2.(f). appended, shall be forwarded to the Office of Investigations. A copy of the Incident Report shall be maintained in the Facility's records separate and apart from the Patient's medical record. Copies of all written notices and documentation of all telephone notices given pursuant to Sections V.B.4, 7, and 8 shall be placed in the Patient's medical record.

VI. IMPLEMENTATION RESPONSIBILITY

The respective Area Director, or the Assistant Commissioner for Child and Adolescent Services, as appropriate, shall ensure that each Facility establishes procedures relative to Patients who leave the Facility grounds or an off-grounds program or activity without permission and fail to return within a reasonable time, or leave the Facility with permission and fail to return at the designated time or within a reasonable time thereafter, consistent with all provisions of this policy. Each Area, or Child/Adolescent program staff in the Department's Central Office, shall be responsible for developing and providing training to all affected staff to ensure the consistent implementation of this policy and accompanying Facility procedures.

VII. REVIEW

This policy shall be reviewed annually.