

Partial Hospital and Intensive Outpatient Programs - Unit Practice Manual

John Dempsey Hospital - Department of Nursing

The University of Connecticut Health Center

POLICY FOR: Safety

POLICY: All patients will be assessed for safety risks at the time of admission to PHP/IOP, on each program day attended and when absent from a program day.

PURPOSE: To identify and manage patient safety risks from the time of admission through the time of discharge from the program.

PROCEDURE:**RESPONSIBILITY****PROCEDURE****TIME OF ADMISSION ASSESSMENT:**

Admissions Coordinator or Intake Clinician At the time of admission, will assess the patient for active suicidal ideation, plan, intent and means. The assessment will also include identification of any self-harming behaviors, and a comprehensive risk history to include harm to others, fire setting and assessment of chronic medical conditions.

Safety planning will begin during this process to include further inquiry regarding necessity for crisis intervention.

- *If patient expresses suicidal or homicidal ideation, will complete a suicide/homicide assessment. Refer to **POLICY: Safety - Suicidal/Homicidal Assessment.***
- *If crisis intervention is not necessary, will engage the patient in creating a safety plan outlining steps to be initiated in the event the patient should become injurious to self/others or suicidal/homicidal during their treatment at PHP/IOP. Refer to **POLICY: Safety - High Risk Behavior Assessment and Plan.***

Treatment Coordinator Will plan treatment accordingly based on the patient's risk factors. Refer to **POLICY: Safety - High Risk Behavior Assessment and Plan.**

PROGRAM DAY ASSESSMENT - PATIENT IS IN ATTENDANCE

PHP/IOP Clinician On each program day that the patient is in attendance, the Treatment Coordinator (clinician assigned to an individual patient) will assess the patients for safety concerns vis-à-vis:

- Patient self-report (including the **FORM: PHP/IOP Daily Patient Self-Questionnaire**),
- Group and individual contact,
- And/or observed report by other PHP/IOP staff having contact with the patient.

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Group facilitators will document safety concerns arising during groups on the patient's Safety Risk Assessment column of the **FORM: Daily Group/Individual Progress Note** for the group and will notify the patient's Treatment Coordinator of such concerns.

The Treatment Coordinator will complete the **FORM: Daily Note: Suicidal/Homicidal Ideation Assessment Note** on a daily basis.

*If a patient expresses suicidal or homicidal ideation or there are any other safety concerns will complete a suicide/homicide assessment. Refer to **POLICY: Safety - Suicidal/Homicidal Assessment.***

PROGRAM DAY ASSESSMENT - PATIENT CALLS OUT AND IS ASSESSED LIVE

**PHP/IOP
Clinician**

If a patient calls out from program on a scheduled day of programming, the clinician receiving the call will engage the patient in conversation to assess the reason for calling out. Refer to **POLICY: Safety - Patient Call-Outs From Program.**

PROGRAM DAY ASSESSMENT - PATIENT CALLS OUT BUT CANNOT BE REACHED, OR PATIENT DOES NOT CALL / DOES NOT SHOW

**PHP/IOP
Clinician**

If a patient cannot be reached to discuss their absence, a message(s) will be left for the patient to call back during business hours to check in with a clinician.

If the patient has a significant history of injurious or impulsive behavior or recent suicidal or homicidal ideation, or attempt, the patient's emergency contact will be notified.

In cases where significant clinical information presents to include recent psychiatric or substance abuse relapse, it is with the discretion of the clinician in consultation with the program manager and/or other clinicians that a police wellness check can ensue to the patient's home. Documentation of these interactions will take place on the **FORM: Clinical Record - Outpatient** progress note in the patient's chart.

APPROVAL:

EFFECTIVE DATE: 5/07

REVISION DATES: 6/07, 9/07, 12/07, 2/08, 4/08, 5/08, 6/08

REVIEWED DATES: 10/09