NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE DIRECTIVE

SUBJECT: INPATIENT TREATMENT CATEGORIES

NUMBER: NN-PC-PL-16

ORIGINAL DATE: 08/14/91

REVIEW/REVISE DATE: 07/03/95, 10/29/98, 08/03/00, 06/21/01, 10/28/04, 9/6/07, 6/17/10

APPROVAL: Rosalyne Reynolds {s} , Agency Director

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I. PURPOSE

The purpose of this policy is to define the consumer categories that are assigned to Northern Nevada Adult Mental Health Services (NNAMHS) inpatients and to establish guidelines for determining each consumer's category, based on maintaining consumer safety while maximizing consumer independence.

II. POLICY

It is the policy of NNAMHS that inpatients receive care and treatment for their individual health needs in the least restrictive environment possible, commensurate with safety and treatment issues. Each treatment team, in collaboration with the consumer, determines which category is most appropriate for that consumer.

III. DEFINITIONS

1. "Category 1" – Consumer remains on the unit for all activities except meals. In the event of an emergency, as determined by the attending or on duty physician, the
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consumer may be escorted by staff off grounds to medical appointments/tests or to court or other urgent matters. No outings or therapeutic passes are allowed. Consumers on jail holds will remain in this category.

2. "Category 2" – Consumer may leave the unit accompanied by staff, for treatment related activities including courtyard activities. No outings or therapeutic passes are allowed.
3. "Category 3" – Consumer may leave the unit, accompanied by staff, to activities on grounds, to the courtyard and for mandatory appointments. Consumers may attend staff escorted community activities.
4. Staff Escort – Under the supervision of clinical staff from NNAMHS, a consumer is escorted off the consumer care unit, to a specific place (on or off campus) for a specific period of time. Staff must remain with the consumer for the duration of the escort.
5. Therapeutic Activities – Those activities/ groups that target specific area of deficit as indicated in the consumer's treatment plan. For example, Parallel Program, 12 Step Meetings, Psychosocial Rehabilitation, Outpatient Groups and other NNAMHS endorsed activities.

IV. REFERENCE

1. NNAMHS Policy and Procedure Directive #PC-PL-19 entitled, "Transportation and Escorting Consumers."
2. Division of Mental Health and Developmental Services Policy #4.004 entitled, "Issuance of Grounds Privileges and Passes."

V. PROCEDURE

1. Nothing in this policy shall prevent the consumer from receiving necessary emergency care.

2. On admission to an inpatient unit, the consumer will be a “Category 1” until they are evaluated by the Treatment Team. Exceptions can occur with a physician’s order.
3. The Treatment Team is responsible for collaborating with the consumer to determine the consumer’s category after admission. In making this determination, the treatment team must consider the full array of information available and not simply base their decision on a diagnostic impression based on events of the previous 24 (twenty-four) hours.
4. Factors to be considered when determining the appropriate category for a consumer include:
   a. Severity of any legal charges
   b. Elopement risk, including prior AWOL attempts by the consumer during current and previous hospitalizations
   c. History of failure to comply with treatment during the current and previous hospitalizations, such as failure to follow staff direction, failure to maintain personal hygiene, failure to participate in assigned groups, failure to display appropriate social skills, etc.
   d. Lack of knowledge about the consumer (i.e.: first time admission)
   e. Riskful behavior by the consumer during current and previous hospitalizations
   f. Consumer making unusual comments (i.e.: subtle warnings of elopement or self harm)
   g. Consumer who has a history of alcohol and/or drug use (may present a greater elopement risk)
   h. Consumers on special precautions (i.e.: assault risk, high risk precautions, etc.) must be off precautions for 48 (forty-eight) hours prior to a change to category 3 or category 4.
5. Consumers on a “jail hold” remain on Category 1 due to security and safety concerns.

6. A change in category requires a physician's order and progress note, with clinical justification for the change. When the category change represents an increase of restriction, the consumer is informed by the treatment team of their role in being able to return to a less restrictive category.
7. Consumer category changes become effective at 1pm, following the written order, as long as there has been no change in the consumer's condition since the order was written.
8. Consumers will be educated about the category system, the category they are on and the procedures for attaining other categories at admission by nursing staff. This will be documented in the MR 185 Consumer Family Education Record.
9. A minimum "Category 2" is required before transfer to the Intermediate Unit. At the clinical discretion of the treatment team, consumers may be moved to the intermediate unit based on assessment of unit and consumer needs.
10. Consumers who jeopardize their safety or the safety of others may be changed to a more restrictive category.
11. The charge nurse may reduce the consumer's category based on the consumer's behavior. The nurse will notify the physician of this action prior to the next treatment team meeting. The nurse will document any reduction of category in the progress note by the end of the shift.