

SECTION - MEDICAL/NURSING SERVICES  
ADMINISTRATIVE DIRECTIVE NO. 558

Effective Date: April 13, 2006

**SUBJECT: PATIENT ACCESS SYSTEM**

**Cancellation: This directive cancels Administrative Directive No. 558 dated August 1, 2005, same subject.**

I. PURPOSE

The Patient Access System (PAS) allows patient's access to designated areas of the hospital commensurate with their level of functioning and degree of risk; the levels are granted based on history and input of assigned staff regarding observations of on and off-unit behavior.

II. AUTHORITY

Executive Director.

III. POLICY

Staff and patients must recognize that all patients have rights established by law, but possession of an access card is not one of these legal rights. Possession of an access card is determined by each clinical wellness & recovery team, based on the functional ability and behavior of each patient.

IV. METHOD

A. The Patient Access System Manual defines criteria for each access level. The Wellness & Recovery Team evaluates the status and progress of each patient and determines the appropriate access level. In the absence of team consensus, the Unit Supervisor has the authority and responsibility to determine the patient's appropriate access level. Program Directors are responsible for system implementation, monitoring, and reporting about the system. The Unit Supervisor or designee, with the approval of the Wellness & Recovery Team, has the responsibility for issuing access cards.

B. The Patient Access System Manual (PASM) identifies criteria for each access level and is used for issuing and revoking access levels. The patient's history of violence, participation in treatment, institutional violence, pathology and degree of risk will be evaluated by the Wellness & Recovery Team prior to assignment of an access level.

Behaviors which jeopardize the security of the hospital, such as dealing and/or using illicit drugs, plotting or trying to escape, making or possessing weapons, refusal to follow staff direction, or other dangerous acts, will cause that patient's access to be set at Level One. Patients with a history of these behaviors will not be issued a Level Three while on admissions. Exceptions will be reviewed by the Clinical Administrator or designee.

## V. PROCEDURES

- A. Evaluating Access Levels: Wellness & Recovery Teams will review access levels with patients monthly. Where appropriate, the team may set goals designed to meet the next level of access. New accesses are granted as the documented goals are met. When a patient is not meeting the criteria for his current level of access, the Wellness & Recovery Team will reduce the access level.
- B. The Wellness & Recovery Team needs to consider the patient's history of violence, participation in treatment, history of institutional violence, degree of remission from psychotic symptoms and degree of psychopathic personality traits in granting an access level.
- C. Decreasing Access Levels:
  - 1. At any time the Wellness & Recovery Team determines a patient is no longer fulfilling the criteria for his current level of access, the team may reduce the access level.
  - 2. At any time it is observed that a patient has not met his access criteria, the behavior or level of functioning will be reported to the unit supervisor or designee, who will:
    - a. Investigate the incident,
    - b. If a lower level of access is warranted, pending team review, the unit supervisor will reduce the patients access level, and
    - c. Inform the team of the above as soon as possible, but not later than the next regular working day.
- D. Limitation of a patient's access does not limit his ability to exercise his legal rights.

## VI. CONTROL OF PATIENT ACCESS CARDS

- A. Unit staff is responsible for issuing and storing patient access cards. Patients are responsible for the security of their access cards while in their possession.
- B. No card shall be made or issued by any department that might be confused with patient access cards.

C. Patient Access Cards description: the following shall appear on the card:  
FRONT OF CARD

1. Patient's first and last name, CSH ID number
2. Unit assignment
3. His access level
4. An identifying photograph provided by Department of Police Services

BACK OF CARD

1. Addressograph
2. Bar Code - used to make purchases of supplies and sundries from the Canteen.

D. The Unit Supervisor or designee shall be responsible for custody of the patient access cards.



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W. T. VOSS  
Executive Director

Cross Reference:

A.D. No. 620 - Off-Unit Patient Movement and Supervision