



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

MISSING PATIENTS – UNAUTHORIZED LEAVE

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Policy: ER-03

Page 1 of 10

- I. **PURPOSE:** To establish policy and procedures to be followed in the event that patients cannot be located or leave the hospital campus without authorization.
- II. **POLICY:** It is the policy of Montana State Hospital (MSH) to provide for the safety and well being of patients and to minimize the potential for public harm by patients who may be dangerous outside of the hospital setting. Accordingly, a thorough and complete search of the campus and surrounding area will be conducted whenever a patient is missing from the treatment setting. Searches will continue until all possibilities of locating the patient on or near the campus have been exhausted. Assistance from law enforcement and other appropriate agencies will be requested as needed to carry out search procedures. The hospital will provide any assistance needed by these agencies to help locate missing patients.

Information will be released to the public in a manner that balances patient confidentiality rights with those of the public to be informed when a potentially dangerous individual is no longer safely in custody. All notification and information released will occur in a manner consistent with law. For patients admitted to the hospital on criminal (forensic) commitments (section 46 of the Montana Code), notifications will be made consistent with 44-2-601, M.C.A.

The hospital and law enforcement agencies have the authority to detain and return to the Hospital any patient on unauthorized leave regardless of commitment status in order to fully assess their psychiatric and physical condition and ensure the patient's safety. This includes patients on voluntary admission status.

Family members of missing patients will be informed unless there are circumstances that clearly warrant otherwise.

MSH will consider only confirmed, factual information from reliable sources in making a determination that a missing patient is in a safe environment. MSH will not assume a missing patient is safe until such confirmation is obtained.

III. **DEFINITIONS:**

- A. ***Licensed Independent Practitioner:*** A psychiatrist, other physician, or nurse practitioner with prescriptive authority. The attending Licensed Independent Practitioner is the individual with primary responsibility for the patient's care.

B. ***Level One Unauthorized Leave:*** A patient is considered on Level One Unauthorized Leave when the following conditions apply:

1. The patient is not accounted for more than one hour during regular census checks and is noticed to be missing from the ward and is determined not to be in any scheduled activity or otherwise supervised by staff on treatment or leisure pass;
2. The patient leaves the ward for an activity or job assignment but does not arrive as scheduled or does not return to the ward after the assignment. The patient is not found within one hour;
3. The patient does not return as scheduled from using their treatment or leisure pass and the patient is not found within one hour;
4. The patient does not return as scheduled from a home visit or other authorized off campus activity and is not found within one hour;

C. ***Level Two Unauthorized Leave:*** A patient is considered on Level Two Unauthorized Leave when the following circumstances occur:

1. The patient is not accounted for one hour or less during regular census checks or is noticed to be missing from the ward and is determined not to be in any scheduled activity or otherwise supervised by staff on treatment or leisure pass;
2. The patient is seen leaving designated hospital facilities, the campus, or off campus activities without permission to do so. The patient is within the line of sight of a staff member at all times and is returned within one hour;
3. The patient leaves the ward for an activity or job assignment but does not arrive as scheduled or does not return to the ward after the assignment and is gone for less than one hour;
4. The patient does not return as scheduled from using their treatment or leisure pass and the patient is found within one hour.

IV. **RESPONSIBILITIES:**

A. **All employees** are responsible for:

1. Properly supervising patients at all times.
2. Immediately notifying personnel (Nursing Supervisor, Front Desk Personnel, Security Officer, or other appropriate persons) when any patient is suspected to be missing.
3. Carrying out search procedures as requested.
4. Completely documenting all information related to searches for missing patients and notifications.
5. Participating in post-incident debriefing and evaluation activities.

B. The **Director of Nursing** and **Nursing Supervisors** are responsible for:

1. Coordinating all search activities and communicating with law enforcement agencies when necessary.

2. Making all required notifications as listed under notification Section V., including Hospital staff and other agencies as required.
3. Coordinating and ensuring the completion of documentation detailing the notification process and search procedures that have been carried out and outlined in attachments A, B, C, D, E and F for a Level One Unauthorized Leave and B, D, E and F for a Level Two Unauthorized Leave.
4. Making sure appropriate notifications are made when the patient has been located and returned to the campus or other arrangements have been made.

C. Nursing Staff (Licensed and Direct Care) are responsible for:

1. Carrying out census checks at assigned times and otherwise account for the whereabouts of patients.
2. Providing any necessary assistance in carrying out search or notification procedures.

D. Licensed Independent Practitioners are responsible for:

1. Making an assessment of a patient on a Level One Unauthorized Leave Status (with input from other staff and information contained in the patient's record) and documenting findings in the patient's medical record, of a missing patient's medical, emotional, and psychiatric condition including: risk for self-harm, harming others, ability to care for self, and any other appropriate issues. This information will be communicated by the Director of Nursing or Nursing Supervisor to law enforcement and other agencies informed of the missing patient, but does not affect search activities to be carried out by hospital staff. The findings of this assessment are to be entered into the clinical record.
2. Assessing patients on Level One Unauthorized Leave Status and Level Two Unauthorized Leave Status including the patient's psychiatric and medical condition upon return of the patient to the unit and documenting the assessment in the medical record if requested by the nurse.

E. Security Officers are responsible for:

1. Beginning search procedures immediately upon notification a patient is missing. Security Officers may be accompanied by other staff familiar with the patient and should search nearby roads, fields, railroad tracks and other areas on and off campus.
2. Continuing the search until notified it is no longer necessary. Searches are to continue without interruptions including breaks and meals except as authorized by the Supervisory RN coordinating search activities.
3. Coordinating activities with others involved in the search process.
4. Checking to see areas identified in Attachment B, which may be closed during the evening hours or weekends, are locked and secure.
5. Documenting all areas searched and the times they were searched.

F. **Hospital Operations Specialists** are responsible for:

1. Making prompt notifications as requested and providing any necessary communications assistance.

G. **Director of Quality Improvement** is responsible for:

1. Providing any necessary assistance during the search for missing patients.
2. Evaluating Level One Unauthorized Leave instances where search activities were activated to ensure they were carried out in accordance with this policy.
3. Coordinating post-incident debriefing and evaluation activities beyond discussion of the incident by administrative staff for Level One Unauthorized Leave instances.
4. Working with the Hospital Administrator concerning dissemination of information about the event to the media and the DPHHS Public Information Officer.

H. **Hospital Administrator** or designee is responsible for:

1. Ensuring policy and procedure for locating missing patients is current and followed by staff.
2. Communicating with the Administrator of the DPHHS Addictive and Mental Disorders Division, the Director of DPHHS, and the DPHHS Public Information Officer pertinent information regarding missing patients, search activities, and notification to the public beyond that communicated in the initial notifications carried out by the Director of Nursing or Nursing Supervisors.

V. **PROCEDURE:**

A. Steps to be taken when a patient is believed to be missing from the hospital:

- Step 1. The employee who notes a patient is missing or unaccounted for will immediately notify the Hospital Operator who will immediately announce a Code Orange and notify other staff members needed to assist with efforts to recover the patient and make required notifications.
- Step 2. The Hospital Operator will notify the Security Officer who will begin search procedures immediately (may include picking up a staff person familiar with the patient).
- Step 3. The Director of Nursing/Nursing Supervisor must be informed of the situation as soon as possible by staff on the missing patient's unit or the Hospital Operator so they can begin coordinating search activities. **The Director of Nursing or Nursing Supervisor may delegate any of the actions listed below but is responsible to ensure they are carried out.**

Montana State Hospital Policy and Procedure

- Step 4. The Director of Nursing/Nursing Supervisor will contact nursing personnel and the staff working in the areas identified in Attachment B. The staff contacted must search their area and immediately inform the Director of Nursing/Nursing Supervisor of the outcome. If these areas are closed; i.e., evenings or weekends, the Security Officer will check the doors to ensure they are secure as time permits.
- Step 5. During a Level One Unauthorized Leave the attending or on-call Licensed Independent Practitioner is to be contacted for the purpose of assessing the medical and psychiatric condition of the patient, including the patient's risk to the public or self. This assessment needs to take into consideration the patient's recent and remote history of threats of harm to self or others and the possible effects of being without prescribed medication or abusing alcohol or other substances. The Licensed Independent Practitioner will complete Attachment A with input from staff on the patient's treatment unit.
- Step 6. The Director of Nursing/Nursing Supervisor will notify the ***Anaconda-Deer Lodge County Law Enforcement Department will be notified "as soon as possible"*** when a patient cannot be located for more than one hour. All relevant information will be shared with the Law Enforcement Department as it becomes available. Other law enforcement agencies including the Powell County Sheriff's Department and the Montana Highway Patrol will be notified if appropriate.
- A photograph may be released to law enforcement authorities*** to aid in search procedures. When providing law enforcement agencies with a photograph, the Hospital will point out that ***subsequent release of the photograph is prohibited*** without authorization from District Court (53-21-144 M.C.A.)
- Step 7. If the initial search procedures are unsuccessful in locating the missing patient, the Hospital Administrator and other administrative and supervisory personnel involved will determine whether there are additional search procedures and actions to be taken. This decision will consider the Licensed Independent Practitioner's assessment conducted in Step 4. [Note: These individuals should be notified if possible, earlier in the search process if the patient is reported missing during daytime or early evening hours. Failure to reach any or all of these individuals is not a reason to delay further actions regarding search and notification procedures.] Generally, one to two hours should be allowed for completion of the initial search procedures.
- Step 8. The Director of Nursing/Nursing Supervisor will coordinate all additional search activities with Anaconda-Deer Lodge County Law Enforcement Officials. The Hospital may request law enforcement to ask for assistance from a local Search and Rescue Organization, or in the event a patient on a criminal

commitment is missing, Montana State Prison. Search and Rescue agencies operate under the direction of the Law Enforcement Agency.

Step 9. **Notifications to be completed by the Director of Nursing/Nursing Supervisor.**

Level One Unauthorized Leave: As the process of searching for the missing patient is carried out, the following notifications are to be made when a Level One Unauthorized Leave occurs. Documentation of each notification should be maintained. If any individual or organization cannot be reached immediately, additional efforts will be made at a later time.

Unit Nursing Personnel
Unit Nursing Supervisor
Program Manager
Director of Nursing (693-7020 office)
Anaconda/Deer Lodge County Law Enforcement (563-5241)
Hospital Administrator (693-7010)
Attending or on-call Licensed Independent Practitioner
Medical Director (693-7051)
Director of Clinical Services (693-7008)
Director of Quality Improvement (693-7052)
Family Members or other responsible person
Patient's Guardian (if one has been appointed, call during daytime or early evening hours)
Tribal authorities if the patient is an enrolled member
Sheriff in County of original commitment for current admission
Sheriff in county of Permanent Residence if different than committing county
Committing Court Judge (during working hours)
Montana State Prison if patient is an inmate (846-1320)
Previous or Potential Victims (if there are any and we have a way to notify them)
Community mental health case manager or professionals involved with the patient (during business hours)
DPHHS Public Information Officer (406-444-0936)

The patient's current commitment orders are to be faxed to the Anaconda-Deer Lodge County Law Enforcement Office (563-2069).

Fax the unauthorized leave form to the Administrator of the Addictive and Mental Disorders Division (406-444-4435) within 12 hours.

The DPHHS Public Information Officer will communicate with the press if deemed necessary.

Notifications for a Level Two Unauthorized Leave:

Unit Nurse
Nurse Manager
Program Manager
Director of Nursing (693-7020 office)
Hospital Administrator (693-7010 office)
Director of Clinical Services (693-7008)
Medical Director (693-7051)
Attending or on-call Licensed Independent Practitioner
Director of Quality Improvement (693-7052)

It is acceptable to utilize voice mail or email if the above individuals are off duty.

Under some circumstances it may be appropriate to notify residents of employee housing units on campus or other nearby residents. This notification may be made specifically to an employee who is known to have been threatened by a missing patient, or it may be more general in nature. It may also be done if search activities are occurring near residential units. Notification will be based on an assessment of need and appropriateness, not simply because a patient is missing.

B. Steps to take when the patient is missing from an *off-campus supervised activity*.

- Step 1 Staff responsible for supervising the patient during the activity will search the immediate and surrounding area for the missing patient.
- Step 2 Staff will account for all patients involved in the off-campus activity and require them to stay together under supervision.
- Step 3 The off-campus staff will notify the Director of Nursing/Nursing Supervisor. The Director of Nursing/Nursing Supervisor will decide if the rest of the staff and patients should return to the hospital or continue with the off-campus activity.

FOLLOW STEPS 4 THROUGH 9 LISTED UNDER SECTION V, letter A.

C. Steps to take when a patient fails to return from a Home Visit, Pre-placement Visit, or other unsupervised off-campus activity.

The patient's attending Licensed Independent Practitioner or on call Licensed Independent Practitioner, the Hospital Administrator and the Medical Director, are to

be contacted to determine the appropriate course of action to be taken. Actions to be considered include, but are not limited to:

1. Discharge of the patient;
2. Extension of home visit or pre-placement visit status;
3. Requesting law enforcement authorities to take the patient into custody so they can be returned to the hospital.

D. Discharge of a patient on Unauthorized Leave Status: Patients on unauthorized leave status may only be discharged from the Hospital in a manner consistent with the Hospital's Discharge Policy. Generally, this prohibits discharge of the patient until the period of their commitment has expired.

E. Steps to take when a missing patient is located:

Step 1 Upon receiving verifiable information, a missing patient has been located, the RN coordinating the search will inform all persons involved in search activities and those notified in attachment F. This does not include notification to the press, which will normally occur only after the patient has returned to the hospital.

Step 2 When the patient is located close to the Hospital (generally within 100 miles) a Teamster or a Security Officer and other staff as needed will be dispatched immediately to return the patient to the campus.

Step 3 When the patient is located instate, but more than 100 miles away, the arrangements for the return of the patient will be coordinated with local law enforcement and mental health agencies. If transportation cannot be provided by law enforcement agencies, arrangements will be made for a teamster and nursing staff to pick up the patient at the earliest possible time.

Step 4 When the patient is located out of state, a determination of the legal process for returning the patient to the Hospital will be made by the Hospital Administrator in consultation with the AMDD Administrator.

Step 5 All individuals and organizations notified the patient was missing will be notified the patient has been located.

Step 6 If applicable, the Hospital Administrator (or designee) will notify the Associated Press once the patient is physically returned to the campus.

Step 7 A patient may be discharged from unauthorized leave status only after expiration of their commitment or when the Hospital has received verified information that the patient is safe and secure, and local or state authorities

are not seeking to return the individual to MSH. Authorization for discharge must be received from the Hospital Administrator and in the event of a patient on a forensic commitment, from the committing district court.

F. Assessment of the Patient on Level One or Level Two Unauthorized Leave status upon return to the Hospital.

Step 1 Upon return of the patient to the Hospital, nursing staff will immediately assess the patient's physical, medical, emotional, and psychiatric condition including, the patient's use of any prescription or over the counter medications or illicit or intoxicating substances while away from the hospital and report to the on-call or attending Licensed Independent Practitioner. The on-call or attending Licensed Independent Prescriber will see the patient if requested by the nurse. If indicated, a Medical Clinic Licensed Independent Practitioner will be contacted to evaluate the patient's physical condition.

Step 2 Pertinent information regarding the patient's activities and behavior while away from the hospital, as available from community and family sources, will be documented in the progress notes by treatment unit staff.

Step 3 The patient may be placed on "Unauthorized Leave Precautions" upon their return to the Hospital. The need for unauthorized leave precautions will be evaluated by the Licensed Independent Practitioner in consultation with other members of the treatment team.

G. Post Incident Review Process:

1. Within twenty-four hours of the time the patient was reported missing, the Nursing Supervisor will complete the first part of the "Unauthorized Leave Post Incident Review Form" and submit it to Treatment Team. The treatment team will review the circumstances of the unauthorized leave and subsequent action taken, complete the required documentation and submit it to the Hospital Administrator.
2. The Hospital Administrator will determine whether further review or other action is necessary, and if so, will assign staff to coordinate post-incident review and debriefing activities.

VI. REFERENCES: 44-2-601, M.C.A.; 53-21-144, M.C.A., MSH policy AD-02, Discharge or Conditional Release from Civil Commitment.

VII. COLLABORATED WITH: Medical Director, Director of Quality Improvement, Director of Nursing, Fire/Safety Officer.

Montana State Hospital Policy and Procedure

- VIII. RESCISSIONS:** ER-03, *Missing Patients – Unauthorized Leave* dated June 17, 2014; *Missing Patients – Unauthorized Leave* dated March 15, 2012; ER-03, *Missing Patients – Unauthorized Leave* dated January 14, 2008; ER-03, *Missing Patients – Unauthorized Leave* dated September 8, 2003; ER-03, *Missing Patients – Unauthorized Leave* dated May 23, 2001; ER-02-97-R, *Missing Patients – Unauthorized Leave* dated 12/23/97; HOPP ER-02-97-R, *Missing Patients – Unauthorized Leave* dated 11/23/97; and HOPP ER-02-01, *Unauthorized Leave from Hospital* dated March 1, 1996.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Hospital Administrator.
- XII. ATTACHMENTS:** For internal use.
- A. Risk Assessment Guidelines
 - B. Documentation of Search Activities
 - C. Unauthorized Leave Form
 - D. Post Incident Review Form Part One
 - E. Post Incident Review Form Part Two
 - F. Required Notification Check Off List

Signatures:

Kyle Fouts
Interim Hospital Administrator

Thomas Gray, MD
Medical Director