

Area: Administrative Policies

Sub Area:

Policy #: ADM 2.14
Approval Date: 4/30/2018
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PATIENT OFF-UNIT PRIVILEGES

I. Purpose

The purpose of this policy is to promote the safest environment for Indiana University Health patients, team members and visitors in the presence of medical devices or hazardous situations. All team members of Indiana University Health must proactively monitor and take action to ensure patient, staff and visitor safety.

II. Scope

This policy applies to all inpatients or outpatients at Indiana University Health.

III. Exceptions

Patient movement for the rendering of procedures or treatments that must occur in an off-unit environment.

IV. Definitions

Hazardous Situation: any instance of real or perceived peril due to physiological or environmental threat.

Medical Device: equipment or supply that is used for monitoring, treating and stabilizing a patient.

Medical devices include, but are not limited to IV pumps, monitors, medications/IV solutions, IV infusion sites, drain vacuums, chest tubes, etc.

Nursing Unit: the inpatient nursing unit assignment in which a patient resides for the provision of health care.

Patient: an individual, inpatient or outpatient, who is present in a Indiana University Health facility for the receipt of health care.

Surrogate Decision Maker: a person legally authorized to make health care decisions in the best interest of a patient when the patient is not able to make such decisions for himself and to sign consent forms on the patient's behalf. Examples of legally authorized surrogate decision-makers are certain adult family members or properly appointed health care representatives as authorized by the Indiana Health Care Consent Act.

Treating Department: a non-nursing area or outpatient environment in which a patient is present for the provision of care.

V. Policy Statements

Taking every effort to provide the safest environment to receive or experience healthcare provisions, Indiana University Health will ensure that patients, team members and visitors are not exposed to hazardous situations while on Indiana University Health property.

In doing so, patients and visitors may find their activities and privileges restricted in the presence of medical devices.

VI. Procedures

A. Patient Off-Unit Privileges

- 1. Patients will not be permitted to leave their assigned nursing unit or treating department when such an activity would place the patient, visitors or team members in a hazardous situation.
- a. The following hazardous situations limit the patient's movement from the nursing unit or treatment department without exception.

- i. Chemotherapy infusions
- ii. Any intravenous solution containing medication
- iii. PCA infusions
- iv. Narcotic administration within the past one hour
- v. Required follow-up assessment: when a patient has received a medication or procedure that requires a follow-up assessment to ensure patient safety, the patient must remain on the nursing unit or treating department until the follow-up assessment has been completed.
- vi. Patients who are identified as a risk for falls, are unable to appreciate the consequences of their actions (confused, altered by medication), or who require assistance for ambulation.
- vii. Monitoring devices (SPO2, ETCO2, Cardiac/apnea, telemetry)
- viii. An active care contract
- ix. Medical devices that will be maintained after discharge are exempt from inclusion (VAD, Holter monitoring)
- 2. Patients may not be permitted to leave their assigned nursing unit or treating department when the continuous monitoring of medical device or patient condition is required to ensure the patient's safety.
 - a. Medical equipment (electrical or battery operated): Medical equipment is not to be paused, interrupted, or discontinued solely to facilitate patient movement from the nursing unit or treating department.
 - b. Medical drainage, infusion, and monitoring devices are not to be paused, interrupted, or discontinued solely to facilitate patient movement from the nursing unit or treating department.
 - c. Continuous medication infusions medications are not to be paused, interrupted, or discontinued solely to facilitate patient movement from the nursing unit or treating department.
 - d. A patient's family member or friend may NOT assume responsibility for patients off of their assigned nursing unit or treating department.
 - e. Patients may move freely in designated areas where competent Indiana University Health personnel can address an alarming or malfunctioning medical device (telemetry, pump, monitoring, PCA pumps).
 - f. If off unit privileges are deemed critical for the patient, a physician may write an order that dictates monitoring or medical device application on an intermittent basis.
- Patients or surrogate decision makers, who become noncompliant with care and/or abrasive/abusive due to these restrictions of movement, will incur a care contract arrangement.
 - a. The Safety and Security Department will be notified if patient non-compliance is perceived by team members to be threatening.
 - b. If the patient feels the medical device equipment is not needed, even for a brief period, discontinuing the equipment may precipitate discharge proceedings.
 - c. Physicians or care providers planning discharge procedures may contact Risk Management or the Legal Department for any questions related to the legality of discharging a patient who is noncompliant or abusive.
 - d. An adult patient may sign out against medical advice if unable to comply with these movement restrictions. The parent or guardian of a pediatric patient cannot sign the patient out against medical advice.
- VII. Cross References

ADM 2.13 Patient and Visitor Behavior/Aggression Prevention Team (APT)

HR-147 Harassment and Workplace Violence Prevention

VIII. References/Citations

None

IX. Forms/Appendices

None

X. Responsibility

Risk Management

Medical Staff Executive Committee

XI. Approval

Group Endorsed? Date Endorsed

- Group Name 1
- Group Name 2
- Group Name 3

XII. Approval Signatures

XIII. Dates

Approval Date: December 2010 Effective Date: January 2011

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