

**BARNES-JEWISH HOSPITAL
ORGANIZATIONAL POLICIES/PROCEDURES**

TITLE: Protective Status, Silent Status, And Opt Out Status

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Policy Statement

To protect patient(s) and staff and to communicate patient status.

DEFINITIONS:

Involuntary Protective Status applies to **ALL** incoming patients who are prisoners or known victims of a violent crime within the past 48 hours, or patients who have been transferred from an outside facility where they have been on involuntary protective status. If the BJH health care team is aware that the patient has previously been on involuntary protective status, the patient's situation should be re-assessed. The purpose is to safeguard patients, visitors, medical staff & employees of the hospital. In cases where it is difficult to determine whether the patient should be an involuntary protective status, involuntary protective status should be instituted until the clinical team, together with patient safety, can make a final determination. (See Section A)

Opt Out Status - a Health Insurance Portability and Accountability Act (HIPAA) definition. Patient is not listed on the main hospital directory but does appear on other lists such as operating room schedules, etc. (See Section D)

A. INVOLUNTARY PROTECTIVE STATUS

1. Incoming patients who are identified victims of a violent crime (VOV) within the past 48 hours will be placed on Involuntary Protective Status in HMED by ED Nursing staff.
 - a. Social Work and Public Safety are to be immediately notified by Triage or admitting RN or the Communication Center of any arriving patient designated a victim of violence.
 - b. Social Work, in collaboration with Public Safety and Nursing, will provide an initial risk assessment of the patient situation to determine whether it is appropriate for the patient to be on involuntary protective status. If patient is determined to be a victim of violence, the ED Social Worker or Public Safety Officer will explain the policy to the patient and/or relative. Form A is to be completed and signed ("Protective Status Patient Designated Visitor List").
 - c. If it can be reasonably determined that the patient is not at risk for further harm, the Involuntary Protective Status will be removed and the reason for the change clearly documented on the "Review of Involuntary Protective Status" form. (Form B) The Resource Nurse will be notified so patient's status can be changed in HMED.
 - d. Thereafter, if the patient/family requests a change, follow up risk assessment will be conducted by Social Work in collaboration with Public Safety and Nursing. (See bottom of Form B entitled "Follow up Review of Protective Status" and Form C, "Change of Involuntary Protective Status Visitor List".)
 - e. Any change in status after the initial review is to be clearly documented on the "Review of Involuntary Protective Status" form and discussed with the clinical nurse manager and public safety department.

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2. Involuntary Protective Status patients will be allowed only three designated visitors plus a community clergy person.
 - a. The ED Social Worker or Public Safety will explain the Involuntary Protective Status Policy to the patient and request the names of three designated visitors and a designated clergy person if desired.
 - b. Without the approval of the multi disciplinary team (Social Work, Public Safety, Nursing) in collaboration with the physician, the alleged assailant/abuser may not be designated as one of the visitors.
 - c. If the patient is unable to name designated visitors then the next of kin may do so. Next of kin can only designate two visitors. A third visitor will be designated by the victim once he/she regains decisional capacity *or by next of kin if patient remains incoherent for 24 hours after victim is admitted to BJH*. Once the patient awakens and if the patient has decisional capacity, he/she may change the visitor list once. If appropriate, only one change to the visitors list will be permitted after 24 hours of admission to BJH. This change must be reviewed and communicated to the division clinical nurse manager or designee and the department of public safety.
 - d. It is the responsibility of the ED nurse to inform the receiving division of the Involuntary Protective Status of the patient and of the Designated Visitor List during handoff even if the patient is going to the OR directly from the ED. The visitor list will accompany the medical record to the patient division.
 - e. The designated visitors will be issued a visitor's pass by public safety which is to be worn at all times and must be presented at the nurse's station prior to entering a patient's room. The pass will note the visitor's first and last name and the date of issuance. Identification on the visitor's pass must match that on the ID presented. The red pass is only good for 24 hours; thereafter it will be necessary for the visitor to report to the Public Safety Satellite Office to be processed for a photo ID that is valid for 10 days.
 - f. Designated visitors must sign a form in Public Safety agreeing to abide by the policies and procedures of the Involuntary Protective Status policy. Abuse of the policy will result in the withdrawal of visitation privileges and transfer of the patient to a different patient care area.
3. Dissemination of information
 - a. AT NO TIME SHOULD ANY PERSON RECEIVING AN INCOMING TELEPHONE CALL CONFIRM TO THE CALLER THAT THE PATIENT IS AT BARNES-JEWISH HOSPITAL.
 - b. People inquiring about Involuntary Protective Status patients in any form, whether via phone call, face- to face, or the internet, should be told, "We have no listing for that patient." Only designated visitors for Involuntary Protective Status patients will be provided information upon presentation of their visitor's pass following HIPAA practices.
 - c. With longer-term patients, Social Workers may facilitate some phone communications as deemed necessary and appropriate by them.
 - d. For media requests, page the Media Relations Representative through Central Page.
 - e. The patient under Involuntary Protective Status will not be listed in any electronic census directories without designation as explained on Table 1 at the end of the policy.
 - f. Police investigations will be handled through the public safety department. All requests for information from the police department whether in person or by phone, should routinely be handled by the public safety department.
4. Involuntary Protective Status patients are denied phone privileges. Designated visitors will not be allowed to bring cell phones into treatment rooms in the Emergency Department and patient care areas.
5. If possible, the Involuntary Protective Status patient should be placed in a private room or with another Involuntary Protective Status patient.

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6. Involuntary Protective Status patients may not have their names visible on the patient care area. Indicate Protective Status using culturally sensitive ***alphabet letters*** on patient census board and spine of chart. (Example - last name “Ward” would become “www”).
7. Involuntary Protective Status patients will not be issued passes. They may not leave the nursing division for any reason unless accompanied by hospital staff.
8. Difficulties with unauthorized visitors, or with abuses of policy by the patient or visitors should be referred to the Public Safety Department. Only ONE warning reiterating the policy will be given; thereafter all visitation privileges will be revoked. If status is broken, patient is to be moved as soon as possible, preferably to another floor. Contact Patient Placement if bed placement problems arise.
9. Nursing staff should consult with Social Work, Public Safety and Clinical Nurse Manager/Nursing Supervisor regarding problems or extenuating circumstances when carrying out this policy.
10. Any Involuntary Protective Status patient who is readmitted within 24 hours of the original hospitalization for a condition related to the original act of violence will be placed back on Involuntary Protective Status.
11. The nursing staff of the patient division is responsible for re-emphasizing the Involuntary Protective Status policy and for verifying designated visitor status each time the patient receives a visitor. Only the designated visitors should be permitted on hospital property.
12. On a daily basis, the Public Safety Shift Supervisor or charge officer will obtain the most current victims of violence census available through the patient information data base. If a nursing division has ten or more victims of violence, an Officer will be assigned to that floor to monitor visitors and to enforce the hospitals Victims of Violence Policy. If the hospital has twenty (20) or more victims of violence in-house, Public Safety will patrol the floors where those patients are confined. If fewer than ten (10) VOV patients are in house, Public Safety Officers will routinely patrol those areas housing these patients.

13. **SPECIAL EXCEPTIONS AND CIRCUMSTANCES**

Any exceptions as follows, will only be made following collaboration between the nursing division, public safety, physicians and social work. The “Review of Involuntary Protective Status” form must be signed by Public Safety, Social Work, and the floor Nurse Manager or the Nursing Supervisor. A change to the “Designated Visitor List” form may also need to be made.

- a. **IMMINENT DEATH:** When a physician has determined that the patient is critical and death is imminent, visitation will be granted to immediate family and one personal clergy member. The charge nurse must notify Nursing Administration and Security in this instance.
- b. **DISCHARGE PLANNING:** Involuntary Protective Status patients will be full participants in their Discharge Planning. Supervised telephone calls will be permitted to facilitate Discharge Planning.
- c. **MINORS:** Minors should be referred immediately to the ED social worker for evaluation. As appropriate, adolescents may participate in creating their visitor list. The hospital encourages the placement of parental or guardian names on the list assuming they are not the suspected perpetrator(s) or involved in the abuse/injury in any way.
- d. **INVOLUNTARY PROTECTIVE STATUS PATIENTS UNDER ARREST**
 - The St. Louis Police Department provides continuous 24-hour coverage for all Involuntary Protective Status patients under arrest.
 - Patients who are under arrest are not allowed visitors, and the Involuntary Protective Status Policy precludes family members from calling and finding out a condition. Therefore, to keep the family informed of the patient's progress, the patient or police may designate one person who the nurse manager will make arrangements to call with

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scheduled updates. In addition, a call will be made to that person with any change in the status of the patient.

- In situations where patient education is not sufficient for discharge teaching, one family member or designee may be brought in as necessary prior to discharge to participate in discharge planning and teaching.
- e. **PATIENTS WITH A POLICE HOLD ORDER:** Involuntary Protective Status patients who have a police hold order will not be treated any differently than other Involuntary Protective Status patients. They may have visitors, and normal discharge planning/teaching should occur. Nursing or Social Work staff should make an effort to call the public safety department when the patient is ready for discharge or when the discharge date is known. .
- f. **SPECIAL ARRANGEMENTS FOR POLICE OFFICERS**
 - See Appendix 1 at the end of this policy.
- g. **ATTORNEYS:** Attorneys must be accompanied by one of the patient’s designated visitors and present a photo ID and business card. If patient is in police custody, police in the jurisdiction from which warrant issued must authorize attorney visit. The nursing division is to contact Public Safety Department to verify the ID. Attorneys are required to follow all rules and regulations regarding access to the patient’s protected health information.
- h. **OPT OUT STATUS**
 - A HIPAA requirement. This allows the patient the opportunity to restrict the hospital from listing his/her name, location in the facility, and general medical condition in the Hospital Directory. The patient’s name will appear on other reports such as operating room schedules, etc. For inquires about the patient reply, “I have no listing for that patient or the patient may have opted out of our Hospital Directory”. (See the Policy entitled “HIPAA: Opting out of the Hospital – Directory Organizational Policies/Procedures Manual.”)

RESOURCES

Hardester, Jennifer: Attorney, Director, Legal Service, BJC Risk Management, 2014
Hoerchler, James, Manager, Case Management Services, 2015
Lauer, Micheal: Director, Public Safety, 2015
Moonier, Esther, Manager: Patient Financial Services
Nash, Julie: Trauma Services Manager, 2015
Schuerer, Douglas, Medical Director, Trauma Services

REVIEW OF INVOLUNTARY PROTECTIVE STATUS (Form B)

- Review (check if applicable) Social Work, Security, and the Nurse Manager/Nursing Supervisor have reviewed the information regarding circumstances surrounding patient's injury and have determined: (Check one of the following)
Involuntary Protective Status is to be retained because: (Document specific reasons)
No Causation or Intent to Harm; remove patient from Involuntary Protective Status because: (Document specific reasons)

Social Work Signature Date Reviewed Time Reviewed
Security Signature Date Reviewed Time Reviewed
Nursing Signature Date Reviewed Time Reviewed

- Follow-up Review of Protective Status (check if applicable) Social Work, Security, and the Nurse Manager/Nursing Supervisor have reviewed the information regarding circumstances surrounding patient's injury and have determined: (Check one of the following)
Involuntary Protective Status is to be retained because: (Document specific reasons)
No Causation or Intent to Harm; remove patient from Involuntary Protective Status because: (Document specific reasons)

Social Work Signature Date Reviewed Time Reviewed
Security Signature Date Reviewed Time Reviewed
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Involuntary Protective Status is to be retained because: (Document specific reasons)
No Causation or Intent to Harm; remove patient from Involuntary Protective Status because: (Document specific reasons)

Social Work Signature Date Reviewed Time Reviewed
Security Signature Date Reviewed Time Reviewed
Nursing Signature Date Reviewed Time Reviewed

CHANGE OF INVOLUNTARY PROTECTIVE STATUS VISITOR LIST
(Form C)

Once in effect, any changes to the initial Designated Visitor List can be made ONLY after careful reassessment of causation and intent to harm. This reassessment is done by Social Work, Security and the Nurse Manager/Nursing Supervisor and may be completed only one time during the hospitalization.

Please check the applicable circumstance below which describes the rationale for changing the initial list.

- Imminent Death of Patient
- Discharge Planning Necessary
- Other (give specific rationale for the change): _____

NEW LIST OF VISITORS:

<u>Name of Visitor</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clergy if named:

Social Work Signature

Date Reviewed

Time Reviewed

Security Signature

Date Reviewed

Time Reviewed

Nursing Signature

Date Reviewed

Time Reviewed

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Table 1: LEVELS OF PATIENT SECURITY AND PRIVACY

Some patients have a higher level of security or privacy. See table below. For more details, please refer to the Organizational Policies and Procedures: "Protective Status, Silent Status, and Opt Out Status."

	Silent Status	Opt out	Protective Status/Involuntary
Reason	Privacy (OK for the public to know that patient is in hospital, but no additional information is to be given)	Privacy (A HIPAA regulation-- patient is not listed in main hospital directory)	To ensure safety of the patient, other patients, visitors and staff.
Which patients eligible	All	All	Victim of violent crime within the past 24 hours
Requestor	Patient, family, MD or Administration.	Patient	Security/ED staff
Emtek symbol	Y	Y	Y
HIS symbol	ZZZZ	OOOO (Seen only on division census screen)	**** (Seen only on division census screen)
Does name appear in HIS patient locator?	Yes	No	No
Does name appear on OR schedule?	Printed: No GEMS: Yes HIS: Yes	Printed: Yes GEMS: Yes HIS: Yes	Printed: No GEMS: Yes HIS: Based on need to know
Is name visible on chart back, room door and census board?	Yes	Yes	No (Use "alphabet letters" code on chart back and census board)
Visitors	Responsibility of patient to notify individuals that he/she is in the hospital	Responsibility of patient to notify individuals that he/she is in the hospital	1) Only 3 designated visitors, plus clergy person 2) Visitors issued pass and photo ID by security 3) No passes issued to leave nursing division
Phone privileges	Yes	Yes	No phone privileges--phone taken out of room
What to say	"We have a patient by that name; however he/she requested that no information be given." (Note: Psychiatric and substance abuse patients are assigned silent status. Acknowledgement is made that they are here, but location is not divulged.)	"We have no listing for that patient."	"We have no listing for that patient." NO patient information is given by phone. At no time should the patient's presence in the hospital be confirmed to an incoming caller.

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Appendix 1: Injured Officer Process

- Police Officers who are victims of violence may be visited by other police officers in addition to the three designated visitors with the patient and /or the family's permission.
- There must be no more than two police officer visitors at one time.
- Officers not wearing a uniform must present their police identification.
- Normal visiting hours will be enforced.
- If the medical staff deems it is in the best interest of the patient, visitation privileges may be restricted.
- ALL OTHER ASPECTS OF THE INVOLUNTARY PROTECTIVE STATUS POLICY WILL BE FOLLOWED.
- Failure to adhere to this policy may result in visitation privileges being suspended for all Police Officer visitors.

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