

IMPLEMENTING ‘FRESH-AIR’

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Introduction/Problem

A ‘Fresh Air’ bill was passed by the Massachusetts Legislative and it established that ‘daily access to fresh air and the outdoors’ as the 6th fundamental right for psychiatric inpatients.

Implementation of the ‘Fresh Air’ act has been somewhat controversial provision given that Inpatient psychiatric units like Deaconess 4 IPS are locked units and patients or visitors are not allowed to come and go of their own volition. Therefore, it seemed somewhat paradoxical to grant patients’ free access to the outside?

‘*Psychiatric Escapes*’ are a misunderstood but universal occurrence for all inpatient psychiatric units. When escapes do occur they are high-risk events which can have adverse and legalistic outcomes.

Aim/Goal

With the implementation of the ‘Fresh-Air’ act comes the challenge for Inpatient Treatment Teams to assess and approve patients to go outside to open and non-secure settings.

The aim of the study was find a clinical method to identify who is safe to be allowed to go outside and who is not. Inpatient Treatment Team are not used to predicting who is an ‘escape-risk’?

The Team

Dr. Greg Ludlow, the Quality Specialist for Department of Psychiatrist is the principal investigator. He has been monitoring and tracking D4 IPS psychiatric escapes as sentinel events as far back as 1994.

The Interventions

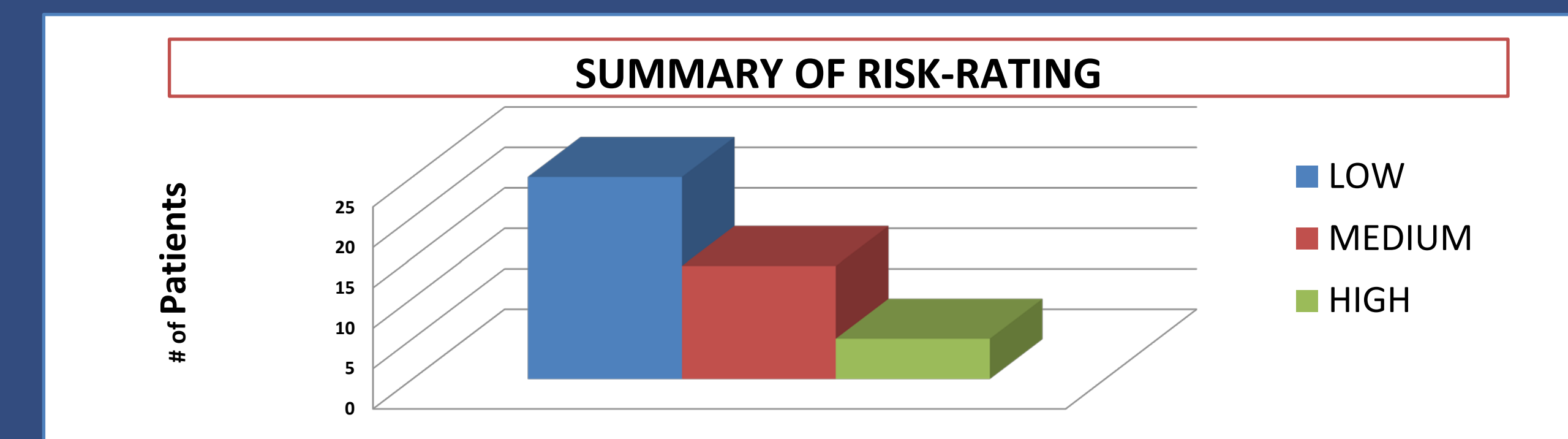
- The ‘*Absconding Actuarial Risk Screening Instrument [AARSI]*’ is an empirically-based tool developed to rate patients on established risk factors associated with escape and help Inpatient Treatment Team in their decision-making process for granting outside access.
- The AARSI rates patients on 7 known risk-factors associated with escape. It also allows Treatment Teams to identify unique factors associated with individual patients, and finally it also calculates a ‘Total Risk Score’. [Low, Medium, or High]
- Even if rated ‘High’ risk, the AARSI process allows Inpatient Treatment Team to target identified factors and work with patients to lower them and decrease probability of escape.

Results/Progress to Date

SUMMARY OF ‘RISK-RATINGS’ FOR FRESH-AIR CANDIDTATES

6/15/2017 thru 2/15/2018 - [8 Months]

Rating	# of Patients	%
LOW	25	57%
MEDIUM	14	32%
HIGH	5	11%
Total=	44	



For more information, contact:

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More Results/Progress to Date

Lessons Learned

- With ‘Fresh-Air’ access having been implemented on Deaconess 4 IPS for eight months now [6/15/2017 thru 2/15/2018], tracking shows that approximately 10% of patient are being approved and get access to outside walks.
- On average, patient are approved by their Inpatient Treatment Team for ‘Fresh-Air’ after approximately two weeks of treatment [15.7 days LOS].
- Of the patient assessed rated ‘High-Risk’ for escape, 38% were worked with by their Inpatient Treatment Team and were granted ‘Fresh-Air’ access.
- Of those rated ‘High-Risk’:
 - 92% have a primary severe psychotic disorders,
 - 77% had histories of significant treatment non-compliance, and
 - 62% were noted to have difficulty following directions, staying on task, or could be impulsive
- The good news is that after 8 months of fresh air access, there has been no ‘Escapes’!

Next Steps

- Continue to monitor and assess ‘Fresh-Air’ candidates with the AARSI clinical assessment tool.
- Work with Inpatient Treatment Team to better understand what clinical strategies are best candidates for helping patient who are at risk for escape.
- When escapes do occur, study patient characteristics identify the nature and composition of this group.

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