



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: INPATIENT TEMPORARY PASS POLICY

POLICY NO. 302

CATEGORY: Provision of Care	EFFECTIVE DATE: 11/85
POLICY CONTACT: Michael Makhinson, MD	UPDATE/REVISION DATE: 9/22
REVIEWED BY COMMITTEE(S):	

PURPOSE:

To provide guidelines granting eligible admitted patients issuance of temporary absence from the hospital for a designated time.

DEFINITION:

Temporary Pass is an authorized anticipated period of time away from the hospital in order to provide an opportunity to work toward objectives critically necessary to patient recovery and leading to discharge, or to manage personal affairs. Temporary passes are generally issued to psychiatric patients when the pass is being issued for therapeutic reasons in connection with psychiatric care. Bed holds may be issued when a non-psychiatric patient must leave the inpatient area for greater than two (2) hours.

POLICY:

1. Harbor-UCLA Medical Center respects the diverse cultural needs, preferences, and expectations of the patients and authorized representatives it serves to the extent reasonably possible while appropriately managing available resources and without compromising the quality of health care delivered.
2. Temporary passes may be considered and granted by the primary treating provider on individual basis and shall be integrated into the patient’s treatment plan in the electronic health record (EHR).
3. Passes cannot exceed 12 hours in length, and no overnight passes will be issued.
4. Non-psychiatric inpatient providers may request a bed hold for up to 12 hours in length when extenuating circumstances arise. Bed holds should be approved by the Clinical Nursing Director and the Inpatient Medical Director.

PROCEDURE:

- A. Temporary pass order
 1. Need for the temporary pass/bed hold shall be documented in the EHR.
 2. Pass may only be issued under a provider order, which must specify the following but not limited to:

REVISED: 6/89, 12/95, 12/98, 10/02, 12/03, 2/05, 2/12, 1/17, 9/19, 9/22

REVIEWED: 8/86, 6/89, 10/92, 12/95, 12/98, 10/02, 12/03, 2/12, 1/17, 9/19, 9/22

APPROVED BY: _____
Anish Mahajan, MD
Chief Executive Officer
Chief Medical Officer

Griselda Gutierrez, MD
Associate Chief Medical Officer

Jason Black, MBA, DNP, RN
Chief Nursing Officer



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: INPATIENT TEMPORARY PASS POLICY

POLICY NO. 302

- a. Length of time authorized to be absent from the facility
 - b. Reason for the pass/hold
 - c. Any special instructions related to the pass/hold (e.g. any medications required while out on pass, activity restrictions, type of supervision requires)
 - d. Level of support/person responsible for the patient while on pass
3. For non-psychiatric patients, the primary treating team Attending provider must sign the order.
 4. The provider completes HH-257 form (Attachment A).

B. Upon patient return

1. For psychiatric patients, the provider documents results of the therapeutic pass in the EHR.
2. Nursing documents time of return and performs reassessment and documents in the EHR.

C. Failure to return

1. If the patient on pass does not return within their expected return time, it may result in the patient being designated as discharged. (*see Hospital Policy 301 Patient Discharge, Including Elopement and Against Medical Advice (AMA) for additional guidance and procedure*).

Reviewed and approved by:
Medical Executive Committee 09/2022

A handwritten signature in cursive script that reads "Beverley A. Petrie".

Beverley A. Petrie, M.D.
President, Professional Staff Association

**AUTHORIZATION FOR PATIENT TO LEAVE HOSPITAL
FOR THERAPEUTIC LEAVE OF ABSENCE**

The patient named below may be absent, without discharge, from Harbor-UCLA Medical Center for therapeutic reasons

From: _____ AM / PM (circle one)
Date Time

To: _____ AM / PM (circle one)
Date Time

This patient needs the THERAPEUTIC PASS for the following reason(s):

Patient Name Patient's signature

Physician Name Physician's signature

I assume responsibility for the custody of the patient named below for the period indicated and relieve the Harbor-UCLA Medical Center of all liability during the patient's absence. I agree to return the patient to the hospital by:

Witness (if minor or incapacitated adult) Witness Signature

Relationship

Returned from pass: _____ AM / PM (circle one)
Date Time

Comments: _____

Physician Signature

AUTHORIZATION FOR PATIENT TO LEAVE HOSPITAL FOR THERAPEUTIC LEAVE OF ABSENCE	PATIENT IDENTIFICATION:
------------------------------------------------------------------------------	-------------------------