Enhanced Levels of Observation for Patients			
Signing Authority:	Chief Nursing Executive and Chief Of Staff		
Approval Date:	30-04-2018	Effective Date:	06-12-2018
Revised for CARE4 – September 17, 2021			

SCOPE:

This policy and procedure applies to employees of the Royal Victoria Regional Health Centre (RVH), professional staff (i.e., medical, dental, midwifery, and extended class nurses), residents, and students placed at RVH who provide care to patients who may require enhanced levels of observation during their hospitalization at RVH. These individuals shall be collectively referred to as *care team* or *care team members* herein.

POLICY STATEMENT:

At RVH, *Safety is Our Promise* and this is reflected through the organizational commitment to providing a safe working environment and safe patient care. This policy and procedure establishes expectations for how to care for patients who experience complex health care needs that may require enhanced levels of observation. Enhanced observation levels are ordered by the most responsible provider (MRP). The decision to enact enhanced observation levels is a collaborative decision made by the multidisciplinary care team and the patient and/or the substitute decision maker (SDM) with consideration for maintaining patient dignity as well as the patient's emotional, psychological and physical safety.

1. Observation levels shall be appropriate to the patient's unique and diverse needs and in response to clinical assessment of safety risk factors.
2. Establishing and maintaining the safety of the patient, environment and care team members shall be the guiding principle used in the ordering and administration of enhanced observation levels.
3. Enhanced levels of observation may be an alternative to the use of chemical or physical restraints when a patient is deemed at risk and may be used when other alternatives have been attempted and documented as unsuccessful.
4. The audiovisual monitoring system, closed circuit television (CCTV), shall not be utilized as a replacement for patient rounding, close observation, or therapeutic interactions with patients.
    a. Patients who have been ordered to be on seclusion in the Mental Health Suite (MHS) or the Mental Health Extra Care Area (ECA) shall be constantly monitored using the CCTV system in the event that remaining in the room with the patient would pose a greater safety risk to healthcare workers and would not be therapeutic for the patient.

   b. In the event a patient requires both seclusion and constant monitoring, a designated care team member shall provide the enhanced level of observation and shall be dedicated to constantly monitoring the CCTV system.
5. Informed consent from the patient or the SDM is an integral component of the enhanced levels of observation decision-making process, with timing of discussion and consent linked to the nature of the situation.
6. All care team members who provide constant observation shall have current certification in the following training: Crisis Prevention Intervention and/or Gentle Persuasive Approaches, based on the patient's presentation and clinical needs.
7. Care team members shall wear a portable panic button and/or duress pendant while providing enhanced levels of observation, as is required for the unit or departments.
8. A RVH approved assessment tool for violence, shall be completed by the nurse on all patients upon implementation of close observation or constant observation, to determine if the patient poses a risk of violence or if the patient is exhibiting any violent behaviour. If the patient is displaying verbal threats, physical threats and/or attacking objects, as indicated by the risk for violence assessment. Security Services shall be contacted to collaborate in making a collective decision to determine if a Security Services Officer is required to provide the constant observation, to ensure safety is maintained for all.
9. A violence risk assessment shall be repeated every shift on all patients who have been ordered close observation or constant observation or with a change in their condition.
10. In the event of threats of, attempts of or actual acts of violence, whether physical, verbal or sexual, Security Services shall be summoned by initiating a Code White, in accordance with steps of the RVH *Code White Emergency Plan* and RVH Corporate Administrative Policy and Procedure *Workplace Violence Prevention.*

DEFINITIONS:

Level of Observation	Definition	Rationale	Care team members	Documentation
Routine Observation	Hourly purposeful rounding to ensure safety and provide ongoing assessments and care	Patient is at a low risk of injury to self, others or elopement	Nursing, Child and Youth Worker, Patient Care Assistants (PCA), and/or allied staff	Standard Documentation as per unit standards
Close Observation	The patient is monitored every 10 to 20 minutes to ensure that they are safe. It is recommended that the timing of observations vary to ensure the patient cannot predict the exact timing of the observations.	Patient is at a moderate or uncertain risk of injury to self or others; unpredictable in behaviour, and/ or an elopement risk	Nursing, Child and Youth Worker, or PCA	Document in the patient's health record the location and condition of patient every 10 to 20 minutes. Document the rationale for implementing close observation every four hours.
Constant Observation (CCTV System)	Patients ONLY who are on seclusion in the MHS or the ECA, may be constantly monitored using the CCTV system.	Patient is at a moderate, uncertain, or high risk for injury to self or others; unpredictable in behaviour, and/ or an elopement risk in the event that remaining in the room with the patient would pose a greater safety risk to healthcare workers and would not be therapeutic for the patient.	Nursing, Child and Youth Worker, Security Services or PCA based on the patient's care needs. In addition to constantly monitoring the patient via the CCTV system, Nursing shall round on the patient every 10 to 20 minutes.	If this option is used, it must be explicitly included in the documentation including rationale, location and condition of patient every 10 to 20 minutes. Document the rationale for implementing constant observation every four hours.

DEFINITIONS:

Level of Observation	Definition	Rationale	Care team members	Documentation
Constant Observation (One to One Observation)	The patient requires constant visual observation with an observer in sight and hearing distance of the patient at all times. The observer shall not be distracted by unrelated activities. All patients who are ordered Pinel restraints shall be constantly monitored to ensure patient safety. **EXCEPTION**: Intensive Care Unit only.	Patient is medically unstable, at high risk for suicide, injury to self or others, unpredictable and/or elopement risk	The patient's care needs shall determine the appropriate and qualified care team members: nursing, PCA, Child and Youth Worker, or Security Services Officers. If non nursing is providing constant observation, nursing shall physically round on the patient every 10 to 20 minutes.	Document location and condition of patient every 10 to 20 minutes. Document the rationale for implementing constant observation every four hours.

PROCEDURE:

1. Assess and document patient behaviours or other clinical needs to determine if observation and monitoring is beyond the capacity to manage under routine observation level of care. Behaviours that could indicate implementing an enhanced level of observation include:
    a. risk of injury to self or others
    b. unpredictable behaviour
    c. risk of elopement
2. The care team shall assess the underlying cause of behaviours and potential clinical needs that require an enhanced observation level and intervene appropriately. The efficacy of all interventions shall be documented. These interventions may include:
    a. increasing social interaction;
    b. moving patient closer to care station;
    c. reviewing medication with MRP or pharmacist;
    d. pain relief;
    e. notification of family, if appropriate;
    f. implementation of falls risk interventions according to RVH Corporate Clinical Policy and Procedure *Fall Prevention Strategy – Adult Inpatient and Outpatient* (or *Paediatric Inpatient and Outpatient*, as applicable);
    g. referral to clinically appropriate services, as ordered by the MRP, including but not limited to Occupational Therapy, geriatrics, and/or specialists; and/or
    h. assessment and documentation of responsive behaviours for patients with dementia or cognitive impairment
3. The care team may increase a patient's level of observation based on clinical assessment of risk and in emergency situations, where the patient or others are at an immediate risk of serious bodily harm.
4. The MRP shall be notified as soon as possible of the implementation of enhanced observation to obtain the order for this intervention.
5. The MRP shall reassess and reorder enhanced levels of observation every 24 hours.
6. An order from the MRP shall be required to reduce the level of enhanced observation to less restrictive levels.
7. The rationale for continuing to implement enhanced level of observation shall be documented every four hours or with a change in the patient's condition.
8. The level of enhanced observation shall be re-evaluated by the care team every shift with diligent attention to the changing needs of unstable, at-risk patients.
9. The functional status, mental status examination, and plan for decreasing the enhanced level of observation shall be documented every shift.
10. Thorough documentation shall be completed upon changes to the level of observation that shall include the rationale for increasing or decreasing the enhanced level of observation and the patient condition.

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