

Vermont Psychiatric Care Hospital Policy and Procedure		
Observation of Hospitalized Individuals		
Effective: July 2019	Revised: April 2024	Due to Review: April 2026

POLICY

It is the policy of the Vermont Psychiatric Care Hospital (VPCH) to provide the necessary frequency of observation to maintain milieu and individual safety while also balancing the autonomy and dignity of hospitalized individuals.

This policy does not apply to monitoring requirements for hospitalized individuals in restraint/seclusion. Individuals in restraint/seclusion shall be observed in accordance with VPCH's *Emergency Involuntary Procedures Policy*.

PROCEDURE

The following procedure establishes a standard for ordering, performing, and documenting observations based on the hospitalized individual's assessed safety needs.

- Each hospitalized individual will have one of the following observation frequencies ordered by a provider. No order shall be written permitting an interval of more than 30 minutes between safety checks.
 - **Thirty (30) Minute Safety Checks:** direct, visual observation at a minimum of once per 30-minute time interval pre-printed on the *Precaution Monitoring Form*.
 - **Fifteen (15) Minute Safety Checks:** direct, visual observation at a minimum of once per 15-minute time interval pre-printed on the *Precaution Monitoring Form*.
 - **Constant Observation (CO):** the hospitalized individual shall not be out of sight or left unattended at any time. The assigned personnel will remain in sufficient proximity to the individual to be constantly aware of their clinical presentation, to be able to intervene immediately if necessary, and to observe respirations. Observation will occur continuously and assigned staff observations shall be documented on the *Precaution Monitoring Form* once per 15-minute time interval pre-printed on this form.
***See additional details for ordering and conducting CO below.**
- A provider order is required to discontinue or decrease observation frequency. However, a Registered Nurse (RN) may independently initiate an increased observation frequency at any time and shall obtain a provider order as soon as reasonably possible to formalize this change.
- Providers shall consider the trauma history of the individual and the trauma that may result from observation frequency prior to ordering more frequent observation. If the frequency of observation is increased, the provider shall include the reason for the increased level of observation in their documentation.

- It is the responsibility of the Charge Nurse to assign trained personnel to perform safety checks at the ordered frequency and they shall orient assigned personnel to the hospitalized individual's condition, the rationale for the ordered observation frequency, and provide notice of any change in the frequency of safety checks to be performed.
- Personnel assigned to safety checks have the following responsibilities:
 - To perform the unannounced safety check at the ordered frequency via direct, visual observations at a distance that allows visualization of respiration, without any artificial barrier (e.g., a window, curtain, or viewing by camera). Observation should occur in a way that the observer can attest to the individual's actions/clinical status/safety. It is best practice to perform safety checks in tandem with another VPCH personnel, or to have a member of the team alerted to your whereabouts and monitoring while performing safety checks.
 - To document the observed individual's location, behavior, and their initials in the identified sections of the *Precaution Monitoring Form* to indicate completion of the ordered safety check at a minimum of once per corresponding time interval pre-printed on this form.
 - To notify the individual's assigned RN when additional assessments are indicated (e.g., prior to tablet use and off unit escort). The individual's assigned RN is responsible for documenting these assessments.
 - To report observed changes in behavior, presentation and/or an observed unsafe condition to the assigned unit lead or an RN.
- The obligation of observation is a critical safety function and effective monitoring is of the utmost importance to safety. It is expected that personnel will:
 - Remain awake, attentive, and fully alert while on duty.
 - Self-audit documentation: it is a performance expectation that staff documenting safety checks will review the Precaution Monitoring forms for completion and accuracy at the end of each assignment.
 - Refrain from any other activity which may divert attention away from the task of performing safety checks.
 - Report any staff member who is observed not upholding the ordered level of observation.
 - Due to the seriousness of this assignment, failure to uphold the frequency of observation ordered, failure to document accurately or completely, or failure to report an employee who did not uphold an order may be considered neglect of a hospitalized individual and may result in progressive discipline up to and including dismissal.
- Assigned unit leads are responsible for reviewing *Precaution Monitoring Forms* prior to the end of their shift and for attesting to the completion and accuracy via the *Unit Trip* form.

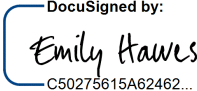
- Completed *Precaution Monitoring Forms* shall be placed in to-be-filed manila folders and are scanned into the Electronic Health Record by Medical Records.

***Constant Observation:**

- It is the responsibility of the ordering provider to specify the rationale for Constant Observation (CO), why a less restrictive alternative is not clinically justified, and whether the CO is 2:1 or 1:1 personnel to hospitalized individual ratio. The order shall indicate the rationale as follows:
 - CO-V (Violence, other-directed)
 - CO-S (Suicide risk, self-directed violence)
 - CO-F (Fall risk)
 - CO-E (Elopement risk)
- A provider’s order may specify when CO is to be in effect, and when CO is not to be in effect (*e.g.*, while in Recovery Services, or while out of room). If the order does not indicate specific periods for observation, then CO is to be continuous. During periods when CO is not required by the order, an alternative observation frequency of no less than every 30 minutes shall be ordered.
- When a CO is initiated a *Constant Observation Assignment Sheet* (e-form) should be completed by the assigned RN, printed, and placed in the CO folder for assigned staff to reference along with the individual’s *Precaution Monitoring Sheet*.
 - A CO assignment shall not exceed four (4) consecutive hours. At least every 4 hours, another personnel shall be assigned to resume responsibility for CO.
- When CO is initiated, personnel shall consider the prudence of conducting and documenting a search of the individual and/or their room to identify and remove any unsafe or restricted items. Any conducted searches shall occur in accordance with hospital policy.

References:

- VPCH Emergency Involuntary Procedure Policy
- VPCH Levels of Autonomy Policy
- VPCH Tablet Procedure
- Precaution Monitoring Guidelines (on Sharepoint)

Approved by	Signature	Date
Emily Hawes Commissioner Vermont Department of Mental Health	 <p>DocuSigned by: Emily Hawes C50275615A62462...</p>	4/30/2024