

## WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION I:</b>	<b>PATIENT FOCUSED FUNCTIONS</b>
<b>CHAPTER 2:</b>	Assessment
<b>PROCEDURE 2.11:</b>	<b>Special Observation</b>
<b>Governing Body Approval:</b>	April 30, 2018
<b>Revised:</b>	

**PURPOSE:** Special Observation is implemented for patient safety when the clinical needs of the patient require a higher level of observation than that provided by routine observation. There are three separate types of observation categories under the title of Special Observation

**SCOPE:** All Registered Nurses, LPNs, Prescribers, Psychologists, Mental Health Assistants, and Unit Directors

### **POLICY:**

Special Observation of a patient will be implemented when clinical needs necessitate a level of observation greater than that provided by Routine Observation. Special Observation must be reviewed by a prescriber at least every 24 hours. A written prescriber's order and a progress note must be obtained for the initiation, continuation or discontinuation of any Special Observation. The level of Special Observation should be the least restrictive intervention needed to maintain the patient's or others' safety.

### ***Definitions:***

*Fifteen Minute Observation* - This is an observation used when a patient's behavior, health, or mental status requires closer attention. The assigned nursing staff member is responsible for checking on the patient's safety and well-being every 15 minutes.

*Continuous Observation* - This is an observation in which the patient requires ongoing monitoring to ensure his/her safety and/or the safety of others. The nursing staff assigned provides that by having a clear view and unimpeded access to the patient at all times.

The number of patients that may be monitored by one staff member is determined by the Registered Nurse who considers the patients' clinical behavior, the level of the patients' mental status, or any other safety/risk factors. No more than three patients may be monitored on continuous observation status by one staff member, providing that all patients are simultaneously watched.

*One to One (1:1) or Greater Observation* – These are considered the highest level of observation and are reserved for those patients whose needs require that the assigned staff member monitors only one patient, and that the staff member remains within arm's length of the patient at all times. When the patient is sleeping, the staff member sits inside the open doorway watching the

patient. The patient is never left unattended and must be watched at all times, including bathroom use. The patient's hands, face and neck must be in clear view at all times unless otherwise ordered by a prescriber as a result of a documented assessment of risk.

## **PROCEDURE:**

### **I. Assessment and Initiation of Special Observation**

- A. The prescriber or the registered nurse initiates a Special Observation status appropriate to the assessed clinical needs of the patient when the patient's condition or behavior warrants more frequent observation than provided by routine observation.
- B. When the registered nurse initiates Special Observation, he/she contacts the prescriber to obtain orders for Special Observation, and specifies the type of Special Observation order needed, and for what specific behavioral and/or medical reason(s).
- C. The prescriber examines the patient, and assesses the need for the Special Observation, writes an order with the type of Special Observation and the specific reason. The prescriber documents his/her findings and rationale for the Special Observation in a progress note in the Progress Note section of the patient's medical record.
- D. On rare occasions (except as outlined in Section III. of this OP&P) modifications to a Special Observation status may be clinically warranted. All modifications must be detailed in the prescriber's Special Observation order in the applicable medical record. The prescriber's accompanying Special Observation note requires justification for the modification(s).
- E. The prescriber considers and selects from the following the reason(s) or precaution(s) when writing the order:
  - 1. Suicide Precautions;
  - 2. Assault Precautions;
  - 3. Elopement/AWOL;
  - 4. Arson Precautions;
  - 5. Sexually Inappropriate Behavior Precautions;
  - 6. Medical Precautions (Specific);
  - 7. Other (Specify).
- F. The prescriber, in consultation with the nurse, assesses the patient for level of risk and considers the need for room alterations and/or environmental controls. Patient specific safety requirements will be ordered by the prescriber. The patient's personal safety preferences will be considered.
- G. Higher levels of staffing may be indicated for extremely assaultive/aggressive patients.

- H. The prescriber determines the extent of the activities and treatment the patient is expected to participate in while on Special Observation. Based on this clinical assessment, the prescriber should consider permitting the patient to attend treatment activities off the unit. Based on the Special Observation status, the prescriber orders the appropriate escort ratio to ensure safe transport of the patient to the treatment activities.
- I. Unless otherwise ordered by the prescriber, patients on Special Observation may have visitors. In all cases where restrictions are placed on visitation, the prescriber will document his/her clinical assessment of why the restriction is indicated in a progress note.
- J. The nursing staff member assigned to a patient on 1:1 or greater ensures that a call for assistance can be made if needed while the patient has visitors. (Operational Procedure 1.16 Privileged Conversation for Patients on Continuous or More Restrictive Levels of Observation Status).
- K. The Interdisciplinary Treatment Team reviews the patient's treatment plan and does a Focused Treatment Plan Review no later than the next business day.
- L. The registered nurse ensures that appropriate staff is assigned to maintain Special Observation on any patient requiring this level of observation.

## II. Implementation:

- A. The nursing staff assigned to Special Observation is responsible and accountable for ensuring patient safety. The patient's hands, face and neck must be in clear view at all times, unless otherwise specified by the Physician's Special Observation order. Staff must be fully attentive to the patient at all times to assess for breathing and circulation during their observation assignment, sitting upright with both feet on floor. The staff may not read, socialize with other staff, use headsets/earphones or cell phones. The staff may not eat or drink unless the patient is eating or drinking.
- B. The registered nurse (RN) ensures that the following steps are taken for the safety of the patient and staff assigned:
  - 1. Harmful objects are removed from the patient on 1:1 or continuous observation and from the immediate environment including the patient's room, as ordered by the prescriber. These objects may include belts, cords, ties, shoelaces, razors, scissors, nail files, electrical items, and any item which may be broken to create edges or used for the purpose of strangulation. The bed, bed clothing, pillows, under the mattress, the till (personal cabinet) and behind the curtains should be checked for any harmful objects, which should be removed.
  - 2. The patient's privacy and dignity is to be maintained while on Special Observation to the extent that the patient's safety is not compromised.

3. The patient is never left unattended and must be observed at all times, including bathroom use for Special Observation levels of continuous observation or higher.
4. A 10-minute break every two hours is provided to the nursing staff member assigned to 1:1 or continuous observation. An arrangement for breaks and mealtime relief is provided for the assigned nursing staff .
5. Safety and comfort of the patient are provided for by evaluating whether the patient's present bed assignment is consistent with the prescriber's assessment in collaboration with nursing, of clinical risk, and is conducive for effective staff monitoring. If not, room reassignment to a more appropriate bed on the unit or on another unit should occur consistent with prescriber's assessment of risk.
6. The staff member assigned follows the treatment plan as ordered for the patient on Special Observation.
7. After consulting the patient's personal preferences in the Nursing Assessment, the staff member assigned provides active treatment to the patient by:
  - a. using the identified Interventions (I) to reduce the Behaviors of Concern (BOC) that led to the Special Observation and to increase the Target Positive Behaviors (TPB).
  - b. assisting and supporting the patient in problem solving;
  - c. reducing stimulation for the patient as indicated;
  - d. accompanying the patient to treatment activities;
  - e. providing diversionary activities for the patient.

#### C. Documentation Requirements:

1. The nursing staff member assigned to the patient documents the patient's clinical status every 15 minutes on the Positive Behavioral Support Plan and/or Special Observations form (WFH-665).
2. The RN indicates on the WFH-665 which BOC, I, and TPB on the template should be monitored/implemented. The RN may add patient-specific BOC, I, TPB.
3. An RN documents in the progress note section of the patient's medical record at least once towards the end of each shift after reviewing the WFH-665.
3. Whenever a level of observation of continuous observation or greater is initially ordered, a Focused Treatment Plan Review is completed by the team on the next business day. In the interim period the prescriber's and RN's assessment and plan of care is utilized.
4. The unit psychologist or designee will assess the patient in conjunction with the Treatment Team, to develop patient-specific BOC, I, TPB, and generate an individual template using either WFH-665 or [WFH-686](#), within five business days.

#### D. Re-Assessment and Discontinuation:

1. When continuous observation or a more intense level of observation is utilized, the prescriber assesses the need to continue the Special Observation every twenty-four hours in collaboration with the RN and the Treatment Team when available. The prescriber writes an order, and a progress note to justify continuation on the Special Observation Review form, WFH-670.
2. When 15-minute checks is utilized, an order and a progress note justifying continuation on WFH-670 by the prescriber is required weekly.
3. The Psychiatrist reviews Special Observations with the Service Medical Director at regular intervals.
4. When greater than 1:1 observation is ordered, the Service Medical Director must be notified. If the Service Medical Director concurs that a level of observation greater than 1:1 is required the Service Medical Director contacts the Chief Medical Officer for consultation and final approval. If this level persists beyond eight hours, the Nurse Executive must be notified. Patients on observation levels higher than 1:1 must be reviewed with the Service Medical Director every 24 hours, during regular business hours.
5. Daily reports including all instances of continuous observation or higher levels of observation will be reviewed by the CEO, COO, CMO, and Nurse Executive .
6. If the level of Special Observation is to be reduced or discontinued, the prescriber, in collaboration with a registered nurse, must complete an assessment with an emphasis on risk for this specific purpose, and document this in the patient's medical record in the Physician Order section on the Special Observation Review form, WFH-670. The prescriber's documented assessment must include:
  - a. the specific behavioral and/or medical risks that warranted placement on the Special Observation level;
  - b. specific interventions utilized to mitigate the identified risk(s);
  - c. the specific behaviors and/or medical indices currently observed that indicate that the earlier risk(s) has been substantially mitigated warranting a less intense level or discontinuation of Special Observation while maintaining an acceptable level of risk;
  - d. the assessment's plan must include the new level of Special Observation or the new privilege level the patient is being placed on, along with any other changes in interventions.
7. The prescriber must write an order discontinuing the previous level of Special Observation and documenting either the new less intense level of Special Observation including the specific behaviors necessitating utilization, or the new privilege level, whichever is applicable.

III. Temporary Exception for Privileged Conversations (See Operational Procedure 1.16 Privileged Conversation for Patients on Continuous or More Restrictive Levels of Observation Status):

WFH will provide the opportunity for privileged or confidential conversations with patients who are on continuous observation status or a more restrictive level of special observation, while ensuring the safety of all involved. A patient, the patient's attorney, legal representative, patient advocate, or clergy may request a privileged or confidential conversation.

1. The Registered Nurse, upon receipt of a request for a confidential meeting with a patient who is on continuous observation or a more restrictive observation status, assesses the patient's current mental status.
2. The Registered Nurse notifies the Attending Psychiatrist or the covering Physician of the request and his/her assessment.
3. If the clinical assessment permits change in the special observation status: the Attending Psychiatrist/designee provides a Physician's Order which temporarily changes the order from continuous observation or a more restrictive level of special observation to a modification of the current observation status to allow staff to continuously observe the patient through a window of a closed door. This modification is in effect while the patient meets with his/her attorney, legal representative, patient advocate, or clergy member and the modification is automatically terminated at the end of the meeting.
4. The staff member assigned to the patient observation provides the patient and visitor a room with a window which allows visual contact to continue.
5. The staff member assigned to the patient remains outside the room behind the closed door maintaining continuous observation of the patient, until the meeting is completed.
6. If the patient is assessed as being too acutely suicidal or dangerously assaultive, and the risk is immediate, the Attending Psychiatrist/designee will document the reason for restricting such a meeting in the progress note. (*Restriction should be extremely rare*).
7. A non-privileged conversation may still occur with the staff member remaining in the room.
8. If the patient is restricted in having confidential meetings, the Attending Psychiatrist/designee immediately notifies the Chief Medical Officer.
9. The designated Chief Medical Officer consults with the Attending Psychiatrist regarding the request and may evaluate the patient face-to-face in order to ascertain whether the restriction is warranted. The Chief Medical Officer documents the results of his/her evaluation in the patient's progress note.