



Section	Psychiatric Health Facility (PHF)	Effective:	9/9/2015
Sub-section	Nursing	Version:	1.1
Policy	Level of Observation	Last Revised:	8/22/2017
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	Level of Observation eff. 9/9/2015	Audit Date:	8/22/2018

1. PURPOSE/SCOPE

- 1.1. To provide standards and procedures for the assignment of a level of observation for patients admitted to the Santa Barbara County Psychiatric Health Facility (hereafter "PHF"), including identifying patients who require an increased level of observation due to a grave disability, an imminent danger to themselves and/or others, or if the patient's self-care and/or medical needs require continuous support/assistance.

2. ACRONYMS/DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. Q15 – every 15 minutes.
- 2.2. 1:1 – one staff assigned to monitor one patient as ordered by the psychiatrist; can be continuous or while awake (WA).
- 2.3. Line of Sight 1:1 (LOS 1:1) – patient must be within eye sight of the assigned staff as ordered by the psychiatrist.
- 2.4. Arm's Length 1:1 (AL 1:1) – patient must be within arm's length of the assigned staff as ordered by the psychiatrist.
- 2.5. WA – while awake.

3. POLICY

- 3.1. Upon admission and based on the patient's clinical presentation, a PHF psychiatrist will order the appropriate level of observation for the patient. The order will indicate one of the following observation levels: Q15 min; LOS 1:1; LOS 1:1 WA; AL 1:1; or AL 1:1 WA.

3.2. PHF staff will observe and document the location and behavior of all patients, regardless of the observation level ordered, every 15 minutes. Monitoring requires that assigned staff conduct physical rounds of the unit and make an in-person visual observation.

4. **LEVEL OF OBSERVATION DOCUMENTATION**

4.1. The ordered level of observation will be documented on the:

1. Room menu;
2. Patient room assignment board in the nurse's station; and
3. The daily flow sheet for each shift.

4.2. Assigned staff will document observations on the PHF Q15 Minutes Unit Rounds: *Day Shift* form (see Attachment A), PHF Q15 Minutes Unit Rounds: *Night Shift* form (see Attachment B), and ~~for the Level of Observation Checklist (see Attachment C)~~ Patient Observation Record (see Attachment C). Each observation must be appropriately coded and initialed at the time the observation occurs.

~~4.3. The Level of Observation Checklist form will indicate the level of observation ordered and a justification.~~

4.4.4.3. The assigned nursing staff will assess and document the patient's physical and mental status every shift on the daily flow sheet. Documentation will include the level of observation and the criteria that support that level of monitoring.

4.5.4.4. Completed Q15 Minute Unit Rounds forms will be filed by the last staff member to document observations in the "Level of Observation Completed Round Sheets" binder located in the nursing station.

4.6.4.5. Completed forms must be stored for a minimum of three years.

4.7.4.6. Completed ~~Level of Observation Checklists~~ Patient Observation Record (see Attachment C) forms will be filed in the patient's medical record under the "Flow Sheet" tab.

5. **ROUTINE LEVEL OF OBSERVATION (Q 15/ROUNDS)**

5.1. Team Leaders from the previous and on-coming shift will perform the first round of in-person routine observations at the beginning of each shift together.

5.2. Assigned staff will conduct an in-person routine observation every 15 minutes on all patients assigned to a routine level of observation. The patient's location and behavior(s) must be documented immediately following the observation on the *Q15 Minute Unit Rounds* forms (see Attachments A and B) forms—and the Patient

Observation Record form (see Attachment AC) form. All staff members assigned to rounds will ensure ~~his or her~~ their initials and signature are documented on the form.

5.3. Routine observations cannot occur via a surveillance system.

5.4. If a patient is using the restroom or is momentarily unavailable, assigned staff must wait or return to ensure an in-person visual observation is completed.

5.5. Patients who are gravely disabled, or who are otherwise unable to independently maintain personal hygiene, will be observed for hygiene needs at least once each shift. This observation includes -the cleanliness of the patient care environment.

~~5.5-5.6.~~ Upon completion of an assigned rounds period, assigned staff are responsible for transferring the rounds clipboard directly to the next scheduled assigned staff. If he or she is unavailable, staff will consult with the Team Leader. Staff may be instructed to continue performing rounds until the next scheduled assigned staff can assume the duty.

6. **1:1 LEVEL OF OBSERVATION CRITERIA AND ASSIGNMENT PROCEDURES**

6.1. Criteria meriting 1:1 levels of observation include, but are not limited to, the following:

1. Risk for elopement as demonstrated by constantly standing at the entrance/exit doors and/or attempting to escape from the patio area (i.e. climbing the fencing)
2. Risk for fall due to increased sedation from medication, recent seizure or unstable gait
3. Confusion to the point that the patient becomes hostile/aggressive or cannot provide self-care
4. Wandering into other patient rooms or inappropriate restrooms
5. Actual attempts at self-harm, including minor attempts such as scratching his/her wrist or performing some other minor injury to his/her body
6. Experiencing severe depression with verbal threats to commit suicide and a viable plan to carry out a suicide attempt while in the facility
7. Recent serious suicide attempt
8. Aggressive actions or imminent threats to harm specific others on the unit
9. Exhibiting acute psychosis with command hallucinations to self-harm and demonstrating inability to not act on those commands
10. Significant impairment in functioning (e.g. visually impaired; swallowing difficulties; patient admitted with a fracture and requires assistance for self-care)
11. Nonconsensual, inappropriate sexual behavior (e.g. making repeated statements of a sexual nature to staff or peers that do not stop with repeated requests; found in peer's room or bed and behaving in a sexual nature; nonconsensual physical contact; following peers or staff after being asked not to)

12. Behaviors that constitute harassment or abuse of others.

- 6.2. A 1:1 level of observation can also be ordered for short periods of time, such as one hour after meals or medication to ensure patient is not vomiting up medication or food, or during meals to prevent aspiration.
- 6.3. A 1:1 level of observation order is valid for 24 hours. The order must specify whether the increased level of observation is continuous (ES-LOS 1:1, AL 1:1) or while awake (ES-LOS 1:1 WA, AL 1:1 WA).
- 6.4. The PHF psychiatrist will evaluate the patient daily to determine whether or not to continue a 1:1 level of observation order.
- 6.5. When indicated, the PHF psychiatrist will write a new 1:1 level of observation order every 24 hours. If the order isn't renewed at the 24-hour mark, it is automatically discontinued.
- 6.6. If a discontinuation of the 1:1 level of observation is warranted before its scheduled expiration, the PHF psychiatrist must complete an assessment and order the discontinuation.
- 6.7. If the event that nursing staff identify an urgent need for a higher level of supervision due to a significant health or safety concern (see criteria listed under in Section 6.1-4), a Registered Nurse (RN) may place a patient on a 1:1 level of observation for no longer than one hour. The RN will obtain an order from an authorized psychiatrist within one hour.

7. **ONGOING 1:1 MONITORING AND SAFETY PRECAUTIONS**

- 7.1. Patients placed on a 1:1 level of observation will be monitored continuously. Lapses in monitoring cannot occur at any time, including at shift change or if the patient is in bed or asleep (unless if the order is for "WA" only).
- 7.2. Staff assigned to the 1:1 observation of a patient will document the location and behavior of the patient at 15 minute intervals on the Level of Observation Checklist Patient Observation Record (see Attachment C). All staff members assigned to a patient's 1:1 monitoring will ensure their initials and signature are documented on the same back of the Checklist form.
- 7.3. The patient must be accompanied at all times, including when showering, toileting and dressing, by an assigned staff of the same sex (when possible). Assigned staff may assist the patient with activities of daily living (ADLs) if needed.
- 7.4. Whenever possible, the patient's room assignment will be in close proximity of the nursing station.

7.4.

- 7.5. A contraband/safety check of the patient's room and belongings will be completed at the beginning of each shift, ~~and documented on the Level of Observation Checklist~~. The ~~RN team supervisor/leader~~ Team Leader will determine which items remain in the room with the patient.
- 7.6. Any item removed for safety will be bagged and labeled with the patient's name and documented on the Patient Property Inventory Sheet with the storage location indicated. Both the patient and staff member will sign the Patient Property Inventory sheet acknowledging where the belongings have been stored.
- 7.7. 1:1 patients may only leave the unit for emergency treatment and under a physician's order.

8. STAFFING REQUIREMENTS

- 8.1. When possible, the staff assignment to a 1:1 will be rotated at a minimum of every four (4) hours.
- 8.2. Assigned staff will have no other duties while monitoring the patient on 1:1.

ASSISTANCE

Marianne Barrinuevo, RN, MSN, PHF Director of Nursing
Alesha Silva, RN, Interim PHF Nursing Supervisor
Gerardo Puga, LMFT, PHF Manager

REFERENCE

California Code of Regulations – Social Security
Title 22, Division 5, Section 77141

ATTACHMENTS

- Attachment A – Q15 Minute Patient Rounds: Day Shift
Attachment B – Q15 Minute Patient Rounds: Night Shift
Attachment C – ~~Level of Observation Checklist~~ Patient Observation Record

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
8/16/17	1.1	<ul style="list-style-type: none">• In Section 5.5, clarified that patients who are gravely disabled, or who are otherwise unable to independently maintain personal hygiene, will be observed for hygiene needs at least once each shift. This observation includes the cleanliness of the patient care environment.• Replaced “Level of Observation Checklist” with “Patient Observation Record”.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).