SANTA BARBARA COUNTY DEPARTMENT OF Behavioral Wellness
A System of Care and Recovery

Psychiatric Health Facility Policy and Procedure

Section	Nursing-Patient Care-Social Services	**Effective:**	9/9/2015
Sub-section		**Version:**	2.0
Policy	Level of Observation	**Last Revised:**	DRAFT

Director's Approval _____ **Date** _____
Alice Gleghorn, PhD

PHF Medical Director's Approval _____ **Date** _____
Ole Behrendtsen, MD

Supersedes: Level of Observation rev. 8/23/17

Approvals: PHF Medical Practice Committee: PHF Governing Board:

1. PURPOSE/SCOPE

1.1. To provide standards and procedures for the assignment of ~~a level~~ Level of O~~o~~bservation for patients admitted to the Santa Barbara County Psychiatric Health Facility (hereafter the "PHF"), including identifying patients who require an increased ~~level~~ Level of ~~observation~~ 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. **Monitor/Monitoring** – physical rounds of the unit and in-person visual observations conducted by assigned PHF staff.

2.2. **Level of Observation** – in addition to standard 15 minute rounds these are higher degrees of Monitoring ordered by a PHF psychiatrist, physician, or nurse practitioner that include~~,~~:

1. **1:1 Level of Observation (1:1)** – one staff assigned to ~~monitor~~ Monitor one patient and ~~as ordered by the psychiatrist;~~ can be continuous around the clock or W~~w~~hile A~~a~~wake ~~(WA)~~ and is valid for 24 hours unless otherwise ordered by the PHF psychiatrist or physician.

2. ~~Line of Sight~~ **1:1 Line of Sight (~~LOS~~ 1:1 LOS)** – patient must be within eye sight of the assigned staff ~~as ordered by the psychiatrist~~. Assigned staff should be no further than approximately ten (10) feet from the patient with no physical obstructions between the staff and patient.
3. ~~Arm's Length~~ **1:1 Arms Length (~~AL~~ 1:1 AL)** – patient must be within arm's length of the assigned staff at all times, including inside restrooms,~~as ordered by the psychiatrist~~.
4. **1:1 While Awake (1:1 WA)** – while awake, including 1:1 LOS WA and 1:1 AL WA.

~~2.2.~~2.3. **Q15** – every 15 minutes.

3. POLICY

3.1. Upon admission and based on the patient's clinical presentation throughout the patient's stay, a PHF psychiatrist, physician, or nurse practitioner will order the appropriate ~~level~~ Level of ~~observation~~ 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~~ Monitor and document the location and behavior of all patients, regardless of the ~~observation level~~Level of Observation ordered, ~~every 15 minutes~~at Q15. ~~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.~~ A PHF psychiatrist, physician, or nurse practitioner will document ~~The~~ the ordered ~~level~~ Level of ~~observation~~ Observation ~~will be documented~~ in the patient's medical record. ~~on the:~~

~~4.2. Room menu;~~

~~4.3. Patient room assignment board in the nurse's station; and~~

~~4.4.~~4.1. ~~The daily flow sheet for each shift.~~

~~1. Assigned staff will document observations on the PHF Q15 Minute Unit Rounds: *Day Shift* form (see Attachment A), PHF Q15 Minute Unit Rounds: *Night Shift* form (see Attachment B), and *Patient Observation Record* (see Attachment C). Each observation must be appropriately coded and initialed at the time the observation occurs.~~

4.2. 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.~~

1. The ~~Completed~~ completed Q15 Minute Unit Rounds forms (See Attachment A & B) will be filed ~~in the "Completed Round Sheets" binder located in the nursing station. will be filed by the last staff member to document observations in the "Completed Round Sheets" binder located in the nursing station.~~

~~2. The Completed forms must be stored for a minimum of three years.~~

~~3.~~2. The completed *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~~ Monitoring at the beginning of each shift together.

5.2. Assigned staff ~~will~~:

1. ~~-~~Will conduct an in-person routine ~~observation~~ Monitoring ~~every 15 minutes~~at Q15 on all patients assigned to a routine ~~level~~ Level of ~~observation~~Observation;~~.~~

2. ~~Routine observations cannot occur via a surveillance system.~~ Will document the patient's location and behavior(s) immediately following the Monitoring on the *Q15 Minute Unit Rounds* forms and the *Patient Observation Record* form;

~~2.~~3. Will ensure their initials and signature are documented on each form; and

~~3. 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.~~

~~4. 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.~~

4. ~~Upon completion of an assigned rounds period, assigned staff are~~ Are responsible for transferring the rounds clipboard directly to the next scheduled assigned staff upon completion of an assigned rounds period.

a. If ~~he or she is~~the next assigned staff person is~~y are~~ unavailable, staff will consult with the Team Leader.

b. 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:~~

~~6.2. 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)~~

~~6.3. Risk for fall due to increased sedation from medication, recent seizure or unstable gait~~

~~6.4. Confusion to the point that the patient becomes hostile/aggressive or cannot provide self-care~~

~~6.5. Wandering into other patient rooms or inappropriate restrooms~~

~~6.6. Actual attempts at self-harm, including minor attempts such as scratching his/her wrist or performing some other minor injury to his/her body~~

~~6.7. Experiencing severe depression with verbal threats to commit suicide and a viable plan to carry out a suicide attempt while in the facility~~

~~6.8. Recent serious suicide attempt~~

~~6.9. Aggressive actions or imminent threats to harm specific others on the unit~~

~~6.10. Exhibiting acute psychosis with command hallucinations to self-harm and demonstrating inability to not act on those commands~~

~~6.11. Significant impairment in functioning (e.g. visually impaired; swallowing difficulties; patient admitted with a fracture and requires assistance for self-care)~~

~~6.12. 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)~~

~~6.13. Behaviors that constitute harassment or abuse of others.~~

~~6.14. 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.~~

~~1. A 1:1 level of observation order is valid for 24 hours. The order must specify whether the increased level of observation is continuous (LOS 1:1, AL 1:1) or while awake (LOS 1:1 WA, AL 1:1 WA).~~

6.1. The PHF psychiatrist, physician, or nurse practitioner:

1. Must specifiy the clinical rationale for increased Level of Observation;
2. Must include the Level of Observation ordered;
2. ~~W~~will ~~evaluate~~ the patient ~~daily~~ at minimum every 24 hours to determine whether or not to continue a 1:1 ~~level of observation~~ order; and.
3. ~~When indicated, the PHF psychiatrist will~~ w~~W~~ill write a new 1:1 ~~level of observation order every 24 hours~~when indicated.
   a. An order is good for a 24 hour period and requires clinical review before renewal.If the order isn't renewed at the 24-hour mark, it is automatically discontinued.

~~3.~~4. Must complete an assessment and order the discontinuation of the 1:1, if it is clinically determined that ~~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~~.

~~6.15.~~6.2. ~~If~~ In 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 Section 6.1)~~, a Registered Nurse (RN) may place a patient on a nursing 1:1 ~~level of observation for no longer than one hour~~. The RN ~~will~~may consult with the PHF psychiatrist, physician, or nurse practitioner for further evaluation. ~~obtain an order from an authorized psychiatrist within one hour.~~

7. ONGOING 1:1 MONITORING AND SAFETY PRECAUTIONS

7.1. Assigned staff:

1. Will continuously Monitor pPatients placed on a 1:1; level of observation will be monitored continuously.;

   a. Lapses in monitoring 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).

2. Staff assigned to the 1:1 observation of a patient will Will document the location and behavior of the patient at Q15 minute intervals on the *Patient Observation Record* form (Attachment C) (see Attachment C);.

   b. All staff members assigned to a patient's 1:1 monitoring will ensure their initials and signature are documented on the same form.

3. Must accompany The 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.

2. Whenever possible, the patient's room assignment will be in close proximity of the nursing station.

   a. A contraband/safety check of the patient's room and belongings will be completed at the beginning of each shift. The Team Leader will determine which items remain in the room with the patient.

   b. 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.

7.2. Patients on a 1:1 level of observation may only leave the unit for emergency treatment and under a physician's order.

8. STAFFING REQUIREMENTS

8.1. Staff assigned to a 1:1 will When possible, the staff assignment to a 1:1 will be rotated at a minimum of every four (4) hours.

Assigned staff will have have no other duties while monitoring Monitoring the patient on 1:1.

ASSISTANCE

Jennifer Hidrobo, PHF Clinical Director

Laura Zeitz, RN, PHF Administrative Liaison

~~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 – Patient Observation Record

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
Draft	2.0	• Added 'Montioring' and 'Level of Observation' as definitions. • Added nurse practitioner as someone who could write orders. • Streamlined language and tried to make it mirror with the Care of Suicidal Patient policy revised in 2019.
8/16/17	1.1	• 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).

PHF Q 15 minute Unit Rounds: *Day Shift*

Date: _____

RM	NAME	O700	O715	O730	O745	O800	O815	O830	O845	O900	O915	O930	O945	1000	1015	1030	1045	1100	1115	1130	1145	1200	1215	1230	1245
1L																									
1R																									
2L																									
2R																									
3L																									
3R																									
4S																									
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8L																									
8R																									
9																									
10S																									
11L																									
11R																									
	Staff Initals																								
	Male / Female Latrine																								

Initials	Signature/Title

LOCATION CODE:

A.	Patient Room
B.	Bathroom
C.	Hallway
D.	Dayroom
E.	Hearing Room
F.	Dining Room
G.	Physician's Office
H.	Telephone Room
I.	R.T. Room
J.	Comfort Room
K.	Patio
L.	Veranda
M.	Off Unit
N.	1:1
O.	Court
P.	Other:_____

BEHAVIOR CODE:

1.	Standing Still
2.	Walking
3.	Pacing
4.	Sitting
5.	Sleeping w/ obvious respiratory sounds & movements
6.	Seclusion/Restraint
7.	Eating
8.	Watching T.V.
9.	Talking On Phone
10.	Isolating
11.	Interacting Socially
12.	Interacting With Staff
13.	Engaged in RT Activities
14.	Yelling
15.	Screaming
16.	Disrobing
17.	Combative
18.	Quiet
19.	Crying
20.	Reading
21.	Using Toilet
22.	Visiting
23.	Posturing
24.	Using Shower
25.	Lying in Bed
28.	Physical Activity
29.	Other :_____

PHF Q 15 minute Unit Rounds: *Day Shift*

Date: _____

RM	NAME	1300	1315	1330	1345	1400	1415	1430	1445	1500	1515	1530	1545	1600	1615	1630	1645	1700	1715	1730	1745	1800	1815	1830	1845
1L																									
1R																									
2L																									
2R																									
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7R																									
8L																									
8R																									
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11R																									
	Staff Initals																								
	Male / Female Latrine																								

Initials	Signature/Title

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J.	Comfort Room
K.	Patio
L.	Veranda
M.	Off Unit
N.	1:1
O.	Court
P.	Other:_____

BEHAVIOR CODE:

1.	Standing Still
2.	Walking
3.	Pacing
4.	Sitting
5.	Sleeping w/ obvious respiratory sounds & movements
6.	Seclusion/Restraint
7.	Eating
8.	Watching T.V.
9.	Talking On Phone
10.	Isolating
11.	Interacting Socially
12.	Interacting With Staff
13.	Engaged in RT Activities
14.	Yelling
15.	Screaming
16.	Disrobing
17.	Combative
18.	Quiet
19.	Crying
20.	Reading
21.	Using Toilet
22.	Visiting
23.	Posturing
24.	Using Shower
25.	Lying in Bed
28.	Physical Activity
29.	Other :_____

PHF Q 15 minute Unit Rounds: *Night Shift*

DATES: _____ to _____

RM	NAME	1900	1915	1930	1945	2000	2015	2030	2045	2100	2115	2130	2145	2200	2215	2230	2245	2300	2315	2330	2345	2400	OO15	OO30	OO45
1L																									
1R																									
2L																									
2R																									
3L																									
3R																									
4S																									
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7L																									
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J.	Comfort Room
K.	Patio
L.	Veranda
M.	Off Unit
N.	1:1
O.	Court
P.	Other:_____

BEHAVIOR CODE:

1.	Standing Still
2.	Walking
3.	Pacing
4.	Sitting
5.	Sleeping w/ obvious respiratory sounds & movements
6.	Seclusion/Restraint
7.	Eating
8.	Watching T.V.
9.	Talking On Phone
10.	Isolating
11.	Interacting Socially
12.	Interacting With Staff
13.	Engaged in RT Activities
14.	Yelling
15.	Screaming
16.	Disrobing
17.	Combative
18.	Quiet
19.	Crying
20.	Reading
21.	Using Toilet
22.	Visiting
23.	Posturing
24.	Using Shower
25.	Lying in Bed
28.	Physical Activity
29.	Other :_____

PHF Q 15 minute Unit Rounds: *Night Shift*

DATES: _____ to _____

	NAME	O100	O115	O130	O145	O200	O215	O230	O245	O300	O315	O330	O345	O400	O415	O430	O445	O500	O515	O530	O545	O600	O615	O630	O645
1L																									
1R																									
2L																									
2R																									
3L																									
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9																									
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Initials	Signature/Title

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M.	Off Unit
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O.	Court
P.	Other:_____

BEHAVIOR CODE:

1.	Standing Still
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3.	Pacing
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12.	Interacting With Staff
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16.	Disrobing
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18.	Quiet
19.	Crying
20.	Reading
21.	Using Toilet
22.	Visiting
23.	Posturing
24.	Using Shower
25.	Lying in Bed
28.	Physical Activity
29.	Other :_____

DATE:_____

Patient Observation Record

All patients are monitored every 15 minutes.

Circle to indicate if patient is on increased monitoring: **1:1 Arm's Length** OR **1:1 Line of Sight**

LOCATION CODE:				BEHAVIOR CODE:							
A.	Pt Room	H.	Telephone Room	1	Standing Still	8	Watching T.V.	15	Screaming	22	Visiting
B.	Bathroom	I.	R.T. Room	2	Walking	9	Talking On Phone	16	Disrobing	23	Posturing
C.	Hallway	J.	Comfort Room	3	Pacing	10	Isolating	17	Combative	24	Using Shower
D.	Dayroom	K.	Patio	4	Sitting	11	Interacting Socially	18	Quiet	25	Lying in Bed
E.	Hearing Rm	L.	Veranda	**5**	**Sleeping w/ obvious respiratory sounds & movements**	12	Interacting With Staff	19	Crying	26	Court
F.	Dining Room	M.	Off Unit	6	Seclusion/Restraint	13	Engaged in RT Activities	20	Reading	27	Appointment
G.	Physician's Office	N.	1:1	7	Eating	14	Yelling	21	Using Toilet	28	Physical Activity
										29	Other:

Indicate where the patient is (Location code) and what they are doing (Behavior Code) at 15 minutes intervals.
Observing staff place your initials in the INITIAL box.

TIME	LOCATION /BEHAVIOR CODES	STAFF INITIALS	TIME	LOCATION /BEHAVIOR CODES	STAFF INITIALS	TIME	LOCATION /BEHAVIOR CODES	STAFF INITIALS	TIME	LOCATION /BEHAVIOR CODES	STAFF INITIALS
0:00			6:00			12:00			18:00		
0:15			6:15			12:15			18:15		
0:30			6:30			12:30			18:30		
0:45			6:45			12:45			18:45		
1:00			7:00			13:00			19:00		
1:15			7:15			13:15			19:15		
1:30			7:30			13:30			19:30		
1:45			7:45			13:45			19:45		
2:00			8:00			14:00			20:00		
2:15			8:15			14:15			20:15		
2:30			8:30			14:30			20:30		
2:45			8:45			14:45			20:45		
3:00			9:00			15:00			21:00		
3:15			9:15			15:15			21:15		
3:30			9:30			15:30			21:30		
3:45			9:45			15:45			21:45		
4:00			10:00			16:00			22:00		
4:15			10:15			16:15			22:15		
4:30			10:30			16:30			22:30		
4:45			10:45			16:45			22:45		
5:00			11:00			17:00			23:00		
5:15			11:15			17:15			23:15		
5:30			11:30			17:30			23:30		
5:45			11:45			17:45			23:45		

Staff Name and title	Initials	Staff Name and title	Initials	Staff Name and title	Initials

Patient Sticker