Division of Mental Health Services
Administrative Bulletin 3:34

Effective Date: March 18, 2009 **Revised**: April 14, 2009

SUBJECT: Special Observation Procedures

I. STATEMENT AND PURPOSE

This Bulletin requires that observation procedures such as 1:1 are used only when absolutely necessary to protect life and ensure safety, and that the ongoing need for these procedures shall be addressed by treatment team interventions and monitored by the hospitals' clinical leadership. These procedures shall only be used to prevent aggressive, suicidal, and self-injurious behaviors in patients who require close supervision and only for a limited period of time. Special Observation shall not routinely be used to manage patients with choking, falls or high risk medical conditions, or those on elopement risk, which require alternative measures.

While these procedures allow treatment to be provided safely, these are not treatment interventions. The treatment team shall be required to provide clinical interventions that address the behavioral problems underlying the patient's placement on Special Observation. Nursing staff shall support these interventions and ensure that patient privacy is maintained while on 1:1. When appropriate, these patients shall have access to off unit/on grounds treatment programs.

II. SCOPE

This Bulletin applies to all state psychiatric hospitals.

III. DEFINITIONS

1:1 Observation requires constant visual observation by one staff person who is within the patient's immediate proximity and assigned only to observe that individual patient.

Periodic Visual/Intermittent Observation requires the visual observation of a patient at least every 15 minutes by an assigned staff who may or may not be monitoring other patients on Special Observation.

Treatment Team will for the purpose of this policy, at a minimum, consist of a psychiatrist, nurse, and a social worker or psychologist.

IV. AUTHORIZATION

In order to allow time for hospitals to develop interventions and programs to address patients with non-behavioral conditions that currently require Special Observation procedures, hospitals have sixty (60) days from the effective date of this Bulletin to comply with the policy.

V. PROCEDURES

A. Placement on Special Observation

1. Special Observation shall only be utilized to prevent aggressive and self-injurious behaviors, which includes physical violence, homicidal or suicidal ideation, cutting and other self-injury, including the swallowing of objects. Special Observation shall not be utilized for medical, security or clinical needs for which alternative procedures and interventions are available or preferable, including the following:

   a. targeted (maximum) weight procedures for patients with polydipsia
   b. mealtime monitoring and treatment/habilitation plans for those with choking risk
   c. special equipment, physical therapy and assistance with transfers/mobility when needed for fall risk
   d. security doors/measures for elopement risk
   e. Nursing care plan for acute medical/post-surgical risk

2. A Physician or APN shall order the observation, stating the reason for the observation, specific timeframes for its use, and the specific exit criteria or behaviors that the patient must demonstrate for the observation to be discontinued. He/she shall also provide guidance to staff on patient management during the observation, when needed.

3. In an emergency, when no Physician/APN is immediately available, a RN can place a patient on Special Observation, but a Physician/APN needs to make a personal evaluation of the patient and write an order for the Special Observation within one (1) hour.

4. The Physician/APN writing the order must immediately inform the Nursing staff of the requirements of the order and document this in a progress note. The Physician/APN

and the assigned Nursing staff shall inform the patient of the status and its purpose, and also explain the criteria for removing his/her Special Observation status.

5. Orders can be time-limited and be required during special times or during specific activities. For example, orders may require patients to be on Periodic Visual Observation for assault or other behaviors only during times when he/she is out of his/her room during waking hours.

6. The treatment team shall ensure that the treatment plan of a patient on Special Observation describes the specific interventions being provided to address the patient's maladaptive behavior. Each team member will be involved in providing active treatment to the patient, and their specific interventions, as well as a schedule of interventions and the criteria for discontinuation of the Special Observation status, will be described in detail in the treatment plan, a copy of which shall be given to the patient.

7. The treatment plan shall be routinely reviewed and revised in accordance with the following:

   a. Plans of patients on 1:1 shall be reviewed no less than twice weekly.
   b. Plans of patients on Periodic Observation shall be reviewed no less than every week.

8. The Charge Nurse will have full discretion to assign Nursing staff to monitor patients depending on the patient's needs, but these shift assignments should be reasonable and consider the staff's ability to maintain observations over an extended period. The Charge Nurse shall ensure that the assigned staff persons are intervening therapeutically and encouraging more adaptive functioning in accordance with the treatment plan and specific team recommendations.

9. Whenever a patient on Special Observation status needs to have coverage adjusted because of a special situation (e.g., patient needs to be allowed some privacy with interviewer, such as when there is a need for him/her to be debriefed after a restraint), the Charge Nurse will be responsible for ensuring that this is done safely. The Charge Nurse will also consider requests from patients to change the staff person assigned to monitor them.

10. When a multidisciplinary staff member needs to assume the assignment to monitor a patient on Special Observation, such as when a psychologist is conducting individual therapy, he/she shall document the patient's behavior on a Special Observation flow sheet and document observations of the patient every 15 minutes.

11. Patients on Special Observation shall receive active treatment and are not to be restricted from access to essential treatment programs and services that will benefit them. Patients shall participate in treatment programs that are provided on or off the unit, such as in centralized programs or a treatment mall, when safety is assured and when this is permitted by policy (may require SSPRC and/or Medical Director's approval). If patients are otherwise restricted from these programs for any reason, documentation in the treatment plan shall state the rationale for this.

12. Any alteration in the ordering, use or provision of Special Observations that is not in accordance with this Bulletin shall require the prior authorization of the hospital's Clinical/Medical Director.

B. One-to-One (1:1) Observation

1. Orders for 1:1 observation shall be rewritten at least daily by the attending Physician/MOD after a face-to-face assessment of the patient. Hospital policies can require that 1:1 orders be of shorter duration (e.g., every eight hours), if needed. Orders shall describe the parameters for the 1:1 observation, including the staff's proximity to the patient being monitored (e.g., arms length to six feet), and this shall be individualized to the patient's clinical needs.

2. When ordering 1:1, the Physician/APN must state the clinical justification in a progress note, which shall include a review of the observation flow sheets, the clinical interventions being provided, and specific exit criteria. Physician/APN notes shall be rewritten at least daily.

3. The treatment team shall meet within 24 hours of a patient being placed on 1:1 observation, although this may occur on the next working day if the patient is placed on 1:1 observation during a holiday or weekend. The treatment

team shall write a team note and document the interventions being provided by each discipline in the patient's treatment plan. The interventions provided by each discipline must address goals and objectives that conform to the exit criteria for the discontinuation of 1:1.

4. Physicians/APNs shall meet with their treatment team on a daily basis to review the progress of patients on 1:1. Treatment teams shall address the behavior(s) that require ongoing 1:1 observation by reviewing and revising the treatment plan as needed and documenting the patient's response in a team note at least every 72 hours.

5. During other than regular duty hours, MODs shall monitor every patient on 1:1 at least once during their rounds by reviewing patients' status with the Charge Nurse. Documentation of rounds on 1:1 patients shall be noted on the MOD Duty Log. They will conduct a face-to-face assessment of any patient for whom a RN has requested an individual evaluation, and this shall be documented in a progress note.

6. The RN must assess the patient at least every two hours, collaborating with the assigned staff, and monitoring the 15-minute observation recordings and signing off on the Special Observation Flow Sheet. Exceptions shall be made when patients are off the unit or in a treatment mall.

7. The Clinical/Medical Director, Nursing Administrator Psychiatric Services, Chief of Psychiatry and/or Chief of Medicine, or their designees, shall review each patient placed on 1:1 observation at least twice weekly. They shall involve other Discipline heads, as needed, and the unit's Section Chief, in order to assess the adequacy of the treatment protocol and the continued need for Special Observation.

8. No patient shall be placed on 2:1 observation without <u>prior</u> written approval of the Medical/Clinical Director or his/her designee. The Medical/Clinical Director shall advise the CEO of the circumstances and shall review the continued need for 2:1 observation on a daily basis.

C. Periodic Visual/Intermittent Observation

1. Orders for Periodic Visual/Intermittent Observation shall require a face-to-face evaluation of the patient and shall be re-written at least every three days.

2. When ordering Periodic Visual/Intermittent Observation, the Physician/APN must state the clinical justification in a progress note, which shall include a review of the Special Observation Flow Sheets, the clinical interventions being provided, and the specific exit criteria. Notes shall be written twice weekly for as long as the patient remains on Periodic Visual/Intermittent Observation.

3. The treatment team shall meet within 72 hours of a patient being placed on Periodic Visual/Intermittent Observation. At this time, the treatment team shall document in the treatment plan the intervention(s) that will address the behavior(s) requiring Special Observation, as well as the specific exit criteria.

4. The treatment team shall meet to review and document the need for Periodic Visual/Intermittent Observation at least every seven days, at which time the Special Observation intervention(s) shall be reviewed.

5. The assigned staff will be aware of the patient's location at all times. Patients must be checked and documented every 15 minutes, but staff should vary observation times so that this is not predictable.

6. The RN must assess the patient every four hours, collaborating with the assigned staff, and monitoring the 15-minute observation recordings and signing off on the Special Observation Flow Sheet.

VI. Monitoring of Special Observation

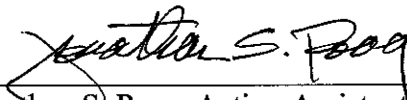
A. Supervisors of Nursing shall make rounds on each shift to monitor all patients on Special Observation to ensure that staff adhere to Nursing procedures and that patients are being managed safely. Nursing Administrators and Assistant Directors of Nursing shall make frequent and random rounds on units to observe the monitoring of patients on Special Observation.

B. At least twice weekly, Clinical/Medical Directors or their designees shall review the status of every patient on Special Observation with the Chiefs of Psychiatry/Medicine, and the Nursing Administrator Psychiatric Services, or their designees, as well as other discipline heads, as needed. The meeting shall include a review of the continued need for Special Observation and the interventions that will reduce or eliminate the need for Special Observation, as documented by treatment teams.

C. Every patient on 1:1 for greater than ten days shall require a clinical review to be conducted in accordance with hospital policy.

D. Reports tracking individual orders and also evaluating overall patterns of use of Special Observation will be developed by each hospital, and these shall be provided to the DMHS Medical Director and the Assistant Director, Office of State Hospital Management, on a regular basis.

E. The ongoing use of Special Observation shall be discussed at monthly meetings of Managing Physicians and of the Nursing Administrators.



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