Title:	Constant Observer Assessment, Implementation and Discontinuation	Page 1 of 6
Policy No:	2 PC 404	Effective Date 12/16/16

I OBJECTIVE

- To provide a safe and secure environment for patients
- To outline the process for assessment, use of alternatives, ordering and initiation, staffing, implementation, discontinuation and monitoring/tracking of Constant Observers

II SCOPE

DMC Medical Staff (MD), Midlevel Provider (MLP), Registered Nurse (RN), Constant Observer (CO), Patient Attendant-Safety (PA-S),Patient Care Management, and other patient care staff within their scope of practice with demonstrated competency

III DEFINITIONS

Constant Observer (Patient Attendant-Safety)

Hospital employee who has completed competency training related to continuous patient observation. Under the direction of a registered nurse (RN), provides continuous visual and proximal contact with the patient(s), including but not limited to in-room observation, provision of basic comfort services, maintaining a safe environment, accompanying patient during transportation for tests/procedures, and documentation on appropriate forms.

IV POLICY

The DMC recognizes that Constant Observers may be utilized in order to provide continuous observation of a patient to support safety. The DMC uses a clinical assessment approach to determine clinically based assignment and implementation. There is a process in place to monitor Constant Observer usage to ensure appropriate assignment and management of resources.

A Patients are initially and continuously assessed to determine the extent to which they present a safety risk to themselves or others or are otherwise at risk for undesirable outcomes such as elopement, falls or injury. Based on the level of assessed risk, the patient may be assigned a constant observer.

B The order is good for a maximum of one calendar day . Continued use beyond the first day requires an order by the physician/MLP designee no less than once every calendar day based on patient assessment.

C The order stipulates the level of constant observation:

Level 1 One-to-One Observation--patient is observed constantly, at arms-length distance with no physical barriers in the same room/area. *If an assessment reveals that a patient is a danger to self and/or others a constant observer is implemented immediately. A constant observer at the bedside for this patient takes priority over other requests for Constant Observer..*

Level 2 Close Observation--patient is observed constantly in close proximity within direct line of sight in same room/area. Patients requiring close observation may be cohorted with another patient in the same room . However, a *patient who is impulsive or at risk for harm to self and/or others may not be cohorted with another patient.*

V PROCEDURE

Assessment

1 The physician/MLP, in collaboration with the RN and other members of the interdisciplinary team, determines the need for constant observation. Discussion includes alternatives used or considered, duration

of observation period and expected outcomes. Patient's family/significant other should not be construed as an alternative to continuous observation by a constant observer.

2 The Suicide Risk Assessment Policy (CO-2.027) is followed for all patients meeting criteria. The medical screening will determine the level of constant observation i.e. one-to-one or close observation.

3 The RN is responsible for assessing the patient's physical condition, behaviors and emotional status to determine if constant observation is warranted to ensure patient safety. Conditions that may indicate need for constant observation include but are not limited to:

Safety: Non-Violent / Non-Self Destructive Behaviors

- Secondary diagnosis such as dementia, Alzheimer's disease, Parkinson's disease, delirium and substance abuse affecting cognitive issues (impaired judgment, disorientation, confusion, agitation, impulsivity, etc.).
- Unable to follow safety instructions due to factors such as blindness, hearing impaired, language impaired, language barrier, unable to communicate needs.
- At risk for falls/ injury per assessment (2 PC 401 -- Patient Safety Plan)
- Interference with vital medical devices or pulling out lines or tubes, for example, tracheostomy, central line, PICC lines, or drainage tubes.
- Based on the risk for elopement due to cognitive deficits (e.g.: confused, disoriented) Constant Observer may be ordered for Safety at a Level 2 -- Close Observation

Violent : Harmful to Self / Others / Property

- Drug seeking behavior (demanding narcotics, requesting IV meds only).
- Auditory/visual command hallucination with self-destructive or assaultive acting out behavior.
- Poor impulse control with active destruction of property/ environment.
- To prevent physical injury to the patient and/or others.
- Suicidal and /or homicidal ideation and or gesture or hopelessness.
- Paranoid, psychotic or delusional type behaviors
- The patient with high potential for violence, including outbursts (history of such within 48 hours of encounter).
- Assessed as an elopement risk:
  - Any adult patient who is under psychiatric evaluation or care and identified at risk for unauthorized departure or who has threatened departure from the hospital. Patient may not be allowed to leave the hospital without psychiatric clearance. (2 PC 403-Homicide, Suicide, Elopement Precautions)
  - Any patient, less than 18 years of age, who independent of their parent/legal guardian is identified at risk for unauthorized departure or who has threatened departure from the hospital. (Note: parent/guardian may take patient and leave AMA regardless of psych eval or condition. Patient cannot leave of his own volition).
  - See above for patient assessed as elopement risk due to cognitive deficits (e.g.: confused, disoriented).

4 Assessment findings are documented and alternative interventions are used/considered prior to contacting the physician for a Constant Observer order. Alternatives may include:

- Orientation / re-orientation to person/environment
- Reassurance
- Room close to nurses station
- Commode at bedside (not in safe room)

- Pharmacy consult and/or medication evaluation
- Pain management
- Diversional/Expressive activity/sensory aides
- Bed/chair alarm activation as a cue for patient reassessment if alarm sounds (may not be used for prevention)
- No less than hourly reassessment to determine escalation in condition/risk factors
- Decrease stimulation/quiet room area
- Limit setting

Ordering / Initiation of Constant Observer

5 A physician/MLP order is required for the initiation, continuation and discontinuation of continuous observation by a constant observer. The order is time limited and must be renewed or discontinued each calendar day by the physician/MLP. In emergent situations, the RN may initiate use of a constant observer and immediately notify the physician/MLP to request an order.

6 The RN is responsible for providing direction to and supervision of the Constant Observer and for obtaining ongoing reports. The RN is responsible for reviewing and signing the *Constant Observer Flow Sheet* every 4 hours.

7 A *Constant Observer Assessment and Request Form* must be completed for the initial request and every 12 hours until patient assessment warrants discontinuation.
- The completed form is forwarded to the site Nursing Office/Staffing Supervisor (or other designated Department) to request a constant observer and for processing and tracking purposes.

8 Constant Observers are assigned from the designated constant observer staff. In the event that a constant observer is not available, the Nursing Officer/Staffing Supervisor/designee determines the methodology for providing temporary and on-going continuous observation which includes:
- Re-assignment of current unit staff (e.g. PCA, NA)
- Re-assignment of current staff from another hospital service area
- Utilization of overtime or additional worked hours.
- Cohorting of patients where appropriate, including in-house transfer to another medical-surgical unit.
- Patients who are a danger to self and/or others take priority

9 All constant observers must have a patient population specific constant observer competency completed prior to assignment.

General Safety Measures

10 At the time a Constant Observer (sitter) is ordered, the RN/designee conducts a search of the immediate area and as needed, a personal search to identify and remove any hazardous/harmful articles.
- Items that cannot be removed are secured out of patient reach
- Potentially harmful medical care equipment and supplies are not left in the room. Sharp/dangerous items are properly disposed of or removed from room after use (scalpels, syringes, scissors)

11 The RN completes the Environment Patient Safety Checklist on initiation and at the beginning of each shift for all patients with a Constant Observer ordered for Violence: Harmful to Self/Others/Property (see Suicide Risk Assessment CO-2.027)

12 Although the duty to protect the patient's or others' lives overrides the patient's right to privacy, every attempt is made to maintain the patient's dignity and privacy. For example: The bathroom is searched for hazardous items before the patient enters, the door is left ajar and the Constant Observer remains at "arm's length".

Patient/Family Education

13 Patient/family education is provided by the RN and includes the request for and removal of any hazardous articles and medications from patient access. Any article deemed hazardous is sent home with the family or secured in the patient's property.

14 Staff informs visitors that potentially harmful gifts (glass, scissors, and matches) are not to be given to the patient. Only cordless electric razors are permitted for patient's use.

Implementation of Constant Observer

15 The RN assigned to the patient remains responsible for the nursing care throughout the shift regardless of the presence of a Constant Observer. Other caregivers continue to provide care as indicated by the patient's needs. (See also 2 PC 402 --Prisoners Admitted to Inpatient Units)

- The diet order may include a "safety/suicide" tray when the reason for admission or assessment indicates that the patient is at risk for harm to self/others. The safety/suicide tray contents varies with the site/population. Refer to hospital dietary department for specifics.

16 The RN continuously assesses the patient's physical condition, behaviors, and emotional status.

Documentation Required	Frequency
Constant Observer Assessment & Request Form (RN completes)	▪ On initiation ▪ At 0400 and 1600 for continued use ▪ On discontinuation
Constant Observer Flow Sheet (CO completes/initials)	▪ Every 15 minutes
Constant Observer Flow Sheet (RN reviews/initials)	▪ At beginning of shift ▪ Every 4 hours
EMR Ongoing Assessment (RN completes)	▪ Per Unit protocol

17 For patients assessed at risk for Violence: Harm to self/others or property, the RN completes the Environmental Patient Safety Checklist at the beginning of each shift.

18 The Director/Manager/Designee rounds at the start of each shift with the RN on all patients with Constant Observers to assess process and care. The Chief Nursing Officer/designee reviews Constant Observer use daily.

19 The RN provides report to the Constant Observer at the beginning of each shift to including: reason for constant observation, precautions, patient level of awareness, communication status, mobility, dietary restrictions, safety concerns, how to call for assistance or immediate help and visitor status/restrictions.

20 The Constant Observer documents patient observations every 15 minutes on the *Constant Observer Flow Sheet*. (Attachment 1)

21 At the beginning of each patient assignment the Constant Observer reviews the *Constant Observer Roles and Responsibilities* and signs the *Constant Observer Flow Sheet* indicating agreement to abide by them. There is the opportunity for the Constant Observer to seek clarification from the RN for any questions/concerns.

22 The Nurse Manager/designee is responsible for coordinating relief including meals and breaks for all Constant Observers assigned to the unit.

Discontinuation of Constant Observers

23 When continuous observation is no longer required, the RN confers with the physician to obtain a discontinuation order.

24 Reasons for discontinuation of constant observation include:
- Order has been discontinued by physician, mid-level provider or qualified mental health professional order.
- Suicidal and/or homicidal precautions discontinued by physician.
- No interference with vital medical devices or pulling out lines or tubes, NG tubes, Foley catheter, etc.
- No longer at risk for elopement.

Note: When transferred to skilled nursing facilities, patients may be required to have constant observers discontinued 24 hours prior to transfer.

Monitoring/Tracking of Constant Observers

25 Constant Observers assignments are included in the electronic or manual staffing schedule. The Nursing Office/Staffing Supervisor or designee documents continuous observation hours in Kronos as well as on the *Constant Observer Log* and on appropriate staffing and/or scheduling records.

26 When utilized, the Constant Observers are assigned to corporate mandated non-behavioral and behavioral cost centers to track hours and cost. Hours are tracked in Kronos by shift and include unit, hours and reason.

27 Constant Observer hours are tracked each shift including unit, hours and reason.

28 The Nursing Office maintains a log of all Constant Observer activity: where assigned and reason (safety or behavioral).

29 The CNO/designee reviews the use of Constant Observers daily.

Responsibility and Enforcement

30 The CNO/designees are responsible for ensuring that all individuals adhere to the requirements of this policy and that instances of non-compliance with this are reported to the Chief Nursing Officer.

31 All Medical and hospital staff whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy is subject to appropriate performance management pursuant to all applicable policies and procedures, including the Medical Staff Bylaws, Rules and Regulations.

VI REFERENCES

- 1 CLN 008 -- Restraint Use
- 2 PC 401 -- Patient Safety Plan
- 2 PC 402 -- Prisoners Admitted to Inpatient Unit
- 2 PC 403 -- Homicide, Suicide, Elopement Precautions
- CO-2.027 -- Suicide Risk Assessment
- CO-2.033 -- Constant Observer

VII ATTACHMENT / APPENDIX

- Attachment 1a Constant Observer Assessment and Request Form
- Attachment 1b Constant Observer Flow Sheet
- Appendix A Constant Observer Roles and Responsibilities

ADMINISTRATIVE RESPONSIBILITY

The Chief Nursing Officer, Detroit Medical Center has overall responsibility and authority for administration of policies, procedures and guidelines related to patient care. The site CNO has day-to-day responsibility for administering of this policy.

APPROVAL

This policy has been approved and is duly authorized by Detroit Medical Center, Children's Hospital of Michigan, Detroit Receiving Hospital, Harper/Hutzel Hospital, Huron Valley-Sinai Hospital, Rehabilitation Institute of Michigan, and Sinai-Grace Hospital. The posting of the policy on the DMC intranet signifies that it is in full force and effect.

KEY Search Words: Sitter, observation, safety, CO, Constant Observer, behavioral,

Please check one:
This policy is: ☐New ☐Reviewed ☑Revised *(If* revised *box is checked complete* Changes *Section below)*

CHANGES (List out in bullet format revised changes to this policy)

- Multiple changes, read as new

Next Review:	July 2019	Retires/Supersedes:	1/31/14
History:	2 PC 404 – 11/01/01, 06/01/04, 03/01/08. 9/1/10		
Related Tenet Policy:	CO-2.033 Constant Observer (Model) published 4/5/16 CO-2.027 Suicide Risk Assessment (Model) published 9/19/16		