STANDARDS TO BE MET

All Bay of Plenty District Health Board (BOPDHB) hospital in-patients (including Emergency Department and Mental Health & Addiction Services), whose safety is significantly at risk due to changes in their cognitive, physical or psychological state, will receive an appropriate level of observation. Enhanced engagement and observation aims to reduce the factors which contribute to an individual person's risk to themselves and /or others. The process must be both safe and supportive therefore: patients must also be engaged in a positive and therapeutic relationship both during and after an increased period of need.

Levels of Observation

Level 1: General Observation
All inpatients will have this minimum baseline of observation to monitor and report on significant changes in the patient's mental, physical and behavioural state. Staff will complete intentional rounding hourly within the ward / unit to ensure the safety of all patients.

Level 2: Frequent observations (NB MHS requirement for 15 minute observations)
This is required for the person who is considered to be at a significantly increased risk compared with the average inpatient, or where the extent of risk is uncertain. A maximum interval between engagement and observations, in the range of 10 – 20 minutes must be specified and documented in the patient's health record.

Level 3: Same room and in sight
This is for the person considered to be at high risk but is less restrictive than Level 4 constant observation and requires the patient to be in visual contact by staff member at all times.

Up to four (4) patients can be clustered in a defined area supervised by one (1) or two (2) staff members, as per patient and hospital needs. The patient is required to be in visual contact by staff member.

Level 4: Constant observation and within reach 1:1
The patient is observed on a 1:1 staff / patient ratio when clinical assessment indicates a high level of care is required and / or to prevent immediate or impulsive behaviour that may be harmful to self or others.

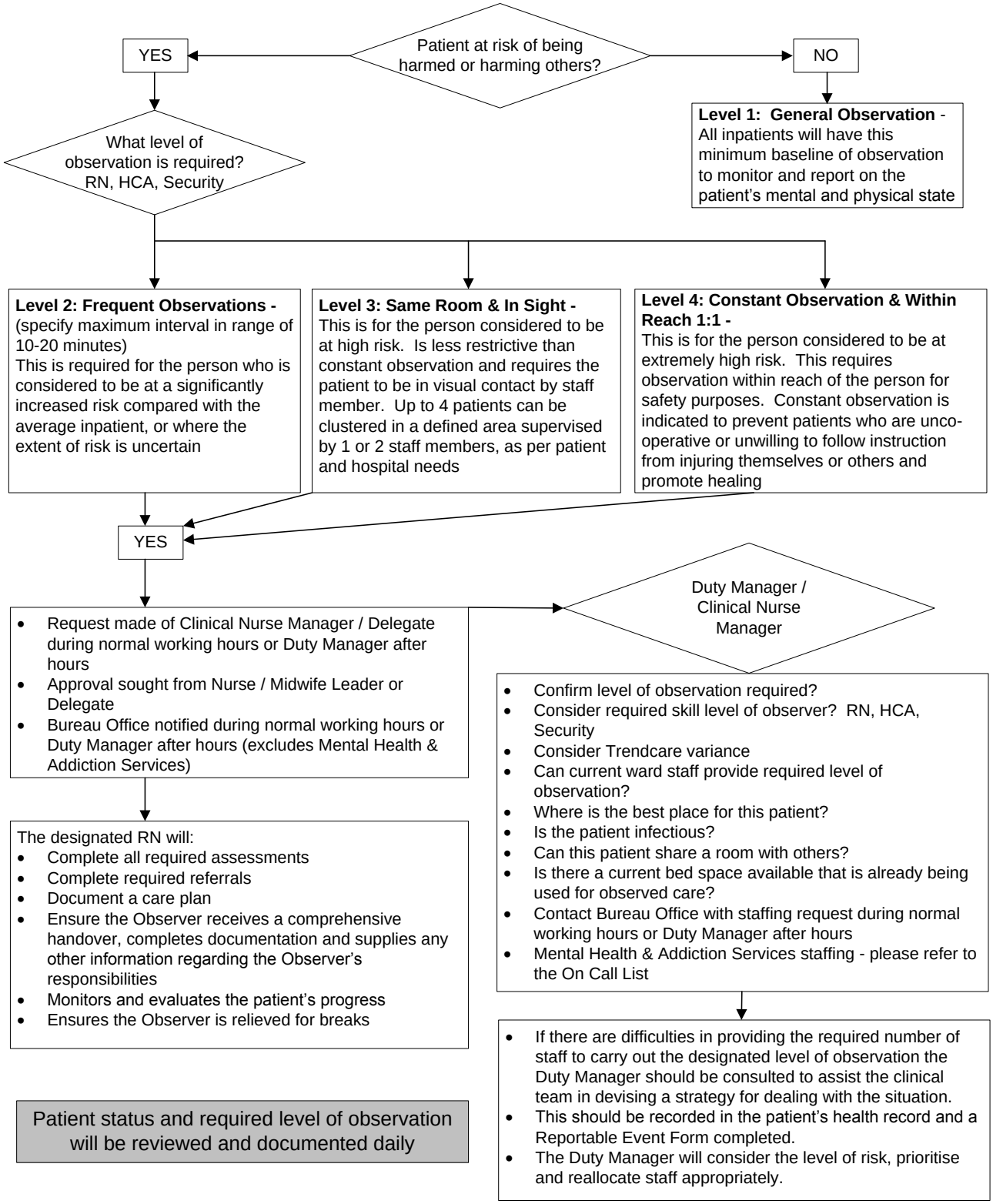
Any staff member performing constant observation must remain within arm's length of the patient, unless otherwise directed. Rationale for the constant observation must be specified and documented in patient's health record.

Seclusion Observations
Observation and care of consumers in seclusion are subject to Health & Disability Services (Restraint Minimisation and Safe Practice) Standards NZS 8134.2:2008 and are fully detailed in MHAS.A1.45 Seclusion in Mental Health.

STEP	ACTION	RATIONALE
1	• Following the appropriate Risk Assessment, some patients may require more precise and intensive observation.	• Closer observation is aimed at preventing potentially suicidal, violent or vulnerable patients from harming themselves or others. • Levels of engagement through observations need to be productive and preventative.

STEP	ACTION	RATIONALE
2	• The required level of observation must be reviewed every 24 four hours and the team should consider in advance and at each change of shift, to review behaviours which could indicate that the level of observation could be reduced.	• There may be occasions when it is appropriate that the patient is on varying levels of observation or a patient's clinical state may improve such that the nursing staff feel a reduction in observation is appropriate.
3	• The levels of observation and changes to this should be documented in the patient's health record. The documentation will include date, time and signature, level of observation, stop date and role of each person signing.	• A patient's clinical state may improve such that the nursing staff feels that a reduction in observation is appropriate and Clinical Nurse Manager (CNM) / Clinical Midwife Manager (CMM), Duty Manager or delegate may assess the patient and help with the decision.
4	• Decisions about the appropriate level of observation should be made together with the patient and / or next of kin. • The level and reason for the observation is recorded in the patient's notes and care plan. This should include, where appropriate, notifying the next of kin.	• Patients and / or next of kin are often able to make a judgement as to their vulnerability and need for observation. • The patient and / or their next of kin have the right to have the level of observation explained to them and the opportunity to ask questions. • In some cases the whanau may choose to stay with the patient to mitigate any potential harm e.g. paediatrics, falls risk.
5	• Patient clinical observations and medication administration will be carried out by the designated qualified nursing staff. • Staff carrying out the assigned level of observation will be given a handover of the patient's clinical background and their current mental and behavioural state. • Designated staff are responsible for completing the Safety Watch Information sheet.	• The staff should be aware of the reasons for the observation, in particular, any behavioural change that they need to be observing and therapeutic interventions that they should be attempting to carry out. • No one size fits all in relation the manner of engagement, how this occurs and by whom. The nurse, carer or family member with an empathic rapport may be the best person to be involved in the observation depending on the situation
6	• Maintain a quiet, calm environment where identified risks e.g. falling or self-harm, are minimised. This may include reviewing the patients ward allocation. • A BOPDHB Reportable Event Form must be completed for anyone who is harmed while receiving a higher level of observation or if a watch is requested but is unable to be provided.	• The maintenance of safety to the patient, staff and others is a prime consideration in caring for a patient who requires a higher level of observation. • Levels of engagement through observations need to be productive and preventative

Choosing the Level of Observation



REFERENCES

- Health & Disability Services (Restraint Minimisation and Safe Practice) Standards NZS 8134.2:2008
- Enhanced Engagement and Observation: A paper to inform the development of engagement and observation policies and procedures in inpatient units New Zealand Directors of Mental Health Nursing May 2015

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 7.104.1 protocol 1 Care Delivery – Team Nursing Guidelines
- Bay of Plenty District Health Board policy 7.104.1 protocol 2 Care Delivery – Nursing and Midwifery Shift Handover
- Bay of Plenty District Health Board policy 7.104.1 protocol 4 Care Delivery – Nursing and Midwifery Plan of Care
- Bay of Plenty District Health Board policy 7.104.1 protocol 5 Care Delivery - Nursing and Midwifery Assessment Standards
- Bay of Plenty District Health Board policy 7.104.1 protocol 7 Care Delivery – Patient Call System – Principles and Standards
- Bay of Plenty District Health Board policy 7.104.1 protocol 8 Care Delivery – Physiological Observation Standards for Inpatients (Adult)
- Bay of Plenty District Health Board policy 7.104.5 Safe Staffing
- Bay of Plenty District Health Board policy 6.3.5 protocol 1 Falls – Risk Reduction and Management of Inpatient Falls
- Bay of Plenty District Health Board policy 6.5.1 Discharge Planning - Inpatient
- Bay of Plenty District Health Board policy 2.5.2 Health Records Management
- Bay of Plenty District Health Board Integrated Operations Centre (IOC) protocol IOC.B1.1 Business Continuity - Variance Response Management (VRM) - Ward / Unit
- Bay of Plenty District Health Board Integrated Operations Centre (IOC) protocol IOC.S1.1 SOP - Acute Patient Journey
- Bay of Plenty District Health Board Integrated Operations Centre (IOC) protocol IOC.S1.2 SOP - Acute Patient Journey - ED, Inpatient Teams, Bed Management and Wards
- Bay of Plenty District Health Board Integrated Operations Centre (IOC) protocol IOC.S1.3 SOP - Acute Patient Journey - Diagnostics, Allied Health and Hospital Support Services
- Bay of Plenty District Health Board Integrated Operations Centre (IOC) protocol IOC.S1.4 SOP - Acute Patient Journey - Daily Operations Management
- Bay of Plenty District Health Board Daily Safety Watch Form (8103) – *viewable only. Order through Design & Print Centre*
- Bay of Plenty District Health Board Nursing / Midwifery Assessment Form
- Bay of Plenty District Health Board Nursing / Midwifery Plan of Care Form
- Bay of Plenty District Health Board Reportable Event Input form
- Bay of Plenty District Health Board policy MHAS.A1.45 Seclusion - MHAS