

# West Moreton Hospital and Health Service

## PROCEDURE

### Visual Observation Procedure

#### The Park – Centre for Mental Health

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**Approving Officer Position:**  
Director, Clinical Services

**Name:**

Terry Stedman

**Signature:**

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**Equip5**  
1.1.6

**National Mental Health Standard**  
1.9

### 1. Purpose

This procedure describes the processes for the system of observations to be applied to consumers within the facility and the parameters of each component to act as a guide to staff in regard to their responsibilities to each component, undertaken on behalf of Queensland Health.

### 2. Scope

This procedure relates to all staff at The Park.

### 3. Procedure Process

#### 3.1 General Principles

Observation arrangements must be exercised or performed so that the consumers' liberty and rights are not adversely affected.

There is no less restrictive way to protect the consumers' health and safety or the health and safety of others. In accordance any adverse effects on the consumers liberty and rights is the minimum necessary in the circumstances (Mental Health Act 2000)

Observation of consumers will occur through a system that supports care by monitoring identified risk

The facility operates a system of visual observations that maximises the safety of consumers and minimises potential risks for both the consumer and others

A system of observations is an important risk management strategy in consumer care. It should form part of the

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management of known risks and provide a method of identifying changes in the level of risk for each consumer

#### 4. Process

4.1 A current order for observation will be in place for all consumers at all times during their episode of inpatient care

4.2 The consumers treating team is responsible for determining and reviewing the observations arrangements as part of the care planning process

4.3 The nurse in charge is responsible for ensuring that observations ordered are completed and documented and shall determine the appropriate classification of clinical staff, e.g. Nursing , Health Practitioners, to be utilised for observation duty. Staff assigned to this duty must be adequately briefed prior to undertaking the duty and have the required level of skill and expertise to undertake this role.

4.4 Observation levels can be altered by any member of the treating team in consultation with the nurse in charge. The reason for change should be clearly documented and reviewed by the care coordinator and appropriate medical officer as soon as practicable.

#### 5. Types of observation orders

##### 5.1 Base line observations

The base line levels will vary according to the clinical needs of each unit and in accordance with each units' model of service delivery

##### 5.2 Individualised observations

5.2.1 Observations may be individualised to provide the most effective response to identified risks and the likelihood of changes in risk status

5.2.2 Continuous observations (C O) are generally utilised where a consumer is assessed as being at high or imminent risk of an adverse outcome and describe an arrangement where staff are able to continuously observe a consumer from close by

##### 5.3 Rational

Continuous observations should be considered an intervention strategy to manage increased risk by providing therapeutic interventions, limiting the consumer exposure to risky and/or stimulating environments as well as an observation arrangement

##### 5.4 Process

5.4.1 Medical staff and registered nurses in charge are authorised to initiate continuous observations of any consumer where there is sufficient clinical reason to do so. The Consumer is informed about the nature, purpose and type of the visual observation.

5.4.2 A detailed description of the clinical reason for increasing the level of observations to continuous observations will be recorded by the nurse in charge in the clinical record

5.4.3 Where the decision to increase the level of observations to continuous observations is made by the nurse in charge the consumer must be reviewed by a medical officer as soon as practicable

5.4.4 Once a consumer has been placed on continuous observations the nurse in charge will allocate a staff member to undertake this duty. If possible continuous observations





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should be managed within the existing staff profile. If extra resources are required then the Nurse Unit Manager or After Hours Nurse Manager should be contacted. They will then consider the staffing implications of the decision and allocate resources as required. This may include utilising resources from other units within the Park

5.4.5 Dependant on the clinical reason and rationale for continuous observations the staff member undertaking this duty may need to be within eye sight and sufficiently close enough to the consumer to be able to easily intervene to ensure the consumers safety and wellbeing.

They may need to maintain unimpeded visual observations of the consumer at all times, including during toilet breaks and showering

5.4.6 Staff assigned to continuous observations will not undertake any other duties while they are performing this duty

5.4.7 The length of time that a staff member undertakes this duty will be determined by the nurse in charge with regard to the rationale for the need for continuous observations, risk management considerations and the existing skill mix on his/her unit and other clinical and environmental considerations.

5.4.8 The staff undertaking this duty will be provided with relief to facilitate meal and rest breaks

5.4.9 At the completion of their assigned continuous observations duty the staff member will record in the consumer's clinical record all assessments, Inc risk assessments, interventions and evaluations conducted and provide a comprehensive handover to the relieving staff member

5.4.10 When continuous observations are discontinued either by the treating team or by the nurse in charge in consultation with the medical officer the reasons must be clearly documented in the consumers clinical record.

5.4.11 On occasions a consumer may require continuous observations by more that one staff member

## **5.5 Review**

5.5.1 All consumers on continuous observations are reviewed at a minimum daily by the nurse in charge and the relevant medical officer as close as possible to the commencement of the shift and the outcome clearly documented in the consumer's clinical record

5.5.2 If the requirement for continuous observations extends beyond three days the consumers should be reviewed by their treating psychiatrist and the outcome clearly documented in the consumer's clinical record

5.5.3 If the requirement for continuous observations extends beyond seven days the consumers should be reviewed by their treating team the treating team may consider seeking a second opinion

## **5.6 Documentation**

5.6.1 A consumer on continuous observations should have specific interventions documented in his/her file at the end of every shift. including but not limited to a risk assessment, Mental State Examination and PRN medication usage,

5.6.2 The consumers' individual treatment plan should be reviewed and updated to reflect the change in mental state and clinical need. and identify risk mitigation strategies to manage ongoing clinical issues.

5.6.3 The staff member conducting continuous observations will record observations on 'continuous observations monitoring form and document interventions and behaviour in clinical file at the completion of each period of continuous observations



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## 4. Supporting Documents

Include related West Moreton Hospital and Health Service Procedures, Guidelines and Standards developed specifically to support the implementation of this procedure.

## 5. References and Suggested Reading

Authorising Health Directive, Policy, Aust Standards etc.

## 6. Definition of Terms

Definitions of key terms are provided below.

Term	Definition / Explanation / Details	Source
Nil		

## 7. Consultation

Name	Position / Committee	Date
Padriag McGrath – Senior Nurses	Constant Observation Procedure review workshop	23 March 2012
Susette Cardy	BUMAC BU1	May 2012
Darren Neillie	BUMAC BU2	May 2012
Alex Gulash	Consumer Advisory Group	September 2012
David Kelly	Service Improvement Council	September 2012

## 8. Procedure Revision and Approval History

Version No	Modified by	Amendments authorised by
Version 1	Constant Observation Procedure Review Workshop	William Brennan DON/Terry Stedman – Director of Clinical Services

## 9. Audit Strategy

Level of risk	
Audit strategy	Manager / Supervisor follow up by auditing staff compliance.
Audit tool attached	
Audit date	
Audit responsibility	
Key Elements / Indicators / Outcomes	

