SESLHD PROCEDURE COVER SHEET

Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Engagement and Observation in Mental Health Inpatient Units Procedure
TYPE OF DOCUMENT	Procedure
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LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Second edition Standard 1 – Clinical Governance Standard (1.15, 1.20, 1.25) Standard 6 – Communicating for Safety Standard (6.1, 6.2) Standard 8 – Recognising and Responding to Acute Deterioration Standard (8.1, 8.2, 8.4, 8.11) NSW Ministry of Health Policy Directive PD2017_025 - Engagement and Observation in Mental Health Inpatient Units
REVIEW DATE	November 2024
FORMER REFERENCE(S)	SESLHDPD/151 - Patient Care Levels for Acute Mental Health Inpatient Units / Admissions
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	General Manager, SESLHD Mental Health Service
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FUNCTIONAL GROUP(S)	Mental Health
KEY TERMS	Engagement, observation, care levels, care planning
SUMMARY	The procedure Engagement and Observation in Mental Health Inpatient Units has been developed to identify a standardised approach to the allocation and review of observation levels within SESLHD mental health inpatient units. The procedure outlines the requirements of mental health clinicians in their undertaking of engagement and observation to inform ongoing care planning and clinical decisions.

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1. POLICY STATEMENT

The South Eastern Sydney Local Health District (SESLHD) Mental Health Service (MHS) ensures that the engagement and observation levels of mental health consumers in acute inpatient and non-acute inpatient settings is upheld, consistent with the NSW Ministry of Health Policy Directive PD2017_025 - Engagement and Observation in Mental Health Inpatient Units.

2. BACKGROUND

This procedure is intended to provide clinicians, services and service users with clear direction regarding the role of, and best practice approaches to, engagement and the conduct of observations of people receiving care in SESLHD mental health inpatient units.

KEY DEFINTIONS

Engagement Observation thorough engagement is the purposeful gathering of information from consumers to inform clinical decision making regarding safety, protection from harm maintenance of wellbeing and detection of deterioration.

Engagement Observation is not passive nor does it predominantly include watching consumers from a distance. Undertaking observations requires mental health staff to be person centred and engage therapeutically with consumers. Observation is an opportunity to develop rapport and contribute to ongoing assessment and recovery.

Engagement Observation Levels define a standard frequency and mode of observations following NSW Ministry of Health Policy Directive PD2017_025 - Engagement and Observation in Mental Health Inpatient Units to provide a common understanding, means of communication.

Constant Observation:

- **Level 1 Arm's Length**: The most restrictive form of observation to mitigate the highest risk or concern for a consumer. At all times a nurse must be within one metre of the consumer; or
- **Level 1 Visual**: A highly restrictive form of observation to mitigate a consumer assessed at high risk of harm. At all times, the consumer must remain under the visual observation of a nurse.

Intermittent Observation:

- **Level 2: 15 Minutes** – this level of observation is significantly restrictive to mitigate risks for consumer who are assessed as being at a high level of concern. Nurses must regularly engage, and randomly observe, consumer's on this level at least every **15 minutes (at a minimum)**
- **Level 3: 30 Minutes** – this level of observation should include random and regular checks of a consumer's location and activity within the unit at least every **30 minutes (at a minimum)**

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- **Level 4: Hourly** - this level of observation should include random and regular checks of a consumer's location and activity within the unit at least every **60 minutes (at a minimum)**
- **Level 5: Second hourly** - this level of observation should include random and regular checks of the location and activity of the consumer every **two hours (at a minimum).**

Contemporaneous Documentation is documentation made at the time of an event or as soon as possible afterwards. The time of writing must be distinguished from the time of an incident, event or observation being reported as per NSW Ministry of Health Policy Directive PD2012_069 - Health Care Records - Documentation and Management.

3. RESPONSIBILITIES

3.2 Line Managers will:

All Managers are responsible for disseminating and supporting implementation of this Procedure in line with NSW Ministry of Health Policy Directive PD2017_025 - Engagement and Observation in Mental Health Inpatient Units.

3.3 Service Managers will:

All Managers are responsible for disseminating and supporting implementation of this Procedure in line with NSW Ministry of Health Policy Directive PD2017_025 - Engagement and Observation in Mental Health Inpatient Units.

3.4 Medical and nursing staff will:

All medical and nursing staff are jointly responsible for the care and clinical monitoring including observation of consumers receiving care within SESLHD mental health inpatient units.

4. PROCEDURE

4.1 NURSING RESPONSIBILITIES

The Nursing Unit Manager or delegate (Nurse In Charge of Shift) is responsible to:

- Ensure that all nursing staff are aware and able to fulfil their responsibilities for completing the agreed observation of all inpatients within the unit.
- Allocate staff responsibility to perform and document observations as per individual consumer care plans.
- Review throughout a shift that observation levels are being undertaken and documented as prescribed.
    - This is may be achieved by partnering with staff on observation rounds whereby observation and engagement can be reviewed and any issues discussed.
- NUM/NIC or delegates conducting random observational reviews are to countersign the chart corresponding to the time the observation and engagement activity was observed.

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  - In extraordinary circumstances, the NUM or NIC may delegate this role to another senior RN.
- Escalate any concerns regarding a consumer to the treating medical team.
- Record any missed observations as an incident within the IIMS according to the NSW Ministry of Health Policy Directive PD2020_047 - Incident Management Policy.

Nurses are responsible to:

- Perform observation on allocated consumers as per individual care plans.
- Commence the first scheduled observation of consumers as soon as possible following the point of nursing handover.
- Explain to the consumer their level of observation and the requirements relating to this level of observation.
- Engage therapeutically with consumers appropriately while performing observations.
- Perform additional rounds between the prescribed times so that consumers cannot discern a pattern/set routine. The risk of set routines in observation is that a consumer may harm themselves, or others, between regular and predictable observation times.
- Observe and record, on the appropriate Mental Health Nursing Observation Chart, a consumer's respiratory rate (record the number of breaths observed) when sleeping (at the appropriate observation level interval) as per NSW Ministry of Health PD2017_025 - Engagement and Observation in Mental Health Inpatient Units which mandates "During all periods where a consumer is asleep, the nursing staff must be able to view the consumer's respiratory rate, activity during sleep/night hours (eg awake, asleep, laying on side, snorting etc) and this be contemporaneously documented within the medical record".
- Document observations contemporaneously in the medical record in line with the documentation requirements listed within the procedure.
- Increase the level of observation for an individual consumer based on assessment or concern.
- Escalate to the responsible medical officer any observed changes or concerns.
- Document in the medical record and inform the Nursing Unit Manager or Delegate when an observation has been missed. At no time should observation not attended be recorded as attended.
- Perform and document observation immediately before any point of clinical handover.
- Include observation level engagement and resulting assessments of each consumer in clinical handover. PD2019_020 - Clinical Handover

4.2 MEDICAL OFFICER RESPONSIBILITIES

- Assess the appropriate level and type of observation for individual consumer on admission as part of a comprehensive care plan.
- Include the multidisciplinary team, consumer and where possible the family and or carers in decision making to ensure collective input.
- Document the level of observation, its rationale clearly in the medical record.
- Handover the observation level to the allocated nursing staff.
- Inform the consumer, family and carers regarding the observation levels ensuring collective engagement within care planning.

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- Review and update the observation level in response to any issues or concerns raised by nursing staff as per T22/66213 Medical Officer Review for Consumer Care Levels: procedure Change (Memo).
- Only medical officers may reduce an observation level, this should occur in consultation with the multidisciplinary team.

4.3 DOCUMENTATION REQUREMENTS

- The documentation of each engagement and assessment must include the consumer's mental state, current risks and concerns (both subjective and objective), interactions with staff and other persons, and be reflective of the targeted rationale for observation.
- Directions for observation must explain the purpose and desired outcome and include specifications for person centred engagement as well as visual observation.
- All decisions regarding the allocation or changes to observation levels must be documented within the medical record by the responsible medical officer.
- Once an observation level is allocated or changed, the management and care plans must indicate the level of observation and direction to nursing staff. This direction should include what should be targeted in ongoing engagement and assessment.

4.4 OBSERVATION LEVEL DETAILED REQUIREMENTS

Level 1:Constant Observation

Arm's Length

- At all times a nurse must be within one metre of the consumer.
- A consumer on this level of observation should not be allocated leave from the unit unless the purpose of leaving the unit is to attend to medical care/treatment.
- A consumer on this level is to be reviewed at least daily by the responsible medical officer in collaboration with the Nursing Unit Manager or delegate.
- This level of observation is supported through **documented assessments every two hours per shift** through engagement by nursing/clinical staff
- During all periods where a consumer is asleep, the nursing staff must be able to view the consumer's respiratory rate and effort of breathing, activity during sleep/night hours.

Visual

- At all times the consumer must be within the line of sight of the nurse responsible for undertaking the observation.
- A consumer on this level of observation should not be allocated leave from the unit unless the purpose of leaving the unit is to attend to medical care/treatment.
- A consumer on this level is to be reviewed at least daily by the responsible medical officer in collaboration with the Nursing Unit Manager or delegate.
- This level of observation is supported through **documented assessments every two hours per shift** through engagement by nursing/clinical staff.

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- During all periods where a consumer is asleep, the nursing staff must be able to view the consumer's respiratory rate and effort of breathing, activity during sleep/night hours.

Intermittent Observation–

Level 2 - 15 Minute Observation

- This level of observation should include engagement and observation of a consumer's location and activity within the unit at least every 15 minutes.
- This level may be used as a step down from Level 1 observations or a step up from Level 3.
- This level of observation should only be used infrequently due to the challenge it poses to regular engagement, noting that high frequency of intermittent observation has not been shown to be superior in managing risks of self-harm and violence to 30 minute observation.
- Should escalation from Level 3 to Level 2 be instigated by nursing staff, discussion with the Nursing Unit Manager (or delegate) and medical officer should occur immediately to assess whether an observation Level 1 is required to mitigate the identified concerns.
- A consumer on this level of observation should not be allocated leave from the unit unless the purpose of leaving the unit is to attend to medical care/treatment.
- A consumer on this level is to be reviewed at least daily by the responsible medical officer in collaboration with the Nursing Unit Manager or delegate.
- This level of observation is supported through **documented assessments every two hours per shift** and through active engagement by nursing/clinical staff.
- During all periods where a consumer is asleep, the nursing staff must be able to view the consumer's respiratory rate and effort of breathing, activity during sleep/night hours.

Level 3 – 30 Minute Observation

- This level of observation should include engagement and observation by nursing staff of a consumer's location and activity within the unit at least every 30 minutes.
- Consumers on this level of observation should also be actively engaged in the unit program and as a result, regularly seen and engaged with throughout each shift by multiple clinicians.
- Periods of inpatient leave are to be in-line and targeted to the management/care plan directed and documented by the medical officer/ multidisciplinary team. Inpatient leave should also be compliant to directives within the appropriate NSW Policy Directive.
- This level of observation is supported through **documented assessments every four hours per shift** and through active engagement by nursing /clinical staff.
- A consumer on this level is to be reviewed at least weekly by the responsible medical officer in collaboration with the Nursing Unit Manager or delegate.

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- During all periods where a consumer is asleep, the nursing staff must be able to view the consumer's respiratory rate and effort of breathing, activity during sleep/night hours.

Level 4 – 60 Minute Observation

- This level of observation should include engagement and observation by nursing staff of a consumer's location and action within the unit at least every 60 minutes.
- Periods of inpatient leave are to be in-line and targeted to the management/care plan directed and documented by the medical officer/ multidisciplinary team. Inpatient leave should also be compliant to directives within the appropriate NSW Policy Directive.
- Consumers on this level of observation should be actively engaged in the unit program and as a result, regularly seen and engaged with throughout each shift by multiple clinicians.
- This level of observation is supported through **one documented assessment per shift** and through active engagement by nursing /clinical staff.
- A SESLHD MHS consumer on this level is to be reviewed at least weekly by the responsible medical officer in collaboration with the Nursing Unit Manager or delegate.
- During all periods where a consumer is asleep, the nursing staff must be able to view the consumer's respiratory rate and effort of breathing, activity during sleep/night hours.

Level 5 – 120 Minute Observation

- This level of observation should include engagement and observation by nursing staff of a consumer's location and action within the unit at least every 120 minutes.
- Periods of inpatient leave are to be in-line and targeted to the management/care plan directed and documented by the medical officer/ multidisciplinary team. Inpatient leave should also be compliant to directives within the appropriate NSW Policy Directive.
- A SESLHD MHS consumer on this level is to be reviewed at least weekly by the responsible medical officer in collaboration with the Nursing Unit Manager or delegate.
- This level of observation is supported through **one documented assessment per shift** and through active engagement by nursing /clinical staff.
- During all periods where a consumer is asleep, the nursing staff must be able to view the consumer's respiratory rate and effort of breathing, activity during sleep/night hours.

4.5 REASONABLE WORK LOADS

The Nursing Unit Manager (or delegate), along with the medical director (or delegate) are responsible for determining if the levels of observation set for all consumer's in that unit remains appropriate, and will request early review if required.

Where there are insufficient nursing resources to undertake observation and engagement, the Nursing Unit Manager (or delegate) will escalate to the responsible Nurse Manager. Where avenues for staffing are exhausted a collaborative decision by

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the Nursing Unit Manager (or delegate) and/or local Executive On call will direct redistribution of current resources while other arrangements are made.

Ongoing concerns around safe consumer care and reasonable workloads should be raised via routine process within the local Reasonable Workload Committees.

5. DOCUMENTATION

Refer to NSW Ministry of Health Policy Directive PD2021_039 - Mental Health Clinical Documentation.

6. AUDIT

Inpatient unit visits and documentation audits should be conducted by a delegate of the Site Mental Health Service Director to ensure that observations and regular engagement are being undertaken effectively.

7. REFERENCES

NSW Ministry of Health

- PD2022_043 - Clinical care of people who may be suicidal
- PD2020_004 - Seclusion and Restraint in NSW Health Settings
- PD2021_039 - Mental Health Clinical Documentation
- PD2019_020 - Clinical Handover
- PD2019_045 - Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services
- IB2020_021 - Mental Health Community and Outcome Measures Collections: Reporting Requirements from 1 October 2020
- PD2017_025 - Engagement and Observation in Mental Health Inpatient Units
- PD2012_069 - Health Care Records - Documentation and Management
- PD2020_047 - Incident Management Policy

Other

- SESLHDGL/074 - Clinical Documentation in Mental Health
- SESLHDBR/040 - Clinical Handover for Mental Health Services (ISBAR)
- SESLHDPR/735 - Admission and Discharge/Transfer of Care Processes for Acute Mental Health Inpatient Units (including Direct Admissions for Consumers linked with Community Mental Health)
- SESLHDBR/009 - Incident Processes for Harm Score (HS) 2, 3 and 4 Incidents required to be reported to the MHS General Manager
- T22/66213 Medical Officer Review for Consumer Care Levels: Procedure Change (Memo)

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8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
October 2017	0	Draft developed by Clinical Nurse Manager with consultation ESMHS Clinical Operation Manager and SESLHD MHS A/Clinical Director.
May 2018	1	Endorsed by DDDCC for publication and trial. Endorsed by Mental Health Clinical Council with no further amendment.
June 2018	1	Processed by Executive Services prior to submission to SESLHD Clinical and Quality Council.
June 2018	1	Endorsed for publishing by SESLHD Clinical and Quality Council.
February 2020	2	Document endorsed for routine-review by the SESLHD MHS Document Development and Control Committee Links checked and updated
May 2020	2.1	Updated with new information to clarify Observational requirements. Circulated to the DDCC for review and feedback.
October 2020	2.2	Incorporates feedback from the Working Group established to determine In charge Signing requirements. Explicitly states nursing requirements in respect to observation and documentation of respiratory rates as per PD2017_025 Engagement and Observation in Mental Health Inpatient Units
November 2020	2.2	Endorsed by the SESLHD MHS Document Development and Control Committee Endorsed by the SESLHD MHS Clinical Council.
May 2021	2.2	Approved by Executive Sponsor.
September 2022	3.0	Updated to align Medical Review of Care Levels with PD2017_025 Engagement and Observation in Mental Health Inpatient Units. Includes reference to memo from Clinical Director T22/66213. Circulated to DDCC for feedback.
October 2022	3.1	Minor wording changes identified, and document updated as required
November 2022	3.2	Endorsed for publication out-of-session by the DDCC. Endorsed for publication by the Executive Sponsor

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