

Procedure Responsibilities and Authorisation

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Procedure Review History

Version	Updated by	Date Updated	Description of Changes
06	Carole Kennedy	12/08/2016	Updating the procedure. Clear definitions Focus on therapeutic engagement – moved to e learning Clear exception criteria
07	Carole Kennedy & Sarah Taylor	27/06/2020	Included establishing therapeutic engagement Observation forms updated
	Kylie Balzer	14/01/2024	Procedure extended for one year

Levels of Observation across all Mental Health and Addiction Inpatient Services

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1 Overview

This procedure provides a framework to inform the appropriate levels of observation for tāngata whaiora whilst an inpatient in our care. An assigned level of observation monitors safety and is incorporated into the tāngata whaiora plan.

This procedure applies to all clinical staff working across Adult Inpatient, Puawai and OPR1 and can still apply to any tāngata whaiora transferred to the General Hospital under the Mental Health Act. (Management of mental health service users in Waikato Hospital 5438). This procedure provides a framework to ensure clinical safety and effective outcomes for tāngata whaiora in our inpatient settings.

Levels of observation relates to mental health status monitoring and physical health monitoring is to be done in accordance with other DHB procedures. The least intrusive monitoring is to be undertaken whilst maintaining tāngata whaiora safety and dignity.

This procedure also outlines the administration role in ensuring that levels of observation documents are available in the clinical workstation.

Engagement and observation is about enhanced needs being met, it must be recognised that observation is only one aspect of caring for people with a high level of distress. All staff are expected to engage with tāngata whaiora in meaningful activities and providing psychological support, applying the principles of sensory modulation.

It is clearly not enough to simply observe people. The process must be both safe and supportive. People who need this level of help are going through a temporary period of increased need. Whatever the cause, they need at that moment, safety, compassion, caring and understanding and appropriate treatment. Therefore, tāngata whaiora must also be engaged in a positive and therapeutic relationship both during and after an increased period of need. (Taylor, S. A. (2019) Levels of observations and therapeutic engagement in an adult inpatient mental health service).

Applies to all tāngata whaiora receiving inpatient care.

Youth presenting for admission awaiting transfer to Specialist inpatient service at Starship require high risk observations or higher as appropriate.

Informal tāngata whaiora can only be monitored on hourly observations. Any increase in observations would be considered a breach of the tāngata whaiora informal status.

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Student Nurses can work alongside their registered nurse preceptor to observe the process and monitoring of level of observations. Occupational therapist students are supported by an occupational student supervisor. Social worker students are supported by placement mentors, however under no circumstances nursing or allied students can carry out the level of observations, on their own.

Whānau/friends can visit but must not be left to provide the observations; a staff member needs to present at all times for high risk and extreme high risk observations.

Tāngata whaiora are assigned transitional level observations when they are considered to be minimal risk to themselves or others whilst residing in the Puna Whiti rehabilitation unit.

Level of observations cannot be utilised for the sole purpose of falls prevention, refer to the falls risk assessment, minimisation and management policy 1705.

1.6 Levels of Observation - Definitions:

Levels of observation	Refer to the intensity and frequency of nurse monitoring and are based on the mental status of tāngata whaiora and risk to self or others
Minimal risk – transitional level of observations	Tāngata whaiora considered to be minimal risk to themselves or others Tāngata whaiora residing in Puna Whiti rehabilitation unit are monitored on transitional levels of observations
Low risk - Hourly Observation minimum level assigned to inpatients	Tāngata whaiora considered low risk must be monitored at irregular intervals of up to 60 minutes apart.
Significant risk - 10 minute Observation	Tāngata whaiora whom require more frequent monitoring must be monitored at irregular intervals of up to 10 minutes. Tāngata whaiora being cared for in wards 36 and Puna Maatai are monitored on a minimum of significant levels of observations
High Risk - Within eye sight and arms reach to be able to respond	For tāngata whaiora who are requiring on-going observations. The designated staff member is able to respond immediately to any changes of at risk behaviour to safely mitigate any harm from occurring.
Extreme High Risk – Same room and within arm's reach at all times	For tāngata whaiora who are considered extremely high risk and who may require immediate intervention.

2 Clinical Management

SMO responsibilities

SMO's are required to review tāngata whaiora whom are on high risk or extreme high risk observations daily at a minimum; inclusive of after-hours.

The multidisciplinary team must be involved in level of observation discussions.

The designated registered nurse on a shift is responsible for the oversight of a tāngata whaiora level of observations during their shift.

The designated registered nurse on a shift is responsible for directing and delegating to enrolled nurses and/or psychiatric assistants to undertake levels of observations.

The designated registered nurse must complete at least one hour over the shift of High Risk Observations or Extreme High Risk Observations to ensure that they can effectively provide nursing assessment, care planning, intervention and evaluation.

At all times the registered nurse must consider the level of expertise, information, and knowledge required by the person completing the levels of observation and provide appropriate information and ongoing guidance.

All staff

All staff working across the inpatient wards must be familiar with the 'levels of observation across all mental health and addiction inpatient services procedure' and the required processes and responsibilities.

All staff are aware that an increase of observations must always be considered following any change of the tāngata whaiora behaviour, circumstances and or transition point.

To complete Levels of Observation – eLearning module Waikato DHB.

Managers

Charge Nurse Managers/Unit Managers are to ensure all staff receive information on the level of observations procedure as part of their orientation to the ward.

Any deviations from the required levels of observation processes are to be discussed with individual staff and a process put in place to ensure the procedure can be implemented as required.

Administration staff

Administration staff are responsible for uploading levels of observation monitoring forms into the clinical workstation every weekday morning, and on a Monday for the weekend period.

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2.2 Competency required

2.3 Equipment

- ## 2.4 Procedure

At all times there must be a focus on engagement with tāngata whaiora and whānau in the care delivery process. The level of observation, assessment and evaluation is clearly documented within the tangata whaiora clinical documents.

Process for initiating level of observations

All tāngata whaiora are on a specified level of observation. From the time of admission the following key actions must be completed:

- Initiation of the appropriate level of observations monitoring form completed
- Levels of observation is placed on the PFM board
- Levels of observation clearly documented in the progress notes

Increasing levels of observation

Levels of observation may change during a tāngata whaiora admission.

If staff have concerns around changes to a tāngata whaiora clinical presentation and/or risk then this must be escalated immediately and the current levels of observation reviewed and increased accordingly.

Levels of observation can be increased by any clinician at any time based on a clinical assessment. If a decision is made to increase level of observations the following must be completed:

- The appropriate staffing is sourced immediately to support the increased observations

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- The designated registered nurse on a shift is made aware of the escalating concerns, if not already involved in the process
- The treating team are made aware of the escalating concerns and arrange to review the tāngata whaiora
- The appropriate level of observations monitoring form is initiated
- Level of observations is updated on the PFM board
- Level of observations and a clear rationale for the increase in observations is documented in progress notes
- Key support person / whānau are informed of the increase in level of observations and the rationale for same
- The tāngata whaiora is informed of the rationale for the changes in their level of observations.

Reduction of Levels of Observation

- Tāngata whaiora on Significant, High and Extreme High Risk observations must be reviewed, at least daily by the treating team, or on call medical officer's after-hours. The purpose of the review is to assess the tāngata whaiora mental state and level of risk to ensure that the appropriate levels of observation remains in place.
- If on review it is deemed that the tāngata whaiora levels of observation can be decreased, due to an improvement and change in mental state and risk then the following must be completed:
- For tāngata whaiora on High and Extreme High Risk observations the monitoring form must be signed off by the:
 - A Senior Medical Officer
 - A Senior Nurse, and
 - Designated registered nurse
- For tāngata whaiora on significant observations the monitoring form must be signed off by:
 - A senior nurse and
 - Designated registered nurse
- Levels of observation is updated on the PFM board
- Levels of observation and a clear rationale for the decrease in observations is documented in the progress note
- Key support person/whānau are informed of the decrease in levels of observation and the rationale for same, if appropriate

Multiple levels of observations monitoring

Tāngata whaiora cared for in all other wards are generally monitored on hourly observations, unless the clinical needs determines a higher level observation, which would be monitored on individual level of observation forms. All clients on hourly observations are monitored on the multiple hourly observation form.

The senior nurse or delegate is responsible for checking the multiple significant observations and hourly observations form at the end of each shift, to ensure that these have been accurately recorded.

Monitoring of low and significant risk observations must occur at irregular intervals and be documented at the actual time they are completed.

The senior nurse or delegate must sign on the front of the multiple observations record to confirm the form has been completed as per procedure.

Levels of observation provision and process is discussed with tāngata whaiora and their key support person / whānau.

4.5 Indicators

- All tāngata whaiora have levels of observation identified and documented in clinical workstation and on the PFM boards – monthly auditing cycle.
- All tāngata whaiora whom present with escalating concerns are assessed and level of observations reviewed aligned with this procedure. Monthly auditing cycle.
- CNM holds a data base of all staff who have completed the eLearning levels of observation on Ko Awatea.

5.1 Associated Documents

- Waikato DHB [Clinical Handover, Mental Health Inpatient Wards](#) procedure (Ref. 0451)
- Waikato DHB [Direction and Delegation of Enrolled Nurses](#) procedure (Ref. 3003)
- Waikato DHB [Fall Risk Assessment, Minimisation And Management](#) policy (Ref. 1705)
- Waikato DHB [Nursing Assessment, care planning, Intervention and Evaluation](#) policy (Ref. 5285)

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- Waikato DHB [Working with Risk: Assessment and intervention for tāngata whaiora engaged with Mental Health and Addictions services who present at risk of harm to self or others](#) procedure:(Ref. 5241)
- Risk Assessment + Pattern Analysis – MH Services (CWS)
- Hourly Observation Record (A1848MHF)
- Multiple Significant Risk Observation Record (T1058MHF)
- Significant Risk Observation Record (T1275MHF)
- High Risk Observation Record (T1572MHF)
- Extreme High Risk Observation Record (T1070MHF)
- Extreme High Risk or High Risk Observations Record continuation sheet (T1056MHF)

5.2 Bibliography

- Mental Health (Compulsory Assessment and Treatment) Act 1992
- Standards N.Z. (2008). Health and Disability Services Standards. Wellington: Author.
- Nursing Council of New Zealand (May 2011). Guideline: delegation of care by a registered nurse to a health care assistant. Wellington: Author
- Nursing Council of New Zealand (May 2012). Guideline: responsibilities for direction and delegation of care to enrolled nurses. Wellington: Author
- 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 (can be found on the Mental Health intranet pages)
- Level of observations and therapeutic engagement in an adult inpatient mental health service. A dissertation submitted in fulfilment of the requirements for the degree of Bachelor of Nursing with Honours, The University of Auckland, 2019. Sarah Anne Taylor
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