Procedure For The Care Of The Patient At Increased Risk Requiring 1:1 Care (Enhanced Observation)

Classification :	Policy
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Departments/Groups This Document Applies to: Trust-wide Clinicians	

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Scope:		
To be read in conjunction with the following documents:		
CQC Fundamental Standard: Required CQC evidence:		

Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

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Policy Statement

Executive Summary

1.1 Some patients require more than a general level of observation, often with the primary aim of reducing risk and protecting the patient e.g. they have increased confusion or are at risk of falling and sustaining injury. This activity is often referred to as 'Enhanced Observation'. Appendix 1 provides a Summary for the Provision of a "Enhanced Observer".

1.2 Alongside delegation of a staff member to be with the patient, there is also a need to respond to unmet needs that may be contributing to the distress, such as, feeling fearful or lonely/ bored, particularly for patients who may have dementia, delirium, or paranoid/ persecutory ideas. An individual patient risk assessment must be completed by the Matron See Appendix 2

1.3 Make Specialling Special© has been designed to help the registered nurse to give clear direction to the 'special' about primary risks and the appropriate tools available for the patient. (All About Me / Make Specialling Special Resource box/ Communications Box). This encourages staffs to get to know the person and practise relational interactions that offer reassurance and meaningful occupation for the patient. This is a core element of the See Me Dementia Care Bundle.

Abbreviations used

EO- Enhanced Observation

Definitions

1.0 Roles and Responsibilities

1.1 Level of Support

1.1.1 The Matron must determine the level of support needed and the level of observation required and document this assessment using the Enhanced Observation daily spread sheet(Except on Sunday when it needs to be escalated to the Clinical Site Manager). The nurse in charge must decide whether the ward can manage to care for the patient using their existing resources.

1.1.2 The registered nurse must ensure that the 'Enhanced Observer' and the rest of the nursing team are aware of the level of support required. They must delegate close observation and describe exactly what that means for the individual patient. For example, the 'special' may need to remain within arm's length of the patient due to the risk of falls or self-harm and the 'special' may need to use the call bell system to alert

colleagues that they require help.

1.2 Who can carry out Enhanced Observation?

1.2.1 Enhanced Observation as a nursing intervention can be complex, particularly when behaviours that may be perceived as challenging increase. Assignment of staff to 'Enhanced Observe' must be based on the skills and experience of staff available to meet patient needs. It is recommended that inexperienced staffs are encouraged to shadow more experienced colleagues during 'Enhanced Observing' periods without being delegated to be the primary staff member for the patient. This will enable positive role modelling leading to improved capabilities and experience of supporting patients during vulnerable times.

1.2.2 Regular ward staff will be expected to undertake this role and where deemed to be required and authorised, may need to be backfilled with staff who are deployed from other areas or agency staff as required.

1.2.3 Nursing Students can special once they have been working on the ward for 2 weeks, although first year nursing students should take part only under direct supervision. Objectives and expected competencies must be agreed and discussed. Mentors must support students with limited experience, allowing them to shadow in the role to help familiarise them with resources and build confidence, leading to positive role modelling for students about therapeutic interventions in the role.

1.2.4 The Registered Nurse caring for the patient will delegate the Enhanced Care Role' to a member of the ward team with appropriate skills and experience for the identified level of support/observation required. The Registered Nurse must ensure that a handover takes place immediately with a verbal description of the key concerns for the patient, and a written description of handover given to the 'Enhanced Observer' documented on the 1:1 Enhanced Observation Care Plan (Appendix 3). This is supported by the NMC (2012) Code of Practice for Delegation which states that:

When nurses and midwives are considering which tasks and activities to delegate they should consider the following:

- the needs of the people in their care
- the stability of the people being cared for
- the complexity of the task being delegated
- the expected outcome of the delegated task
- the availability of resources to meet those needs
- and the judgment of the nurse or midwife. NMC (2012)

1.2.5 Any change in delegation of the Enhancing Care role must be agreed by the Nurse in Charge.

1.2.6 Following assessment by the Matron it may be considered the EO could support more than one patients care need requirements and patients can be "Cohorted" this will need to be reassessed by the Matron regularly to ensure the care needs are being met.

2.0 Implementation and dissemination of document

2.1 High quality education is an essential component to improve the skill level and capability of staff to operate safely and effectively in this complex nursing intervention. The following education and training is available for staff to access :

2.2 The Nursing Assistant Development Programme provides training for nursing assistants enabling them to carry out general principles of observation.

2.3 Additional ward based teaching and demonstration of Make Specialling Special© support is available from Practice Development Team and Dementia Nurse.

2.4 Wards are encouraged to support release for staff to complete the Trust Advanced Make Specialling Special© Training (2 day training with associated skills workbook to complete in clinical area). This will enable wards that have high levels of Enhanced Observing activity on a regular basis to have a number of staff who can address more complex care requirements.

This document will be published on the Trust Intranet.

3.0 Processes and procedures

Backfill Principle and Transferring Patients

3.1 The nurse in charge (NIC) must assess whether there is potential within the current staff complement to respond to increased need. In many instances this should be the case. If this is not feasible, a request may be placed for additional resources to cover the duties of the ward nurse who will be reassigned to the 'Enhanced Observer' role.

3.2 A "Backfill Principle" must be followed. Additional staffs that are called to the ward are for backfill duties; to cover the role of the ward nurse who has been reassigned to the 'Enhanced Observer' role. Regular ward staff will know the individual patient better that an agency member of staff and be more familiar to the patient, however depending on skill mix, staff experience and needs of the individual patient, the NIC may consider it appropriate to use the available staff resources differently including agency HCA's and RMN's and they must be made aware of the Trust expectations (See Appendix 4)

3.3 Where patients are transferred between wards, the additional nursing resource must move with the patient, although not necessarily to 'Enhanced Observe' the patient. Again the backfill principle applies. The receiving NIC must reassess the patient risk and patient need and make a clinical decision regarding the need for the patient to be Enhanced Observed.

4.0 Make Specialling Special©

4.1 Make Specialling Special© is a principle based approach. To ensure effective

implementation the following must be adhered to:

4.1.1 Enhanced Observing can be an emotionally demanding nursing activity, particularly when high levels of risk are identified. To ensure the quality of therapeutic observations and that relational interaction remain high, general good practice principles would indicate that periods of Enhanced Observing do not exceed 2 hours (CRAG, 2002). Periods of concentration in excess of 2 hours may increase the possibility of inattention and losing focus on the patient's needs.

Changes in the 'Enhanced Observer' may also be beneficial for patients, although care must be taken to include some continuity as specials 'pass on the baton' of care.

4.1.2 The Nurse in Charge must regularly review the care of the special led patient during the shift e.g. especially where the 'Enhanced Observer' is unable to leave the bed space.

4.1.3 In the case of an emergency the EO must remain with the patient until instructed otherwise by the NIC

4.1.4 Figure 1 provides a summary of the care that the 'Enhanced Observer' should be providing.

Providing additional nursing support to patient(s) (Enhanced Observation)

Nursing staff Enhanced Observing patients are expected to:

- Introduce themselves to the patient(s).
- Read and if necessary update the *All/More About Me* document with the support of the patient and careers.
- Utilise the *Making Specialling Special Box* which includes:-
  - A range of activities (e.g., reminiscence folder/puzzles/cards)
  - A "Have You Tried?" folder providing hints and tips on how to care for the patient as an individual.
- Complete the *More About Me* activities diary which allows clear documentation of the activities and care provided for the patient(s). This must be filed in the patient(s) notes. (Record Keeping – The Facts RCN 2012.)

- Meet the needs of the patient(s).
    - Individualised essential care is particularly important and can help to avoid exacerbating delirium. For example, focusing on management of food and drinks, pain and constipation, maintaining mobility and personal hygiene.
    - Provide reassurance if the patient is confused or frightened, orientating the patient(s) to time and place as required, sharing in activities. Note : providing therapeutic interventions such as reading the paper with the patient or playing cards is an important part of the care provided.
- Handover the care of the patient(s) using the *1:1 Care Handover Form.*

5.0 Statement of evidence/references

References/ Bibliography

Hartford Institute for Geriatric Nursing (2014) **Assessment Tools- Try This® Tools and resources for achieving the best practices in the care of older adults** Hartford Institute for Geriatric Nursing, New York. http://hartfordign.org/Resources/Try_This Series/
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Nursing Midwifery Council (2012) Code of Practice for Delegation
http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/Delegation/
[Accessed 11.11.14]

Clinical Resource and audit Group (2002) **Engaging People. Observation of people with acute mental health problems. A good practice statement** NHS Scotland, Edinburgh.
http://www.scotia nd.gov. uk/Resou rce/Doc/46951 /001 3967. pdf [Accessed 11.11.14]

Royal College of Nursing (2012} **Record keeping -The Facts** Royal College of Nursing, London.
http://www.rcn.org.ukl data/assets/pdf file/0005/4767 53/Record keeping cards V 5.pdf
[Accessed 11.11.14]

Associated Documents

ABC Chart http://uhbhome/Downloads/pdf/NursingChAbcChart.pdf All About Me http://uhbhome/Downloads/pdf/NursingAIIAboutMe .pdf More About Me

6.0 Governance

6.1 Record of changes to document

Version number: 1		**Date:** 3rd February 2016			
Section Number	**Amendment**	**Deletion**	**Addition**	**Reason**	**Amended by**
Appendix 1	Flow Diagram		Added to policy	Required to understand assessment process	x

6.2 Consultation History

Stakeholders Name/Board	**Area of Expertise**	**Date Sent**	**Date Received**	**Comments**	**Endorsed Yes/No**
Nursing and Midwifery Board	Nursing, Midwifery	11/04/16	11/04/16	Send to Senior Sisters/Charge Nurse meeting	Yes
Senior Sister/Charge Nurse meeting	Nursing, Midwifery and Operations	28/04/16	28/04/16		Yes

6.3 Audit and monitoring

This Policy outlines the process for document development will be monitored on an ongoing basis. The centralisation of the process for development of documents will enable the Trust to audit more effectively. The centralisation in recording documents onto a Quality Management database will ensure the process is robust.

Audit/Monitoring Criteria	**Tool**	**Audit Lead**	**Frequency of Audit**	**Responsible Committee/Board**
Document Audit	20 Notes Audited Quarterly		Quarterly	Nursing and Midwifery Board

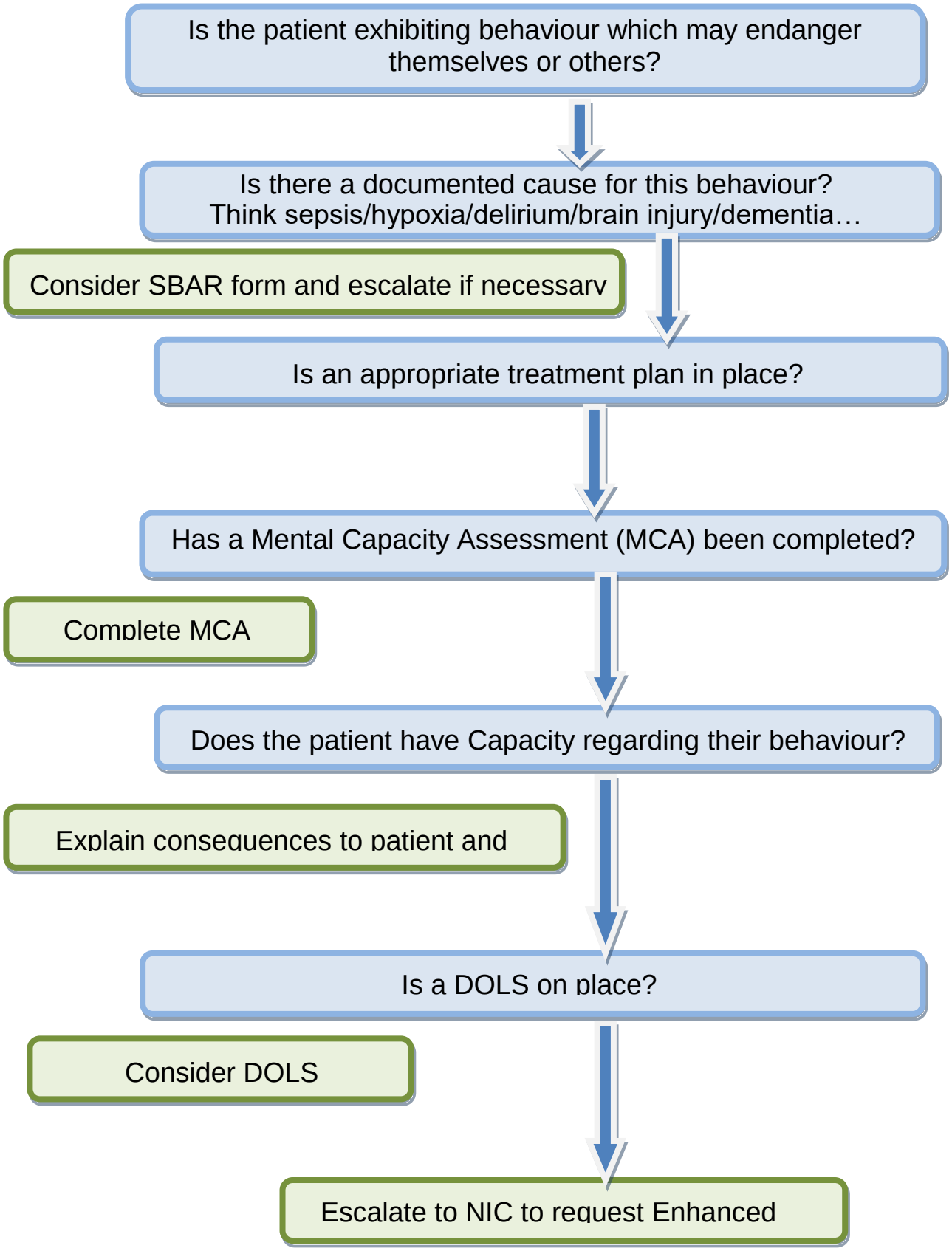
6.4 Equality Impact Assessment

This document has been assessed using the Trust's Equality Impact Assessment Screening Tool. No detailed action plan is required. Any ad-hoc incident which highlights a potential problem will be addressed by the monitoring committee.

Impact	**Age**	**Disability**	**Sex (gender)**	**Gender Reassignment**	**Race**	**Religion or Belief**	**Sexual orientation**	**Marital Status**	**Pregnancy & Maternity**
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N	N	N	N

WeCARE

Appendix 1: Assessment for Enhanced Observation of Patients



For staff use only:
Surname:

Forenames:

Date of birth:

Hospital No:

or affix patient label

Appendix 2: Assessment for Enhanced Observation of Patients

Commenced on: DD / MM / YYYY

RED
Immediate need for enhanced observation either within arms' length or eye contact at all times.
Commence hourly behavioral/continuous observation chart
Escalate to Matron/CSM.
Inform family/careers.

AMBER
Intermittent 15 minute checks, one nurse allocated to carry out checks.
Escalate to Matron/CSM.
Inform family/careers.

GREEN
Increased staff awareness of patients' risk.

Inform family/carers.

Describe the behaviour	Date	Date	Date	Date	Date	Date	Date
Is the patient currently violent?	R	R	R	R	R	R	R
Has the patient made repeated attempts to leave the ward?	R	R	R	R	R	R	R
Is the patient uninhibited, sexually or aggressively?	R	R	R	R	R	R	R
Is the patient expressing feelings of helplessness or worthlessness/ definite suicidal ideas?	R	R	R	R	R	R	R
Is the patient continuously agitated and/or verbally aggressive?	A	A	A	A	A	A	A
Is the patient experiencing hallucinations/ delusions?	A	A	A	A	A	A	A
Are the family/ career expressing concern regarding the patient's immediate safety?	A	A	A	A	A	A	A
Is the patient withdrawn and difficult to engage with?	A	A	A	A	A	A	A
Is the patient confused and/or wandering?	G	G	G	G	G	G	G
Has the patient refused food and fluid for more than 24 hours without medical reason?	G	G	G	G	G	G	G
Has the patient had two or more falls in the last 12 months?	G	G	G	G	G	G	G
Is the patient unable to call for help?	G	G	G	G	G	G	G
Print Name							
Signature							
Designation							

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Surname:
Forenames:
Date of birth:
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or affix patient label

Appendix 3: Enhanced Observation Nursing Care Plan

Variances documented in the Multidisciplinary (MDT) notes

Commenced on: DD / MM / YYYY

Nursing Interventions for _____ Who has been assessed as being an _____risk	DD/MM/YYYY		DD/MM/YYYY		DD/MM/YYYY		DD/MM/YYYY		DD/MM/YYYY		DD/MM/YYYY		DD/MM/YYYY	
	Day	**Night**	**Day**	**Night**	**Day**	**Night**	**Day**	**Night**	**Day**	**Night**	**Day**	**Night**	**Day**	**Night**
• Introduce self to patient														
• Accountability signed handover sheet completed														
• Environmental checks undertaken														
• 15 minute check care plan/hourly observation chart in place and completed														
• Daily review by Nurse in Charge and Medical Team														
• Nutritional needs supported Meals and Drinks														
• Personal hygiene needs met														
• Record observations on EWS chart														
• Individualised care. Please state														
Print Name														
Signature														
Designation														

Appendix 4: Role Expectations for Agency Health Care Assistant and the Registered Mental Health Nurse (RMN) Enhanced Observer

If a patient is being Enhanced Observed by an Agency HCA or Agency RMN, the general Registered Nurses remain responsible for the care of the patient and must work in partnership with the RMN to ensure general care is provided for the patient.

The RMN must:

- Receive a handover from the previous RMN,HCA and the general Registered Nurse. Complete documentation of handover.

- The Ward staff must orientate the RMN,HCA agency nurse in the understanding of the model of care and the Trust expectations.

- Communicate any concerns to the registered nurse about competence to provide any physical health care. There will be an expectation that this would only be for techniques associated with specialist care with general nursing assistance being supported by the RMN, HCA as part of the care role. This would not routinely involve observations due to lack of access and training on Trust medical devices and PICS, but ensuring that the patient is drinking and eating adequately would be an expected core component of the role. Respect for dignity and personal/ cultural preferences or sensitivities will be observed in relation to washing and toileting. This will be identified as part of delegation brief for the RMN, HCA.

- Introduce themselves to the patient

- Familiarise themselves with "All about me" information for the person they are caring for and familiarise with "Make Specialling Special" resources on the ward, using these to develop rapport and therapeutic engagement with the patient.

- Liaise with ward staff re: any change in mental health risk assessment status and ensure that the ward registered nurse and any incoming RMN,HCA special are aware, before leaving ward area. Escalate any changes in the patient's condition to the ward team.

- Report any adverse effects to psychiatric medications, especially in relation to rapid tranquillisation for highly disturbed behaviour.

- Complete appropriate documentation to record actions during Enhanced Observing periods.

- Request assistance with regular breaks and inform team if further support required for increasing threat of violence or aggression.

The ward staff must:

- Understand that there are times when RMN's, mental health, Health Care Assistants, Police or prison staff are unable to leave the patient or even turn away from the patient.
- Ensure the RMN; HCA is supported to have breaks as appropriate.
- Liaise with the RMN, HCA regarding the patient's care and support as necessary.