

LOS ANGELES GENERAL MEDICAL CENTER DEPARTMENT OF NURSING SERVICES POLICY

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Subject: PATIENT CARE COMPANION (PCC)		Original Issue Date: 3/2021	Policy # 960
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Departments Consulted:	Reviewed & Approved by: Professional Practice Committee Nurse Executive Council Attending Staff Association Executive Committee	Approved by: (signature on file) Nancy Blake Chief Nursing Officer	

PURPOSE

To describe the process of assessing and providing a safe environment with ongoing direct supervision and nursing care (1:1 or 2:1) for patients who have been identified as a risk for safety, utilizing a Patient Care Companion (PCC). The roles and responsibilities of the PCC are delineated within the policy.

DEFINITION

- I. PCC are trained nursing staff members assigned to supervised patients at risk for adverse events such as (e.g. falls, self-injury, or harm to others) to ensure their safety. Interventions may include: direct observation (1:1 or co-hort 2:1) by a PCC, fall prevention interventions, restraint use, and/ or interventions, as indicated.

POLICY

1. It is the policy of the Los Angeles General Medical Center to provide safe, quality and therapeutic observations of patients in accordance with patient needs and standards of quality patient care.
2. Trained PCC will be provided and utilized for all Inpatient and Department of Emergency areas in the Los Angeles General Medical Center when necessary to provide continuous and supervised observation for patients who meet the criteria.
 - Family members who have obtained appropriate training may assist with companion care. This must be documented in the electronic health record (EHR) and the nursing staff is accountable for the documentation and care provided to the patient. (*May be suspended under certain situations. Refer to Medical Center Policy #235 Visitation Policy).
3. The Registered Nurse (RN) has primary PCC assignment responsibility
4. The need for a PCC is assessed every shift by an RN.

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5. A Provider order is not required to initiate or discontinue the use of a PCC. If a Provider orders a PCC and nursing assessment disagrees with the order, contact the Provider to discuss the need for a PCC.

PROCEDURE

A. Assessment for the Need of a PCC

An RN may initiate the need of a PCC by utilizing the following process:

1. Assess patients on admission for fall risk level. Implement appropriate interventions and refer to Nursing Policy # 802 Fall Prevention.
2. Utilize the Guideline to Determine Need for PCC Algorithm (see Attachment A). Assess if patient could be watched via TeleSitting® remote continuous visual monitoring.
3. Consult with the Supervising Staff Nurse, Nurse Manager, Charge Nurse/designee if interventions trialed are unsuccessful.
4. The Supervising Staff Nurse, Nurse Manager, Charge Nurse/designee, must review all requests for PCC on a shift-to-shift basis.

B. Requesting a PCC

The primary RN will follow the PCC Request Process (see Attachment A) and complete the PCC Request through ORCHID).

1. If the patient meets PCC criteria, the RN will place a PCC order in the electronic health record (EHR). Once the order is placed, the RN will receive a task list reminder every shift to review the continued need for a PCC.
2. The ORCHID request will be sent directly to staffing office. Request will need to be submitted in ORCHID 2 hours prior to the start of the next shift.
3. The Nursing Staffing Office will review the PCC request form to determine the patient's priority of need. Patients who score at Highest Risk on the Priority of Need Scale for Injury will be deemed a priority.
4. If the Nursing Staffing Office is unable to provide a PCC, the unit management will collaborate with available resources to ensure patient safety.
5. Restraints should only be considered after all other available alternatives have been exhausted.

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6. Patients with similar PCC needs may be co-horted when appropriate.

C. Roles /Responsibilities

1. Registered Nurse (RN): The RN has primary PCC assignment responsibility and will:

- Assess the patient to determine if PCC criteria have been met.
 - Consult with charge nurse/designee before initiating or discontinuing a PCC.
 - Initiate and document interventions success or failure in the EHR or Interdisciplinary Plan of Care (IPOC) before requesting or discontinuing PCC.
- a. Provide hand- off communication and specific patient information to PCC including but not limited to:
- Obtain, monitor and document vital signs and pain score per unit structure standards.
 - Report any changes in patients' condition to the Provider
 - Call for assistance
 - Activities of daily living (ADLS), ambulation, therapy schedule and any other precautions.
- b. If the patient's family will be assisting with care companion responsibilities, provide education regarding the need for the continuous observation of the patient's condition and precautions that must be maintained to ensure the patient's safety. Provide the family with the PCC Patient/Visitor Education Fact Sheet (see Attachment B).
- c. Consult with PCC hourly and as needed on patient's condition or needs.
- d. Review PCC documentation in the EHR every shift.
- e. Provide PCC break/lunch relief.
- f. Reassess the need for continued PCC every shift.
- g. Discontinue PCC when patient behavior improves or upon implementation of successful interventions. (**NOTE:** PCC for patients on Suicide Precautions must not be discontinued until the patient is reassessed by a Provider in consultation with a psychiatrist/psychologist/clinical social worker).

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2. Supervising Staff Nurse (SSN) /Unit Charge Nurse/Nurse Manager/Designee

- a. Consult with primary RN assigned.
- b. Adjust staff assignment to provide for PCC.
- c. Notify the Nurse Manager/designee for the need of a PCC
- d. Assess the patient, in coordination with the primary RN, every shift to determine the continued need for a PCC.
- e. Ensure the PCC has relief for break/lunch.

3. Nursing Staffing Office

- a. Review the PCC request form 2 hours prior to the start of the next shift.
- b. Assign PCC.
- c. Coordinate with unit management on a plan of care if PCCs are not available.
- d. Maintain a log of all patients requiring a PCC.

4. Patient Care Companion (PCC)

- a. Report to SSN/Charge Nurse/ Nurse Manager/designee on assigned unit.
- b. Receive hand off communication from primary RN.
- c. Remain inside the patient's room, within immediate contact of the patient, and maintain unobstructed view of patient at all times.
- d. Report any changes in patient's condition to the primary RN.
- e. Call for assistance.
- f. Assist patient with activities of daily living (ADL) assistance, ambulating, toileting, and repositioning.
- g. Take and document vital signs and report significant findings to the primary RN.
- h. Complete required PCC documentation in the EHR.

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D. Safety Precautions the PCC must always consider:

- a. The patient is **NEVER** to be left alone, this includes showering, bathing, sleeping, toileting (patient is to be accompanied to and remain in the presence of the PCC while in the bathroom).
- b. Constant observation must be maintained during transport and in the diagnostic/procedural testing area.
- c. PCC must always face the patient.
- d. Consult with the nurse that potentially dangerous and harmful items in the patient's room, bathroom, closet, etc. were removed.
- e. Check all utensils-accounted for after eating.
- f. Provide hand- off communication report to the incoming PCC.

E. Education

1. Provide education to the patient and patient's family regarding the need for constant observation of the patient's condition and precautions that must be maintained to ensure the patient's safety.
2. Provide the family with the PCC Patient /Visitor Education Fact Sheet (see Attachment B).
3. PCC must review and acknowledge the Patient Care Companion Duties and Responsibilities form (See Attachment C).

F. Documentation

1. Document the education provided and fact sheet given in the EHR

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References

Los Angeles County Department of Health Services Policy 310.500: DHS Care Companion Program

Los Angeles County Department of Health Services Policy 310.500: DHS Care Companion Program Attachment A: Guideline to Determine Care Companion Need

Los Angeles County Department of Health Services Policy 310.500: DHS Care Companion Program Attachment B: PCC Request Process

Nursing Policy 726: TeleSitting® Remote Continuous Visual Monitoring

Attachments

Attachment A- PCC Guideline to Determine Care Companion Need

Attachment B- PCC Patient/Visitor Education Fact Sheet

Attachment C- PCC Duties and Responsibilities

Revisions

04/21, 06/23