

LOS ANGELES GENERAL MEDICAL CENTER DEPARTMENT OF NURSING SERVICES POLICY

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Policy # 726	
Effective Date: 06/23	

Subject: TeleSitting®- Remote Continuous Visual Monitoring		Original Issue Date : 04/21	Policy # 726
		Supersedes: 05/21	Effective Date: 06/23
Departments Consulted:	Reviewed & Approved by: Professional Practice Committee Nurse Executive Committee Attending Staff Association Executive Committee	Approved by: (signature on file) Nancy Blake Chief Nursing Officer	

I. PURPOSE

To provide guidelines for the use of TeleSitting® remote continuous visual monitoring for patient safety by decreasing falls, and improve patient, family and staff satisfaction.

II. POLICY

A. A leading cause of patient injury is falls, and the use of TeleSitting® provides a feasible option to reduce falls and other injuries associated with fall.

B. The initiation of TeleSitting® is a nursing intervention which can be utilized for patients including but not limited to:

- High risk for falls (patient with Morse score of 51 and above)
- Confusion, agitation, restlessness, high risk of wandering out of the unit
- Pulling at medical devices
- COVID-19

C. Patient privacy is respected at all times, and the TeleSitting® device captures only real-time imaging and is non-recordable. Privacy mode may be activated as needed.

D. The use of the TeleSitting® device is based on the registered nurse's assessment and does not require a provider's order or additional patient consent.

III. PROCEDURE

A. Registered Nurse (RN)

1. The registered nurse assesses patient for appropriateness of TeleSitting® remote continuous visual monitoring (see inclusion criteria listed above).
2. Utilize the TeleSitting® Initiation/Discontinuation algorithm.

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3. Consult with the charge nurse/designee before initiating or discontinuing the TeleSitting® device.
4. If the patient meets the inclusion criteria, and the unit charge nurse/designee approves the TeleSitting® activation, the primary nurse will submit a TeleSitting® Request through ORCHID.
 - The “request to initiate,” will prompt TeleSitting® for activation (see Attachment A: Initiation of TeleSitting® algorithm).
5. The TeleSitting® rover will deliver the TeleSitting® device to the unit.
6. Educate the patient and family member that TeleSitting® will be implemented to promote patient safety. Provide a copy of the educational handout to the family. Patient has the right to decline the TeleSitting® intervention.
7. Plug in cart and wait for camera to set itself (takes about 2 minutes until you see turning in the dome).
8. Communicate with TeleSitting® staff to ensure visual and sound functions of the device is effectively working.
9. Post signage indicating that the patient is being monitored outside the patient’s room.
10. Initiate TeleSitting® and document intervention in the electronic health record (EHR) every shift and PRN. Documentation must include the following:
 - Presence of TeleSitting® device
 - Reason for monitoring
 - Behavioral status of the patient
 - Additional safety measure implemented for patient safety
 - Patient and family education (see Attachment B: Patient/Family Education)
11. Reassess patient every shift and as needed for the need of continued monitoring with the TeleSitting® device.
12. Respond immediately once the **STAT Alert Alarm** is activated and or notified by the TeleSitting® staff.
13. Notify TeleSitting® staff when privacy is needed (i.e., bedpan, provider visit, clergy visit, etc.). Communicate to the TeleSitting® staff to resume visualization when privacy is no longer needed.

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14. Notify TeleSitting® staff when patient is being removed from room (i.e., diagnostic procedure, therapy, walks).

15. Notify TeleSitting® staff if the patient is transferred from one unit to another.

16. Notify TeleSitting® staff and charge nurse/designee when patient can be discontinued from TeleSitting® or if there is a change in patient condition.

17. Notify TeleSitting® staff of patient updates every shift.

18. If patient is not approved or no TeleSitting® device is available, implement other recommended safety measures such as:

- ✓ Diversional activities
- ✓ Move patient closer to nursing station
- ✓ Review Medication Administration Record (MAR)
- ✓ Perform frequent safety rounds
- ✓ Engage family member

B. TeleSitting® Staff

1. Receive TeleSitting® request submitted by unit from ORCHID.
2. Ensure that appropriate patient information is entered into the TeleSitting® system and clinical staff contact list.
3. Introduce self to patient over the TeleSitter® device audio upon initiation and every shift (if appropriate).
4. Monitor patients and attempt to verbally redirect patient as appropriate.
5. Notify the RN/charge nurse directly if an issue arises with the patient that needs staff attention.
6. Activate STAT Alert alarm when a patient is not following direction and/or situation is emergent.
7. Document interventions selected that prevented adverse events in the Intervention Log in the TeleSitting® system.
8. Document patient's activities at least every two hours and PRN on the TeleSitting® Patient Activity Logging Tool.
9. Perform hourly virtual rounds on patient. Rounds to include environmental check

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and verbal check-in, if appropriate.

10. Initiate electronic privacy curtain upon request from clinical staff. Reinitiate monitoring once privacy curtain is removed.
11. Place status of patient when out of room and follow up with expected return times.
12. Notify RN /Charge Nurse in identifying patients that could potentially have TeleSitting® discontinued.
13. Provide a hand- off report to oncoming TeleSitting® staff regarding patient status and activity for the shift. Include notable behaviors or trends in overall patient activity.

C. Patient Exclusion Criteria from TeleSitting®

- Violent patients
- Combative patients
- Suicidal patients
- TeleSitting® attempt failed, as evidenced by the following:
 - Numerous re-directions within 2 hours that interferes with the safe monitoring of other TeleSitting® patients.
 - Activation of the STAT Alert alarm more than 3 times in 30 minutes
 - Ineffective re-direction (i.e., patient continues to pull at IV, multiple attempts to get out of bed, etc., resulting in excessive redirection attempts and/or calls to the clinical staff for intervention.)

D. Discontinuation of TeleSitting®

- Discontinuation is a nursing clinical assessment determined by the RN and is based on patient activity and clinical necessity
- If patient is noted to have change of condition and/ or that TeleSitting® is unsuccessful or if no longer needed, notify charge nurse/designee.
- Once decision is made to discontinue:
 - The RN will submit TeleSitting® discontinuation through ORCHID.
 - Once discontinuation is received by TeleSitting® rover will pick up the TeleSitting® monitor, EVS will clean the TeleSitting® device per manufacturer's instructions if the device was in an isolation room and place in Dirty Equipment Room (see below under Cleaning of TeleSitting® Device)
 - The TeleSitting® monitor staff to clear notes from the system and note the time and date of discontinuation

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- Rover will clean the TeleSitting® device per manufacturer's instructions (see below under Cleaning of TeleSitting® Device) and return unit to stock

E. Documentation

- Document the utilization or declination of TeleSitting® in the EHR.
- Activity of patient on TeleSitting® shall be documented by both TeleSitting® staff and nursing staff.

IV. DOWNTIME PROCEDURE

A. Unplanned

1. In the event of a downtime defined as the inability of the TeleSitting® staff to visually monitor the patients, each patient currently on TeleSitting® will be evaluated by the nurse and will adhere to the following downtime procedure.

- TeleSitting® staff will immediately notify the unit if the camera or system is not working correctly.
- Refer to equipment manual to initiate basic trouble shooting. If unable to resolve the issue, notify hospital Information Technology (IT) Support or manufacturer support.
- If down time is longer than 15 minutes, TeleSitting® staff will notify nurse manager/ANO and unit to initiate contingent plan for monitoring the patients who are affected.

2. TeleSitting® staff to document action steps for downtime

B. Planned

1. At least 24 hours prior to any planned downtime, Hospital IT department and nursing must ensure that all the units are aware of the downtime.
2. ANO will confirm that coverage for the patients is in place prior to system downtime.
3. When downtime is complete, the TeleSitting® staff and the ANO will confirm that system has been restored and all patient information is still accurate.
4. TeleSitting® staff will inform the unit that system is restored

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V. Cleaning of TeleSitting® Device

1. Use mild soap to water to clean dirt and smudges on device
2. Use PDI Sani-Cloth Bleach germicidal wipes to disinfect the device
3. For the camera dome use clean, soft microfiber clothes. Do not use PDI Sani-Cloth® bleach wipes

VI. TeleSitting® Education

- A. Only staff trained and evaluated as competent on the TeleSitting® system and policy may function as TeleSitting® staff
1. TeleSitter® Training- Introductory Course
 2. TeleSitter® Training- Monitor Staff

ATTACHMENTS

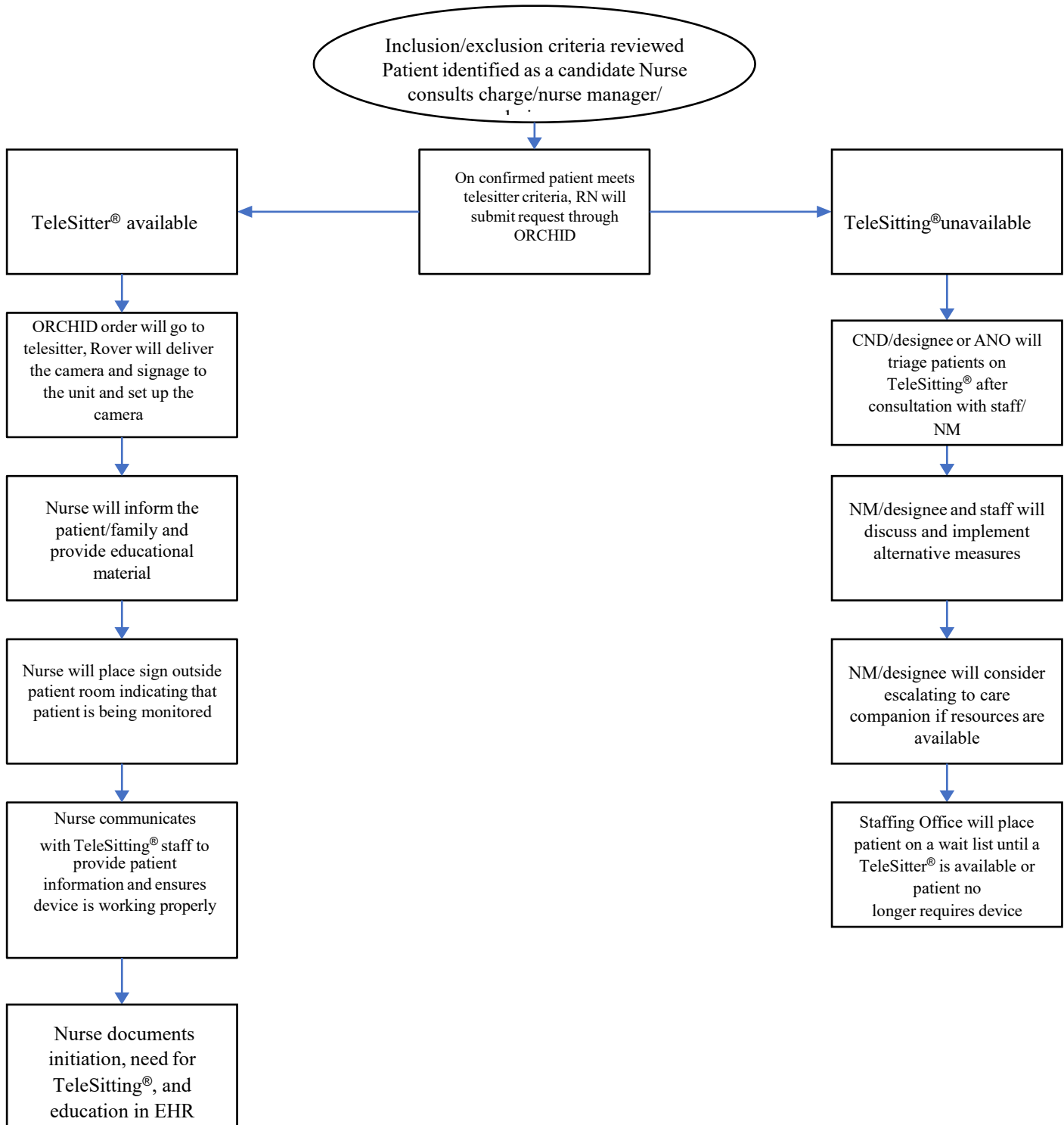
- Nursing Policy #726 Attachment A: Initiation of TeleSitting® Algorithm
Nursing Policy #726 Attachment B: Patient/Family Education
Nursing Policy #726 Attachment C: Discontinuation of TeleSitting® Algorithm

REVISION DATES

4/21, 5/21, 6/23



Los Angeles General Medical Center Department of Nursing
Nursing Policy TeleSitting® - Remote Continuous Visual Monitoring 726-A
Initiation of TeleSitting® Algorithm



Continuous Visual Monitoring

We care about your safety; therefore, we are using a continuous video monitor device to improve our ability to ensure your safety.

How Does Continuous Visual Monitoring Work?

The visual monitor is a device that will help ensure your safety while you are in your room alone. The visual monitor has a video camera that allows a staff member to see you. If the staff member notices that you need assistance, they will come to your room.

The video camera only transmits live stream of images to the monitor, and it does not ever record video or audio.

If your doctor/provider or nurse is providing care such as when you are bathing, dressing, or using the toilet, the staff will turn the camera off to maintain your privacy.

Your nursing staff is always available whenever you need anything, use your nurse call button to ask for help.

Supervisión Visual Continua de Video

Su seguridad nos importa; por lo tanto, estamos usando un dispositivo de supervisión visual continua de video para mejorar nuestra habilidad de asegurar su seguridad.

¿Cómo funciona la Supervisión Visual Continua de Video?

El monitor de video es un dispositivo que ayudara a asegurar su seguridad, mientras se encuentre solo en su cuarto. El monitor tiene una cámara de video, por medio de la cual un miembro del personal puede verlo/a. Si el miembro del personal ve que usted necesita asistencia, vendrán a su cuarto.

El monitor de video continuo nunca graba el video ni audio.

Si su doctor/proveedor o enfermero están brindando atención como cuando usted se está bañando, vistiéndose, o usando el baño, el personal apagará la cámara para mantener su privacidad.

El personal de enfermeros siempre está disponible cuando usted necesite algo, use el botón de llamado al enfermero para pedir ayuda.



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Nursing Policy TeleSitting[®] - Remote Continuous Visual Monitoring 726-C
Discontinuation of TeleSitting[®] Algorithm

