



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF NURSING ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: TELESITTER- REMOTE CONTINUOUS
VISUAL MONITORING OF PATIENTS**

**Policy No.: A462
Date: 02/2020
Page: 1 of 7**

PURPOSE:

To provide guidelines for continuous visual monitoring of patients using the device (TeleSitter), including criteria selection.

POLICY STATEMENT

- A.** TeleSitter monitoring system will be considered the first selected intervention to provide patient safety prior to initiating a Care Companion.
- B.** Initiation of continuous visual monitoring is a nursing intervention. It can be utilized to ensure patient safety as an additional tool in the plan of care for patients at high risk for falls, confusion, impaired mobility, etc.
- C.** The patient's right to privacy should be respected at all times.
- D.** TeleSitter device monitors real-time patient activities and is non-recordable.
- E.** Patient should be on TeleSitter monitoring system for a minimum of 24 hours after discontinuing care companion.

Physician's Order Required: No

PROCEDURE STEPS

A. Patient inclusion criteria from continuous visual monitoring are:

1. Patient warrants a closer level of observation, based on the clinical assessment of the RN. Criteria include but not limited to:
 - a. High risk for falls
 - b. Restlessness/Disoriented
 - c. Confusion, acute or chronic
 - d. Agitated/Aggressive/Impulsive
 - e. Sundown Syndrome
 - f. Soft restraints
 - g. Safety of tubes
 - h. Delirium not related to alcohol withdrawal
 - i. Elopement risk
 - j. Suicide risk- Low and moderate
 - k. Droplet/airborne (e.g., COVID-19, Infectious Tuberculosis) isolation
2. If the patient does not meet the TeleSitter inclusion criteria refer to DHS Policy 310.500- Care Companion Program.

B. Roles and Responsibilities

1. Registered Nurse

- a. Assess patient for appropriateness of continuous visual monitoring (see inclusion criteria listed above).

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- b. Consult Charge Nurse/Designee before initiating or discontinuing TeleSitter.
- c. If the patient meets the inclusion criteria initiate the TeleSitter Request form (see Attachment A), and fax it to Nursing Resource Office (NRO).
- d. Educate the patient and family that continuous visual monitoring will be implemented to promote patient safety. Provide a copy of the educational handout.
- e. Reassess patient every shift and PRN for the need for continued monitoring with TeleSitter.
- f. Notify TeleSitter monitor staff if the patient is transferred from one unit to another.
- g. Notify TeleSitter monitor staff and charge nurse/designee when patient can be discontinued from the TeleSitter monitor or if there is a change in patient condition.

2. Unit Nursing staff

- a. Ensure that the camera is plugged in and communicate with TeleSitter monitor staff to confirm visual and sound functions of the device are effectively working.
- b. Ensure that the signage is posted indicating that the patient is being monitored outside the patient's room.
- c. Respond immediately once the STAT Alert Alarm is activated and or notified by the TeleSitter monitor staff.
- d. Notify TeleSitter monitor staff when privacy is needed (e.g. bedpan, physician visit, clergy visit, etc.). Communicate to the monitor staff to resume visualization when privacy is no longer needed.
KEYPOINT: Unit staff should never place anything (paper, linen, etc.) over the Telemonitoring device that will impede the view of the patient at all times.
KEYPOINT: A patient in a monitored room not requiring surveillance (semi-private) should have their privacy respected. The room privacy curtain should be pulled in front of the camera view; allowing monitoring of only one patient per device.
- e. Inform TeleSitter monitor staff when patient is being removed from room for test, therapy, walks, etc.
- f. If patient is not approved or no TeleSitter available, implement other recommended safety measures such as:
 - Diversional activities
 - Move patient closer to nursing station
 - Perform frequent intentional rounds**KEYPOINT:** Consider all resources available to keep patient safe before escalating to Care Companion at the bedside.

3. SSN/Charge Nurse/Designee

- a. Check with assigned licensed nurses to ensure appropriateness of patients on TeleSitter every shift and PRN.
- b. Communicate with the Administrative Nursing Supervisor (ANS)/Nurse Manager regarding the initiation and discontinuation of the TeleSitter monitoring.

4. Administrative Nursing Supervisor (ANS)

- a. Assists TeleSitter monitor staff and unit staff in determining the appropriateness of utilizing TeleSitter
- b. Facilitate the delivery of the TeleSitter monitoring equipment to the unit.
- c. Review the Dash Board with the oncoming ANS prior to end of each shift to triage patients in determining the appropriateness of TeleSitter utilization.
- d. Ensure that the TeleSitter monitor staff environment is free from distraction.
- e. Share the data, concerns, and successes with the TeleSitter monitor staff.
KEYPOINT: The ANS is the gatekeeper for application and discontinuation of the device and ensures the accuracy of the information entered by the TeleSitter monitor staff.

5. TeleSitter Monitor Staff

- a. Receive TeleSitter request form from the unit and confer with the ANS for approval.
- b. Ensure that appropriate patient information is entered into TeleSitter system and Clinical Staff Contact Form.
- c. Introduce self to patient over TeleSitter audio upon initiation and every shift.

- d. Monitor patients and attempt to verbally redirect patient as appropriate.
- e. Call unit Nursing staff/charge directly if any issues arise with the patient that needs staff attention.
- f. Activate STAT Alert alarm when a patient is not following direction and/or situation is emergent.
KEYPOINT: Monitor staff must alert the unit if the connection is lost and cannot observe the patient.
- g. Document interventions selected that prevented adverse events in the Intervention Log in the TeleSitter system.
- h. Document patient's activities at least every two hours and PRN on the TeleSitter Patient Activity Logging Tool.
- i. Perform hourly virtual rounds on patient. Rounds to include environmental check and verbal check-in if appropriate.
- j. Initiate electronic privacy curtain upon request from clinical staff. Reinitiate monitoring once privacy curtain is removed.
- k. Place status of patient when out of room and follow up with expected return times.
- l. Assist ANS in identifying patients that could potentially have TeleSitter discontinued.
- m. Ensure hand-off between monitor staff is completed at the start of each shift. The hand-off must include patient status, activity and any notable behaviors or trends in overall patient activity.
KEY POINT: Validate that all patients have been reported on and transferred to the oncoming monitor staff.

6. Interdisciplinary Staff

- a. Communicate to monitor staff when taking patient out of the room and each duration. Notify monitor staff to resume visualization upon returning the patient to the room.
- b. Notify TeleSitter monitor staff if privacy is required when working with the patient. Communicate to the monitor staff to resume visualization when privacy is no longer needed.

C. Patient exclusion criteria from continuous visual monitoring are:

1. Behavioral restraints
2. TeleSitter monitoring attempt failed, **as evidenced by the following:**
 - a. Numerous re-directions within 4 hours that interferes with the safe monitoring of other TeleSitter patients
 - b. Activation of the STAT Alert alarm more than 3 times in 30 minutes
 - c. Ineffective re-direction (e.g., 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.)

E. Trial Protocol

Prior to placing a patient on a Care Companion, 4-hour TeleSitter trial should be attempted.

1. If any of the following 3 situations are present during the trial, notify Charge Nurse/ANS.
 - a. Numerous re-directions within the trial period that interferes with the ability to safely monitor other patients
 - b. Activation of the STAT Alert Alarm more than 3 times in 30 minutes
 - c. Unit staff requests re-assessment of visual monitoring appropriateness
2. Once any of the above mentioned situations occur, the charge nurse will collaborate with the RN and implement additional adjunct measures while continuing TeleSitter monitoring. These may include, but are not limited to:
 - a. Diversional activities
 - b. Medication administration as ordered
 - c. Move patient closer to nursing station

KEY POINT: Exhaust all resources available, in conjunction with the TeleSitter monitor, to keep patient safe before placing the patient on Care Companion.

3. If adjunct measures are unsuccessful, the RN, Charge Nurse, and ANS must collaborate to determine if the

patient's current situation warrants a Care Companion.

F. Discontinuation of TeleSitter Monitoring:

1. Discontinuation decision is based on the patient activity and clinical necessity which is determined in collaboration with the unit staff, TeleSitter monitor staff, and ANS.
2. Once decision is made to discontinue:
 - a. The RN will complete TeleSitter Discontinuation Form (see Attachment B) and fax to NRO.
 - b. The ANS will review the form and direct the TeleSitter monitor staff to discontinue the monitoring of the patient.
 - c. TeleSitter monitor staff to enter the information into the system and note the time and date of discontinuation.
 - d. The ANS/Designee will facilitate the pick up of the equipment from the unit
KEYPOINT: Equipment must be cleaned according to manufacturer's guidelines.

F. Patient and Family Education

1. The patient and family will be informed regarding virtual monitoring for patient safety.
2. Provide a copy of the educational handout and document in Electronic Health Record (EHR).

G. Unit Staff Documentation

- g.
 1. Initiate TeleSitter and document in the EHR. Licensed staff to document every shift and PRN the following:
 - Activity
 - Observation
 - Intervention
 - Education when applicable
 2. Activity of patient on TeleSitter shall be documented by both Monitor Staff and nursing staff.
 3. Document all patient declination of the TeleSitter in EHR

H. Downtime Procedure

1. Unplanned:
 - a. In the event of downtime (the inability to visually remotely monitor patients):
 - TeleSitter Monitor Staff will immediately notify the unit staff .
 - Refer to TeleSitter Manual to initiate basic trouble shooting. If unable to resolve the issue, notify hospital Information Technology (IT) Support or TeleSitter support.
 - If down time is longer than 15 minutes, TeleSitter Monitor Staff will notify ANS and Unit to initiate contingent plan for monitoring the patients who are affected.
 - b. TeleSitter Monitor staff and licensed nurses to document action taken during downtime
2. Planned:
 - a. At least 24 hours prior to any planned downtime, Hospital IT dept. and ANS must ensure that all the units are aware of the downtime.
 - ANS will collaborate with the unit to ensure adequate staff and appropriate interventions are in place prior to system downtime.
 - When downtime is complete, the TeleSitter Monitor Staff and the ANS will confirm that system has been restored and all patient information is still accurate.
 - TeleSitter monitor staff and unit licensed nurses to document actions taken during downtime
 - TeleSitter Monitor Staff will inform the unit that system is restored

Revised By: Myla Maranan, DNP, RN, CNML, April Macabuhay, BSN, RN & Bincy Mathew, MSN, RN, CMSRN, NPD-BC

References:

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Dwyer, C. The ABCs of reducing harm from falls. Institute for Healthcare Improvement. Retrieved from <http://www.ihl.org/resources/Pages/ImprovementStories/ABCsofReducingHarmfromFalls.aspx>

Purvis, S., Kaun, A., McKenna, A., Weber-Viste, J., & Fedorov, E. (2018). Outcomes of clinical nurse specialist practice in the implementation of video monitoring at an academic medical center. *Clinical Nurse Specialist*, 32(2), 90-96.

New- 02/2023

Revised- 09/2023

TeleSitter Request

*TMU# _____
For NRO use only

PATIENT INFORMATION

NAME _____

DOB/GENDER _____

PLACE PATIENT LABEL HERE

UNIT

- 3W 3N 3S
- 2N 2S 1N
- 1 S Other _____

Room/Bed No: _____

Charge RN Name: _____

Date/Time Device Added: _____

Preferred Name/Nickname: _____ Age: _____ Gender: Male Female Other

Preferred Language: _____ Preferred Announcement Voice: Male Female

RN Name & Contact No: _____ Nursing Attendant Name & Contact No: _____

TeleSitter Initiation Criteria

| POSSIBLE ADVERSE EVENT (Select all that apply and <u>CIRCLE</u> Primary Adverse Event for video monitoring) | | | |
|--|--|--|--|
| | Falls | | Suicide risk (check): <input type="checkbox"/> Low <input type="checkbox"/> Moderate |
| | Medical Device Interference | | Intentional Self-Harm |
| | Elopement | | Isolation Exposure |
| | Staff injury | | Other: _____ |
| PATIENT CONDITION (Select all that apply and <u>CIRCLE</u> Primary Condition for video monitoring) | | | |
| | Delirium <u>not</u> related to alcohol withdrawal | | Psychiatric Disorder/ Suicidal |
| | Dementia | | Stroke |
| | Substance Withdrawal | | Infectious Disease Isolation |
| | Brain Injury | | Other: _____ |
| PATIENT RISK FACTORS (Select all that apply and <u>CIRCLE</u> Primary Risk Factor for video monitoring) | | | |
| | Poor Short Term Memory | | Anxiety |
| | Poor Comprehension | | Distorted Perception of Reality |
| | Impulsivity | | Anger/Frustration |
| | Agitation | | Other: _____ |
| ADDITIONAL CONSIDERATIONS | | | |
| | Peripheral IV Location(s): | | Central Lines/Drains – Location(s): |
| | Soft Restraints | | Monitoring (e.g. Pulse ox): |
| | Vision Impaired/Hard of Hearing | | NG/G/J Tubes |
| | Ambulation/Mobility (walker with assist, etc.) | | Other (Oxygen, NPO, etc.): |

Fax completed Form to NRO @ 56138

ANS Signature: _____

*TMU = Telesitter Monitoring Unit

Date/Time: _____

TeleSitter Discontinuation

PATIENT INFORMATION

NAME _____

DOB/GENDER _____

PLACE PATIENT LABEL HERE

UNIT

3W 3N 3S

2N 2S 1N

1 S Other _____

Room/Bed No: _____

Date/Time: _____

RN Name & Contact No: _____

Removal Criteria

| Reason for Discontinuation (Select all that apply) | |
|--|---|
| <input type="checkbox"/> Discharged | <input type="checkbox"/> Transferred to higher/lower level of care w/o TeleSitter |
| <input type="checkbox"/> Requires Care Companion | <input type="checkbox"/> Transferred to another floor/bed with TeleSitter |
| <input type="checkbox"/> Behaviors Improved | <input type="checkbox"/> Device assigned to higher needpatient |
| <input type="checkbox"/> Patient/family refused | <input type="checkbox"/> Other: _____ |

Additional Notes/Comments: _____

Fax completed Form to NRO @ 56138

*TMU = Telesitter Monitoring Unit

ANS Signature: _____

Date/Time: _____

TeleSitter Request- Trial

***TMU#**
For NRO use only

PATIENT INFORMATION

NAME _____

DOB/GENDER _____

PLACE PATIENT LABEL HERE

UNIT

- 3W 3N 3S
- 2N 2S 1N
- 1 S Other _____

Room/Bed No: _____

Charge RN Name: _____

Preferred Name/Nickname: _____ Age: _____ Gender: Male Female Other

Preferred Language: _____ Preferred Announcement Voice: Male Female

RN Name & Contact No: _____ Nursing Attendant Name & Contact No: _____

TeleSitter Trial Criteria

A. POSSIBLE ADVERSE EVENT

(e.g., Falls, Elopements, Suicide, Isolation, Injury)

B. PATIENT CONDITION

(e.g., Stroke, Brain injury, Dementia, Psychiatric Disorder)

C. PATIENT RISK FACTORS

(e.g., Impulsivity, agitation, anxiety)

D. ADDITIONAL CONSIDERATIONS

(e.g., peripheral IV location, central lines/drains, soft restraints, NG/G/J Tubes)

Date initiated: _____ Time Initiated: _____

Time Discontinued: _____ Reason for Discontinuation: _____
(e.g., trial failed, trial successful and requested continuous TeleSitter monitoring)

Fax completed Form to NRO @ 56138

ANS Signature: _____

**TMU = Telesitter Monitoring Unit*

Date/Time: _____