



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: REMOTE CONTINUOUS VISUAL TELEMONITORING OF PATIENTS **POLICY NO.** 379B

CATEGORY: Provision of Care	EFFECTIVE DATE: 5/21
POLICY CONTACT: Ruth Bala, RN	UPDATE/REVISION DATE: 5/21
REVIEWED BY COMMITTEE(S):	

PURPOSE:

To provide guidelines for continuous visual monitoring and selection criteria of patients using telemonitoring technology.

DEFINITIONS:

Continuous Visual Telemonitoring (CVT) Patient monitoring that requires a centrally located monitor continually observed by trained staff using telemonitoring technology utilizing a highly sensitive mobile camera placed in a patient's room with the ability to transmit real-time one-way live camera feed, auditory signals, and a two-way audio communication modality.

Telemonitor Technician (TMT) Hospital staff who have completed educational and competency requirements to operate the CVT device, central monitor, and for patient monitoring.


INCLUSION Criteria for CVT See Care Companion (CC) criteria (**Attachment A**), which may include (but is not limited to) patients who are:

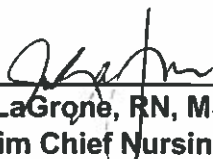
- a. Agitated/Aggressive/Impulsive behavior
- b. Confused (acute or chronic)
- c. Delirium not related to alcohol withdrawal
- d. Elopement risk
- e. Exhibiting Sundown Syndrome
- f. High-risk for falls
- g. In Soft Restraints
- h. Restless/Disoriented
- i. Unable to maintain safety of line and tubes

REVISED: 5/21

REVIEWED: 5/21

APPROVED BY: 
 Anish Mahajan, MD
 Chief Executive Officer


 Anish Mahajan, MD
 Chief Medical Officer


 Joy LaGrone, RN, MSN
 Interim Chief Nursing Officer



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- EXCLUSION Criteria for CVT** May include (but is not limited to) patients who are:
- a. On behavioral restraints
 - b. Actively withdrawing from alcohol
 - c. Requiring a 1:1 CC, due to:
 - Combativeness
 - Psychiatric Legal Hold
 - Seclusion
 - Self-Injurious behavior
 - Sexual Aggression
 - Suicide Risk
 - Violent behavior
 - Conditions where death/serious injury may result without a CC

- CVT Trial Criteria** A trial may be attempted when any of the following are met:
- a. The patient is using a CC and it is deemed appropriate to consider a CVT device (weaning or switching from CC to CVT).
 - b. The patient does not meet the CVT inclusion or exclusion criteria but is deemed to require safety monitoring.
 - c. Clinical staff requests re-assessment of appropriateness for utilizing CVT.

- INEFFECTIVE CVT/ Trial Criteria** Ineffective CVT trial can be concluded based on the following evidence:
- a. Numerous patient re-directions within two hours that interferes with safe monitoring of other CVT observation patients.
 - b. Activation of the STAT Alert Alarm more than three times in 30 minutes.
 - c. Ineffective re-direction (i.e., 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.

- DISCONTINUATION Criteria** May include (but is not limited to):
- a. Patient converted to continuous in-person observation/CC assigned.
 - b. Patient no longer meets inclusion criteria.
 - c. Patient/Family refused.
 - d. Patient transferred to another facility.
 - e. Patient discharged.

POLICY:

1. Staff, dependent on their roles, shall complete training prior to assuming CVT assignment or responsibilities. See Addendum A for roles and responsibilities.
2. CVT shall be considered the first selected intervention prior to initiating an in-person CC. **Note:** A CVT device can be used to visualize only one patient at a time.
3. Initiate and/or consider all resources available, in conjunction with CVT, to keep the patient safe before requesting and assigning a CC, **EXCEPT** when:
 - CVT devices are unavailable.



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- The patient currently on CVT needs to be transported out of the patient care area for diagnostics, procedures, or treatments.
 - The patient does not meet the CVT inclusion criteria (refer to definition section).
4. Nursing shall initiate, trial, and/or discontinue CVT as an independent nursing intervention, based on clinical nursing assessment and established criteria and procedures. A provider order is not required.
 5. Patient privacy shall be respected and maintained at all times while on CVT.
 6. Patients and/or authorized representatives shall be informed that camera monitoring is in place for the safety of the patient. **Note:** CVT camera device does not record any audio or images.
 7. CVT use shall be documented in the Electronic Health Record (EHR).

PROCEDURE:

A. CVT Initiation

1. Assess and determine if a patient meets criteria for CVT every shift (see definition 'inclusion/exclusion' section).
2. Submit (deliver/fax) a completed CC/CVT Request Form (**Attachment A**) to the Telemonitor Office (TMO), Room 1M2-A, Fax (310) 618-9028.
 - a. House Supervisor evaluates need and resources available then facilitates CVT delivery.

B. CVT Implementation

1. Receive clean CVT device from transporter.
2. Position the CVT device at a location in the patient's room that does not interfere with the delivery of care and does not pose a risk for injury for both the patient and staff.
3. Set up the CVT device, in accordance with training and manufacturer's guidelines.
4. Plug-in and wait for the CVT device to set itself.
5. Communicate with the Telemonitor Technician (TMT), ensuring visual and audio connectivity functions effectively, including providing verbal hand-off report (**Attachment B**) to the designated TMT (**Attachment C**).
6. Maintain 'Patient Safety Monitoring' signage on device indicating the patient is being visually monitored by hospital staff for safety (**Attachment D**).
7. Communicate CVT purpose, capabilities, and implementation with the patient/authorized representative including distribution of a patient educational handout (**Attachment E**).
8. In the event that there are no CVT devices available, discuss and implement alternative strategies before escalating to a continuous in-person CC.

C. CVT 2-hour Trial

1. Initiate a trial if criteria are met (see definition section for trial criteria). Request a CVT device using CC/CVT Request/Discontinuation Form (**Attachment A**).
2. Implement adjunct patient specific safety measures in conjunction with the CVT trial, if needed.
**Note: Simultaneous direct patient supervision and CVT trial (for a short interval) may be necessary while adjunctive safety measures are being implemented.*
3. Monitor the patient while on trial.
4. Notify and consult with the unit-level charge RN for the Trial result:
 - a. If successful, CVT may be initiated.



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- b. If unsuccessful, (see definition section for ineffective trial criteria), or does not change the perceived safety risk, a deployment of an in-person CC may be warranted or the previous assigned person may resume their CC duties.

D. CVT Discontinuation

1. Assess and determine if the patient meets the discontinuation criteria (see definition 'discontinuation' section).
2. Notify the unit-level charge RN for discontinuation consultation and approval.
3. Discontinue CVT by:
 - a. Submitting via (delivery or fax) a completed CC/CVT Request/Discontinuation Form (refer to discontinuation section, **Attachment A**) to the Telemonitor Office (TMO), Room 1M2-A, Fax (310) 618-9028.
 - b. House Supervisor will review the form and direct the TMT to discontinue CVT in the system.
4. Unit staff will remove CVT device from the patient's room and implement cleaning measures (**Attachment F**) in accordance with the manufacturer's guidelines, and by placing an "EQUIPMENT STATUS" tag.
5. Place pick-up request into Teletracking.
6. Nursing Operations and Resource Office will send a transporter to pick up CVT device.

E. Patient Privacy

1. Provide and respect privacy for all patients in a room, especially those not requiring surveillance (i.e., semi-private rooms).
2. Request electronic privacy curtain closure from the TMT, if appropriate.
 - Do not leave the patient unattended, as the TMT will not observe during privacy mode.
3. Notify the TMT when patient privacy is needed (i.e., bedpan, care activities, bedside exams, etc.) and when to resume visualization.
4. Open electronic privacy curtains, if appropriate.
5. Resume CVT.

F. Patient Education

1. Inform the patient/authorized representative that the patient will be virtually monitored to ensure patient safety.
2. Provide a copy of the educational handout (**Attachment E**).

G. Documentation

1. Document the following upon initiation of CVT, and every eight (8) hours and as needed:
 - a. Implementation of CVT.
 - b. Criteria for monitoring.
 - c. Additional safety measures attempted or implemented.
 - d. Patient observation, reassessment and continued CVT need.
 - e. Nursing interventions.
2. Document:
 - a. Trial results.
 - b. Patient refusal/declination of the CVT.
 - c. Discontinuation of CVT and/or change to in-person CC modality.



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- d. Patient education and their understanding, and follow-up education (if applicable), including CVT intervention and copy of educational handout provided.
- 3. TMT completes the following:
 - a. Patient Activity Logging Tool (paper log, **Attachment G**) at least every two (2) hours and as often as necessary. The Nursing Operations and Resource Office may use the log to determine the telemonitor patient load of each TMT.
 - b. CVT Active Device Log (**Attachment H**) to track which cameras are in use, and those on the Waitlist Device Log (**Attachment I**).
 - c. CVT 8 or 12-hour Patient Care Contact Form (**Attachment J**).
- H. Downtime** (the inability to visually remotely monitor patients)
 - 1. Adhere to the following downtime procedure:
 - a. Unplanned
 - 1. TMT will immediately notify the unit and House Supervisor if CVT device is not functioning properly.
 - 2. Refer to Telemonitoring device manual to initiate basic troubleshooting steps. If unable to resolve the issue, notify hospital Information Technology (IT) support.
 - 3. If downtime is longer than 15 minutes, TMT will notify the House Supervisor and unit to initiate contingent plan for monitoring impacted patients.
 - 4. TMT documents action steps taken during downtime.
 - b. Planned
 - 5. At least 24-hours prior to any planned downtime, Hospital IT department and House Supervisor must ensure that all the units are aware of the downtime.
 - 6. House Supervisor will confirm that coverage for patients are in place prior to system downtime.
 - 7. When downtime is complete, the TMT and House Supervisor will confirm and apprise staff that system has been restored, additional or redeployed staff is relieved (if any), and all patient information is accurate.
 - 8. TMT will inform the unit that the system is restored.
- I. Troubleshooting**
 - 1. Return the CVT device to the TMO (Room 1-M-2A) for any problems that cannot be resolved in the unit.
 - a. A TMO staff will enter a DHS Enterprise Help Desk ticket. IT will help in the resolution of the problem.
 - b. Record the device number or any tracking information if the CVT device will be taken out for servicing on Technical Tracking Log (**Attachment K**).
 - c. Reconcile the inventory record upon the return of the CVT device.

OTHER APPLICABLE POLICIES

- DHS Policy No. 310.500 *Care Companion Program* and Hospital Policy No. 379 *Continuous In-Person Observation, Monitoring, and Management*.



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ADDENDUM A:

ROLES AND RESPONSIBILITIES

<p>Primary Registered Nurse</p>	<ol style="list-style-type: none">1. Assessing the patient, reviewing inclusion/exclusion criteria, and determining that patient meets criteria (see definition 'inclusion/exclusion' section).2. Informing and consulting with the charge RN for approval before initiating or discontinuing CVT.3. Participating in unit-level bed huddle discussing the patient and CVT need, if able.4. Completing and submitting a CC/CVT Initiation/Discontinuation Form (Attachment A) including applicable criteria met to the Telemonitoring Office.5. Providing patient report (Attachment B) and communicating with the TMT on initiation, during, and discontinuation of CVT. This includes, but is not limited to: diagnosis, behaviors, reason/criteria for monitoring, primary language, mobility/activity, assistive CVT devices and location, etc.6. Ensuring accuracy of patient information entered by the TMT in the CVT monitor.7. Educating/informing the patient/authorized representative that the CVT device is in place for the safety of the patient and providing a copy of the educational handout (Attachment E).8. Posting patient safety monitoring signage (Attachment D) in a designated area indicating the patient is being visually monitored by hospital staff for safety.9. Positioning the CVT device in a non-hazardous location in the patient's room, ensuring functional audiovisual connection.10. Performing hourly <u>in-person</u> environmental and verbal check-on patient status rounding (except when asleep).11. Notifying the TMT if patient privacy is needed, when taking a monitored patient out of the room noting approximate duration of time, and upon return to resume CVT (see Patient Privacy section E in this policy).12. Reassessing the patient every 8-hours, and as needed, for the appropriateness of continued CVT.13. Responding immediately when notified by the TMT, STAT Alert Alarm, and/or call-light activation.14. Implementing alternative patient-specific safety measures, inclusion criteria not met, or CVT device unavailable (i.e., move closer to the nursing station, perform frequent safety rounds, cohort, etc.).15. Cleaning and safeguarding CVT device (Attachment F) when in use or awaiting pick-up.16. Documenting all nursing care and interventions in the EHR.17. Confirming with TMT and House Supervisor that patient information is accurate when downtime is complete.18. Providing positive experiential feedback on Great Catch Form (Attachment L).
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<p>Unit-Level Nursing Management (Nurse Manager, Charge Nurse)</p>	<ol style="list-style-type: none"> 1. Checking and collaborating with unit-level staff nurses ensuring appropriateness on CVT. 2. Communicating and participating in bed huddles every shift, with the nursing patient-care team upon CVT initiation, during, and discontinuation discussing the patient and CVT need. 3. Ensuring TMT is monitoring the patient(s) at all times. 4. Planning and coordinating breaks for the TMT ensuring continuous patient monitoring is maintained. 5. Ensuring accuracy of patient information in the CVT System entered by the TMT. 6. Coordinating the need for a continuous in-person CC or alternative strategies, if the monitored patient needs to leave the unit for diagnostic, procedures, and treatments. 7. Delegating the cleaning and safeguarding of CVT devices when in use or awaiting pick-up. 8. Providing positive experiential feedback on Great Catch Form (Attachment L).
<p>Nursing Operations and Resource Office – House Supervisor (Gatekeeper)</p>	<ol style="list-style-type: none"> 1. Overseeing the initiation and discontinuation of the CVT device. 2. Assisting unit-level nursing staff and TMTs in determining appropriateness of CVT using inclusion and exclusion criteria, upon and during, admission and discharge of patient(s) on CVT. 3. Receiving and reviewing CVT initiation and discontinuation forms for CVT approval. 4. Initiating a triaging process on all CVT patients determining appropriate and CVT device availability and potential reallocation priority need. <ol style="list-style-type: none"> a. House Supervisor will triage all patients on Telemonitoring CVT status when requests exceed the number of available CVT devices. b. House Supervisor will consult with the unit-level nursing patient care team including the TMT and Telemonitoring Dashboard, determining Telemonitoring CVT appropriateness, CVT device availability, and potential reallocation priority need using clinical judgment. c. Patients identified meeting discontinuation criteria based on clinical reassessment, CVT will be discontinued. d. House Supervisor and/or TMO staff will place the approved patient on the waiting list and notify unit-level primary or charge RN when Telemonitoring CVT device is available or need to escalate to a continuous in-person CC. 5. Starting a waitlist if no CVT devices are available (Attachment I). 6. Notifying the requesting unit-level primary RN or charge RN, when a CVT device becomes available and/or need to escalate to a continuous in-person CC. 7. Directing the Telemonitoring Office (TMO) to deploy/collect clean CVT device(s). 8. Coordinating and facilitating bed huddle(s) every shift with the unit-level nursing patient-care team to discuss initiation, discontinuation, or maintenance of CVT.



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	<ol style="list-style-type: none"> 9. Ensuring TMT monitoring and CVT device utilization compliance is maintained at all times. 10. Directing the TMO to initiate or discontinue monitoring from the CVT system. 11. Communicating with the TMT and reviewing the Dashboard, prior to the end of each shift, determining the current acuity of each patient to validate continued monitoring need. 12. Notifying each unit of unplanned and/or planned downtime ensuring coverage for monitored patients (see Policy Section H). 13. Coordinating collection of clean discontinued CVT devices(s) from the unit during off hours. 14. Providing end-of-shift verbal handoff report to oncoming House Supervisor. 15. Providing positive experiential feedback on Great Catch Form (Attachment L).
<p>Telemonitoring Technician (TMT)</p>	<ol style="list-style-type: none"> 1. Receiving patient report for the unit-level primary RN or charge RN (Attachment C). 2. Entering accurate required patient information into the CVT Dashboard and 8/12-hour Patient Care Team Contact Form (Attachments J). 3. Introducing self to the patient over the audio upon initiation and every shift (if appropriate). 4. Monitoring patients and verbally attempting to redirect the patient as appropriate. 5. Activating STAT Alert Alarm when a patient is not following direction and/or situation is emergent. 6. Calling the unit-level charge RN directly if an issue arises with the patient that needs staff attention. 7. Alerting the unit when the connection is lost and cannot observe the patient. 8. Performing <u>virtual</u> environmental and verbal check-in rounds on patient(s). 9. Initiating virtual privacy function upon request from staff. 10. Placing patient status in the monitor system when patient is out of the room and following up with expected return times. 11. Notifying the House Supervisor of any available Telemonitoring CVT device(s). 12. Assisting the unit-level nursing patient care team in identifying patients that could potentially have CVT discontinued. 13. Notifying the unit and House Supervisor in the event of unplanned/planned downtime. 14. Documenting patient observations, activity, and interventions on the CVT Patient Activity Log, every 2-hours or as often as necessary (see Attachment G). 15. Documenting interventions selected that prevented adverse events, as needed, in the Intervention Log in the CVT monitor, if appropriate.



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	<p>16. Providing report to oncoming TMT and nursing staff regarding patient status and activity for the shift, including notable behaviors or trends in overall patient activity.</p> <p>17. Providing positive experiential feedback on Great Catch Form (Attachment L).</p>
<p>Interdisciplinary Staff (physicians, dietitians, social worker, etc.)</p>	<p>1. Notifying and communicating with the TMT when:</p> <ul style="list-style-type: none"> • Taking a patient out of the room, approximate duration of time, and upon return to resume CVT • Performing a bedside procedure • Discussing confidential patient information
<p>Telemonitoring Office (TMO) Staff</p>	<ol style="list-style-type: none"> 1. Receiving initiation request and/or discontinuation form from Nursing Operations and Resource Office. 2. Safeguarding and evaluating available CVT device inventory including tracking those out for servicing. 3. Delivering clean CVT device to the designated area. 4. Discontinuing patient monitoring and clearing any notes from the system, noting the date and time of discontinuation. 5. Collecting and storing cleaned discontinued Telemonitoring CVT device(s) from the unit during regular business hours. 6. Tracking CVT devices. 7. Providing positive experiential feedback on Great Catch Form (Attachment L).

Revised and Approved by:
Medical Executive Committee – 5/2021

Janine R. E. Vintch, M.D.
President, Professional Staff Association



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**ATTACHMENT A:
CC/CVT REQUEST/DISCONTINUATION FORM**

COUNTY OF LOS ANGELES HARBOR-UCLA MEDICAL CENTER DEPARTMENT OF HEALTH SERVICES

CARE COMPANION (CC) & CONTINUOUS VISUAL TELEMONITORING (CVT) REQUEST / DISCONTINUATION FORM

Patient's Full Name and MRUN #: _____

Unit: _____
Room #: _____
Gender: Male Female Non-Binary

PATIENT LABEL

Date/Time: _____
CVT: _____

PATIENT MEETS FOLLOWING CRITERIA (check all that apply):		
<input type="checkbox"/> Aggression <input type="checkbox"/> Agitation/Restlessness <input type="checkbox"/> Behaviorally Restrained <input type="checkbox"/> CNS Disorder <input type="checkbox"/> Confusion / Disorientation <input type="checkbox"/> CVT Trial <input type="checkbox"/> Dementia / Delirium <input type="checkbox"/> Elopement Risk <input type="checkbox"/> Gait / Unsteady Balance	<input type="checkbox"/> Getting Out of Chair / Bed <input type="checkbox"/> High Fall Risk <input type="checkbox"/> Impulsivity <input type="checkbox"/> Pulling Medical Devices <input type="checkbox"/> Psychiatric Disorder <input type="checkbox"/> Seizures <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Sundown Syndrome / Sleep Disturbances <input type="checkbox"/> Unable to Maintain Position without Supervision	<input type="checkbox"/> Wandering <input type="checkbox"/> Combativeness* <input type="checkbox"/> Psychiatric Legal Hold* <input type="checkbox"/> Seclusion* <input type="checkbox"/> Self Injurious* <input type="checkbox"/> Sexual Aggression* <input type="checkbox"/> Suicide Risk* <input type="checkbox"/> Violent*
OTHER: _____		

CC / CVT REQUESTED By: _____ RN Date: _____ Time: _____	CC / CVT DISCONTINUED By: _____ RN Date: _____ Time: _____ Reason: <input type="checkbox"/> Trial Failed Other: _____
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INTERVENTIONS TRIALED AND PROVEN UNSUCCESSFUL IN KEEPING PATIENT SAFE					
Intervention(s) Attempted	Date	Time	Intervention(s) Attempted	Date	Time
<input type="checkbox"/> Intentional Rounds	_____	_____	<input type="checkbox"/> Administered / Reviewed PRN Meds	_____	_____
<input type="checkbox"/> Evaluated Family Stating	_____	_____	<input type="checkbox"/> Adjusted Staff Ratio	_____	_____
<input type="checkbox"/> Redirect / Reorient	_____	_____	<input type="checkbox"/> Observed Every 15 Minutes	_____	_____
<input type="checkbox"/> Offered Frequent Toileting	_____	_____	<input type="checkbox"/> Cohorted with Other Patients	_____	_____
<input type="checkbox"/> Decreased Environmental Stimuli	_____	_____	<input type="checkbox"/> Dining Club / Group Activities	_____	_____
<input type="checkbox"/> Bed in Lowest Position	_____	_____	<input type="checkbox"/> Mitzens	_____	_____
<input type="checkbox"/> Placed Closer to Nurse's Station	_____	_____	<input type="checkbox"/> Posey Vest / Soft Restraints	_____	_____
<input type="checkbox"/> Activated Bed Alarm	_____	_____	<input type="checkbox"/> Locked Unit	_____	_____
<input type="checkbox"/> Activated Wheelchair Alarm	_____	_____	<input type="checkbox"/> Safety Helmet	_____	_____
<input type="checkbox"/> Elopement Precautions	_____	_____	<input type="checkbox"/> Encouraged Verbalization	_____	_____
<input type="checkbox"/> Tried Consistent / Calm Approach	_____	_____	<input type="checkbox"/> De-escalation / Code Gold	_____	_____
<input type="checkbox"/> Avoided Confrontation	_____	_____	<input type="checkbox"/> Established Rapport	_____	_____
<input type="checkbox"/> Set Limits	_____	_____	<input type="checkbox"/> Resolved Physiological Causes	_____	_____
<input type="checkbox"/> Encourage Participation in Care	_____	_____	<input type="checkbox"/> Other: _____	_____	_____
<input type="checkbox"/> Treatment of Physical Causes	_____	_____			

Supportive documentation must be in ORCHID narrative note section. If interventions fail or risk(s) remain, complete this form to request a CC or CVT. If a CC is assigned, this form is completed every 8 hours and sent to the NSO 2 hours prior to the start of each shift. For CVT, there is no need to complete this form every 8 hours.

Nurse Manager / Charge Nurse: _____ Date / Time: _____

FAX to: (310) 618-9028 or deliver to Telemonitor Office (TMO) 1st Floor, Rm. 1M2-A.

THIS SECTION COMPLETED BY ADMINISTRATIVE NURSING SUPERVISOR			
PRIORITY SCORE (Circle)	CRITERIA	RESOURCE ALLOCATION (circle)	
4	Death or serious injury could result without a Care Companion — suicide risk; combative secondary to cognitive impairment; psychiatric legal hold; violent; sexually aggressive; self-injurious; seclusion.	1:1 CC	
3	Pulling medical devices, fall risk / has fallen; trauma to surgical site; alternatives ineffective.	CC	CVT Device
2	Could be managed with other alternatives that promote patient safety — risk behaviors resolving or still require intervention.	CC	CVT Device
1	Other alternatives effective or problems resolving for need of a CC decreasing; almost ready to discontinue CC.	CC	CVT Device
/	Provide CVT device for TRIAL.		CVT Device
Administrative Nursing Supervisor: _____		Date/Time: _____	



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ATTACHMENT B:
CVT REPORT TEMPLATE + DIRECTORY FORM



Continuous Visual Telemonitoring (CVT)
Admission/Trial Report Template

Admission Trial

Device #: _____ Unit: _____ Room & Bed #: _____ Date: _____

Patient's Full Name: _____ Patient's Preferred Name: _____

Age: _____ Gender: Male Female Non-Binary

Patient's Preferred Language: _____ Patient's Preferred Announcement Voice: _____
 Male Female No Preference

Patient Care Team Contact Information:

Charge RN Name: _____ Charge RN Contact #: _____

Primary RN Name: _____ Primary RN Contact #: _____

Nursing Attendant Name: _____ Nursing Attendant Contact #: _____

TeleMonitor Technician (TMT) Name: _____ TMT Contact #: _____

Criteria for CVT Trial / Initiation

Possible Adverse Event(s) (Select all that apply and circle Primary Patient Adverse Event for CVT)	<input type="checkbox"/> Falls <input type="checkbox"/> Elopement <input type="checkbox"/> Staff Injury <input type="checkbox"/> Intentional Self-harm <input type="checkbox"/> Medical Device Interference <input type="checkbox"/> Other (specify): _____
Patient Condition (Select all that apply and circle Primary Patient Condition for CVT)	<input type="checkbox"/> Restless <input type="checkbox"/> Disoriented <input type="checkbox"/> Aggressive <input type="checkbox"/> Confusion (acute/chronic) <input type="checkbox"/> Delirium (not related to alcohol withdrawal) <input type="checkbox"/> Sundown Syndrome <input type="checkbox"/> Other (specify): _____
Patient Risk Factors (Select all that apply and circle Primary Patient Risk Factor for CVT)	<input type="checkbox"/> Poor Short-Term Memory <input type="checkbox"/> Poor Comprehension <input type="checkbox"/> Agitation <input type="checkbox"/> Distorted Perception of Reality <input type="checkbox"/> Anger Frustration <input type="checkbox"/> Impulsivity <input type="checkbox"/> None
Additional Considerations (Select all that apply)	<input type="checkbox"/> Peripheral IV Location <input type="checkbox"/> Central Lines/Drains Location <input type="checkbox"/> Soft Restraints <input type="checkbox"/> Hard of Hearing Monitoring <input type="checkbox"/> NG/G/J Tubes <input type="checkbox"/> Mobility Aid (walker, etc.) <input type="checkbox"/> Loss of Sight <input type="checkbox"/> Limited Range of Motion (weakness/paralysis) <input type="checkbox"/> Supplemental Oxygen <input type="checkbox"/> Other (specify): _____
Include Reason(s) for Trial (if not listed above)	

Post-Trial Result: Unsuccessful, maintain Care Companion Successful, sustain CVT Other: _____



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**ATTACHMENT B:
CVT REPORT TEMPLATE + DIRECTORY FORM (CONT.)**



**Continuous Visual Telemonitoring (CVT)
Rm. 1M-2A
Directory**

Telemonitoring Office (TMO) #	424-306-4483
TMO Fax #	310-618-9028
House Supervisor & Patient Flow Office # Rm. 1M-3A	424-306-5620 Cisco: x68647
Nursing Staffing & Resource Office Fax # (Back up only if TMO Fax is down)	310-781-9348
Enterprise Help Desk	323-409-8000
Onsite IT Support	Sammi Cheng-Jamias (424) 306-8616 ccheng@dhs.lacounty.gov Ronald Lam (424) 306-8618 rlam@dhs.lacounty.gov



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ATTACHMENT C:
TMT REPORT TEMPLATE FORM



Continuous Visual Telemonitoring (CVT)
TMT Admission/Trial Report Template

Admission Trial

Device #: _____ Unit: _____ Room & Bed #: _____ Date: _____

Patient's Full Name: _____ Patient's Preferred Name: _____

Age: _____ Gender: Male Female Non-Binary

Patient's Preferred Language: _____ Patient's Preferred Announcement Voice: _____
 Male Female No Preference

Patient Care Team Contact Information:

Charge RN Name: _____ Charge RN Contact #: _____

Primary RN Name: _____ Primary RN Contact #: _____

Nursing Attendant Name: _____ Nursing Attendant Contact #: _____

TeleMonitor Technician (TMT) Name: _____ TMT Contact #: _____

Criteria for CVT Trial / Initiation

Possible Adverse Event(s) (Select all that apply and <u>circle</u> Primary Patient Adverse Event for CVT)	<input type="checkbox"/> Falls <input type="checkbox"/> Elopement <input type="checkbox"/> Staff Injury <input type="checkbox"/> Intentional Self-harm <input type="checkbox"/> Medical Device Interference <input type="checkbox"/> Other (specify): _____
Patient Condition (Select all that apply and <u>circle</u> Primary Patient Condition for CVT)	<input type="checkbox"/> Restless <input type="checkbox"/> Disoriented <input type="checkbox"/> Aggressive <input type="checkbox"/> Confusion (acute/chronic) <input type="checkbox"/> Delirium (not related to alcohol withdrawal) <input type="checkbox"/> Sundown Syndrome <input type="checkbox"/> Other (specify): _____
Patient Risk Factors (Select all that apply and <u>circle</u> Primary Patient Risk Factor for CVT)	<input type="checkbox"/> Poor Short-Term Memory <input type="checkbox"/> Poor Comprehension <input type="checkbox"/> Agitation <input type="checkbox"/> Distorted Perception of Reality <input type="checkbox"/> Anger Frustration <input type="checkbox"/> Impulsivity <input type="checkbox"/> None
Additional Considerations (Select all that apply)	<input type="checkbox"/> Peripheral IV Location <input type="checkbox"/> Central Lines/Drains Location <input type="checkbox"/> Soft Restraints <input type="checkbox"/> Hard of Hearing Monitoring <input type="checkbox"/> NG/G/J Tubes <input type="checkbox"/> Mobility Aid (walker, etc.) <input type="checkbox"/> Loss of Sight <input type="checkbox"/> Limited Range of Motion (weakness/paralysis) <input type="checkbox"/> Supplemental Oxygen <input type="checkbox"/> Other (specify): _____
Include Reason(s) for Trial (if not listed above)	

Post-Trial Result: Unsuccessful, maintain Care Companion Successful, sustain CVT Other: _____



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: REMOTE CONTINUOUS VISUAL TELEMONITORING OF PATIENTS POLICY NO. 379B

ATTACHMENT D:
CVT DEVICE SIGNAGE



**TELEMONITOR
PATIENT SAFETY
MONITORING**

**THIS PATIENT IS BEING VISUALLY
MONITORED BY HOSPITAL STAFF
FOR SAFETY.**

This device is called a Telemonitor and does not record audio or video at any time. Harbor-UCLA Medical Center has a privacy feature that can be activated during patient care.

Trained monitor staff can speak directly to the patient and will contact the care team if needed.

You may request additional information about the Telemonitor from hospital staff.

CVT Device Signage Form 400

SUBJECT: REMOTE CONTINUOUS VISUAL TELEMONTORING OF PATIENTS POLICY NO. 379B

ATTACHMENT E: CVT PATIENT EDUCATION FORM



THE TELEMONTOR: PATIENT MONITORING TECHNOLOGY Protecting Patients from Injury



Patient safety and privacy are our highest priorities. For this reason, we are using the Telemonitor, a patient monitoring device that helps decrease your risk of injury. Falls may cause injuries ranging from scrapes and bruises, to broken bones or serious head injuries. This can lead to a longer hospital stay.

HOW TELEMONTORING WORKS

The Telemonitoring device is a tool that we use to ensure that you are safe, even if you are alone in your room. It has a video camera and two-way audio, which allows a trained staff member to see and speak with you. When you are trying to get up, the staff member will ask you to stay in bed until a healthcare provider arrives in the room to provide help.

Staff members will monitor you from a central room by watching a video feed. They can see you all of the time—except when the device is set to “privacy mode.” However, the only time they can hear you is when they talk to you over the speaker. The device does not ever record video or audio. A member of the nursing staff is always available whenever you need anything. Use your nurse call button to ask for help.

When the Telemonitoring device light is on, the staff member who is monitoring you can see you. When the light is off, the privacy cover is on, and they cannot see you. The privacy cover is used when your doctor or nurse is providing care and when you are dressing, bathing, or using the toilet. When the doctor or nurse is finished, they will ask the staff member to remove the privacy cover and resume monitoring.

Your nurse decides if you no longer need the Telemonitoring device. When your health has improved, and you are safe from injury, Telemonitoring can be stopped.

Questions about the Telemonitor? Ask your nurse for more information.

CVT Patient Education Form 300

**ATTACHMENT F:
CVT CLEANING INSTRUCTIONS FORM**

TELEMONITOR CLEANING INSTRUCTIONS

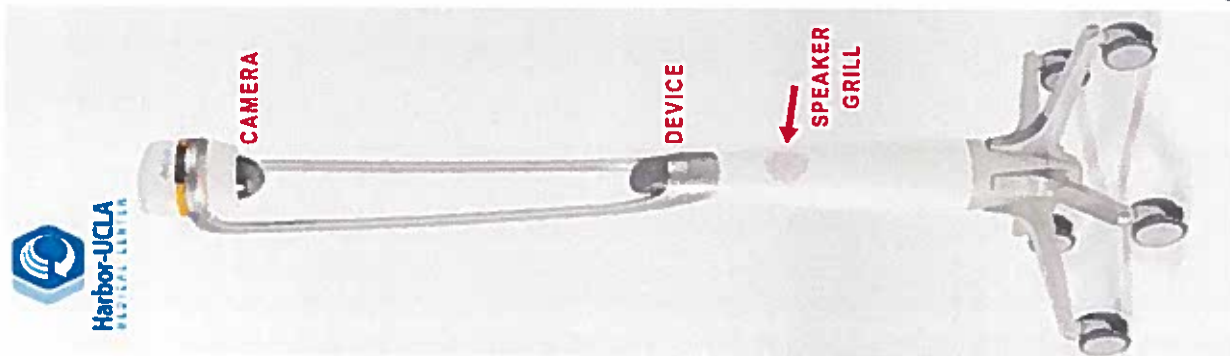
Clean **DEVICE** using
Purple Sani-Wipes or
Orange Bleach Wipes (for C. Diff)
per recommended wet-times.



Clean **CAMERA LENS ONLY**
with a single-use, disposable microfiber cloth.



Reminder: TAG Telemonitor after cleaning.





LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: REMOTE CONTINUOUS VISUAL TELEMONITORING OF PATIENTS POLICY NO. 379B

ATTACHMENT G:
CVT PATIENT ACTIVITY LOGGING TOOL

Date: _____

TELEMONITOR PATIENT ACTIVITY LOGGING TOOL

Documentation must be done every 2 hours and as needed. Place numeric codes in the appropriate box below

Patient & Device Information:		Q. 2 hourly checks	TMT Initiate	Activity	Behavior	Action	Total for the Day (Activity + Action)	Notes
Patient Name		0000						
MIRLIN #		1000						
Unit / Rm #		1200						
Device #		1400						
		1600						
		1800						
		2000						
		2200						
		0000						
		0200						
		0400						
		0600						
		0800						
		1000						
		1200						
		1400						
		1600						
		1800						
		2000						
		2200						
		0000						
		0200						
		0400						
		0600						

Print Name: _____ Initials: _____ Signature: _____

Print Name: _____ Initials: _____ Signature: _____

Activity: 1. In bed 2. In chair 3. Up to BR 4. Ambulating 5. Out of room 6. Visitors 7. In therapy 8. Other
 Behavior: 1. Awake 2. Sleeping 3. Cooperative 4. Calm 5. Impulsive 6. Withdrawn 7. Agitated 8. Pulling at lines 9. Getting out of chair 10. Getting out of bed 11. Aggressive/violent 12. Other
 Action: 1. Verbally re-decided 2. Visual Environmental Check-in 3. Caregiver called 4. STAT alarm activated 5. No action needed 6. Other

CVT Patient Activity Logging Tool Form 700



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: REMOTE CONTINUOUS VISUAL TELEMONITORING OF PATIENTS POLICY NO. 379B

**ATTACHMENT J:
CVT 8-HOUR PATIENT CARE TEAM CONTACT LOG**

TELEMONITOR PATIENT CARE TEAM CONTACT FORM (8 HRS)

Date: _____

*TMD #	Patient Name	MRN# #	Unit	Rm #	Shift	Charge RN/Contact #	Primary RN/Contact #	NA/Contact #	House Supervisor/Contact #
					0700-1500				
					1500-2300				
					2300-0700				
					0700-1500				
					1500-2300				
					2300-0700				
					0700-1500				
					1500-2300				
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					2300-0700				
					0700-1500				
					1500-2300				
					2300-0700				
					0700-1500				
					1500-2300				
					2300-0700				

*TMD = Telemonitoring Device #



CVT 8 Hour Patient Care Team Contact Form 500



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: REMOTE CONTINUOUS VISUAL TELEMONITORING OF PATIENTS POLICY NO. 379B

ATTACHMENT J:

CVT 12-HOUR PATIENT CARE TEAM CONTACT LOG (CONT.)

TELEMONITOR PATIENT CARE TEAM CONTACT FORM (12 HRS)

Date: _____

*TMD #	Patient Name	MIRUN #	Unit	Rm #	Shift	Charge RN/Contact #	Primary RN/Contact #	NA/Contact #	House Supervisor/Contact#
					0700-1930				
					1900-0730				
					0700-1930				
					1900-0730				
					0700-1930				
					1900-0730				
					0700-1930				
					1900-0730				
					0700-1930				
					1900-0730				
					0700-1930				
					1900-0730				
					0700-1930				
					1900-0730				

*IAD = Telemonitoring Device #



CVT 12 Hour Patient Care Team Contact Form 600

