



**MENTAL HEALTH AND SUBSTANCE
ABUSE SERVICES POLICY**

**COMMONWEALTH OF PENNSYLVANIA
OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE
SERVICES**

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SUBJECT:

OBSERVATION LEVELS OF INTENSIVE TREATMENT

BY 
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SCOPE:

State Mental Health Hospitals

PURPOSE:

To provide guidelines for ordered levels of observation that will facilitate a safe and therapeutic environment for individuals and provide a more timely response to crisis situations through the provision of therapeutic interventions.

Levels of Intensive Treatment is a physician-ordered intervention which is intended to support a consumer in resuming or maintain self-regulation to prevent harm to self or others. In addition to the physical monitoring of the consumer, these Levels of Intensive Treatment also afford an opportunity to support the development of improved coping skills and problem-solving, that can result in improved self-regulation when similar events occur in the future.

BACKGROUND:

The Office of Mental Health and Substance Abuse Services (OMHSAS) supports the principles of recovery and assures that all treatment be provided in the most appropriate and least restrictive environment consistent with the safety of all whom we serve, welfare of staff, and the community.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
Director, Bureau of Community and Hospital Operations, DPW-OMHSAS, P.O.
Box 2675, Harrisburg, PA 17105 or phone 717-705-8152.**

Observation levels of Intensive Treatment shall be ordered/utilized to provide intensive monitoring of those consumers who are in an acute stage of their psychiatric illness and to ensure the identification and implementation of multidisciplinary treatment modalities which will assist the consumer in resolving, managing their behaviors. These levels are to be utilized only after less intensive interventions have been tried and assessed ineffective.

RESPONSIBIITY

Hospitals' clinical staff.

DEFINITIONS

Two levels of treatment are used, categorized according to the degree of staff monitoring required.

NOTE: Although the policy calls for the assignment of one staff person to observe the consumer, there are times a physician may order two staff to observe a consumer on 1:1 or Constant Visual Observation (CVO). The assignment would be made due to an extremely high risk of consumer harm to self or others. The assignment would require administrative review and approval for each 24 hour period of use.

In instances where staffing levels are at the minimum, and constant visual observations and/or 1:1 observations are assigned, every effort will be made to provide replacement staff so that the staffing levels do not fall below a safe level. While a staff member is assigned a CVO or 1:1, the staff member will have no other duties that conflict with the observation level assigned, including any/all other observation levels for other consumers.

One-to-One Observation Level

One to one (1:1) observation is a physician-ordered, interactive therapeutic intervention involving one staff member to one consumer for the purpose of safety, communication, instructing in de-escalation techniques, identifying and addressing stressors. A clinical staff member is assigned to continuously monitor/treat the consumer from a distance no further than arms-length.

All orders for a 1:1 must be accompanied by specific interventions/treatment modalities and the specific therapeutic outcome desired. 1:1 assignments may be rotated every 1 or 2 hours among the unit-based treatment team members (psychiatrist, psychologist, social worker, therapeutic recreation, occupational therapist, and nursing staff), as determined by needs and methods outlined in the Treatment Plan; thus facilitating a multidisciplinary therapeutic programming approach. That responsibility rests with the Treatment Team leader; the psychiatrist.

Each assigned team member shall be familiar with the consumer's presenting clinical need which requires this level of intervention and the plan of care which is to be implemented during their time of assignment. The rotation of team members must be coordinated to optimize the implementation of all planned treatment for all consumers. Consumers may still attend programs unless otherwise specified in physician's order.

Constant Visual Observation/Line of Sight Level

A clinical staff person is assigned to keep the consumer under continuous observation while providing treatment. The staff person does not need to be at arms-length. Based on consumer need, this level of treatment may be reduced when the consumer is sleeping.

PROCEDURE:

1. A physician's order is required. The order must specify the level of treatment and the reason for the ordered level. The order shall not exceed 12 hours for a one-to-one or 24 hours for a CVO. The physician must see and evaluate the consumer, and document his/her findings, including the clinical justification for the level of observation, in the person's medical record. The order must also include specific interventions and any modifications, if necessary, to the person's environment. In the event of a verbal order, the physician must see and evaluate the consumer within one hour, sign the order, and write a clinical justification in the progress note section of the person's clinical record.

The responsibility for writing the order to initiate, continue, change levels or discontinue levels rests with the treating psychiatrist. If the treating psychiatrist is not available, any physician having responsibility for the consumer's treatment may initiate, continue, change levels or discontinue the level of treatment. To write an order to initiate, increase/decrease or discontinue the level of treatment, the physician must evaluate the consumer and enter a physician note containing a brief, current mental status examination that clearly reflects the increased/decreased risk of harm to the consumer and/or others that supports this order.

2. The Treatment Plan shall identify signs, symptoms, or behaviors that would provide the basis for interventions found in the Treatment Plan. In an emergency, as a nursing measure, before the consumer is seen by a physician, the Registered Nurse may initiate any level for up to a one hour period. However, the attending or on-duty physician must be notified as soon as possible and must see and evaluate the consumer within that one hour period.

3. Whenever a consumer is placed on any level, harmful/unsafe objects must be removed from the consumer and from his/her immediate environment.

Modifications to such an order shall be based on an assessment of the consumer's needs.

4. Clinical staff must document in the consumer's clinical record their role and findings on levels of treatment at least once per shift. In addition, frequency of documenting on the Multi Purpose Observation Record will be every 15 minutes for 1:1 and CVO.

5. Should the consumer's signs, symptoms, and/or behavior abate before the order time limitation, the attending psychiatrist or on-duty physician shall be notified and evaluate the consumer so a less intense level of treatment can be ordered or the levels be discontinued altogether. The level of treatment is to be continued only when the consumer's signs, symptoms, and/or behavior warrant the intervention. In addition, should the consumer's signs, symptoms, and/or behavior escalate and a more intense level of treatment or intervention be needed, the attending psychiatrist or on-duty physician shall be notified, evaluate the consumer within one hour of such notification and order the appropriate clinical intervention.

6. The reason for any change in level of treatment (increase or decrease) shall be clearly communicated to each clinical staff member assigned monitoring and therapeutic intervention responsibilities. Documentation of consumer's participation in specific interventions is to be noted on the progress note section of the consumer's record.

7. Members of all clinical disciplines are expected to adhere to the observational requirements as defined in the previous section and the procedural requirements outlined in this section during their time of assignment. All staff shall familiarize themselves with the contents of this policy prior to the start of their assignment.