

## TITLE

**USE OF OBSERVATION, PRIVILEGES AND PASSES**SCOPE

Provincial: Addiction &amp; Mental Health Inpatient Units

## DOCUMENT #

AMH-01

## APPROVAL LEVEL

Vice-President

## SPONSOR

Addiction &amp; Mental Health

## INITIAL EFFECTIVE DATE

November 23, 2011

## CATEGORY

Patient Safety

## REVISION EFFECTIVE DATE

April 1, 2016

**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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If you have any questions or comments regarding the information in this policy, please contact the Policy & Forms Department at [policy@albertahealthservices.ca](mailto:policy@albertahealthservices.ca). The Policy & Forms website is the official source of current approved policies, procedures, directives, and practice support documents.

**PURPOSE**

- To facilitate patient, staff, physician, and visitor safety.
- To promote a therapeutic environment for patients within Addiction & Mental Health inpatient units.

**POLICY STATEMENT**

The use of standard observation levels provides for the safe care of patients at risk of suicide, elopement, aggression, and other kinds of risk behaviours.

All patients shall be assigned an observation level, based on the assessed potential for risk of harm to self or others.

Patients have a right to the least restrictive care, based on their level of functioning, and a right to information regarding their assigned observation level.

**Health care professionals** shall consider observation levels when making decisions about ordering **privileges** or **passes**, or permitting patients to leave on privileges or passes.

Treatment/procedure(s) for the management of risk of harm to self or others is (are) provided as authorized by law and in accordance with the Alberta Health Services (AHS) *Consent to Treatment/Procedure(s)* Policy and its procedures.

## APPLICABILITY

Compliance with this policy is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary) working in Addiction & Mental Health Inpatient Units.

## POLICY ELEMENTS

### 1. Purpose of Observation

- 1.1 Observation facilitates the safety of the patient, other patients, staff, Physicians, and visitors to the unit.
  - a) In order to enhance patient safety, all patients who appear to be sleeping shall have their respirations monitored per the *Addiction & Mental Health Inpatient Observation Levels Procedure*.
- 1.2 Secondly, observation of patients is a potential opportunity to create or deepen therapeutic engagement between staff and patients and their families.

### 2. Observation Levels in Addiction & Mental Health Inpatient Units

- 2.1 An observation level shall be assigned and ordered by the treating Physician or a Nurse Practitioner, in collaboration with the interdisciplinary team, for all inpatients based on an assessment of their emotional, physical, cognitive, behavioural, and neurological status.
- 2.2 Observation levels shall only be changed by order and may not “time-out”, for example, if an order is not reviewed within the specified time frame.
- 2.3 Observation levels are limited to:
  - a) constant observation;
  - b) every 15 minutes;
  - c) every 30 minutes;
  - d) every 60 minutes; or
  - e) every two (2) hours for Addiction & Mental Health rehabilitation units only, per the *Psychiatric Unit Count (Addiction & Mental Health)* master document.
- 2.4 In order to promote patient dignity and sleep hygiene, the Physician or Nurse Practitioner, in collaboration with the interdisciplinary team, may consider differentiating observation levels for daytime and nighttime.

- 2.5 Ongoing monitoring of patients within ordered observation levels is the responsibility of the health care professional authorized to perform a restricted psychosocial intervention.
- 2.6 The health care professional may assign and direct other **health care providers** or security/Protective Services staff to directly observe the patient and report the observations to the health care professional.
- 2.7 The constant observation order may specify that observation is to be performed by either a member of the health care team or security/Protective Services.
  - a) Patients on “security constant” still require every-15-minutes observation from nursing.

### 3. Changing an Observation Level

- 3.1 The health care professional may increase the observation level based on clinical assessment and judgment, to ensure closer monitoring and to facilitate patient safety.
- 3.2 Observation levels shall only be decreased by an order from a Physician or Nurse Practitioner, ideally in collaboration with the interdisciplinary team.

### 4. Documentation of Observation Levels and Observations

- 4.1 All initial orders for observation levels from the Physician or Nurse Practitioner and any changes to observation and/or privilege or pass levels shall be documented on the patient's chart.
  - a) Verbal orders shall be transcribed into the **health record**.
- 4.2 The health care professional responsible for the patient over the course of the shift shall document the patient's assigned observation level, an assessment of the patient's condition, and the patient's level(s) of activity and location(s), at least once per eight (8) hour shift (or twice per 12 hour shift) as outlined in the Addiction & Mental Health *Inpatient Observation Levels Procedure*.
  - a) The patient's health care professional shall increase the frequency of documentation when warranted by the patient's clinical condition.
  - b) For patients on constant observation, a checklist or observation record shall be used to document observations at least once per hour and these observations shall be summarized in the patient's health record at least once per eight (8) hour shift or at least twice every 12 hour shift by the patient's health care professional.
  - c) A narrative summary may additionally be noted in the health record.

- 4.3 The health care professional responsible for the patient shall reassess the patient throughout the shift and respond to observations reported by other staff members (including health care providers or security/Protective Services staff) assigned to directly observe the patient. Reassessment and verification of patient status shall be recorded in the patient health record by the health care professional.

## 5. Privileges and Passes

- 5.1 Health care providers shall understand that voluntary patients legally may not be denied a privilege or a pass. Voluntary patients will be invited to participate in decision making about privileges and passes with the Physician or a Nurse Practitioner and interdisciplinary team, and expected, but not required, to abide by those decisions. If there is a possible risk to the safety of the patient requesting a privilege or pass or a risk to the safety of others, health care providers shall refer to the Addiction & Mental Health *Inpatient Privileges and Passes* Procedure.
- 5.2 Privileges and passes for patients shall only be ordered by a Physician or a Nurse Practitioner in consultation with the interdisciplinary team, per the Addiction & Mental Health *Inpatient Privileges and Passes* Procedure.
- 5.3 The following hierarchy should be followed:
- a) no privilege and no pass;
  - b) privilege but no pass; or
  - c) privilege and pass.
- 5.4 Privilege and pass levels shall specify and are limited to:
- a) no privileges and no passes;
  - b) accompanied privileges or passes; or
  - c) unaccompanied privileges or passes.
- 5.5 If the patient is to be accompanied on a pass, the Physician's or Nurse Practitioner's order shall specify who shall accompany the patient.

## 6. Information for Patients and Family Members

- 6.1 The patient's health care professional shall inform the patient and the patient's **alternate decision-maker** (e.g. **guardian, agent, nearest relative**), if any, of the patient's observation level and privilege and pass level, and the rationale.
- a) Others may be informed with the patient's consent or as authorized under the *Health Information Act* (Alberta).

## DEFINITIONS

**Agent** means the person(s) named in a Personal Directive who can make decisions on personal matters according to the wishes expressed by the patient.

**Alternate decision-maker** means a person who is authorized to make decisions with or on behalf of the patient. These may include specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta).

**Guardian** means where applicable:

For a minor:

- a) as defined in the *Family Law Act* (Alberta);
- b) per agreement or appointment authorized by legislation (obtain copy of the agreement and verify it qualifies under legislation) (e.g., agreement between the Director of Child and Family Services Authority and foster parent(s) under the *Child, Youth and Family Enhancement Act* (Alberta); or agreement between parents under the *Family Law Act*; or as set out in *Child, Youth and Family Enhancement Act* regarding guardians of the child to be adopted once the designated form is signed);
- c) as appointed under a will (obtain a copy of the will; also obtain grant of probate, if possible);
- d) as appointed in accordance with a Personal Directive (obtain copy of Personal Directive);
- e) as appointed by court order (obtain copy of court order; e.g., order pursuant to *Child, Youth and Family Enhancement Act*); and
- f) a divorced parent who has custody of the minor.

For an adult: An individual appointed by the court to make decisions on behalf of the adult patient, when the adult patient lacks capacity.

**Health care professional** means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practises within scope and role.

**Health care provider** means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

**Health record** means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

**Nearest relative** means, in the *Mental Health Act* (Alberta) and in this document, with respect to a formal patient or a person who is subject to a Community Treatment Order:

- a) the adult person first listed in the following list, relatives of the whole blood being preferred to relatives of the same description of the half-blood, and the elder or eldest of two or more relatives being preferred, regardless of gender:
  - spouse or adult interdependent partner;

- son or daughter;
- father or mother;
- brother or sister;
- grandfather or grandmother;
- grandson or granddaughter;
- uncle or aunt;
- nephew or niece;

OR

- b) any adult person the Alberta Health Services Governing Body designates in writing to act as nearest relative if there is no nearest relative within any description as above, or if, in the opinion of the Alberta Health Services Governing Body, the nearest relative would not act or is not acting in the best interest of the formal patient or the person subject to a Community Treatment Order.

**Pass(-es)** means that the patient is allowed to leave the premises or facility grounds for a specified period of time, either accompanied or not.

**Privilege** means, for the purposes of this document, that the patient is allowed to leave the unit and remain on premises or facility grounds for a specified period of time, either accompanied or not.

## REFERENCES

- Alberta Health Services Governance Documents:
  - *Consent to Treatment/Procedure(s)* Policy (#PRR-01)
  - *Consent to Treatment/Procedure(s) Formal Patients and Persons Subject to Community Treatment Orders under the Mental Health Act* Procedure (#PRR-01-04)
  - *Inpatient Observation Levels* Procedure (Addiction & Mental Health) (#AMH-01-01)
  - *Inpatient Privileges and Passes* Procedure (Addiction & Mental Health) (#AMH-01-02)
  - *Safe and Supportive Transfers and Discharges* Procedure (Addiction & Mental Health) (#AMH-03-03)
- Non-Alberta Health Services Documents:
  - *Health Information Act* (Alberta)
  - *Mental Health Act* (Alberta)

## VERSION HISTORY

Date	Action Taken
November 23, 2011	Initial approval/effective
December 02, 2015	Revision approved
April 1, 2016	Revision effective date
March 16, 2017	Non-substantive change
December 2018	Scheduled for Review