CONSTANT OBSERVATION IN PSYCHIATRIC INPATIENT SETTINGS

This information is based on an overview of current literature and should not be used as best practice guidelines.

What is Constant Observation?

Constant observation (CO) is the continuous monitoring of a patient to assure the safety and well-being of the individual under supervision and others in the care environment. CO is usually initiated when patients demonstrate a high risk of self-harm, harm to others, or elopement.

The CO Debate

Although CO is a common intervention in acute inpatient services, its use is widely debated. CO has been criticized for being staff-intensive, intrusive, and potentially harmful for both staff and patients. There is some evidence to suggest that the use of CO can lead to a decrease in self-harm and suicide events; however, a growing amount of research indicates that reducing CO and using alternative strategies can be more effective in decreasing suicide, self-harm, violence, and elopement. Using alternative strategies to reduce CO have also been shown to result in cost savings without having a negative impact on patient outcomes.

Key Principles of CO

A general principle for CO is that it should be set at the least restrictive level, for the least amount of time within the least restrictive setting. Patients should be provided with the necessary care, treatment, and support that is compatible with the delivery of safe and effective care.

Positive engagement should be the focus of patient observation. Establishing trust and achieving a meaningful two-way relationship with patients can be difficult because the act of observation can be perceived as intrusive, frustrating, and dehumanizing. Staff should be aware of these potential negative effects and respond using appropriate therapeutic skills and empathy. Consideration should be given to the patient's values and beliefs when deciding on how to carry out observation. Staff may need to spend additional time explaining why observation is occurring, as well as maintain an active dialogue with patients to ensure that their cultural needs are being respected.

When engaging with patients during observation, staff should be:

- discussing with patients the reasons why they are being observed and how those observations will occur
- inviting feedback on observation methods and integrating patients' responses into how this practice is performed
- conducting observation in a way that fosters meaningful relationships between staff and the patients for whom they care

Alternatives to CO

Building a patient's sense of personal empowerment, control, and accountability to the therapeutic community on the unit may help prevent the types of situations that require CO, and help to foster the patient's coping skills when they sense their own behavior escalating. There is evidence suggesting that multifaceted approaches focusing on patient engagement and recovery-oriented principles can be successful in reducing CO levels. One of the most frequently cited frameworks for preventing and reducing CO is the *Six Core Strategies for the Reduction of Seclusion and Restraints in Inpatient Facilities (6CS)*.

The Six Core Strategies (6CS)

After extensive evidence review and expert consultation, the Six Core Strategies were developed in response to concern over the effects of restrictive interventions on patients and staff. They are rooted in recovery-oriented, trauma-informed principles. The 6CS focuses on preventive measures that can be taken to deter violent behavior and the use of seclusion, restraint, and constant observation.

Strategy	Description
Leadership towards organizational change	Reduction efforts require buy-in from senior leadership and the development of a plan led by management that involves patients, family, advocates and staff.
Using data to inform practice	Reviewing data on CO episodes can improve the safety of future interventions when they do occur, and ensures that staff are providing best-practice care.
Workforce development	Efforts to reduce CO are most successful in facilities where policy, procedures, and practices are based on the principles of recovery and characteristics of trauma-informed systems of care. It requires that staff receive conflict resolution training based on these principles.
Use of prevention tools	Staff use clinical and other tools to prevent CO. This can include assessments to identify risk factors for violence, as well as de-escalation techniques and safety plans, and engaging treatment activities.
Service user role in inpatient units	Current and former patients, as well as former staff, can provide valuable insight concerning their experiences with CO. These personal insights can have a powerful effect on current staff practices and can help prompt a cultural shift towards an environment that promotes reduction in CO.
Debriefing techniques	Debriefing following a CO episode provides information to inform policy and reduce future use of CO, and also addresses the adverse effects of CO on patients and staff.

Questions? Email us at researchpartnership@ahs.ca

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