Clinical Staff Training Manual

CONTINUOUS VIRTUAL MONITORS

ALWAYS THERE
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Awareness Talking Points

Continuous Virtual Monitoring (CVM) System

**PCA MT’s = PCA Monitor Technicians**

- CVM keeps patients safe through voice redirection
- PCA MTs observe patients from a monitoring station
- PCA MTs control 2-way audio communication into one room at a time
- Pre-recorded phrases & yes/no questions in multiple languages
- PCA MTs are trained hospital staff employees
- CVMs DOES NOT RECORD audio or video
- Nursing staff determines patients to be monitored
- Consent is obtained verbally and documented on the chart
- Meets all HIPAA and patient privacy rights
- The staff can ask for privacy whenever needed
- Privacy Mode mask covers the entire room view
- PCA MTs use audio to ensure timely removal of Privacy Mode
- LED on the CVM Room Unit indicates Privacy Mode on/off
- Nursing staff provides education to the patient and family
- CVM does not replace the nurse call button
- CVM does not replace current safety measures
- PCA MT can activate a STAT Alert Alarm to get staff into room quickly
- CVM does not import or export PHI
- Hospital policy and procedures for CVM are at your nurse’s stations and contain:
  - Criteria for determining which patients should be monitored
  - Process to get a patient set up on CVM
  - Responsibilities for nursing staff, leadership, and PCA MT
  - Communication between staff, PCA MTs, and patients
  - Physically handling the AvaSys room unit
Awareness Talking Points

View into Patient Room

STAT Alert Alarm

Note box for patient info, setting

Night Mode

Pre-Recorded Message Center (English and Non-English Settings)

NOTES:
Continuous Virtual Monitoring (CVM) FAQ

1. Will the CVM PCA monitor tech replace all 1:1 PCA?
   A: No, the CVM will not replace all 1:1 PCA needs. There will be an algorithm with specific exclusion and inclusion criteria for selecting appropriate patients.

2. What if my patient’s family refuses to have the CVM monitor?
   A: Patient/family have the right to refuse this intervention. Nurses have to consent the patient or family prior to initiation.

3. Do we have to obtain a consent or permission from the patient/family/health care proxy? If yes, who obtains the consent and how is it documented?
   A: A consent or permission from the patient/family is not required. However, RNs must inform the patient or family member about the intervention and document this on the flowsheet using the stamp below or writing in the chart that “patient/family informed of CVM” and date/time of initiation.

   ![Continuous Virtual Monitoring](image)

   Under the patient teaching on the back of the flowsheet, document patient/family understanding of the plan.

4. Is the patient being monitored also video recorded?
   A: No. CVM is a live feed. There is nothing recorded or saved.

5. How is my patient’s privacy protected during exams/assessments hygiene care, and other bedside procedures?
   A: The CVM monitor tech can put the privacy mode upon request for exams, assessments, hygiene care, toileting, etc. The privacy mode can be turned off (by the Monitor Tech) when the personal care activities or exams are done. There is no privacy button on the CVM unit, the nurse must ask the PCA tech to activate the privacy mode in the tech monitoring screen. RNs cannot do this in the unit. When done with the activity, the nurse must let the tech know so that the tech can start monitoring the patient again.

6. What if my patient’s behavior changes and she no longer is redirectable, would I be able to request a 1:1 PCA?
   A: Nurses will re-asses every 8 hours to determine if patient still meets the inclusion criteria. If patient no longer meets the criteria, discontinue the CVM and ask the CVM monitor to coordinate pick up with lead staffing coordinator or nurse administrator so that it can be used for another patient.

7. How can I communicate/reach the monitor PCA?
   A: You will get an assigned cell phone to use when the CVM cart is delivered to your unit. The CVM Monitor station phone # is programmed on the phone (speed dial 2). You must keep the phone with you at all times or hand it off to a nurse covering for you.

8. Where is the CVM Monitor Station?
   A: The CVM Monitor Station is on Tower 1 Nursing Administration Room

9. Is there a handover report between nurses and monitor PCAs?
   A: Yes, handover report between nurses and monitor pcas are done upon initiation and every shift. RN to call the Monitor PCA tech with report on the patient to be placed on the CVM. See policy and procedure for handover elements.
10. Do outgoing monitor pcas give report to incoming monitor pcas?  
A: Yes, the outgoing PCAS will give a quick report to incoming PCA using the PCA Monitor Tech report form (see appendix 4) page 10 of procedure.

11. What resources are available to me to educate patients and families about this intervention?  
A: There will be a brochure delivered along with the cart for you to use to educate your patient/families about this intervention.

12. Do I need a physician order for this intervention?  
A: No, a physician order is not required for this intervention.

13. Where can I find the user manual, policy and procedures about this intervention?  
A: Each pilot unit will receive a hard copy of the user manual, policy, and procedures during the training sessions.

14. Who do I call if the camera stops working?  
A: There will be an assigned beeper @ 32223 BWH Continuous Virtual Monitoring Support Pager that will be triaged by the IS Project Team for two weeks until 10/18. After that period, please contact the Help Desk at 2-5927.

15. Who do I call if the cell phone stops working or the battery is low?  
A: Call the Monitoring station number at 617-732-8121.

16. Is there a quick reference sheet regarding the CVM and cell phone?  
A: Yes, these quick reference sheets will be attached to the CVM carts.

17. How will the PCA monitor tech notify me if my patient is exhibiting change in behavior or observed potentially dangerous behaviors?  
A: The PCA Monitor tech will activate the STAT alert alarm to alert you in these emergency situations.

18. How do I request the CVM?  
A: The charge nurse or designee must enter the CVM need on the Staffing Tool and call the Staffing Office with the request as soon as possible to facilitate delivery/pick up of the CVM cart, cell phone, and room sign.

19. Who delivers the CVM equipment?  
A: The Staffing Office/NA will work with the monitor techs and the floor requesting the CVM re: pick up of the CVM equipment (cart, cell phone, and room sign). The requesting floor may need to come down to pick up the CVM equipment and plug it into an outlet on their floor up to 2 hours before desired start time.

20. Does CVM count as a 1:1 for rehab/SNIF placements?  
A: CVM can be used as a bridge to rehab/SNIF for patients who may need some monitoring but not a 1:1 sitter intervention. Each facility will do their own assessment of the patient on a case by case basis as they do know as part of their screening.
BRIGHAM AND WOMEN’S HOSPITAL

DEPARTMENT OF NURSING

<table>
<thead>
<tr>
<th>Policy Name:</th>
<th>CONTINUOUS VIRTUAL MONITORING (CVM)</th>
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<tbody>
<tr>
<td>Policy Number:</td>
<td>TBD</td>
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| Contact Person(s): | Escel Stanghellini, RN, MSN, CPHQ  
                      Monique Terrio, RN, MBA, NA-BC |
| Effective Date: | For pilot use only October 9, 2014 |
| Approved By: | CVM Steering Committee               |
| Personnel Approved for: | ✓RN  ✓PCA |
| Location Approved for: | ✓Intermediate care pilot units Tower 8ab, 10cd, 14ab, CWN 7 |

Related Policies, Guidelines, and Procedures

- STD – 12 Policy for fall risk assessment and associated guidelines
- Continuous Video Monitoring Guidelines/ Procedures for Use
- Delirium Guidelines
- Continuous Video Monitoring Procedures

Patient/family education

- Patient Family brochure: Continuous video monitoring
- Patient door sign
- Patient room sign

PURPOSE:

The continuous video monitoring of patients is a nursing intervention that may be implemented into the plan of care for patients who meet the inclusion criteria.

POLICY:

- Continuous patient video monitoring will be implemented as a nursing intervention based on the screening criteria for inclusion and nursing assessments.
- Patient video monitoring equipment will be decentralized and may be requested by following the Continuous video monitoring request process.
- All efforts will be made to provide the requesting unit with a portable Continuous video monitoring device. However, in the event that they are all in use, alternative measures or safety interventions will be created with the Charge Nurse, Nurse Director or Nursing Administrator.
• If patient does not meet the inclusion criteria, the nurse will identify an alternative plan of care
• Patient will be removed from the video monitoring once the patient no longer meets the criteria for video monitoring
• Continuous video monitoring selection criteria
  a. **Inclusion Criteria** (see Appendix 1: Continuous video monitoring Decision Guide)
     1. **Safety risk:** including high risk for falls or injury, on fall precaution plus, history of falls (past 3 months or current admission), mobility impairment, deconditioned, decreased awareness of physical limitations and safety (eg. wandering, climbing, pulling at tubes, drains, etc)
     2. **Cognitive impairment:** delirium (+ CAM ICU modified), dementia, brain injury (TBI, CVA, brain metastasis)
  
  b. **Exclusion Criteria:**
     1. Suicide precautions
     2. Behavioral restraints
     3. Unable to follow commands
     4. Communication barrier (hearing impaired or no English)
     5. Patient/family refused
     6. Psychiatric patients, determined by Psychiatry consult

*NOTE: Physician / provider order is not required to initiate continuous video monitoring. In the event of a physician/provider order for a 1:1 PCA or a sitter, the nurse will communicate with the physician/provider with regards to the availability of continuous video monitoring, and obtain agreement to implement as appropriate.

• **PRIVACY NOTE:**
  1. The patient’s right for privacy should be respected at all times. The room/bed surveillance should be placed into privacy mode during such activities including, but not limited to, personal hygiene, and physician/provider request during physical assessments, multidisciplinary rounds and /or examinations.
  2. Communication must occur between nurses and Monitor PCAs regarding privacy time for patient care (i.e. bathing, bathroom needs, assessments, etc.).
REFERENCES:


APPENDIX 1

Brigham and Women’s Hospital

Department of Nursing: Continuous Virtual Monitoring (CVM) Decision Guide

Exclusion Criteria:
1. Actively Suicidal
2. Behavioral Restraints
3. Unable to follow commands or unable to redirect patient (after 3 attempts)
4. Actively Psychotic

Safety Risk*  
High Risk for falls or Injury or on Fall Precaution Plus* 
1. History of falls - 3 months or this admission
2. Mobility Impairment
3. Deconditioned

Cognitive Impairment*  
1. Delirium (+ CAM ICU modified)
2. Dementia
3. Brain injury (TBI, CVA, brain mets)

Is patient exhibiting decreased awareness of physical limitations, overestimates abilities, or forgets limitations?

No

Implement alternative POC. If increased supervision is needed, consider least restrictive measures such as 1:1 observer.

Yes

Initiate continuous video monitoring**
Reassess Patient every 9 hours and as needed
Does patient still meet continuous video monitoring inclusion criteria?

No

Discontinue continuous video monitoring

Yes

Continue with video monitoring

*Ensure tailored interventions are on the POC to address risk factors for falls, injuries, & delirium. Refer to appropriate guidelines in Clinical Practice Manual:
NCPM STD: 12 Fall Risk Assessment and Associated Fall Prevention Guidelines
Delirium Guidelines in the DASH Program

**If CVM is not available, implement alternative POC. Consider least restrictive measures such as 1:1 PCA, net bed, or increased frequency of rounding or visual checks
PROCEDURE FOR OBTAINING AND UTILIZATION: CONTINUOUS VIRTUAL MONITORING

Related Policies, Guidelines, and Procedures

- STD – 12 Policy for fall risk assessment and associated guidelines
- Delirium Guidelines
- Continuous Virtual Monitoring Policy
- Avasys Monitoring Technician Training Manual (appendix 5)-- link

APPENDICES:
1. Guideline for Requesting Continuous virtual monitoring
2. BWH Nursing Resource Database (Staffing Tool)
3. RN Checklist (Initiation and Discontinuation)
4. PCA Monitor Technician Checklist (Initiation and Discontinuation)
5. PCA Monitor Technician Report Form PCA
6. Avasys Monitor Technician Training Manual

PROCEDURES:
1. Use the Guideline for requesting a CVM (Appendix 1)
2. Set up mobile monitoring device- See Appendix 2 and 3. For more detailed instructions, refer to Training Manual
3. Activate mobile continuous monitoring device
4. Turn on wireless phone and check battery. Wireless phone to be used by RN caring for patient on CVM
5. Patient report (RN- Monitor PCA, Monitor PCA-Monitor PCA)
6. Activate and deactivate privacy mode as needed
7. Discontinue mobile continuous virtual monitoring device
8. Clean the device: The Continuous virtual monitoring equipment must be cleaned prior to removal from the patient's room using a hospital approved disinfectant, e.g., Sani-Cloth.

Please refer to the Infection Control Policy link below for more details.

http://www.bwhpikenotes.org/policies/InfectionControl/policies_procedures_plans/default.aspx

9. Store portable CVM device and wireless phone in designated area in the PCA Monitor Tech office and maintain battery life by ensuring that the devices are charging. When wireless phone is fully charged, unplug the device and store in designated place.

RN Staff Responsibility:
1. Patient assessment: Determine appropriateness for continuous virtual monitoring. Refer to Decision Guide on CVP Policy. If the patient meets criteria, follow the Guideline to obtain a Virtual Monitor. Re-assess patient at least every eight hours to determine ongoing need or if CVM can be discontinued.
2. **Documentation** in the patient chart:
   a. Flow sheet: patient or family verbal consent for intervention, initiation, ongoing use, discontinuation, patient family education, and patient understanding of the intervention.
   b. Plan of care: patient goal, intervention and reason for use
   c. Nursing synthesis note: patient response to the CVM and effectiveness

3. **RN Communication:**
   a. **Patient/family:**
      - Informs patient/family re: continuous virtual monitoring to ensure patient safety.
      - Provides education on the intervention, including criteria for initiation and discontinuation, risk and benefit.
   b. **Clinical and support staff:**
      - Informs the care team, unit PCA, UC, and other staff RNs re: patient on CVM.
      - Facilitates initial introduction of Decentralized Monitor PCA to the Patient being monitored (if appropriate).
      - Responds when notified by the Monitor PCA or the STAT Alert Alarm. Notifies Monitor PCA when the following occurs:
        - Patient privacy – ensure that the screen in privacy mode
        - Patient is off the unit for test, therapy, walks, etc.
        - Patient returned to unit so privacy screen can be removed
        - Patient can be safely discontinued from Continuous virtual monitoring.
   c. **Staffing office:** Informs staffing office or designee to arrange pick up, clean up, or delivery of Continuous virtual monitoring equipment.

**Note:** Additional materials to help with communication include:
- Sign on Room Door
- Clinical Staff Scripting
- Writing Continuous Virtual Monitoring (CVM) on the Falls TIPS patient education poster

4. **Activation and set up of virtual monitoring system:** RN to set up the equipment in the patient room. Monitoring equipment will be delivered to the POD by the Monitor Office or the floor may be asked to send someone down to Tower 1 to pick up the CVM equipment. See Appendix 2 for RN Check List for start up.

5. **Handover report:** RN to call the Decentralized Monitor PCA with Report on patient to be placed on continuous virtual monitoring. The following information must be provided to the decentralized monitor:
   a. Patient Name and Medical Record or DOB
   b. Unit, patient room number, unit phone number
c. Patient’s preferences (preferred name and language)
d. Patient’s nurse and cell number
e. Verbal consent obtained (initiation)
f. Reason for being placed on monitoring equipment
g. Use of restraints and type
h. Notable patient behaviors to monitor
i. Mobility status
j. Use of any Assistive devices
k. Safety plan and other safety precautions ie. seizure precautions, aspiration precautions, etc.
l. RN coverage (lunch, breaks)
m. Other relevant information:

6. **Discontinuation of Continuous virtual monitoring:** Discontinuation is a nursing clinical judgment and is based on patient assessment. If a patient is deemed safe without continuous monitoring intervention (i.e. absence of withdrawal symptoms, restlessness, inappropriate or unsafe behaviors, no longer at risk for elopement, etc), notify Monitor PCA via Wireless phone and communicate discontinuation including patient name, MRN, and location (unit and room number). Remove the Continuous virtual monitoring device from the patient room and place it in approved area for pick up. The unit may be asked to clean and return the CVM equipment to the Monitor Station. Device should be cleaned before returning to the CVM monitor station.

7. **Return wireless phone** to monitor PCA or designee upon arrival on unit for pick up of CVM equipment.

**Charge Nurse Responsibility:**

1. Collaborates with staff nurse(s) at a minimum, at the beginning of every shift (7am, 3pm, 7pm, 11pm) to determine if patients on CVM still meets criteria for continuous virtual surveillance.
2. Notifies the staffing office by entering Continuous virtual monitoring need on the BWH Nursing Resource tool per protocol [at least 2 hours before the start of shift (4:30am, 12:30pm, 4:30pm, and 8:30pm)]. If a monitoring device can be discontinued, the Charge Nurse will communicate to staffing office by updating the BWH Nursing Resource tool or calling the staffing office directly.

**Nurse Administrators Responsibility:**

1. Provides clinical oversight to Staffing Coordinators and Monitor PCAs with determining and prioritizing the Continuous virtual monitoring requests. This is
accomplished through direct/verbal staff communication and review of the needs entered in the Nursing Resource database. This will help determine if any unit’s patients can be discontinued from continuous virtual monitoring when all monitors are in use and additional patients are in need of this intervention.

2. Collaborates with the charge nurse to determine use of Continuous virtual monitoring versus 1:1 PCA.

3. Ensures that all Continuous virtual monitoring devices are in use at all times as appropriate. If one can be discontinued, the Nurse Administrator or designee should have a list of additional patients (wait list) that meet criteria that can be initiated immediately.

4. When CVM is not in use, Monitor PCA will be re-assigned to an appropriate unit needing a PCA.

5. When CVM system is down, defer to IS Downtime Procedure.

**Monitor PCA Responsibility:**

1. Delivers and assists RN with set up and activation of CVM equipment and wireless phone (if able, otherwise, pick up and set up is done by nurse)

2. Obtains report from RN regarding patient to be monitored.


4. Ensures that patient information is entered (use two patient identifiers*) and set into software correctly, i.e. note fields are accurate, patient preferred language is set, etc.

   *Refer to Administrative Policy 1.8.9 Patient Identification

5. Introduces self to patient over Audio system upon initiation and at minimum every shift (if appropriate).

6. Documents the following on the CVM log: initiation of continuous virtual monitoring, reason for continuous virtual monitoring, observed patient behaviors and activities every hour, attempts to verbally redirect patient, and calls made to nursing staff on the wireless phone.

7. Calls nurse/nursing staff directly on wireless phone as soon as possible if an issue arises or with any change in patient behavior that would necessitate staff response (non-urgent). If immediate response is warranted, activated STAT alert alarm (see number 8).

8. Activates STAT Alert alarm when a patient is not following direction (verbal cues X3) and/or unsafe/dangerous or urgent situations.

9. Initiates electronic privacy curtain and timer upon request from clinical staff.

10. Places status of Patient Out Of Room (POOR) and follows up with expected return times.
11. Reports off to oncoming staff (monitor PCA and RN in unit) regarding patient and their status. Include verbal cueing response, unsafe/dangerous behaviors observed, and any other concerns.

12. Notifies the Nurse Administrator and staffing office if there is a Continuous virtual monitoring monitor not in use so it can be initiated on another patient from the waiting list.

13. Notifies the Nurse Administrator, Staffing Office, and the nurses caring for the patients being monitored for any system issues (downtime, failure, etc). If experiencing technical difficulties, contact the help desk.

14. In the event of planned or unplanned downtime, reports to nurse administrator.

15. Picks up CVM equipment and wireless phone in the unit.

16. Cleans and disinfects per hospital policy, and returns to storage or delivers to next unit/patient in need.

**Staffing Office Responsibility**

1. In collaboration with the Nurse Administrator, the Staffing Office Coordinator reviews the BWH Nursing Resource database for all Continuous virtual monitoring requests.

2. Informs the unit requesting Continuous virtual monitoring if one is available for patient use and the name of the Monitor PCA who will be monitoring patient upon initiation of CVM.

3. Provides the Monitor PCA with the name(s) and unit(s) of patient(s) to be monitored

4. Coordinates pick up of the portable monitoring equipment and wireless phone in the unit and works with the Nurse Administrator if Monitor PCAs or unit PCAs not able to pick and deploy to next unit.

**Help Desk/IS Responsibility-DOWNTIME/TROUBLESHOOTING:**

A. In the event of downtime (the inability to visually remotely monitor patients), contact the help desk.

B. Each patient currently on a Continuous virtual monitoring monitor will be evaluated by the nurse and alternative measures initiated.

Note: Please see Appendix 3 (Troubleshooting Decision Guide)
**APPENDIX 1**

Guideline for Requesting Continuous Virtual Monitoring (CVM)

**PROCESS MAP: FOR OBTAINING A CONTINUOUS VIRTUAL MONITOR (CVM)**

1. **Patient meets screening criteria for selection (based on algorithm)**
   - **Yes**
   - **NO**
     - Alternative safety measures are considered in the plan of care

2. **Nurse notifies NIC/charge RN**
   - Charge nurse or designee:
     1. Enters the need for CVM on the BWH Nursing Resource Tool as per guideline.*
     2. Call Staffing office to also verbally request for CVM as soon as need is known.

   **Note:** Initiation in the Shapiro and CWN buildings may take up to 2 hours. The verbal request will trigger the pick up/delivery of the CVM so that the CVM can be delivered & plugged into an outlet in the CWN or Shapiro building to avoid delay start.

3. **CVM is available**
   - **Yes**
     - Staffing office:
       1. Informs the charge nurse that there is a CVM available.
       2. Informs the Monitor PCA to add patient to the monitoring screen and get report from requesting unit nurse.
       3. Collaborates with Lead Monitor Tech or NA and the requesting floor to coordinate the delivery/pick up of the CVM equipment (cart, cell phone, and room sign) to the floor.**
   - **NO**
     - Patient added to waiting list, managed by the staffing office.
     - Alternative safety measures are considered in the plan of care.

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*Charge nurses will re-assess every eight hours for ongoing need and update the BWH Nursing Resource Tool by 4:30am, 12:30pm, 4:30pm, and 8:30pm if patient can be discontinued from the CVM. If unit needs change after data has been entered into the Nursing Resource database, then a call should be made to the staffing office to update them with recent needs. Continue to document the phone request as you do now, as appropriate.

The staffing office and the ND-NA will triage once a shift re: appropriateness of patients on CVM and do patients who no longer meet the criteria for CVM and add/prioritize patients on the waiting list.

**The staffing coordinator will work with the Nurse Administrator and PCA monitor techs regarding coordination of drop offs/pick up of the CVM, cell phone, and patient room sign. The floor requesting the CVM may be asked to pick up and deliver the CVM cart, cell phone, and room sign.

The PCA Monitor tech or designee will clean the CVM equipment per policy and deploy or return to storage area.
Staffing Office Admin Panel Home Page

Telemetry Staffing Report for
Nov 4 2014, 3:00pm to 7:30pm

Notes:
1. Data automatically displays for the upcoming shift.
2. To view or edit information for another date, shift, or unit type, please select criteria from the menus below.
3. Click the Edit button to edit information for each pod. Click the Update button when done.

Date:
Nov 4 2014

Shift:
3:00pm to 7:30pm

Unit Type:
Telemetry

Get Totals

Telemetry

<table>
<thead>
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<th>3:00pm to 7:30pm</th>
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<tr>
<td>Action</td>
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APPENDIX 3

RN CHECKLIST (INITIATION AND DISCONTINUATION):

INITIATION

☐ Make sure the correct patient information is given to the PCA Monitor Tech:
  ✓ Unit/floor and patient room number
  ✓ Patient name and MRN or DOB (2 patient identifier)
  ✓ Nurse and nurse cell phone number
  ✓ Unit phone number
  ✓ Reason for being placed on CVM
  ✓ Restraints required and type (soft limb, hard limb, net bed, other)
  ✓ Patient Behaviors
  ✓ Preferred language
  ✓ Functional Mobility Status
  ✓ Use of assistive devices
  ✓ Safety plan and other safety precautions ie. seizure precautions, aspiration precautions, etc.
  ✓ Other relevant information
  ✓ Camera number

☐ Verbally consent patient or family re: use of CVM. Include discussion on reason for use and risk/benefit

☐ Provide Patient/Family Education (brochure or handout)

☐ Enter appropriate documentation in patient record (flowsheet, plan of care, and Synthesis Note)

☐ Plug in cart and wait for camera to set itself (takes about 2 minutes and you will see it turning in the dome.)
☐ Communicate with PCA Monitor tech via audio to make sure sound is adequate both ways. Confirm that view into room is adequate as well and facilitate introduction of PCA Monitor tech to patient and family as appropriate.

☐ Confirm with PCA Monitor tech that privacy light and chime are working in sync. PCA Monitor tech will test this from monitor station. RN in the room will confirm that light and chime are responding and will explain to patient/family what this means (if appropriate.)

☐ If privacy is needed or if patient is being removed from room (for test, walk, etc), RN or designee to call PCA Monitor Tech to request privacy.

☐ When privacy is no longer needed or patient is returned to room, RN or designee to call PCA Monitor Tech to request re-initiation of monitoring.

DISCONTINUATION:

☐ Discuss dc criteria with patient or family as appropriate.

☐ Update the BWH Nursing Resource Tool by 4:30am, 12:30pm, 4:30pm, and 8:30pm if monitored patient can be dc’d from the CVM.

☐ Notify the PCA Monitor Tech to remove patient from CVM and to coordinate pick up of equipments (camera and mobile wireless phone)

☐ Update the Plan of Care to reflect discontinuation of CVM
APPENDIX 4

PCA MONITOR TECH CHECK LIST (INITIATION AND DISCONTINUATION):

INITIATION: INITIAL SET UP

☐ Assign camera number and wireless mobile phone. PCA Monitor back up or designee to deliver camera and wireless mobile phone to appropriate unit and plug into outlet in patient room. Check in with nurse first before entering patient room.

☐ Add specific camera into current view (if not already there)

☐ Add Talk Overlay Button.

☐ Obtain report from RN and write down information on PCA Monitor Tech Report Form. Then ask RN to verify that camera is plugged. RN should remain in room until set up process is complete.

☐ When camera warms up and populates your view, turn privacy on and off 2 times (when camera is first plugged in, the privacy light does not always turn on and sync. This step will fix that)

☐ Verify with Nurse that the LED light is on and you have a good view of the patient.

☐ Verify with Nurse that the audio is adequate and you can be heard clearly over the speaker.

☐ Introduce yourself to patient and family/visitors Hello, my name is ____. I am your Safety Monitor and will be checking in with you to help keep you safe today/this afternoon/tonight.

☐ Add patient specific notes into software – both in Room View note field and Free Text note field.

☐ Set Language on Camera (even if language is English)

☐ Enter patient info into Continuous Virtual Monitoring log

☐ Begin Monitoring. Refer to Daily Check List for detailed daily process.
when patient is discharged from monitor

- Document D/C date and time on patient monitoring log
- Send back up PCA monitor tech or designee to get camera from the patient’s room and the wireless mobile phone from the nurse.
- Notify Nurse Administrator that the patient was removed from CVM.
- Clear Notes – (Room View note field and Free Text note field)
APPENDIX 5

PCA MONITOR TECH REPORT FORM

<table>
<thead>
<tr>
<th>DATE:</th>
<th>CART/CAMERA #</th>
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<tbody>
<tr>
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<td>_____________</td>
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</tbody>
</table>

SHIFT:  
- ☐ 7AM-3PM  
- ☐ 3PM-7PM  
- ☐ 7-11PM  
- ☐ 11PM-7AM  
- ☐ 7AM-7PM  
- ☐ 7AM-3PM  

<table>
<thead>
<tr>
<th>Patient Name/MRN:</th>
<th>Unit:</th>
<th>RM:</th>
<th>Unit</th>
<th>Phone:</th>
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</thead>
<tbody>
<tr>
<td>______________________</td>
<td>_______</td>
<td>______</td>
<td>Unit</td>
<td></td>
</tr>
</tbody>
</table>

Preferred Name: ____________________________  
Preferred Language: ______________________________

Nurse: ____________________________  
Cell #: ____________________________

Reason for CVM:  
- ☐ A  
- ☐ B  
  A=Safety Risk (High risk falls/injury/fall precaution plus)  
  B=Confused (delirium, dementia, brain injury)

Restraints Used:  
- ☐ No  
- ☐ Yes, type _______________

Notable Patient Behaviors to Watch:  

____________________________________________________________  
____________________________________________________________

Mobility Status: ____________________________  
Assistive Devices: ____________________________

Safety plan & other safety precautions:  
- ☐ Seizure Precautions  
- ☐ Aspiration Precautions  
- ☐ Fall Precaution Plus  
- ☐ Elopement  
- ☐ Other: ____________________________

Other relevant information: ____________________________

____________________________________________________________
Clinical Scripting for Patient Start Up

SUGGESTED SCRIPTING:

To Patient:

“Mr. Jones, this is one of our safety monitoring devices. I am going to place this in your room and our hospital staff is going to be checking on you all the time through this camera. If you try to get out of bed or if you appear to need help with something, you will hear someone remind you to sit down or stop what you are doing through this speaker.

There is also a loud alarm that can be activated by the person who is monitoring you if there is an urgent need. If needed, it will be loud but it will get staff into the room quickly to help you.

This is one of the ways we keep you safe here. Do you have any questions?”

• Once the monitor is plugged in, stay in patient’s room to help facilitate an introduction of the Continuous Virtual Monitor to the patient

To Family Member:

“We have determined that your ________ is at risk for falling if he/she gets out of bed without help. It is really important to us to keep your ________ safe. This is one of our safety monitoring devices. Our hospital staff will be monitoring your ________ all the time through this camera and if needed, will talk to your ________ to remind him/her to stay in the bed.

There is a loud alarm that can be activated by the person who is monitoring your ________. The alarm will only sound if it is an emergency.

Do you have any questions?”

Monitor Points to Remember to tell patients and families:

• The Continuous Virtual Monitor does not record

• The Continuous Virtual Monitor has a privacy mode and we use this when you need privacy

• The PCA monitor tech can always see you but can’t always hear you. Please continue to use your call light if you need something.

• If the PCA monitor tech talks to you, you can answer and they will hear you.

• When the yellow light is on, that means the PCA monitor tech can see into this room. When the yellow light is off, that indicates the privacy mode is activated and the PCA monitor tech can’t see into the room.
RN Report to PCA monitor tech

**Handover report:** RN to call the Decentralized Monitor PCA at 2-8121 with Report on patient to be placed on continuous virtual monitoring. The following information must be provided to the decentralized monitor:

a. Patient Name and Medical Record or DOB  
b. Unit, patient room number, unit phone number  
c. Patient’s preferences (preferred name and language)  
d. Patient’s nurse and cell number  
e. Verbal consent obtained (initiation)  
f. Reason for being placed on monitoring equipment  
g. Use of restraints and type  
h. Notable patient behaviors to monitor  
i. Mobility status  
j. Use of any Assistive devices  
k. Safety plan and other safety precautions ie. seizure precautions, aspiration precautions, etc.  
l. RN coverage (lunch, breaks)  
m. Other relevant information:

**Please make sure that you leave the CVM cell phone to the incoming nurse.**
CVM TECHNICAL RESPONSE TREE

**Mon-Fri 9A-5P**

*Utilize*

“AvaSys Troubleshooting Guide”

If no resolution...

**WEEKDAYS AFTER 5P & WEEKENDS**

*Utilize*

“AvaSys Troubleshooting Guide”

**Notify** Nurse Administrator to Determine Priority

**HIGH Priority:**

-Lack of CVM use affects care of multiple patients

**CALL AvaSure Support:**

(800) 736-1784 use Ext. 3

Provide AvaSure Support with the following:

- Support Code: **855427**
- First & Last Name
- Contact # + Ext
- Description of the problem

**LOW Priority:**

-Issue is isolated to individual CVM Cart
-Backup Cell Phones/ CVM Carts are available & functional
-Software and Spare CVM Carts are still usable for CVM

**CALL: BWH Service Desk**

(617) 732-5927

- Provide Support for CVM
- Contact # + Ext
- Description of the problem

**Notify** Nurse Administrator & CVM IS Lead: Sheldon Singh p. **36725**

If no resolution...

**CALL: BWH Service Desk**

(617) 732-5927

Partners Collaborative Media & CVM Lead (Sheldon Singh) to follow-up on the Next Business Day