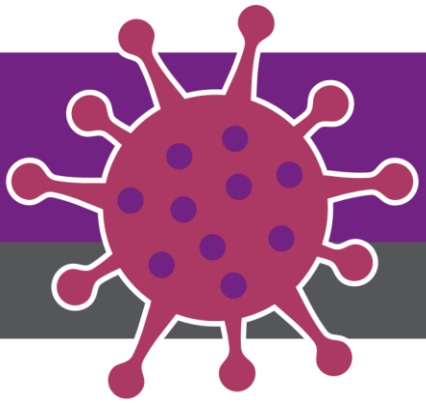
CORONAVIRUS DISEASE 2019
(COVID-19)

Trinity Health Use of Patient Monitoring Equipment for COVID-19 Patients



Trinity Health

Audience: Nursing, Supply Chain. TIS Security, Quality, Risk Management, Safety and Accreditation
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COVID_19 Response Team Owner: Logistics
Date of Last Review: 1/21/2021

What's Changed: Changed document title from "Trinity Health Use of Baby Monitors and Cameras for COVID-19 Patients" to "Trinity Health Use of Patient Monitoring Equipment for COVID-19 Patients." Changed name of link to disinfection guidance from "Disinfection of Baby Monitors, Cameras, Tablets and Computers in Patient Rooms" to "Disinfection of Patient Monitoring Equipment."

PURPOSE

To provide guidelines for an alternative on-site virtual monitoring of patients by baby monitors (monitor) during the declared Public Health Emergency (PHE).

USAGE

It is the policy of Trinity Health to ensure a safe environment for patients and colleagues in the least restrictive manner. Initiation of monitor usage as an alternative to the enterprise remote virtual monitoring solution is a safety intervention utilized to support the critically ill or at-risk patient through patient visibility and verbal interaction. The goal is to meet patient needs as well as limit exposure time for the caregiver's physical presence in the patient room. The monitor provides a line of sight into the room when it cannot be achieved due to physical plant structures, such as alcove windows, closed doors, isolation, etc. Safety interventions are initiated based on nurse assessment, clinical judgement and the inter-professional team recommendation.

Key Points

1. Virtual monitoring is deployed individually for each patient and is monitored on-site by authorized staff. This monitoring system is not considered a 1:1 *Patient Safety Attendant (PSA)* or restraint.
2. A single camera will be utilized for observation of one patient.
3. Virtual monitoring does not replace the need for hourly rounding.
4. For identified high-fall-risk patients, bed and chair alarms may remain on during virtual monitoring based on local policy.
5. Audio/video monitoring will not include recording of patients, and would not be considered violating the patient's privacy, as long as there exists a clinical need; the patient and/or patient's representative is aware of the monitoring; and the monitors or speakers are located so that the monitor screens are not readily visible or where speakers are not readily audible to visitors/public.

6. Instructions for use are available for review. (Ministry to add location of instructions for use, similar to other device instruction location).

Criteria

1. Inclusion Criteria for Virtual Monitoring:
    a. Patient with history of falls, has already fallen at home or in the hospital, or identified at high risk for falls based on a fall screening assessment
    b. Patients who are in the prone position as a medical intervention
    c. Patient exhibiting delirium, restlessness, confusion, weakness, wandering, impulsivity with the ability to be redirected (if the monitor has that functionality), or attempts to get out of bed without assistance
    d. Patient presenting as a risk for wandering
    e. Colleague safety (e.g., inappropriate and/or escalating behaviors of patient and/or family, potentially aggressive/violent patients)
    f. PPE conservation for patient care to minimize unnecessary 1:1 interaction

2. Exclusions for Virtual Monitoring:
    a. Patients requiring 1:1 direct visual observation
    b. Suicide/self-harm patient
    c. Regulatory or state requirement for the provision of 1:1 PSA (e.g., Violent Restraint, etc.)
    d. Patients who are unable to self-manage a Noninvasive Positive Pressure Ventilation (NIPPV) mask when used for respiratory failure. This does not include Bipap/CPAP when used for sleep apnea.
    e. Refer to your ministry policy on monitoring for patients in 4-point violent restraints.

3. Risk Assessment and Mitigation
    a. Use of monitors raises risks that would exist during the PHE and if monitors are used when the PHE ends.

Risks related to reliance on baby monitors and mitigation actions to be taken to address the risks

Issue	Mitigation action
Image may be too focused or too far away	Determine if image can be improved or camera moved prior to relying upon the monitor
Image quality may be insufficient	Determine if image can be improved or camera moved prior to relying on the monitor
Communication feature (i.e., volume) is untested	Test communication with patient prior to relying on monitor
Multiple monitors may create confusion	Staff to meet and determine responsibilities and monitor locations prior to setting up multiple monitors Label monitors with room numbers (NOT patient names)
Staff and patients may rely upon an erroneous belief that continuous monitoring is occurring. Monitoring is intermittent.	Routine monitoring and patient interaction should not be discontinued
Reliance on monitoring in lieu of entry into room may limit ability to check for issues not monitored by	Routine monitoring and patient interaction should not be discontinued

electronic means or due to limited visibility	
Staff may need to leave monitors to respond to other patient needs	Ensure that staff may be contacted by the patient via an alternative means
Unfamiliarity and limited functions of monitors could impact staff determination of issue or that no issue exists. Instructions for use are available to staff utilizing the devices. Just in time training will occur.	Check with staff and patients each shift to ensure familiarity and limited purpose of monitors
Monitor may increase reliance on self-reported symptoms – should not replace patient and nurse interactions – patients may experience difficulty using remote communication	Staff to inform patients and document that patients are advised to interact with staff in person when patient deems necessary. Staff to continue routine assessments of patients' needs
Malfunction, repair and placement may impact infection control	Patient room entry should be limited and staff who enter the room should be used to access cameras if possible. Cameras and monitors should be sanitized regularly
Regulators may view use of monitors as a patient safety issue.	Prior to use accreditation/regulatory leads should be consulted to determine if notice to the state is required. A copy of the acknowledgement statement and guidance will be retained by the accreditation lead.
Monitors could increase stress as the monitor increases role of staff with additional monitoring interactions and patient notifications	Staff should be consulted, and supervisors should observe staff for stress and to address use of monitors
Issues may arise with allocations of monitors	Criteria and local judgment will be needed to determine how best to deploy monitors and design a triage process for capacity issues

Risks related to privacy and security and mitigation actions to be taken to address the risks

Issue	**Mitigation Action**
Monitors may interfere with other equipment	If any interference is detected the camera and monitor should be relocated or (if not resolved) disabled. Pre-testing would be better if feasible
Monitors may be intercepted via smartphones and scanners	Monitors with limited range should be used to minimize possibility of detection Static, interference and performance issues should be reported and investigated
Monitors may be viewed by more staff than appropriate	Staff should be reminded to minimize viewing and arrange monitors to maximize privacy protection
Families may object to monitors and/or may not know about the monitors	Patients and families should be advised that cameras and monitors will be in use and the advice should be documented
Families may want to connect to monitors	Families should be advised that connections are not available due to limited purposes for use and security limitations on use

Staff without knowledge of the monitor may be viewed (e.g., lab, pharmacy)	All onsite staff should be advised of the potential for cameras to view their images during the PHE
Transmission by monitors may violate privacy rights	Risks of transmission are minimized by range limits and notice to patients of benefits during the PHE If a patient objects, consideration should be given to not use a monitor
Recording would be a HIPAA violation if the recording is retained	Recording should be disabled. If recording cannot be disabled, the obligation to manually delete recordings needs to be assigned and implemented on a consistent basis.
Monitor information likely will be requested as part of the medical record and documentation will be needed regarding the monitor in the same manner as a call button	Staff will need to be instructed to document in the medical record that the monitor is being used and to document actions taken based on use of the monitor
Monitors could be stolen	Monitors should be wall-mounted to mitigate risk of theft and recording should be disabled or deletions completed often to mitigate the risk of privacy violations
Monitors may create cyber risk	Monitors should not be connected to the network or if connected enable security to mitigate risk of cyberattack via monitors

4. Enterprise Security Requirements
    - Product Technical Requirements
        - Monitors are to be stand alone, utilize DECT (1.9GHZ) standard and not connected to the Trinity Health network via either WIFI or ethernet cable.
        - Cameras need to be pointed at the patient and care needs to be taken that identifiable patient information is not displayed on the image.
        - No storage/capture of any kind of patient images or sound that is displayed or transmitted.
    - Expected Usage
        - The usage of baby monitors has been reviewed for short term use and should be removed from service by May 31, 2021, or no later than 60 days after the hospital's Emergency Operations Plan/Incident Response is closed.
    - Mounting Recommendations
        - Permanently mount all cameras to a fixed anchor point such as wall.
        - Ensure the view of the camera is specific to the patient and no ancillary equipment or charts where PHI can be viewed.
        - Monitors or speakers will not be located so that the monitor screens are readily visible or where speakers are readily audible to visitors/public.
    - Support and Technical Recommendations
        - Do not place on mobile workstations (WOWs) and do not charge/power through the mobile workstation WOW.
        - As a consumable item, these devices are not serviceable by Trinity Health. Contact local supply chain for replacement of non-working devices or incremental needs.
        - Operational and or clinical concerns/questions should be addressed by the nurse manager.
    - Cleaning of Baby Monitors and Cameras
        - Please see COVID 19 guidance for Disinfection of Patient Monitoring Equipment.
    - Potential Medical Device Interference Considerations

- FCC has the medical telemetry range at 608-614 MHz, 1395-1400MHz, and 1427-1432Mhz. Philips Medical is known to have their telemetry range at 1.4GHz and 2.4 GHz so there is potential for interference. Please be aware of what patient monitoring/telemetry systems are utilized at the facility.
- We do not believe that these units will create any interference or performance issues. However, it is recommended that after implementation of these devices closer monitoring of telemetry and patient monitoring systems and associated devices.
- If interference is noted on the telemetry systems, the baby monitor units should be turned off as soon as they can safely be shut down in coordination with nursing until troubleshooting can occur and a resolution found.
- For best performance and less possibility of interference, place these monitors high within the room and facing away from the following device(s) if possible: device(s) with external antennas, radios, wireless devices, TVs, and radio frequency transmitters.

- Ministry Implementation and Risk acknowledgement form
  - Please see Attachment A on the next page.

Attachment A

Acknowledgement of Risks

Information about the patient safety, privacy and security risks of using baby monitors in the hospital for virtual monitoring and patient care has been received and reviewed. The benefits for patient care outweigh the risks and a decision to use the monitors has been made. Reasonable steps have been taken to address and mitigate the risks. Our Ministry is training colleagues on the appropriate use of the monitors and has provided guidance to colleagues regarding who to contact about maintenance or issues with the camera or monitor. We acknowledge that the monitors should be used only during the declared public health emergency (PHE) and discontinuation of monitor use will take place by May 31, 2021, or no later than 60 days after the hospital's Emergency Operations Plan/Incident Response is closed.

Ministry Name: _____

Printed Name of Authorizing Leader: _____

CEO Signature: _____

Date: _____

NOTE: A copy of the acknowledgement statement and guidance will be retained by the accreditation lead.