



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

VIDEOTAPING

Effective Date: November 25, 2015

Policy: TX-29

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I. PURPOSE:

- A. To establish guidelines for videotaping Montana State Hospital (MSH) staff treatments or interventions with patients.
- B. To identify circumstances under which videotaping may occur.

II. POLICY:

Videotaping may be used as a method to monitor staff procedures or interventions, promote accountability, promote safety for patients, promote safety for staff, provide an educational opportunity, or train new staff.

III. DEFINITIONS:

- A. Planned Interventions – An intervention that is not considered an immediate emergency but does necessitate some physical interaction with a person or their property to maintain safety. A planned intervention could include administration of involuntary medication or contraband search of a person or their property.
- B. Crisis Response Coordinator – Licensed Independent Practitioner, Treatment Unit Program Manager, Nurse Supervisor, Licensed Nurse or professional health care staff that is supervising the intervention.
- C. Unit Intervention Team – Shall consist of staff from the treatment unit, security officers, and other nursing staff available for the intervention.

IV. RESPONSIBILITIES:

- A. Treatment Teams (Licensed Independent Practitioner, Treatment Unit Program Manager, Unit Nurse Manager and others) – Decide when videotaping will be used to record a procedure or intervention; obtain recording equipment; and obtain authorization for the playing of the recording for others.
- B. Crisis Response Coordinator – Provide the patient with a clear explanation of the procedure or intervention to take place; the reason for the procedure or intervention; and why the procedure or intervention will be videotaped.
- C. Treatment Unit Program Managers – Conduct and complete required Patient Event Review and ensure that tapes, disks, and media storage units are securely stored.

V. PROCEDURE:

- A. All planned procedures or interventions will be implemented via a Unit Intervention Team led by the Crisis Response Coordinator.
- B. The Crisis Response Coordinator will meet with staff that will be involved in the procedure to plan the recording of the intervention.
- C. The Crisis Response Coordinator will explain to the patient the procedure that will take place and why the event will be recorded.
- D. The Crisis Response Coordinator or the Treatment Unit Program Manager will ensure the tape, disk, or media storage device is marked with the patient's name and stored in a designated secure location.
- E. The Program Manager will ensure the recordings are properly stored; each recording device may be used for multiple interventions for the same patient. Upon discharge the tapes will be sent to the Director of Quality Assurance for storage.
- F. With the patient's or guardian's written consent and authorization, the recording may be used exclusively at MSH for pre-service or in-service training of staff in appropriate procedures and interventions.

VI. REFERENCES: None

VII. COLLABORATED WITH: Director of Clinical Services; Hospital Administrator, Director of Nursing, Program Managers, Director of Health Information, Director of Quality Assurance.

VIII. RESCISSIONS: TX-29, *Videotaping* dated November 14, 2011; TX-29, *Videotaping* dated December 17, 2008.

IX. DISTRIBUTION: All hospital policy manuals

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Director of Quality Improvement

XII. ATTACHMENTS: None

Signatures:

John W. Glueckert
Hospital Administrator

Thomas Gray, MD
Medical Director