

Central Video Monitoring

The parties have the following mutual understanding regarding the use of Central Video Monitoring to address the increasing population of patients who need increased levels of observation during hospitalization.

1. The cameras provide a continuous 'live feed' only for observation purposes of the patient as a potential improvement in patient safety. There will be no videotaping and the camera placement will be such that the focus is on and around the patient.
2. The use of these cameras are initiated by the bedside nurse when s/he determines in their own professional judgment the need for patient observation via this methodology based on set criteria that the patient must meet prior to using video monitoring. Cameras will be moved from room to room as needed.
3. It is recognized that some patients will still require 1:1 observation/physical presence in the room, including those that meet criteria for 1:1 observation such as suicide risk. The patient will always receive the appropriate level of observation required.
4. The nurse has the ability to turn the camera off and on as needed.
5. The monitoring system allows for central monitoring of multiple patients from one monitoring location. It is recognized that registered nurses could qualify to work in this non-RN role with the appropriate equipment orientation. Any nurses temporarily assigned to these positions will be paid their applicable RN rate of pay for such assignments.
6. Nurses who need an accommodation due to on the job injury or ADA disability will be eligible to utilize these assignments, if open hours are available and if applicable for the accommodation per the assessment of the Return to Work Coordinator. This type of assignment could be part of a transitional work redesign.

Agreed to by JIT-Leadership on 9.2.2015

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