



St. Anthony  
*saints in action*

# St. Anthony Hospital

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SITTER UNIT VIDEO MONITORING PILOT

# Pre-Pilot State

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- ❑ Patients that required suicide precautions in the medical surgical acute care setting required one-on-one observation.
- ❑ Sitters for other purposes had already been deleted.
- ❑ The average sitter FTE usage was **13.37 FTEs** per pay period 2014.
- ❑ Sitter use ranged from **5 to 18 FTEs** per pay period 2014.
- ❑ We had not dropped below 5 FTEs in the previous 12 months.
- ❑ In 2014, we spent **\$334,629** on sitters for suicide precautions only.
- ❑ Employee were injured while caring for these patients

# Team Formed

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Noni Erb, RN, MSN, Director, Nursing Practice

Larry Phillips, DCSW, Program Manager Behavioral Health

Bernadette Burns, RN, MPH, M.ED, Risk Manager

Janice Harbin, RN, MSN, Nurse Manager, Med Surg 7ECT

Phillip Scott, RN, BSN, Nurse Manager Med Surg 6ECT and Stepdown 4SE/4SW

Karen Townsend, RN, BSN, Nurse Manager, Float Pool

Karen Thummel, RN-BC, BSN, Nurse Manager, Med Surg 8ECT

# Monitored Care Unit Proposal

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- Proposal: To create a safe, alternative environment for medical / surgical acute care patients who require suicide precautions and one-on-one monitoring, while reducing FTEs and salary expense.
- Proposed Outcomes:
  - Reduce our current sitter cost by **37%**.
  - Reduce sitter FTEs for suicide precautions (med/surg) to **8.4 FTEs**.
  - Maintain constant line of site visualization by camera, and in-person checks every 15 minutes.
  - Provide for general med surg sitter patients on 6ECT only (as census allows).

# Bed Utilization Changes

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- ❑ This unit will take all sitter patients appropriate for med/surg level of care.
- ❑ It will take general med/surg admissions as assigned if there are empty beds available, up to 6 beds, with the caveat that these patients will move out when suicidal patients need the beds.
- ❑ This unit will not take other types of patients referred for closer monitoring. The feeling is that to do that would fill the beds with patients who could not be moved for suicidal patients.
- ❑ The criteria for admission is
  - Suicidal patient with Emergency Order of Detention / Third Party Statement requiring one-to-one sitter.
  - General med surg patients in rotations with other units if beds are available.

# Staffing Changes

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- ❑ Added 8.4 Nurse Tech FTEs to unit.
- ❑ This will add one NT to provide for one-on-one observation and one to man the cameras.
- ❑ Since the census cannot go beyond 8, there will be minimal change in staffing from day to day.
- ❑ The proposed staffing is minimal staff for patient care for 8 patients with 2 NT added to provide the monitoring function.
- ❑ No nurses are added in this plan.

# Staff Education

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- ❑ EDIT training for all unit staff
- ❑ Behavioral Health staff will provide specific training related to the patient population
- ❑ Policy Review
  - Safe room setup
  - Room check
  - Suicide precautions
  - Searching of visitors

# Unit Process Change Highlights

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- ❑ Limit 1-2 visitors at a time during day, ending at 9pm.
- ❑ Visitors will be asked to put their belongings in lockers before going into patient room.
- ❑ Visitors asked not to bring in food to patients.
- ❑ Entry door to hallway will have a badge reader to enter the hallway.
- ❑ Employee break room door to have badge reader.
- ❑ Stairwell exit door will be alarmed and have a brief delayed release like the fire exit doors currently have.



# Additional Safety Interventions

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- Suggestions from unit staff and walkthrough by Behavioral Health leadership staff
  - Wrap TV cords and secure them.
  - Use of plastic dishes and flatware for all patients on 6ECT.
  - Remove oxygen and suction regulators from rooms unless in use.
  - No visitors sleeping in room if patient has EOD /Suicide precautions.

# Video Monitoring Highlights

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- Nurse monitor system –located in office on 6ECT.
- Alarms alert monitoring staff and patient care staff that patient is attempting to get out of bed/chair.
- On screen highlights for patients on suicide precautions.
- Patient education.

# Results of 14 Week Pilot

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## Clinical

- No elopements
- No patient or staff injuries
- No restraint use
- SPOE can round on suicidal patients all in one place, improving their efficiency.
- Able to free up other unit's Nurse Techs to be available to provide patient care.

# Results of 14 week Sitter Unit Pilot

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## Patient Satisfaction

- Overall mean score **85.9 to 91.5**
- Staff concern for your privacy mean score from **91.7 to 95.5**
- HCAPS rating mean score **62.5 to 84.6**
- Likelihood to recommend **87.5 to 91.7**

# Results of 14 week Sitter Unit Pilot

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## Financial

- Sitter Labor hours decreased by **41%**
- Avg cost/calendar day decreased by **46%**
- Actual Savings of **\$33,160** for the pilot period
- Annualized net savings of **\$122,249** for 2015

# Next Steps

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- ❑ Implement Video monitoring for Step Down Unit.
  - Expect an additional 10% savings from this initiative.
  - 6 bed cohort for sitter patients on 4SW.
  - Equipment is already in place (part of our original set-up cost).
- ❑ Work with medical staff to increase consults for Psychiatrist prior to acute care discharge.
- ❑ Begin therapy prior to acute care discharge.
- ❑ Explore limited use for falls.
- ❑ Additional Technology

# Questions?

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