

Improving the Care and Financial Management of Patients Needing Close Observation
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Problem: Hospitals must meet the care and safety needs of a growing population of patients who present with underlying emotional/behavioral disorders. The presence of accompanying conditions such as dementia often complicate the plan of care suggested by the primary diagnosis. Care becomes more challenging when one considers the financial pressure of decreasing length of stay while maintaining an efficient skill mix. Safety needs may be maintained with the use of popular models such as “sitters”, however, the care needs of these patients still need to be addressed.

Evidence: We identified an opportunity for improvement when the need for sitters began to affect the use of unlicensed assistive personnel (“Clinical Care Technicians”) on several units. CCTs were used to fill the increased demand when the sitter pool was depleted. Consequently on the unit, CCT staffing, and their associated skills, such as phlebotomy, was woefully inadequate.

Strategy: We designed a Close Observation Program that provides a protocol that nurses follow in arranging care for the “risk management” patient with issues such as confusion or high fall risk.

Practice Change: “Patient monitors” are given supplemental training which includes CPR, how to assist with feeding, hygiene and ambulation, as well as diversional activities. Patients are cohorted on a special unit that was redesigned and for which staff were given additional training. They may also be cohorted within a geographical proximity on other units. A patient monitor is assigned up to a 4:1 ratio, and is responsible for frequent rounding and associated documentation.

Evaluation: We are evaluating staffing, cost, length of stay, and fall rates.

Results: We are expanding this program that has proven successful on two trial units.

Recommendations: We recommend that a designated individual(s) be responsible for the daily review of patients requiring close observation, 1:1 monitoring and restraints to ensure the most effective and efficient use of the labor pool.

Bibliography:

Dennis, Sharon. Close Observation: how to improve assessments, Nursing Times, June 11, 1997, Vol.93/No. 24.

Ragaisis, Karen M., Ensuring the Competence of One to One Sitters, Performance Improvement, Ideas and Innovations, February 1997, Pages 2 – 5.

Rogers, Ada C and Gibson Cheryl H., Experiences of orthopedic nurses caring for elderly patients with acute confusion, Journal Orthopedic Nursing, 2002, 6, pages 9-17.

Talley, Sandra, Davis, Dianne S., Goicoechea, Nora, Brown, Linda and Barber, Linda L., Effect of Psychiatric Liaison Nurse Specialist Consultation on the Care of Medical-Surgical Patient’s with Sitters, Archives of Psychiatric Nursing, Volume IV, No.2 (April), 1990: pp. 114-123.

Torkelson, Diane J., Constant Observation in Medical- Surgical Settings: A Multihospital Study, Nursing Economics/ May – June 1999/Vol. 17/No.3 and pages 149 – 154.