

Empowering Staff Nurses to Decrease Patient Observation Hours

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Lehigh Valley Health Network, Allentown, Pennsylvania

Significance and Background

Acute care healthcare settings incur significant costs associated with use of non-licensed assistive staff in a sitter capacity to continuously observe patients to keep them safe.

Goal

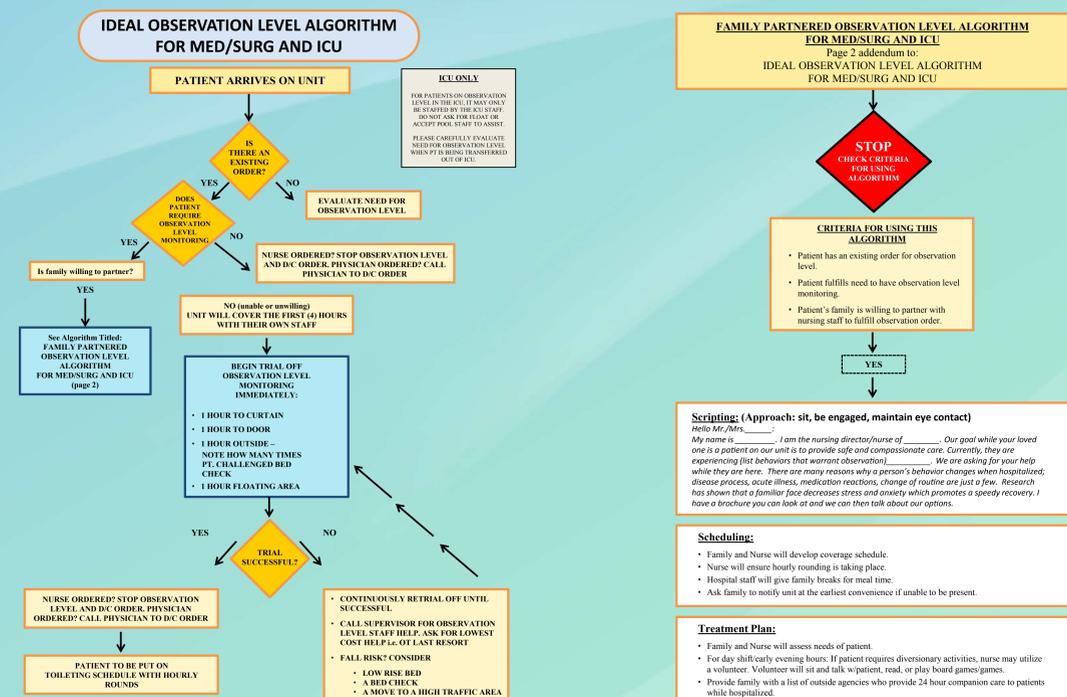
Reduce “observation hours” by partnering with families.

Evidence

Although the use of sitters and constant observation (CO) are common in many settings, little research has been done in this area. Currently, there is no research to suggest the use of CO reduces the risk of patient harm related to their risk for falling or harming themselves (Harding, 2010). The literature on CO is limited and increasingly outdated, with little new research in the last 5 years. Constant observation is not an evidence-based practice, and there are no data to show that it is cost-effective (Rausch & Bjorklund, 2010). As per the evidence, settings are encouraged to:

- Develop a sitter program model w/ policies & procedures that clearly identify responsibilities of staff & sitters.
- Provide clear instructions for sitters.
- Keep costs of sitters unit- based to encourage RN to find alternative measures.
- Approach families in partnering.
- Educate staff on alternatives.
- Use psychiatric consults for behavior management.
- Make clear distinction between custodial care provided by sitters vs. nursing care.

(Tzeng, Yin & Grunawalt (2008), TorKelson & Dobal (1999).

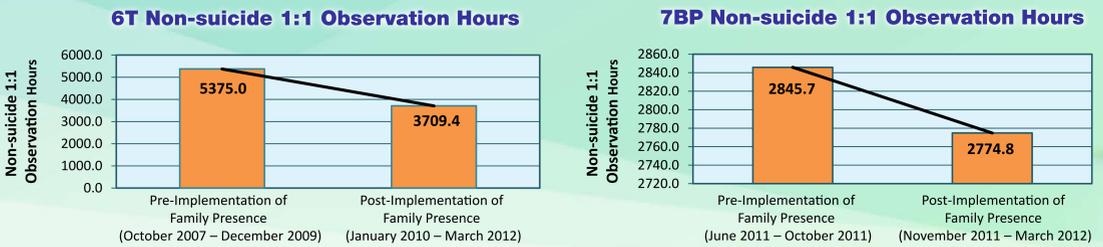


Family Partnering Brochure



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Outcomes



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