February 21, 2018 CAH Collaborative Meeting

Sitter Program



# Vidant Chowan Hospital

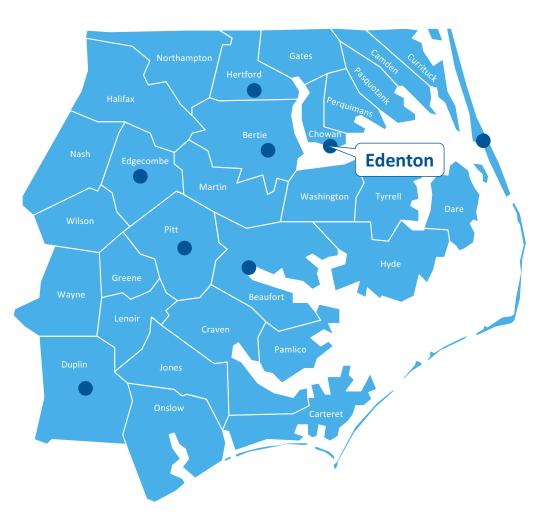




Jeff Sackrison
President

# Vidant Chowan Hospital







Chowan County population **14,825** 



Licensed beds **49** 



**Special designation** *Critical Access hospital* 

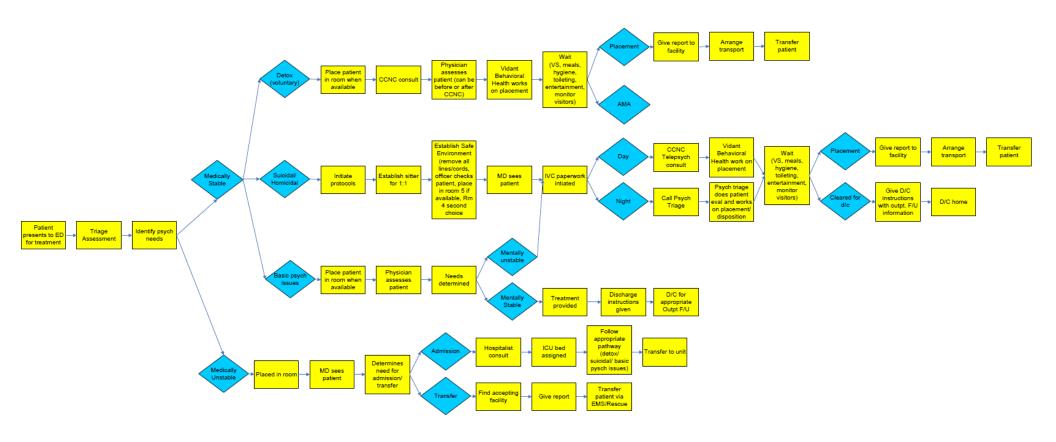
### Key Volume Indicators (FY 17)



- Admissions 1,717
- Average daily census 18
- Total surgeries 1,614
- Deliveries 314
- ER visits 16,493
- OP visits 24,250

# Behavioral Health Flow – Process Map





# **Identifing Key Process Steps**



Safe & Timely Care for Behavioral Health Patients

Identification of Needs

Patient not truthful regarding history

Lack of information

Pt. Unresponsive

Staff busy

Forget to ask

Pt. Condition prohibits information gathering

Language Barrier

Cognitive level of patient

Safe Environment

Only 1 officer on staff each shift

Sitter not available

Patient not checked/ belongings not removed

Forget to remove things from room

Staff Fatique

Normal rooms not available or occupied

ED or Staff busy

Staff let guard down

Visitors not monitored closely

Staff training

Communication

Staff forget to pass on information (SBAR)

Delay in getting CCNC consults

Patient Cognitive level

No direct provider to provider communication (ED/ CCNC)

Delay in putting notes in (CCNC)

Language barrier

Staffing

Staff not trained

Shortage

Busy

High patient acuity

Staff fatique

Interruptions

Communication with other departments

Shortage of sitters at night

Routine Assessments/Treatments

Needs not identified

SBAR not used effective

Inadequate staffing

Increased patient acuity

Staff busy

Poor Documentation

EHR does not support care/ documentation in ED

Recommended meds not on formulary

No ED storage for patient specific medications

Lab/Rad results delay

Orders not entered timely

No policy detailing seeds to be seed to be see

Recommendations not communicated

ED doc does not looking at recommendations by psych on medication recommendations

Discharge

Refusal from agencies

Beds not available

Waiting for transport

Patient can't afford medications

Lack of Outpatient resources

Manipulative patient (know what to say)

# Completing FMEA – Identifying Failure Modes/ Highest Risk/ Actions



<b>Process Step</b>	Potential Failure Mode	Potential Effects of	SEV	OCC	DET	RPN	RPN	Recommended	Status of	Owner and
·		Failure					Rescore	Action	Recomme	Completion Date
Identification of	Patient Not Truthful regarding	Wrong treatment	7	6	5	210				
Needs	history	premature d/c	6	4	9	216				
	Lack of information	Wrong treatment	8	6	6	288				
		unsafe environment	8	6	6	288				
		allow visitors	6	7	5	210				
	Patient unresponsive	delay in appropriate treatment	5	5	5	125				
		misinformation(rely on others)	6	6	5	180				
	Staff busy	not able to priortitize patients	7	7	5	245				
		history not complete	5	5	5	125				
	Forget to ask approp.	delay in appropriate treatment	6	6	5	180				
	Questions	Wrong treatment	8	6	6	288				
		unsafe environment	8	6	6	288				
	Pt. condition prohibits	delay in appropriate treatment	8	7	5	280				
	information gathering	misinformation(rely on others)	7	6	6	252				
		Wrong treatment	8	6	5	240				
	Language barrier	delay in appropriate treatment	5	5	5	125		Education	complete	Patient Communication
		misinformation(rely on others)	6	5	6	180		regarding language		Task Force - Beverly
		Wrong treatment	8	6	6	288		service resources		Venters/ Patricia
		incomplete history	6	7	5	210		(MARTTI/ LAN)		Jordan/ Kaili Nixon - E-
										inform posted for staff
										completion on 4/8 with
										target completion date
										4/20/2014

### Sitter Policy



CHOWAN HOSPITAL								
SUBJECT: Sitter Observation Policy	Page 1 of							
ORIGINAL: 4.25.13	Revised: 11.11.13 Reviewed:1.27.14							
PREPARED BY: ED/ICU Manager / Police Lieutenant								
APPROVED BY: Patient Care Services Leadership/Administration								

#### PURPOSE

The purpose of this policy is to define procedures and provide guidance for Sitters conducting Suicidal Patient Observation.

#### PROCEDURE:

When any patient presents to the ED or admitted to ICU and is identified as a suicidal risk, the patient's nurse will:

- · Contact the Hospital Police
- Notify the Nursing Supervisor
- Observe the patient one-on-one (or delegate this responsibility to another staff member) until Hospital Police arrives
- Upon the officer's arrival, the nurse will verbally handoff the observation responsibility to the officer and properly document accordingly in the patient's record. The nurse should also pass along any other pertinent information to the officer.

#### Upon receiving a request for suicidal patient observation, Hospital Police will:

- Receive any pertinent information from the staff person presently observing the patient
- Conduct, or assist staff with conducting, a brief search of the patient and patient's clothing/personal belongings to ensure that no weapons are present.
- Observe the patient one-on-one until relieved by someone that will assume responsibility for observation or until the observation period is completed or terminated.

#### If Hospital Police has to leave the patient or is unable to continue with one-on-one observation:

- The officer will immediately notify the Charge Nurse and handoff the observation responsibility.
- The Charge Nurse will either accept the one-on-one observation responsibility or assign the responsibility to another hospital staff member. In the event that there is inadequate staffing due to exigent circumstances, the Nursing Supervisor should be contacted to assign someone to observe the patient until the officer returns and assumes responsibility.
- · The staff member that takes responsibility for observing the patient should

### Key points for Observation



#### Basic Skills for Continuous Observation

Acute Suicidal Precautions Procedure

- 1. Remember safety first! Patients require continuous observation to help with:
  - · intentional or unintentional harm to self
  - unpredictable behaviors that place patient at risk of injury
  - · rapid changes in the patient's ability to think clearly and understand what is happening
- The role of the observer is to promote a safe, caring environment. Your ability to be calm helps the patient.
- Never let the patient out of your sight. Never leave the unit with the patient unless escorted by Hospital Police.
- 4. Do not discuss the patient with anyone except the patient's caregivers. Send visitors or family to the nurse for information. Do not socialize with other staff when you are supposed to be watching the patient. Do not gossip about the patient. Do not use your cell phone. Your sole responsibility is the observation of the patient not helping other staff or patients. Observation points are located at either end of the nurse station.
- Maintain a clean and safe environment. Staff will inspect the room each shift for environmental safety. Assist the patient in maintaining safety, comfort and dignity, i.e., keep patient's body covered with a bed sheet at all times, give firm, kind instructions to prevent struggling against restraints.
- Some patients you will be watching may be confused and may need reminders of where they are or what time of day it is. Tell the patient what day it is and where they are.
- 7. When observing a patient, do not touch the patient unless providing direct patient care.
- Do not talk about the patient near that patient or other patients. Tell the patient what you will be doing before you do it.
- Let patients learn at their own pace. Avoid giving advice to the patient. Do not argue with the
  patient. Tell the patient to discuss problems or feelings with his/her doctor or nurse. Use general
  statements such as "It must be difficult for you."
- 10. Avoid being caught in the middle. Some patients may try to get you to do special things for them or to take sides against caregivers. Do not become a "pal" with the patient, try to "cheer up" the patient, burden the patient with tales of your personal life, or have the patient become your friend. It is not helpful to share lots of personal information with patients; do not give or ask for personal information (phone number, address, marital status). Let the patient know you are uncomfortable if questioning becomes too personal.
- 11. Your activities must be focused on the patient. Do not read unless it is to read to the patient. Do not use headphones while observing a patient. Use the phone only to call for resources. Check with the nurse to find out what activities you could do with the patient, such as watching TV, writing or drawing, or playing cards or games.

# Responsibilities based on Role



#### Continuous Observation Responsibilities

RN	Clinical Observer(LPN, NA, & Surgical Tech)	Non-Clinical Observer
Review the needs for 1:1 for the patient every 24°. You are ultimately responsible for the patient and the observer.	<ul> <li>Observe the patient constantly; physically close, but not invading personal space. Do not block yourself from exit.</li> </ul>	Observe the patient constantly; physically close, but not invading personal space. Do not block yourself from exit.
<ul> <li>Introduce observer to patient, orient to room and rationale for 1:1. Discuss special patient needs, complete/update.</li> </ul>	<ul> <li>Introduce self to patient and explain how long you will be with the patient.</li> </ul>	<ul> <li>Introduce self to patient and explain how long you will be with the patient.</li> </ul>
<ul> <li>Review the patient's plan of care and inform the observer patient of activities for the day; inform the observer of any necessary precautions.</li> </ul>	Know the patient's schedule and plan for the day. Document patient vitals. Follow precautions as directed by the RN as necessary to care for the patient	Follow precautions as directed the RN as necessary to care for the patient
Delegate patient care activities.	<ul> <li>Assist with patient care, comfort needs, hygiene as directed by the R.N.</li> </ul>	Assist with comfort needs as directed by the R.N. (nourishment, blankets, etc.)
<ul> <li>Check that observer has adequate break and meal coverage; arrange coverage if necessary and inform observer of approximate times.</li> </ul>	<ul> <li>Do not leave the patient unattended; wait for breaks/meal relief.</li> </ul>	Do not leave the patient unattended; wait for breaks/me relief.
Review signs and symptoms of behaviors that require immediate attention.	<ul> <li>Inform the RN of harmful behaviors such as, pulling out lines/tubes, hurting self, non- compliant behavior, anger threats (cussing/yelling), etc.</li> </ul>	<ul> <li>Inform the RN of harmful behaviors such as, pulling out lines/tubes, hurting self, non- compliant behavior, anger threa (cussing/yelling), etc.</li> </ul>
Maintain a safe environment: no sharp objects in room no dangling earrings, neckties, or eachable sharp objects (pens, scissors) no toxins, cleaning solutions	Maintain safe environment:     no dangling earrings, neckties, or     reachable sharp objects (pens, scissors)     -check meal tray before and after for     utensils     -refer visitors to R.N. for any items     brought in for patient; be alert to     interactions between patient and     visitors     -remove dangerous objects from room	Maintain safe environment:     no dangling earrings, neckties, or     reachable sharp objects (pens, scissors-check meal tray before and after for     utensils     refer visitors to R.N. for any items     brought in for patient, be alert to     interactions between patient and visito     request assistance in removing     dangerous objects from room
<ul> <li>Check in with the observer at regular intervals to note patient changes and share information.</li> </ul>	<ul> <li>Keep patient within view at all times.</li> </ul>	Keep patient within view at all times
<ul> <li>Assess the need for interventions, such as medication before behavior escalates, or restraint device; evaluate patient response to interventions and continued need for continuous observation.</li> </ul>	Report the need for interventions to RN, such as medication before behavior escalates, or restraint device; evaluate patient response to interventions and continued need for continuous observation.	
Document on appropriate clinical documentation.	<ul> <li>Document on appropriate clinical documentation.</li> </ul>	

Revised: 11/11/13

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# Job Description Addendum



#### **Position Requirements**

#### Required

- 1) Recommendation from Manager
- 2) Non -violent Crisis Intervention Class (copy of card)
- 3) Signed copy of observation Basic Skills

#### Patient-Family Centered Care

Employee actions reflect a commitment to patient-family centered care through demonstrating the belief that patient and family needs and wishes must be actively solicited and engaged and that their preferences must be at the center of all services.

#### Position Summary

Observe the patient and to alert the charge or assigned nurse if the patient exhibits risk of harming themselves or others.

#### Acknowledgement

I acknowledge receipt of the Observation Responsibilities and position requirements and understand its content and expectations of its principal duties and my key responsibilities.

### System level work



- Standardization work
  - Algorithm for determining need for sitter/observer
  - Job description
  - Training/Competencies
  - Just in time training
  - Handoff tools