Training for Observers for High-Risk Patients

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Introduction

Patient observers/sitters are currently a huge investment for medical facilities. Observation is not covered by insurance, which shifts the costs to the facility, which can be upwards of $1.3 million per year.[1] The purpose of this study is to discuss the issue and need of training for observers, and to provide IAHSS member facilities with industry best practices for training observers for high-risk patients. By utilizing a well-designed patient observer training program, facilities can maximize the efficiency of their observers and create a safer care environment for both the staff and patients.

Providing observers to patients offers several benefits. For instance, observation allows direct patient safety monitoring. The use of observation has also led to a decrease in patient elopements, which are known to increase the risk for falls and injuries[2]. Falls can often impact several aspects of the patient's health and treatment: the patient's length of stay, unexpected treatment, and healthcare costs. Falls can even force the individual to lose his or her independence and, in some cases, cause death. Observers are extremely effective in preventing injury, which in turn makes the facility more cost effective. More than 25 percent of all falls contribute to debilitating injuries, and can often cause the need to transfer the patient to a higher level of care.[3] Also, more than 500,000 falls occur annually in hospital settings, resulting in 150,000 injuries, at a price of $17,627 per event.[4] These costs could be dramatically lowered with the proper training for observers. A lack of a training system yields poor patient safety outcomes, which stem from inconsistent patient safety monitoring.

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[1] Colman, T. (2016). Improving Patient Safety through Patient Safety Aide (Sitter) Competency Education. Retrieved May 17, 2017, from http://gradworks.umi.com/10/11/10119184.html

[2] Colman, T. (2016). Improving Patient Safety through Patient Safety Aide (Sitter) Competency Education. Retrieved May 17, 2017, from http://gradworks.umi.com/10/11/10119184.html

[3] Colman, T. (2016). Improving Patient Safety through Patient Safety Aide (Sitter) Competency Education. Retrieved May 17, 2017, from http://gradworks.umi.com/10/11/10119184.html

[4] Colman, T. (2016). Improving Patient Safety through Patient Safety Aide (Sitter) Competency Education. Retrieved May 17, 2017, from http://gradworks.umi.com/10/11/10119184.html

An observer is an individual who provides constant bedside observation, monitors patients to prevent injury, and confirms that the patient is safe. Observers can be called patient safety assistants, companions, one-to-one observers, or patient sitters. These observers are often employees of the facilities, or are contracted from other companies. Typically, a registered nurse is responsible for assigning a sitter to patients that meet certain criteria: risk of falls, elopements, suicide, etc.

There are several types of observers, often with overlapping duties. One-on-one, or face-to-face, observers are responsible for continuous observation in order to prevent injuries to high-risk patients. These observers, along with other sitters or companions, fall under the supervision of an RN. The one-on-one observer is there to provide for optimal patient safety and comfort. These companions often provide assistance with activities of daily living and act as support for the healthcare team of the patient.

Tele-monitor, or remote monitor, sitters monitor at-risk patients via video surveillance. They provide continuous observation and often maintain communication through the phone or computer. Tele-monitor sitters also document the activities of the patient every half hour, or as required by organizational policy.

The role of observers revolves around high-risk patients. High-risk patients are often individuals who have high medical acuity and instability, who have communicated suicidal or homicidal inclinations, are an elopement risk, or have been involuntarily committed. High-risk patients could show patterns of falls or of dislodging medical devices, along with high levels of confusion or disruption. There are also several mental health issues that indicate high-risk status: dementia, delirium, substance abuse, schizophrenia, or mania (Colman, 2016).

Training Methods
Two-Day Patient Safety Aide Training
There are several methods used to train observers. Two-day Patient Safety Aide Training proved to be useful through Colman's examination of his own hospital environment. This

study dictates that it is imperative that a nationally recognized set of standards of what is expected of the patient observer be established. These standards will alleviate role confusion between facility staff and observers, while maximizing the efficiency of the observers. A common issue that many observers face is that they are uncertain of exactly what their duties are, which can cause overlap into nursing duties. This creates friction between the staff and is not beneficial. Creating a standard will remedy this issue.

Key Elements

A well designed training program should include the following:
- Orientation and competency validation program that includes a full day of prevention and management of disruptive behavior training
- Identification and management of aggressive patient behaviors using a recognized program
  - This training must be completed prior to contact with any patients
- Role playing situations involving verbal and physical signs and symptoms of agitation
- De-escalation techniques
- Tutorial on dangerous object removal
- Fall prevention and suicide prevention
- Safe use of technology and equipment
- How to take vital signs, if needed
- Dislodging medical equipment during bathing
- Personal patient care

Training Timeline

Day One
- Orientation to facility and observer policies
- Description of duties
- Skills for patient care
- Skills necessary for intervention
- How to properly document

- o Federal government contract agency logistics

Day Two
- o Prevention and Management of Disruptive Behaviors (PMDB) class
    - ▪ Educational and interactive demonstration for different methods of high-risk patient safety interventions
        - • Examples: combativeness, elopement, suicidal and homicidal thoughts, involuntary commitment

Effects of Two-Day Patient Safety Aide Training

Colman's study reported that his hospital showed a 38 percent increase in preparedness of observers, as well as a 54 percent decrease in falls and an overall decrease in patient elopement[5]. The observers were clear on how to properly conduct their daily activities and how to be successful in what they do. If this were to become a national standard, health facilities everywhere could enjoy the same results.

Resources Needed for Two-Day Patient Safety Aide Training

In order to properly execute this training, facilities would need the following resources: an individual to supervise, conference rooms for training, medical units, designated trainers, and educational materials.

Why Training is Necessary

By utilizing this training, hospitals will maximize the efficiency of observers. By properly training observers, facilities will receive the most effective outcomes from their investment. Without a training system, observers have to figure out how to handle high-risk patients on their own. By having a standard that all observers adhere to, efficiency will be maximized and confusion will be lowered.

Clinical Experience Training

[5] Colman, T. (2016). Improving Patient Safety through Patient Safety Aide (Sitter) Competency Education. Retrieved May 17, 2017, from http://gradworks.umi.com/10/11/10119184.html

Another training method used is a classroom/clinical hybrid. This program consists of four hours of classroom instruction and 40 hours of clinical training. As stated in Colman's study, this method was utilized specifically in a unit for brain injury patients, but the technique could be mimicked on a broader scale. The training topics covered in this method included patient hygiene, mobility, safety issues, intake, output, observation, reporting, and initiating and supervising group activities.

This method provided patients with more cognitive stimulation and allowed staff who took on these positions to advance their skills, while providing more effective care. This method also improved nursing staff satisfaction, because it allowed them to be as efficient as possible in their own patient care functions. Overall, specific to the study, the brain injury unit reported an improved unit salary expense compared to units that did not implement this technique. (Colman, 2016)

Tele-Monitor Training

Tele-monitor training is a fast growing segment of observation for health facilities. Tele-monitoring is a technology-based method that allows a health facility employee to monitor a patient's status via computer. Tele-monitoring allows the observer to safely observe multiple patients at once, while minimizing costs to the facility. Given that the method revolves around the use of technology, training for tele-monitor observers is different. The following are examples of training subjects that should be completed for tele-monitor observers:

- o Equipment proficiency training
- o Observation skills
- o CPR training
- o Credible de-escalation training program
- o HIPAA rules and guidelines
- o Customer service
- o Other cautions they may encounter: isolation, hand hygiene, personal protective equipment
- o Bloodborne pathogens

- o Basic medical terminology
- o Catheter care, perineal care, and I/O measurements
- o Annual competency review

Recommendations

At a minimum, it is recommended that policies regarding training for observers do the following:

- o Clearly define the role of the sitter/observer
- o Recognize sitters/observers as an integral part of a patient care unit
- o Provide education to sitters on identifying, managing and preventing events of violent behavior
- o Remaining safe during violent events

Conclusion

Two-day training seemed to be the most effective training option. In Colman's examination of the effects of training on the success of an observer program, the results were clear: Training ultimately increased preparedness, decreased falls and elopements, and maximized the effectiveness of contracted observers.[6] The use of training in combination with other tools, like a sitter request form and the Morse Fall Risk Assessment, can be used to increase the efficiency of sitters as well as lower costs.

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[6] Colman, T. (2016). Improving Patient Safety through Patient Safety Aide (Sitter) Competency Education. Retrieved May 17, 2017, from http://gradworks.umi.com/10/11/10119184.html

Bibliography

Colman, T. (2016). Improving Patient Safety through Patient Safety Aide (Sitter) Competency Education. Retrieved May 17, 2017, from http://gradworks.umi.com/10/11/10119184.html

Patient Observer – As Needed (TOC) Variable shift. (n.d.). Retrieved May 17, 2017, from https://www.appone.com/maininforeq.asp?Ad=191950&R_ID=497037&Refer=https%3A%2F%2Fwww.google.com%2Furl&B_ID=44

What does a patient sitter/safety attendant do exactly? (n.d.). Retrieved May 17, 2017, from http://allnurses.com/general-nursing-discussion/what-does-a-524628.html

Virtual Patient Observation: Centralize Monitoring of High-Risk Patients with Video. (2014, January 6). Retrieved May 17, 2017, from http://www.cisco.com/c/en/us/products/collateral/physical-security/video-surveillance-manager/white_paper_C11-715263.html

O'Connor, P., Creager, J., Mooney, S., Laizner A., & Ritchie, J. (2006, October). Taking Aim at Fall Injury Adverse Events: Best Practices and Organizational Change. Retrieved May 17, 2017, from http://hospitalquarterly.com/content/18458/print

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