Clinical Safety & Effectiveness
Cohort # 8

Patient Safety Assistant (PSA) Utilization

CENTER FOR PATIENT SAFETY & HEALTH POLICY
UT HEALTH SCIENCE CENTER™
SAN ANTONIO

Educating for Quality Improvement & Patient Safety

FINANCIAL DISCLOSURE

Michelle Ryerson, DNP,RN,NEA-BC has no relevant financial relationships with commercial interests to disclose.

David Paul, BBA has no relevant financial relationships with commercial interests to disclose.

Christine Andre, MD has no relevant financial relationships with commercial interests to disclose.

The Team

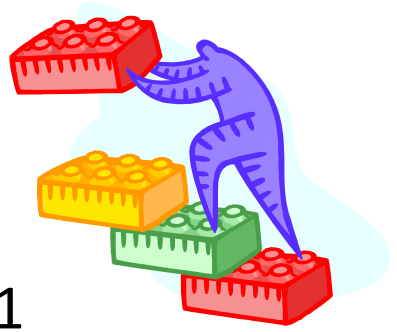
- **CSE Participants**
  - **Michelle Ryerson**, DNP, RN, NEA-BC, VP of Clinical Operations, University Health System
  - **Christine Andre**, MD, Assistant Professor, Division of Hospital Medicine
  - **David Paul**, MBA, Director Fiscal Management, University Health System
- **Our Sponsors**
  - Division of Hospital Medicine, Department of Medicine, UTHSCSA
    - Dr. Luci Leykum
  - University Health System
    - Christann Vasquez, Chief Operating Officer, University Health System
    - Tim Brierty, Chief Executive Officer, University Hospital
    - Nancy Ray, Chief Nursing Officer, University Health System

AIM STATEMENT

To decrease the overutilization of patient sitters 100% by introducing a standardized protocol and implementing alternative patient safety plans on the 9th floor General Medicine ward at University Hospital by August 31, 2011.

The goal is to accomplish this without compromising patient safety as measured by the rate of falls, falls with injury, and elopement.

Project Milestones



• Tiger Team Created	May 2011
• AIM statement created	May 2011
• Weekly Team Meetings	May-Aug 2011
• Background Data, Brainstorm Sessions, Workflow and Fishbone Analyses	June 2011
• Interventions Implemented	July 5 -29, 2011
• Data Analysis	Sept 2011
• CS&E Presentation	Sept 16, 2011

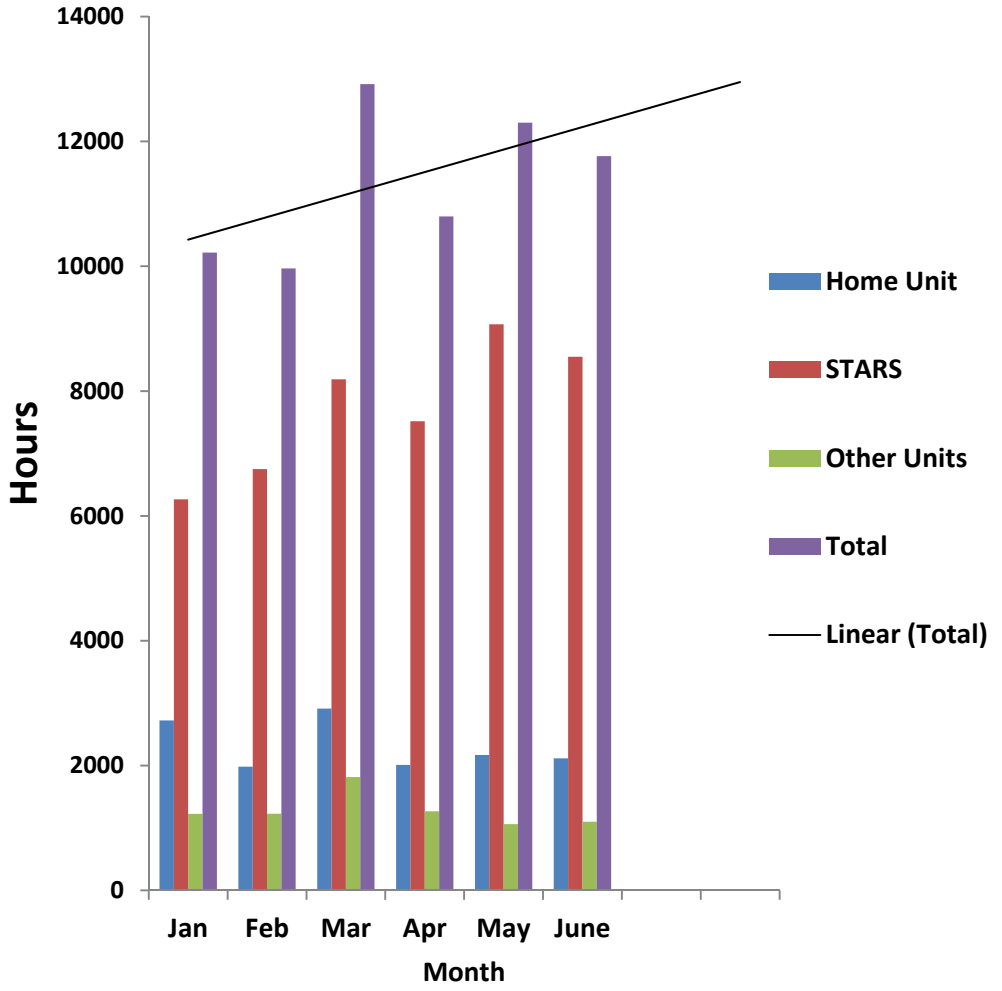
Background

- Patient sitters for all indications - physician driven
  - Very little interdisciplinary collaboration
- No consideration was given to sitter alternatives
  - Patient safety plan & standard interventions were lacking
- Adverse events occurred even with sitters @ bedside
- Inadequate Nursing leadership oversight of sitter utilization
- Literature review
  - Use of the sitter not cost effective;
  - Does not reduce fall rates; does not improve patient satisfaction;
- Networking with other Magnet Hospitals
  - Common problem/concern
  - Other hospitals shared strategies/tools

Patient Sitter Costs Over-Budget

- Hospital-wide negative financial trend for patient sitters
  - Budgeted $1.5 M/FY 2011
  - Projected $2.3 M/2011 based on YTD trend

    (-$800,000)

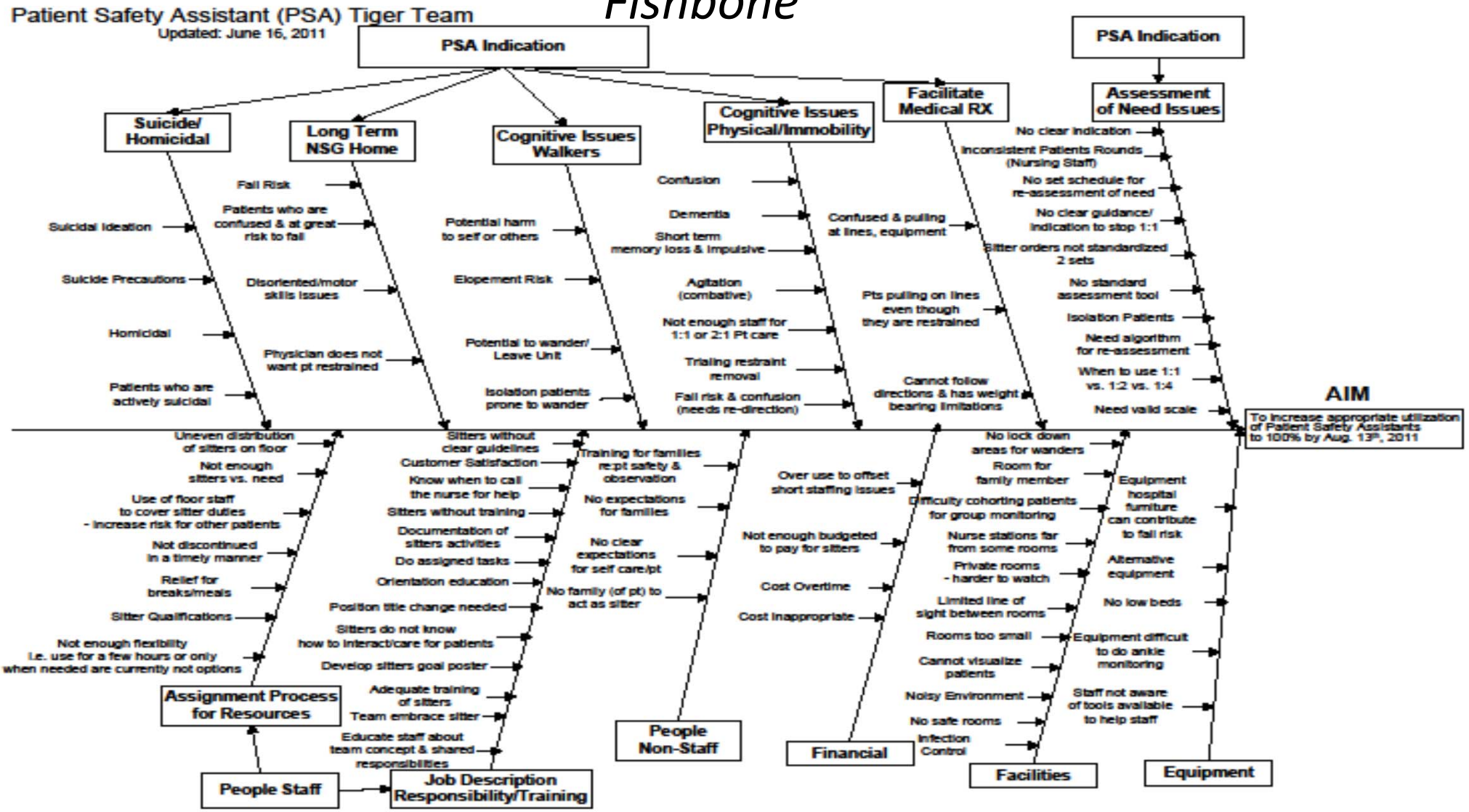


Background Data

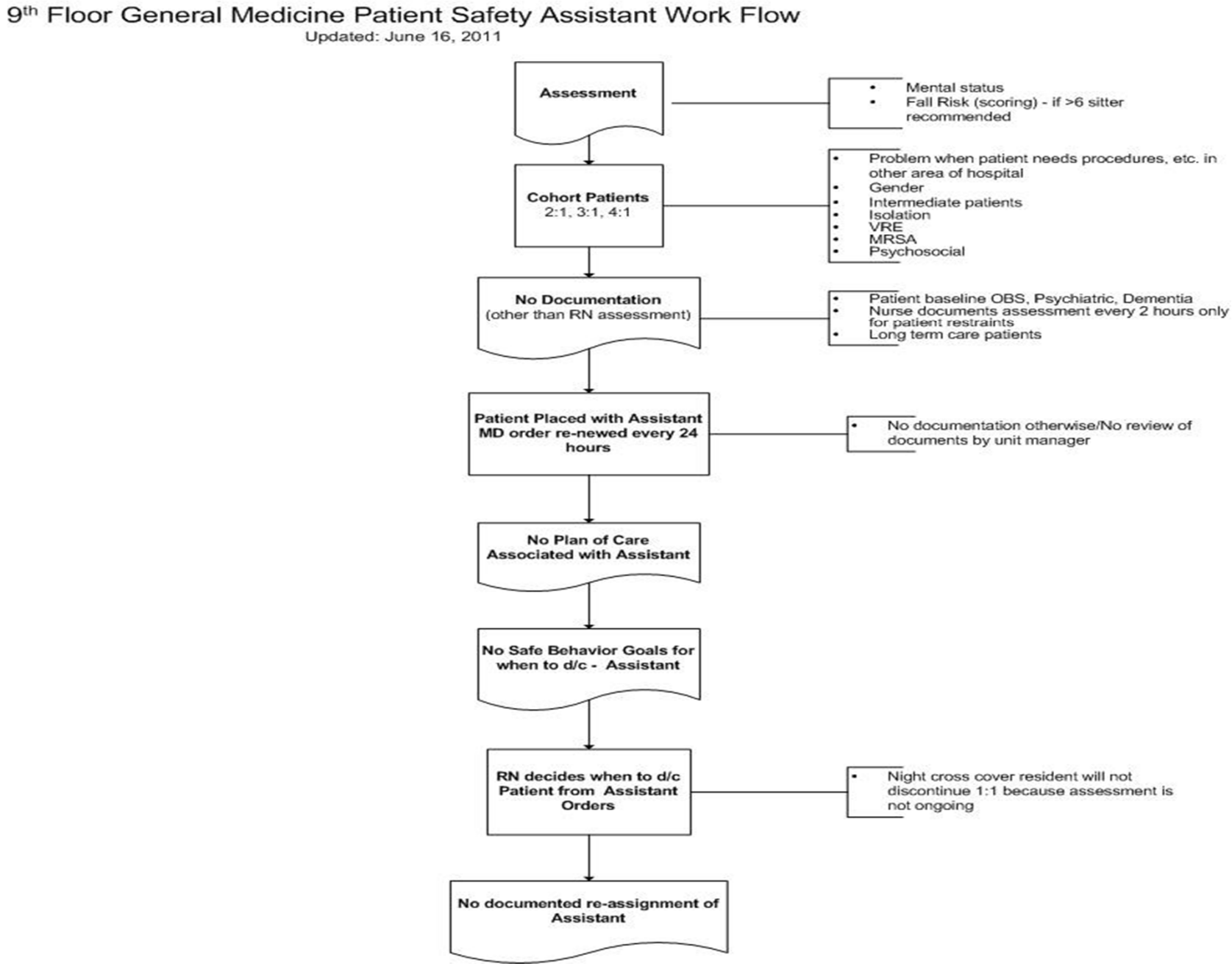
- The 9th floor Medicine unit was the largest consumer of patient safety sitter hours
  - On a daily basis 9-10 patients per shift on close observation
- 58 bed unit - patient sitters used for small group had negative impact on nursing skill mix for all other patients on unit
- Average Patient Sitter cost:
  - Base pay @ approximately $11/hr
  - Average cost of filling patient sitter shift increased to $16/hr
    - high volume of requests/unmet demands
    - Shifts often filled with med/surg techs (higher pay rate) working overtime
- Use of sitters became an expectation of physicians, nurses and families

Process Analysis Tools

Fishbone



Process Analysis Tools (cont.)



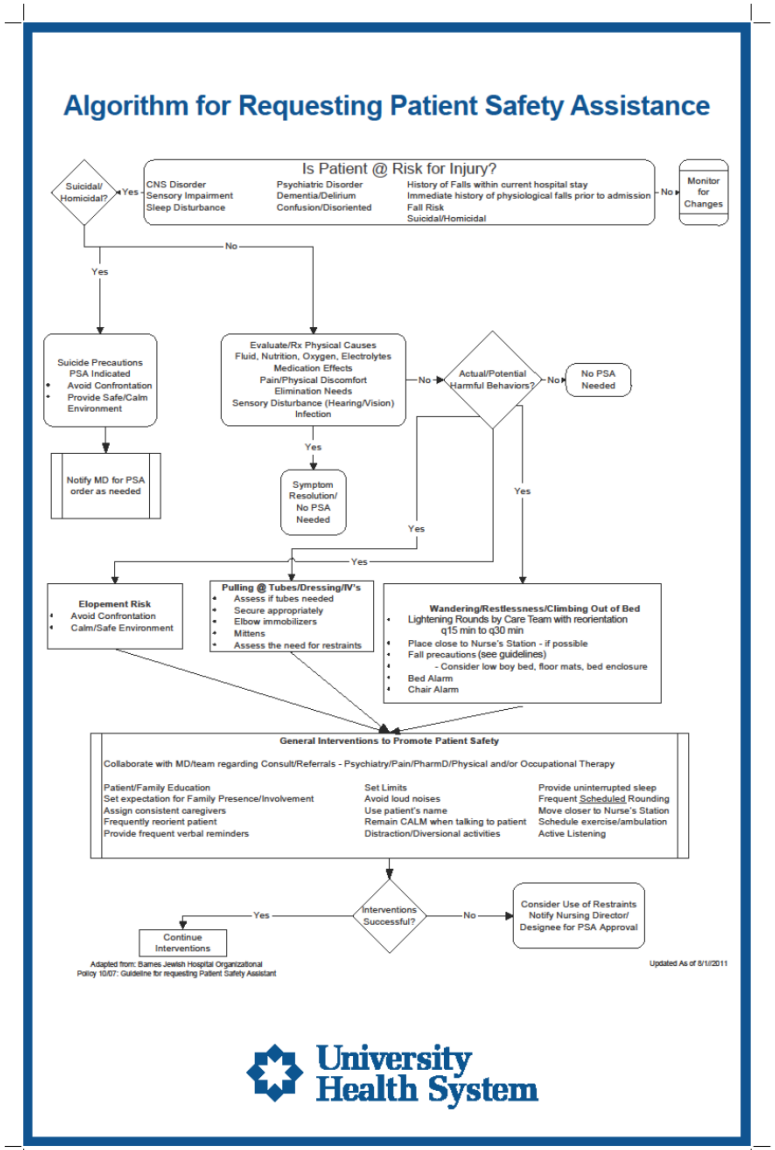
How Will We Know That a Change is an Improvement?

- Decrease in total number of PSA's used per day
- Decrease in total hours of PSA's used per month
- Decrease in overtime hours
- Indications for PSA's deemed appropriate by team
- There is no increase from baseline in the volume of falls, falls with injury, and elopements

What Changes Can We Make That Will Result in an Improvement?

- Change “sitters” to “patient safety assistants (PSA)”
- Update PSA job description
- Implement decision-making algorithm for front-line teams
- Institute PSA bedside observation documentation log
- Establish nurse leader/MDs rounds on close observation patients @ least daily regarding patient safety plan
- Provide access to patient safety equipment/supplies 24/7
  - Low boy beds, bed enclosures, appropriate nurse call notification/alarms
  - Patient immobilization devices (elbow immobilizers/mittens)
- Institute lightening rounds (q 15min) when needed

Selected Decision Making Tools



Algorithm for Requesting Patient Safety Assistance

Is Patient @ Risk for Injury?

Suicidal/ Homicidal? — Yes

CNS Disorder
Sensory Impairment
Sleep Disturbance
Psychiatric Disorder
Dementia/Delirium
Confusion/Disoriented
History of Falls within current hospital stay
Immediate history of physiological falls prior to admission
Fall Risk
Suicidal/Homicidal

No → Monitor for Changes

Yes → Suicide Precautions
PSA Indicated
Avoid Confrontation
Provide Safe/Calm Environment

Notify MD for PSA order as needed

No → Evaluate/Rx Physical Causes
Fluid, Nutrition, Oxygen, Electrolytes
Medication Effects
Pain/Physical Discomfort
Elimination Needs
Sensory Disturbance (Hearing/Vision)
Infection

Yes → Symptom Resolution/ No PSA Needed

No → Actual/Potential Harmful Behaviors? — No → No PSA Needed

Yes → Elopement Risk
Avoid Confrontation
Calm/Safe Environment

Yes → Pulling @ Tubes/Dressing/IV's
Assess if tubes needed
Secure appropriately
Elbow immobilizers
Mittens
Assess the need for restraints

Yes → Wandering/Restlessness/Climbing Out of Bed
Lightening Rounds by Care Team with reorientation q15 min to q30 min
Place close to Nurse's Station - if possible
Fall precautions (see guidelines)
- Consider low boy bed, floor mats, bed enclosure
Bed Alarm
Chair Alarm

General Interventions to Promote Patient Safety

Collaborate with MD/team regarding Consult/Referrals - Psychiatry/Pain/PharmD/Physical and/or Occupational Therapy

Patient/Family Education
Set expectation for Family Presence/Involvement
Assign consistent caregivers
Frequently reorient patient
Provide frequent verbal reminders

Set Limits
Avoid loud noises
Use patient's name
Remain CALM when talking to patient
Distraction/Diversional activities

Provide uninterrupted sleep
Frequent Scheduled Rounding
Move closer to Nurse's Station
Schedule exercise/ambulation
Active Listening

Interventions Successful? — Yes → Continue Interventions

No → Consider Use of Restraints
Notify Nursing Director/ Designee for PSA Approval

Adapted from: Barnes Jewish Hospital Organizational Policy 10/07: Guideline for requesting Patient Safety Assistant

Updated As of 5/1/2011

University Health System

PATIENT SAFETY ASSISTANT LOG (Close Observation for Patient Safety Issues)

Time	Behaviors/Activity	Interventions/Response	Vital Signs: Temp, HR, RR, BP, O2 Sat, Accu- Check, I&O	Initials
0700				
0800				
0900				
1000				
1100				
1200				
1300				
1400				
1500				
1600				
1700				
1800				
1900				
2000				
2100				
2200				
2300				
2400				
0100				
0200				
0300				
0400				
0500				
0600				

Hours of uninterrupted night sleep:_____ **Early awakening** **Awakens feeling rested**
Difficulty falling asleep **Interrupted sleep** **Restlessness** **Sedation**
Other _____

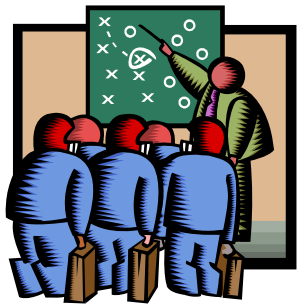
Patient Safety Plan	
Days (0700-1900)	Nights (1900-0700)

Initials	Signature	Initials	Signature

Intervention

Plan

Pilot decision-making algorithm and observation documentation log with clinical teams to identify alternatives to Patient Safety Assistants for patient safety related issues on the 9th floor General Medicine Unit during July 2011.

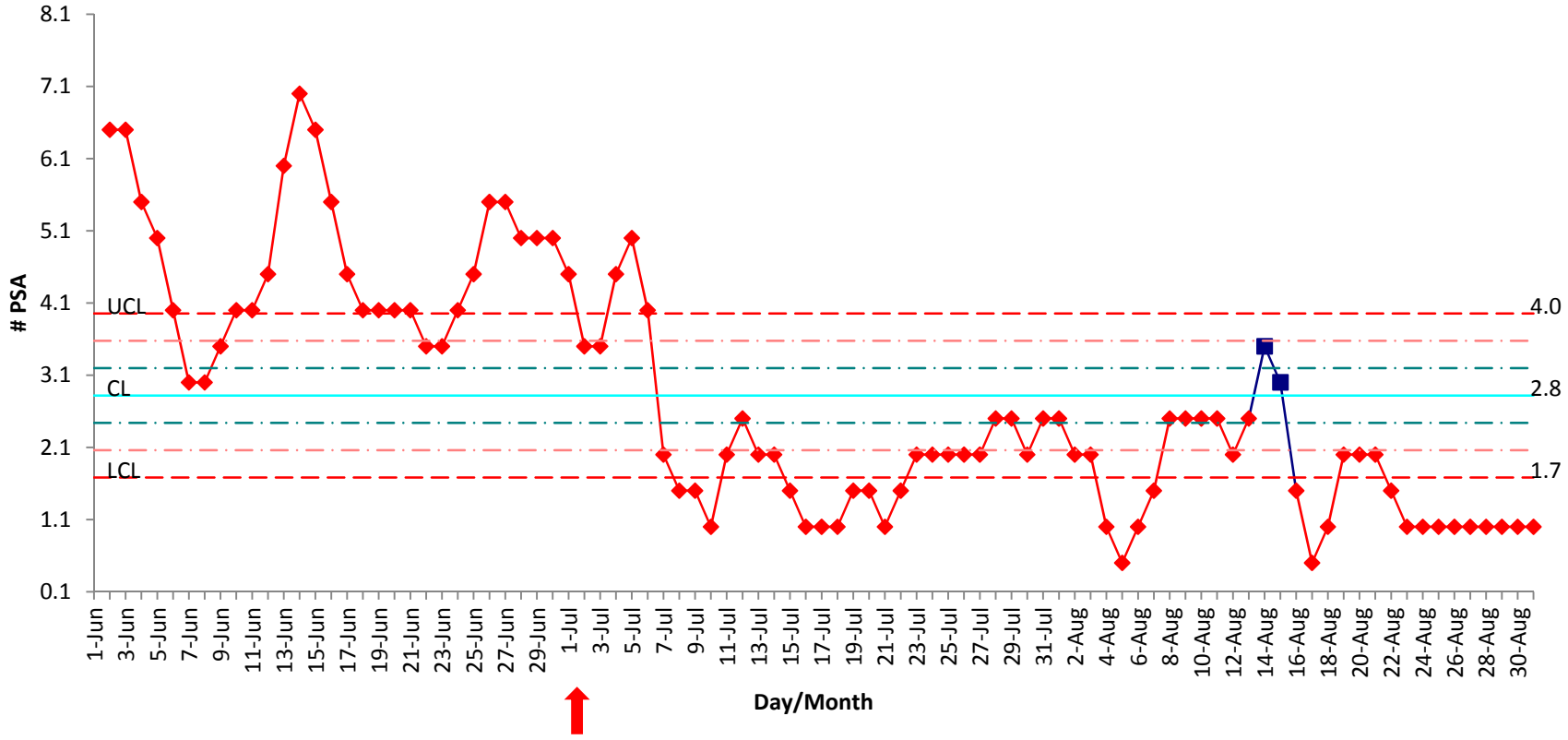


Implementing the Change
Do

- Daily rounding
  - Put algorithm into practice
  - Review observation logs
  - Brainstorming/positive coaching
  - Consider alternatives to PSA's
    - Cohorting/proximity to nurses' station
    - Special equipment
    - Frequent checks by clinical staff (e.g. lightening rounds)
- Real-time feedback to staff on outcomes

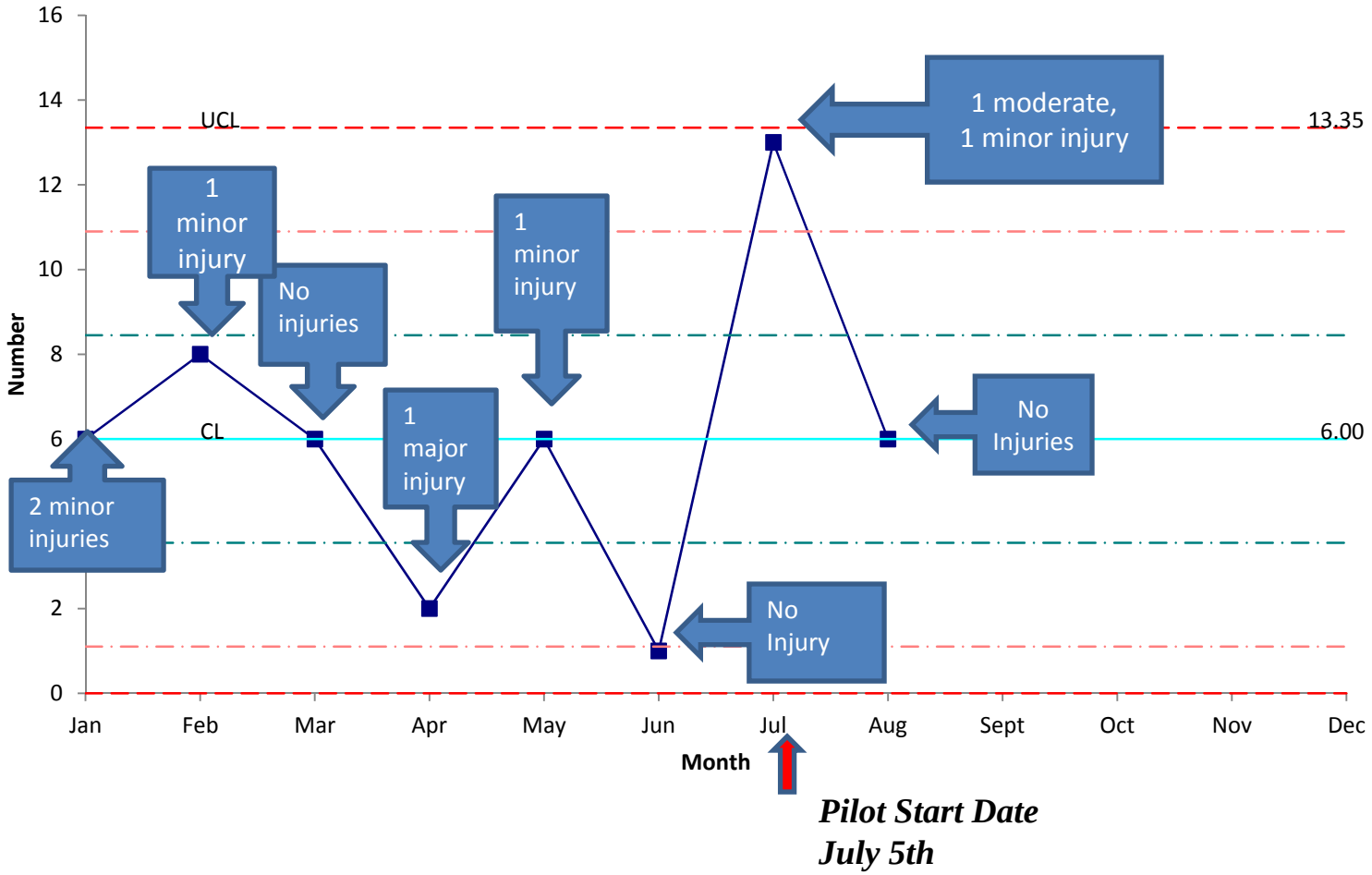
Check Results/Impact

9th Floor General Medicine Daily PSA Utilization

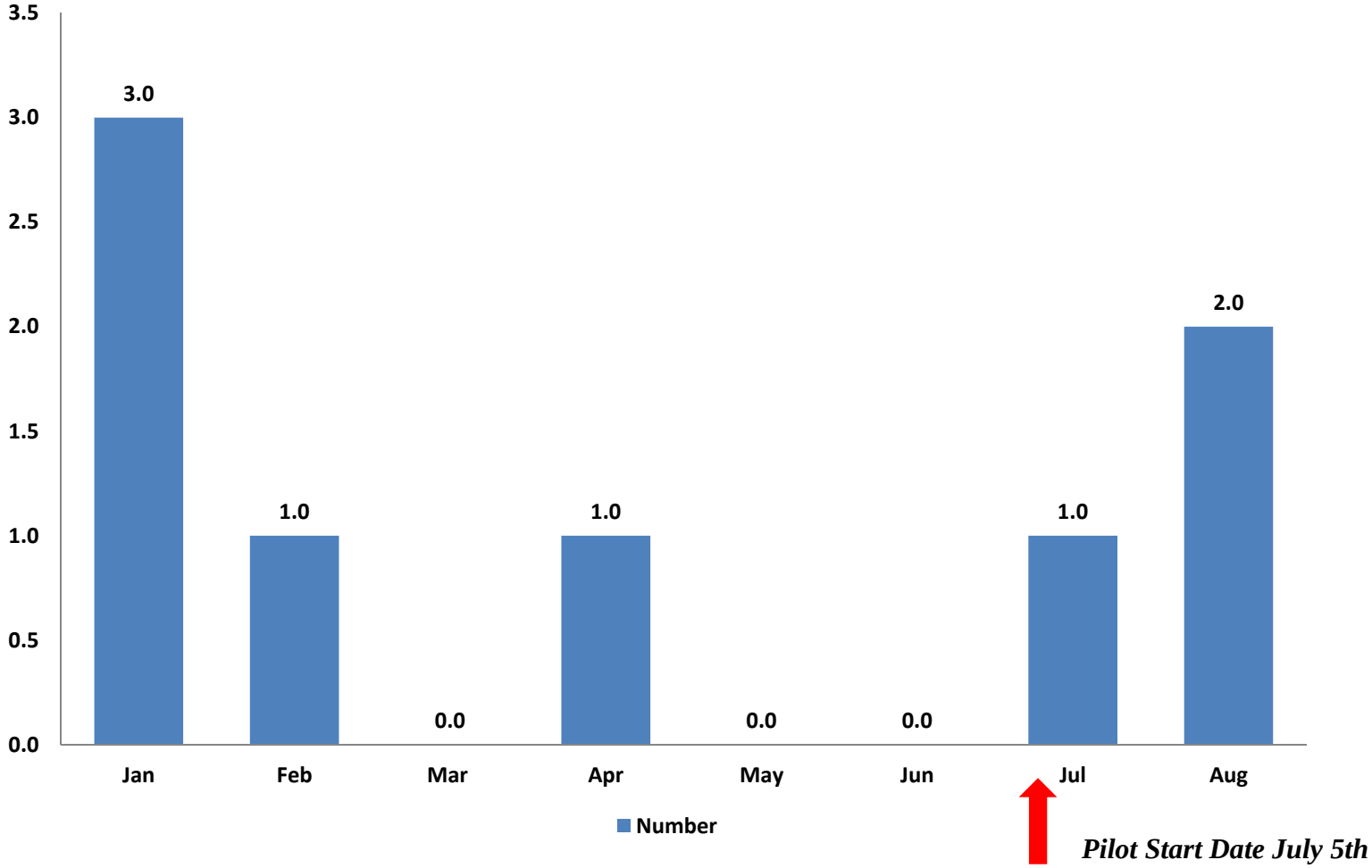


Pilot Start Date
July 5th

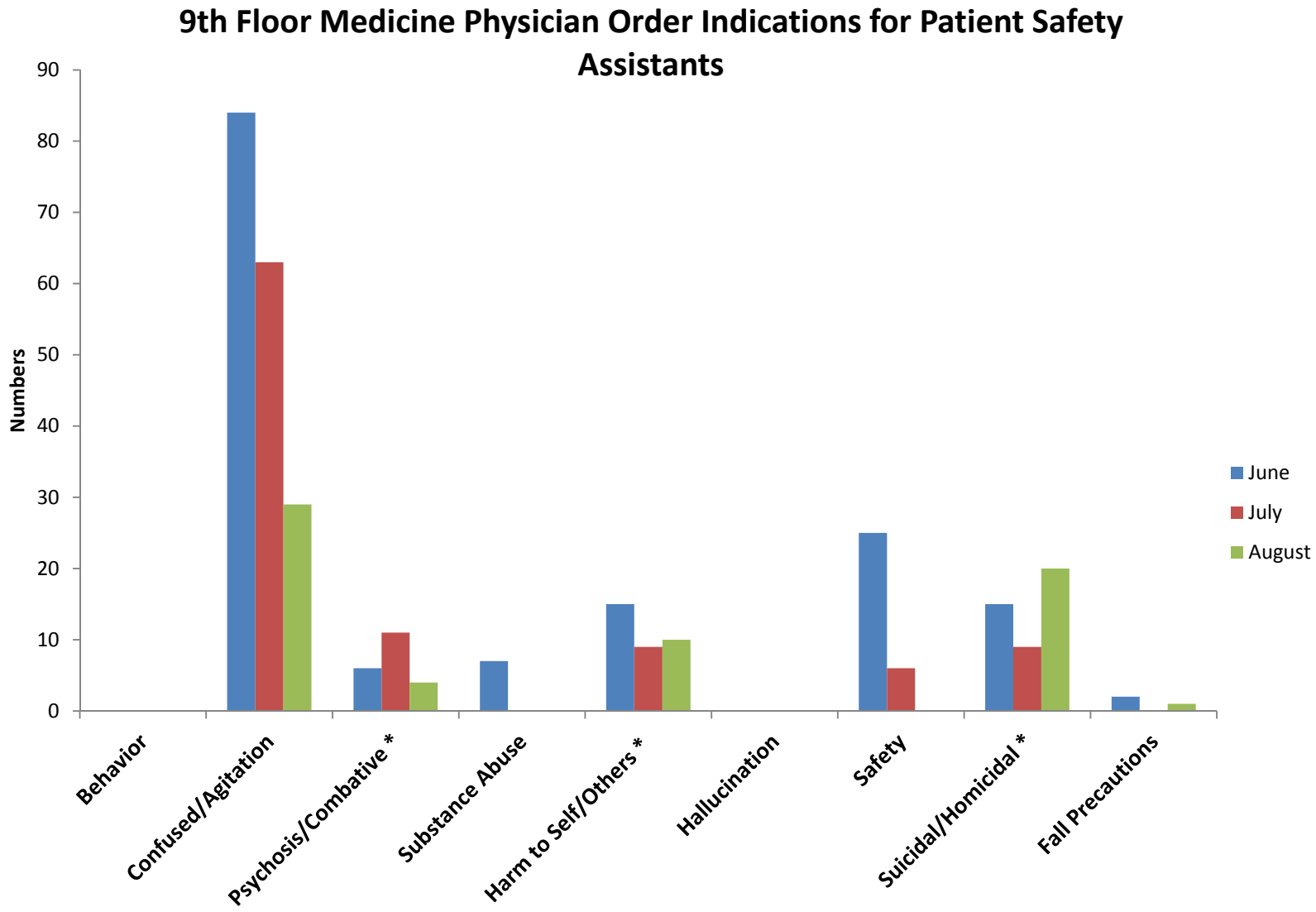
9 Gen Medicine Fall Volume/Injury Trend 2011



2011 Elopements 9 General Medicine

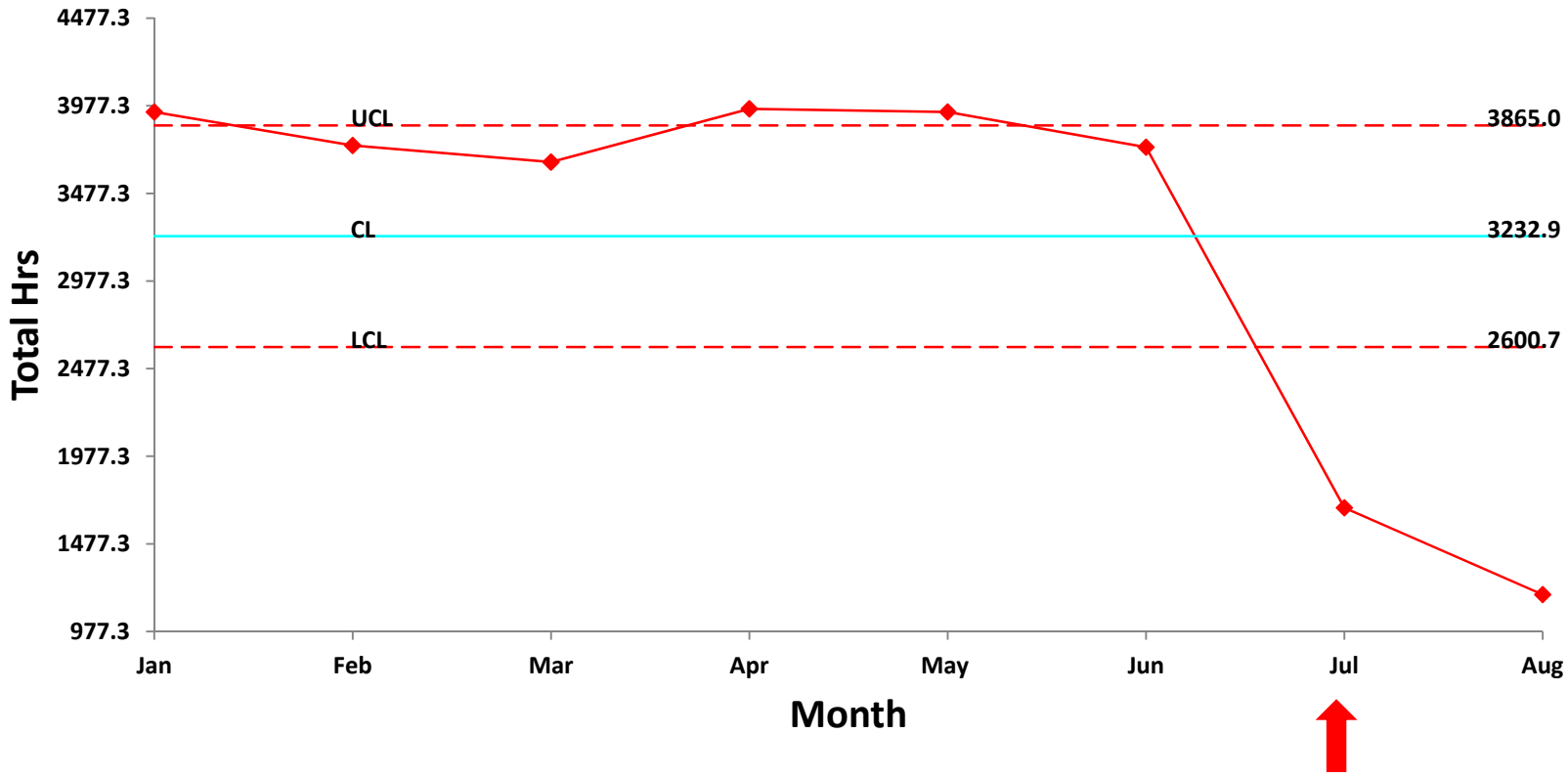


Indications for PSA's



*** Generally considered indicated**

2011 Patient Safety Assistant Utilization 9 General Medicine



Pilot Start Date July 5th

Expansion of Our Implementation
A c t

- Plan to role out to all other inpatient areas of hospital
- Nursing PSA Utilization Policy and Guideline
- Revise Patient Safety Assistant Job Description/Human Resources
  - Enhance Patient Safety Assistant Training to include Cognitive Coaching/Therapeutic Interactions
- Patient Safety Equipment Fair/training (completed)
- Enhance Communication with House Staff Regarding changes
- Modify electronic MD orders - eliminate ability to order PSA for safety indication

Project Return on Investment (ROI)

- Annual Project Costs
  - Projected labor cost: $49,002
  - Sustainment cost: $97,000
- Annual Projected Savings
  - Hard Savings: $576,000
- Projected Annual Net Savings
  - $479,000
- ROI 295%

Conclusion/What's Next

- Intra-disciplinary communication and problem-solving are key to improving patient safety and appropriate utilization of resources
- Day to day front-line nursing leadership is key to success
- Tiger team continues to meet weekly
- Current efforts and future plans
  - Roll out to all nursing units
  - Pilot/Implement new Falls Risk Assessment tool
  - Develop and Implement Elopement Prevention Guideline
  - Improve the overall multi-discisplinary care of acute brain injured patients

Thank you!

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