Reducing One on One Patient Observation While Ensuring Patient Safety

The Problem
As our population of patients with complex behavioral needs grew, we were experiencing a large number of requests for one on one patient observation. The primary reasons were for fall prevention, agitation, pulling at lines, potential elopement, seizure monitoring and suicide precautions. We realized that there was opportunity for better collaborative care planning for these patients to ensure that one on one observation was the intervention. Finally, staffing for these requests pulled existing PCT staff from other direct patient care activity.

Aim/Goal
To reduce the use of patient observers while ensuring that patients continue to be safety monitored with specific targeted interventions

The Team
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The Interventions
- Hospital wide focus on fall prevention and delirium management
- Instituted daily rounding by Psych CNS for “real time” consultation
- Developed standardized prioritization to limit observer use to those patients on suicide precautions, high elopement risk and violent behavior where there is imminent risk to self or others
- Farr 11 developed an epilepsy monitoring unit with central monitoring for patients with seizures
- Began collaborative planning with all team members (SW, OT, PT, Case Management)

Lessons Learned
- Engaging all stakeholders including: Administrative Clinical Supervisors, Nurse Managers, Physicians
- This change resulted in a better understanding/appreciation of the care plan for the patient including such things as delirium management as opposed to just asking for a one on one observer

Next Steps/What Should Happen Next
- Continue to work on delirium management
- Improve the identification and plan for patients with a high risk for elopement

The Results/Progress to Date

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