Acute Care for Elders Sitter Protocol for Reduction of 1:1 Observation in a Large Tertiary Hospital

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BACKGROUND

- 1:1 observation of patients is used by many hospitals to prevent injury with high risk patients
- However, there is no clear evidence that 1:1 observation prevents falls or improves outcomes
- Senior patients requiring 1:1 observation are more complex, can have prolonged lengths of stay and difficult discharges.
- These patients may have challenging behaviors and may be prescribed antipsychotic medications.
- Constant observation of patients can have significant financial impact on hospitals.
- Some strategies to reduce 1:1 observation have shown cost savings without negative impact on patient falls, use of restraints, or patient satisfaction.

ACE (Acute Care for Elders) CONSULT TEAM

- ASLMC is a 600 bed tertiary hospital with 16 virtual ACE units
- The ACE consult team consists of 2 geriatricians and 1 geriatric nurse practitioner who work closely with the hospital care team
- The ACE consult team at ASLMC (Aurora St. Luke' s Medical Center) identified that many of the 1:1 observation patients age > 65 had delirium or delirium on top of dementia
- Patients with delirium can have adverse outcomes and longer lengths of stay
- The team developed a sitter protocol aimed at management of these complex patients

OBJECTIVE

To examine the relationship between ACE consult team and 1:1 observation use

METHODS

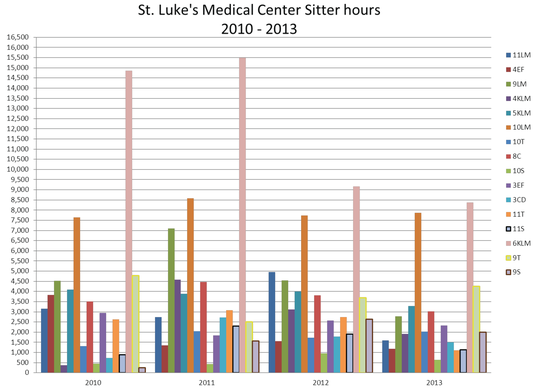
- The ACE team conducts comprehensive geriatric assessment of 1:1 observation patients to identify geriatric syndromes
- A multidisciplinary approach is used which includes the nurse, physical therapist, occupational therapist, social worker and pharmacist
- The ACE team works closely with the hospitalists
- For patients requiring 1:1 observation for more than 3 days, a person-centered care plan is developed for the bedside and updated regularly
- With the multidisciplinary team, the transitions of care needs are identified.

SLMC ACE Care Plan

Name Room #	Mobility	Safety	Elimination/ Dietary	ADLs	Cognition & Sensory	Activities	Behavior/Mood	Restorative Maintenance
P. T. L6431	Ambulates with walker and gait belt with minimal assist.	Bed and chair alarms. Room near the nurse' s station.	Toilet every 2 hours. Is usually able to tell you when she has to use the bathroom. She does have urinary incontinence. Nutrition: Feeds self but needs supervision and encouragement due to inattention, poor insight.	Needs assistance and cues with ADL's. Needs redirection to stay on task.	Cognitive impairment with history of normal pressure hydrocephalus and subdural hematoma. Ask simple questions, one at a time. Break down directions into simple steps; If difficulty understanding patient, repeat back what you heard. She has impaired expression.	Likes going to the healing garden. She likes to watch the Young and the Restless She likes to play Mah-jongg She likes Irish music, Irish Tenors. El Vivo.	Patient is restless, impulsive. She tends to keep moving. She is re-directable. She is not agitated or combative but does become irritated if told she cannot do something. She can be redirected. Will pick at lines. Explain what you will be doing prior to doing. Explain reasoning for activity	Up to chair TID Regular walks in the hall.

RESULTS

- ACE consult and 1:1 observation use data was collected on 16 units during the time period of June 2012 - December 2013
- 30% of geriatric patients who required 1:1 observation patients had an ACE team consult.
- A 20% decline in 1:1 observation charges over the data collection time period resulted.
- This translates to a cost savings of $161,149



DISCUSSION

- 1:1 observation patients are complex and require a multidisciplinary approach
- Geriatric expertise of ACE Consult teams has a positive impact on acute care of senior patients

LIMITATIONS

- The ACE Team is not reaching all of the senior 1:1 observation patients due to consult requirement from the attending physician
- There are other co-existing initiatives in the hospital to reduce sitter use

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