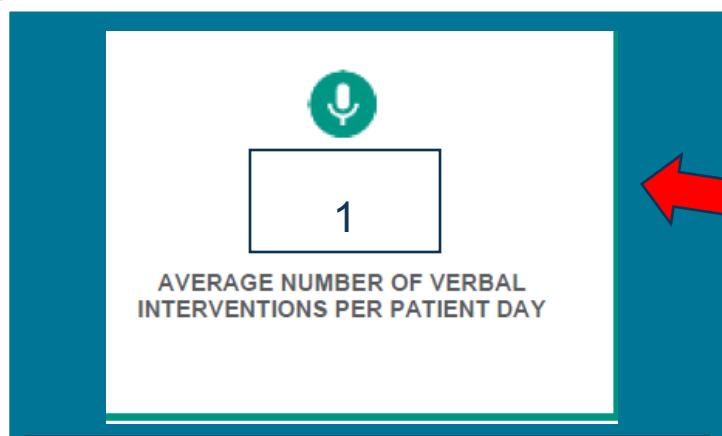


TELESITTER HOT TOPICS

PHELPS HOSPITAL
2ND QUARTER 2021
VOLUME #2
OPPORTUNITIES



March 2021 ANALYSIS



Ongoing communication and building a rapport with patients can often assist in improving responses to interventions. Encouraging the monitor staff to speak to the patients as often as possible can assist in maintaining or improving this metric..

- ❖ Utilization Rate = 64%, Goal = 90%
- ❖ Reminder - the preferred method of communication to the patient is by using your own voice.

Target number of verbal interventions is between 11-12 times/patient day.

- ❖ Bed alarms should be turned on if patient is a fall risk, regardless if patient is on the telesitter monitor.
- ❖ Response time -1st Quarter Avg. = 21 seconds. Best practice is under 19 seconds.
 - **March trended down to 17sec!**
- ❖ If cameras freeze in the room, recommend plug and unplug. Please report if this becomes an issue.
- ❖ Remember to update the Camera Log Book for better camera tracking.
- ❖ If microphone headset stops working – reboot system. Prior to doing the reboot, the floors MUST be notified that you are rebooting and the patients will be off camera during that time.

Fall Events Prevented in 2021:

Jan =
454



Feb =
627



Mar =
670



WHAT'S NEW

We will be using meditech to initiate electronic order for patient on telesitter - will improve communication.

A window will be added to the door for the telesitter room.

Nursing supervisors are doing more in-depth rounds with the telesitter to offer support.

Avasure has a new and enhanced product we are evaluating. The new cameras have a two way screen to help build the connection with the patients. There is also a feature to test telesitter fatigue.

Avasure offers product support and we are currently looking into a site visit for educational activities, strategies and support.

What are the best strategies to reduce patient falls with the TeleSitter Program?

Fall Strategies/Metrics to Consider	Response
Track and Trend patient characteristics/ information for falls that occur off of device to identify “missed opportunities/populations” (adjust risk assessments as needed)	<p>Falls <i>may</i> have been prevented if patient placed on Monitor:</p> <ul style="list-style-type: none"> • 1st Q 2020 = 31% • 3rd Q 2020 = 20% • 4th Q 2020 = 38% <p>Opportunities identified are patients:</p> <ul style="list-style-type: none"> • on bed rest or out of bed with assist • Confused/disoriented • Scheduled for discharge (anxious, especially elderly) • Who previously fell and confused • Repeatedly take off BIPAP Mask • With history of dementia
Provide strong gatekeeper process (patient selection) and discuss all levels of fall risk patients at huddles/meetings to identify patients for program	Opportunity - not sure if this is done consistently - should be done at every shift
Enforce Mandatory Trial on High Risk fall patients that are being considered for 1:1 sitter.	Nursing Supervisors assisting with this task.
Review and investigate data from falls that occur on device to ensure validity of documented information and to identify interventions surrounding the event	<p>1) Bed and chair alarms still need to be activated regardless if patient is being monitored.</p> <p>2) Need to ensure telesitter is monitoring correct patient.</p> <p>3) Lower response time to under 19 seconds.</p> <p>4) If patient transferred, need to communicate with telesitter prior to disconnecting monitor.</p>
Monitor Stat alarm response time to ensure timely response – Times > 19.2 seconds have a statistically significant increase in adverse events	<p>Average stat alarm response time (seconds):</p> <ul style="list-style-type: none"> • Jan = 22 • Feb = 24 • Mar = 17
Review/Share fall events prevented program data to identify impact on fall prevention	<p>Number of Falls events prevented:</p> <ul style="list-style-type: none"> • Jan = 454 • Feb = 628 • Mar = 671