

Evidence-Based Practice (EBP) - E168

Poster

Abstract Title:

Safety Partner and the Trauma Patient - Implementation and review of utilization of SCoUT process

Authors:

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Background & Purpose:

The use of sitters for patients at risk continues to be a challenging and expensive issue for hospitals. Published studies have been instrumental in developing guidelines and tools but often not generalizable for all patient populations. Trauma involves a unique cohort to manage, with a vulnerability attributed to an unplanned admission with associated complex healthcare issues requiring increased sitter use and unclear guidelines as to when to initiate or discontinue use. This project assessed the existing process of utilization of sitters and developed a new Safety Partner (SP) utilization and assessment process, SCoUT, to decrease variation and SP hours without compromising patient safety.

Study/Project Design:

Retrospective review of sitter-use practice and exposure prior and post implementation of new process, FY10-FY13

Setting:

Trauma patients admitted to a Level II Trauma Center with all or part of hospital stay on floor SAFE unit or with a SP.

Sample:

566 trauma patients, age 22-102, requiring a SP for any part of their stay and admitted to the designated trauma SP unit were identified. Direct observation patients excluded.

Procedures:

Existing sitter usage practices were reviewed beginning FY10 to address issues of increasing patients requiring sitter hours and lack of efficient assessment tools. Identified inconsistencies in practice due to lack of assessments to identify patients in need of sitters and inefficient collaboration with staff. A new process to reduce sitter allocation and develop reassessment and discharge variation processes, SCoUT, was developed and implemented in FY12. The Safety Partner (SP) was introduced. Staff (RN, CNA, MD, charge RN) were trained with specific training for the SP (CNA) on common attributes of the trauma patient including TBI, alcohol withdrawal, delirium, fall prevention and availability of activities for patients. Assessments on all trauma patients throughout their stay were done every 4 hours, working closely with family members, documenting needs, rationale for SP assignment and discontinuation and SP hours.

Findings/Results:

Most trauma patients needing SP were male, 40-70 years, with complex health issues. Their injuries commonly included TBI, orthopedic and/or abdominal trauma. Alcohol and drug-related issues were common. Patients identified as needing a SP were admitted to a designated SAFE unit on the floor, comprised of three beds. SP were bedside, trained to be "proactive" rather than "reactive" to ensure patient safety and reassessments completed every 4 hours. Discontinuation of SP was implemented when appropriate rationale was reached. Capable patients were engaged in "diversion activities" and included "busy aprons" puzzles, games. The new SCoUT process was successful in decreasing SP hours 37% post implementation of SCoUT, FY10 13588 total hours vs 8564 in FY13. Trauma patients identified as needing a SP decreased 38%. There was no change in incidence of falls or average length of stay of SP with trauma patients (3 days). There were no significant differences in patients identified as needing a SP pre vs post implementation of SCoUT, but there was an improvement in assessing individual patient needs and thus effectively reducing over-usage of SP.

Discussion/Conclusions/Implications:

The goal of SCoUT was to develop a successful process to assess and identify patients in need of a SP efficiently without compromising patient safety. Increased awareness and clear understanding of the usage of the SP educated staff to work together and decrease the over-usage of SP as well as identify the appropriate patient in need. Our focus was a cohort of patients often requiring the most SP hours, trauma patients. Active collaboration of nursing staff with physicians and family and frequent utilization of an assessment addressing patient needs and rationale for SP usage were instrumental in identifying those at risk, when to discontinue usage and ultimately more efficient utilization of the SP.