

 NICHE CONFERENCE


Keeping Patients Safe and 1:1 Sitter Cost Down Through Video Monitoring

The University of Vermont Health Network
Champlain Valley Physicians Hospital

APRIL 21, 2017

FORUM PRESENTER:
Gloria Gates, BSN, RN, CMSRN
Clinical Excellence Supervisor

 NYU 

 NICHE CONFERENCE



Objectives

Describe the Video Monitoring Program and implementation process

Discuss the impact of a Video Monitoring Program on fall reduction and decreasing 1:1 patient sitter costs

University of Vermont
Champlain Valley Physicians Hospital

FORUM PRESENTER:
Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor

 NYU 

 NICHE CONFERENCE

Introduction


As an organization we first set sail on this journey by keeping one thing in mind.....Our PATIENTS.



University of Vermont
Champlain Valley Physicians Hospital

FORUM PRESENTER:
Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor


 NYU 



NICHE CONFERENCE

Video Monitor Program

UNIVERSITY OF NORTHERN IOWA
 COLLEGE OF HEALTH SERVICES
 HEALTH CARE PROFESSIONALS

FORUM PRESENTER:
 Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor





NICHE CONFERENCE

Video Monitor

The Video Monitor Program consists of a mobile camera that has two way audio communication and visual patient-monitoring


Allows constant communication, and visualization with the patients


Closed-loop system



UNIVERSITY OF NORTHERN IOWA
 COLLEGE OF HEALTH SERVICES
 HEALTH CARE PROFESSIONALS

FORUM PRESENTER:
 Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor




NICHE CONFERENCE

Video Monitor

All cameras have a built in infrared light so that the patient can be seen at all times of the day and night


Upon admission of a patient to the Video Monitor Camera a detailed report is given by the RN to the Video Monitor Assistant


An individualized plan of care is established identifying patient safety goals

Each of the cameras have a built in alarm system. If a patient is pulling at a line or attempting to get up without waiting for help, the Video Monitor Assistant can activate the alarm


UNIVERSITY OF NORTHERN IOWA
 COLLEGE OF HEALTH SERVICES
 HEALTH CARE PROFESSIONALS

FORUM PRESENTER:
 Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor






NICHE CONFERENCE


Video Monitor Program



University of Vermont
College of Health and Behavioral Sciences
Healthcare Professional Center

FORUM PRESENTER:
 Gloria Galati, BSN, RN, CMSRN, Clinical Excellence Supervisor


NICHE CONFERENCE


Video Monitoring at Night



University of Vermont
College of Health and Behavioral Sciences
Healthcare Professional Center

FORUM PRESENTER:
 Gloria Galati, BSN, RN, CMSRN, Clinical Excellence Supervisor





NICHE CONFERENCE

Video Monitor Assistant

The Video Monitor Assistant role is fulfilled by Clinical Assistants or Unlicensed Assistant Personnel



The Video Monitoring Assistant can watch up to 16 patients


- currently 14 views
- 10 inpatient cameras
- 4 views in the Emergency Care Center

The Video Monitor Assistant can vocally intervene in patient activity, while simultaneously summoning for help for the patient

University of Vermont
College of Health and Behavioral Sciences
Healthcare Professional Center

FORUM PRESENTER:
 Gloria Galati, BSN, RN, CMSRN, Clinical Excellence Supervisor


NICHE CONFERENCE

Video Monitor Room



FORUM PRESENTER:
 Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor

University of Vermont
College of Health, Behavior, and Society
Healthcare Professional Center




NICHE CONFERENCE

Results of Implementation

FORUM PRESENTER:
 Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor

University of Vermont
College of Health, Behavior, and Society
Healthcare Professional Center



NICHE CONFERENCE


BACK GROUND


Utilization of 1:1 patient sitters with patients who have dementia / delirium, unstable gait or any safety concerns has been the practice of the organization for the safety of our patients.

In 2015 the organization explored the idea of initiating a Video Monitor Program as the 1:1 patient sitter hours utilized were an average of 848 hours per month.

Of those 1:1 hours 82% were patients who were 65 and older.

FORUM PRESENTER:
 Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor

University of Vermont
College of Health, Behavior, and Society
Healthcare Professional Center


 NICHE CONFERENCE



Timeline of Interventions


- **Intervention #1**

In March of 2015 10 mobile cameras were purchased and 6 positions were created to fulfill the role of the Video Monitor Assistant, 3 full time and 3 part time

In April of 2015 the organization phased in 10 cameras to ensure staff were comfortable utilizing and running the equipment

FORUM PRESENTER:
Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor

NYU  

 NICHE CONFERENCE

Timeline of Interventions



Intervention #2


In August of 2016, we collaborated with the Hospitalist Physician group to develop a protocol for all patients who were in need of a patient sitter for safety reasons. If the physician felt there was a need they must first try a Video Monitor, if the patient fails on a Video Monitor a 1:1 patient sitter can then be ordered

What constitutes failing a Video Monitor?

- If a patient is STAT alarmed or redirected more than 5-10 times in an hour, this constitutes failing the Video Monitor and a 1:1 patient sitter would then be ordered

FORUM PRESENTER:
Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor

NYU  



 NICHE CONFERENCE

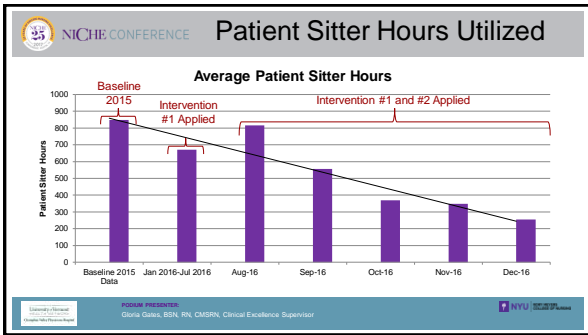
Methods

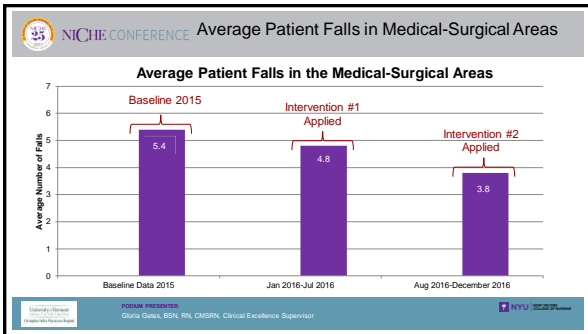
A non-experimental retrospective design was utilized to compare data points pre and post implementation of the Video Monitor Protocol

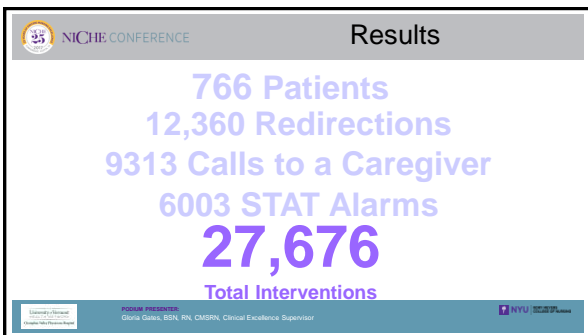
- Staffing data was reviewed to compare the number of patient sitter hours used pre and post implementation within 3 Med-Surg units. Data was retrieved utilizing the hospitals electronic staffing system
- Fall data was reviewed to compare the number of patient falls pre and post implementation per NDNQI fall definitions


FORUM PRESENTER:
Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor

NYU  







 NICHE CONFERENCE

Results


If we were to take 5% of the total number of interventions (1383) and multiply by the average cost of a fall with no injury (\$3,500) not only have we saved our patients from being injured but we have potentially saved the organization

\$4,840,500

FORUM PRESENTER:
Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor

UNIVERSITY OF VERMONT
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL

NYU ESCP

 NICHE CONFERENCE

Conclusion

The Video Monitoring Program is showing that there is a steady decrease in hours of 1:1 patient sitters, a decrease in falls and an increase in patients safety


The data also shows that our patients, visitors/families, physicians and staff have all embraced this change to put patients first using innovative interventions resulting in enhancing our patients safety

It takes a team and we are doing it each and every day by devoting our heads, hands and heart to our patients, peers and community

FORUM PRESENTER:
Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor

UNIVERSITY OF VERMONT
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL

NYU ESCP

 NICHE CONFERENCE

Contact Information

Gloria Gates BSN, RN, CMSRN
Clinical Excellence Supervisor
Medical Surgical Services
ggates@cvph.org

**The University of Vermont Health Network
Champlain Valley Physicians Hospital**
75 Beekman Street
Plattsburgh, NY 12901
518-314-3541

UVMHealth.org/CVPH

FORUM PRESENTER:
Gloria Gates, BSN, RN, CMSRN, Clinical Excellence Supervisor

UNIVERSITY OF VERMONT
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL

NYU ESCP

References

Wu, Keeler, Rubenstein, Maglione, & Shekelle, 2010
