Transforming Patient Care in a Value-Based Economy

UPMC Nursing Strategic Planning Retreat
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Care Attendants

Redefining the role and resource management of continuous observation within the clinical environment

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UPMC Hamot
In FY13, UPMC spent over $5 million per year on sitters…

Current UPMC Cost Estimation:

<table>
<thead>
<tr>
<th>Time period</th>
<th>Misc Hours</th>
<th>Sitter FTE</th>
<th>Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY12</td>
<td>372,944</td>
<td>179</td>
<td>$3,861,627</td>
</tr>
<tr>
<td>FY13 (1-13PP)</td>
<td>FYTD 187,998 (Annualized 375,996)</td>
<td>176.2</td>
<td>$1,948,977 (Annualized $3,897,953)</td>
</tr>
</tbody>
</table>

NOTE: *Data does not include sitter usage charged to a direct category, or charged to any other indirect category besides 'miscellaneous'. As an example, PUH FY12 sitter spend totaled $1.1M, as compared to the $309K found in 'misc.' and payroll.

- The resource allocation process, training, and job responsibilities for sitters varies from business unit to business.
- At UPMC, there has been no claim payments made on behalf of physicians related to the lack of ordering a sitter.
- The changing health care environment demands using cost effective evidence based approaches for patient care.
- Published evidence supports less costly measures than sitters for managing fall risk, elopement, and patient safety concerns.
Limited Evidence to Support the Use of Sitters

- “Direct observation remains an ineffective and expensive means of providing for patient safety.”

- “The sitter utilization case was unable to provide correlation of sitter use to decreased fall rates, elopement, or assault behaviors.”

- “Currently, there is no research to suggest the use of constant observation reduces the risk of patient harm related to their risk for falling or harming themselves.”

“The purpose of this study was to investigate the association between sitter hours, sitter expenses, and fall rates on three adult medical-surgical units in an acute care setting.”

“Departmental-level data was collected from 2008 through 2011 on sitter hours, sitter expenses, number of falls, and falls with injury.”

“Number of sitter hours and sitter expenses were not significantly associated with number of falls, fall rates, and falls with injury.”
• “Evaluation of the impact of adopting the Patient Attendant Assessment Tool (PAAT) on nurses’ requests for sitters, use of restraints, and falls and fall injury rates.”

• “The PAAT helped improve the fill/request rates for sitters.”

• “The results also showed that if the number of sitter requests was higher, the total number of restraints would be lower but the total fall rate would be higher.”

• “Hospitals should include a tool similar to the PAAT in guidelines related to provision of constant observation or use of sitters.”

Sitter Reduction Initiative at Emory Healthcare System

• “In one instance, on a 16-bed unit, there were four sitters provided, leaving one nursing tech to provide care for the entire unit of patients.”

• “An average 60 FTEs were used monthly for sitters with an associated annual cost of $1,728,000 in FY 2009…”

• “A goal was set to reduce sitter use by 50% across the health care system in one fiscal year without significant negative impact on quality.”

• “Implementation… involved a multidisciplinary process of changing the sitter request form from paper to an electronic version, which clearly delineated the criteria for sitter use.”

• “Sitter use dropped appreciably… savings $1.2 M annually.”

• “The current fall rate is the lowest it has been in the past 2 years.”

“Forty-eight of the 75 hospitals reported having sitter programs, of which 21 reported full implementation of six specific sitter program design elements:

1. A process for requesting and discontinuing sitters
2. Patient eligibility criteria
3. A sitter job description with expectations for sitter behavior and responsibilities
4. A pool of sitters
5. Criteria for sitter qualifications
6. A standardized training program for sitters.”

**Bold** items were associated with lower rates of falls with harm.

New Job Title: Care Attendants (Sitters)

Establish process for allocating Care Attendants (CAs)

Established criteria for patient eligibility

Job description revised

Develop CA pool

Basic competencies defined for CA role

Standardized training for CAs across the UPMC
Resource Allocation: Safety Care Attendants

- Algorithm only applies to Safety Care Attendants.
- Physicians, nurses, and patient families can request that a patient be assessed for Care Attendant need.
- A positive screen is referred to the in-house resource authority… Example: Hamot delegates this decision to the Nursing Supervisors.
- If Care Attendant is placed at the bedside, the patient is re-assessed once per shift for continued need.
- Nursing can discontinue a Care Attendant without a physician order.
eRecord will provide an assessment form to screen patient eligibility for Care Attendants.
Assessment will prompt RNs to consider alternate strategies for ensuring patient safety.
A positive screen will be subject to review by a designated member of Nursing leadership.
In December 2013, a standardized Care Attendant job description was developed and approved for use across UPMC.

Unlike Sitters, Care Attendants will now be required to provide care to patients; these duties will include:
- ADLs
- Vitals
- Toileting
- Transfers
- Feeding.

Care attendants will be required to have BLS training.
• Care Attendant Toolkit will be available to support the initiatives roll-out across UPMC.

• Toolkit will include:
  – Executive Summary Whitepaper
  – Job Description
  – Care Attendant Policy
  – eRecord Screenshots and FAQ
  – Care Attendant Green Book Training Guide
  – Bibliography
  – Care Attendant Program Overview Slide-deck

• Target date for implementation is July 1st