

## Massachusetts Organization of Nurse Executives Journal Abstracts: Strategies to Minimize the Use of Sitters

---

Citation	Summary	Identified Obstacles/Challenges	Identified Strategies	Population	Relevant Identified Resources
Kratz, AK. (2008). Use of the acute confusion protocol. <i>Journal of Nursing Care Quality</i> , 23(4):331-337	Project undertaken reduced falls 62% and sitter usage 100%.	<b>Main focus of research was to analyze the fall and restraint reduction</b>	<b>Strategies related to fall and restraint reduction, not reduction of sitters specifically:</b> Interdisciplinary team; Decrease in medications known to cause acute confusion; Orientation via reminiscence, vision/hearing device use, nurse presence, decrease background noise, slow/clear speech, record therapy schedule on dry erase board, calendar in room; Non pharmacologic sleep measures, including: warm wash clothes with aloe at bedtime, decaffeinated beverages at bedtime, soft music, reduction of noise levels, reduce clutter; Early mobilization: ambulation 3x day, toileting schedule, prevention of fluid/electrolyte imbalance, prevention of dehydration, reduction in bladder catheters, prevention of	Adult med-surg population at Aurora Medical Center in Wisconsin	Bates, D. et al (1999). Serious falls in hospital patients: correlates and resource utilization.” <i>American Journal of Medicine</i> , 11(2):137-143.

## Massachusetts Organization of Nurse Executives Journal Abstracts: Strategies to Minimize the Use of Sitters

Citation	Summary	Identified Obstacles/Challenges	Identified Strategies	Population	Relevant Identified Resources
			constipation, prevention of hypoxia		
Evans, D. (2008). Commentary: Use of sitters and volunteer observers in health care: effective assessment of use of sitters by nurses in inpatient settings. <i>Journal of Advanced Nursing</i> , compilation: 183-184.	The sitter strategy needs further study to determine the impact on falls and injuries.	Reliable evidence is needed to determine which patient populations would benefit from this type of constant observation			Evans D., Wood J. & Lambert L. (2003) Patient injury and physical restraint devices: a systematic review. <i>Journal of Advanced Nursing</i> 41(3), 274–282.
Tzeng, H.-M, Yin C.-Y, & Grunwalt, J. (2008). Effective assessment of use of sitters by nurses in inpatient care settings. <i>Journal of Advanced Nursing</i> , 64(2): 176-184	Patient Attendant Assessment Tool (PAAT) helped improve the fill/request rate for sitters.	Further investigation of optimum combination of staffing patterns and infrastructure are needed.	Retrospective descriptive study suggested that hospitals use a tool like the PAAT to guide the use of sitters. Clinical nurses used the tool to assess patient's needs for sitters and to judge whether a request represented a good use of resources. A PAAT helped improve the fill/request rates for sitters. As the number of sitter requests increased,	2 acute adult medical units in a Michigan hospital	Donoghue J., Graham J., Mitten-Lewis S., Murphy M. & Gibbs J. (2005) A volunteer companion–observer intervention reduces falls on an acute aged care ward. <i>International Journal of Health Care Quality Assurance Incorporating Leadership in Health Services</i> 18(1), 24–31.  Giles L.C., Bolch D., Rouvray R., McErlean B., Whitehead C.H., Phillips P.A.&Crotty M. (2006) Can volunteer companions prevent falls among inpatients? A feasibility study using

## Massachusetts Organization of Nurse Executives Journal Abstracts: Strategies to Minimize the Use of Sitters

Citation	Summary	Identified Obstacles/Challenges	Identified Strategies	Population	Relevant Identified Resources
			the use of restraints decreased but the total fall rate increased. The qualities, capabilities and responsibilities of sitters may contribute to different patient outcomes. Using sitters has not been found to be cost-effective for decreasing patient falls (in other studies).		a pre-post comparative design. BMC Geriatrics [electronic resource] 6, 11 [Epub ahead of print. Retrieved from <a href="http://www.biomedcentral.com/content/pdf/1471-2318-6-11.pdf">http://www.biomedcentral.com/content/pdf/1471-2318-6-11.pdf</a> on 9 August 2006].
Tzeng, H.-M, & Yin C.-Y, (2007). Using Family Visitors, Sitters, or Volunteers to Prevent Inpatient Falls. <i>Journal of Nursing Administration</i> , 37(7/8): 329-334.	Summarizes the varying international practices of the use of sitters.	This narrative suggests that the use of family members and private aides can alleviate patient apprehension. No evidence-based studies have investigated the effects on patients' psychological wellness and physical recovery. In the Eastern societies, family members are usually involved in inpatient care in acute settings. Nurses, intentionally or not, delegate basic nursing activities to these family members. Because family	Frequent Communication with Patients and Family visitors about the patient's risk for fall are key to preventing fall-related injury (1). Article suggests (no evidence provided) that using retired nurses as fall prevention care givers in inpatient units could be a reliable alternative, providing benefit both to retired nurses as well as nursing administration.	Compares practices in "western" countries to those in the Confucianism value-based societies of Taiwan, China, Korean, and Japan)	The Joint Commission.National Patient Safety Goals: Facts about the 2007 National Patient Safety Goals. 2007. <a href="http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/07_npsg_facts.htm">http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/07_npsg_facts.htm</a> . Accessed June 22, 2007.  McCarter-Bayer, A, Bayer, F., Hall, K. (2005). Preventing Falls in acute care: an innovative approach. <i>Journal of Gerontological Nursing</i> , 31 (3): 25-33.  Chen L, Evans D, Evans T, et al. Working Together for Health: The World Health Report 2006. Geneva, Switzerland: The World Health Organization; 2006.

## Massachusetts Organization of Nurse Executives Journal Abstracts: Strategies to Minimize the Use of Sitters

Citation	Summary	Identified Obstacles/Challenges	Identified Strategies	Population	Relevant Identified Resources
		members or hired aides lack professional training, they cannot replace nurses for responsibilities such as effectively preventing inpatient falls.			
<p>Salamon, L. &amp; Lennon, M., (2003). Decreasing companion usage without negatively affecting patient outcomes: a performance improvement project. <i>MEDSURG Nursing</i>, 12(4): 230-236.</p>	<p>Development of a protocol for assessing at risk patients, and collaboration between caregivers through a performance improvement initiative, made it possible to reduce companion expenditure without negatively affecting patient outcomes (fall rates, restraint use). Critical thinking skills of nursing staff improved as they learned to implement alternative interventions.</p>		<p>1) Developed a “Companion Use Decision-Making Process” for the nurse, with alternatives to try first, including: a) Patient moved closer to nurses’ station; c) Personal alarm, d) RT consult, e) diversional activities, f) placement in public places, g) family support, h) relaxation techniques, i) toileting schedules, j) treatment of pain, k) wrapping of IV lines, l) clinical review of lines/tubes for possible discontinuation, m) consult with activities staff, n) least-restrictive restraints. 2) Developed a “Daily Companion Justification form” for the nurse to fill out that indicates the reason for the need for a</p>	<p>Subacute and rehabilitation adult unit in a 1,000 bed major teaching hospital in the Midwest, with complex medical-surgical patients admitted for short-term skilled nursing care or rehab.</p>	<p>Blumenfield, M., Milazzo, J., &amp; Orłowski, B. (2002). Constant observation in the general hospital. <i>Psychosomatics</i>, 41(4), 289-293.</p> <p>Moore, P., Berman, K., Knight, M., &amp; Devine, J. (1995). Constant observation: Implications for nursing practice. <i>Journal of Psychosocial Nursing</i>, 33(3), 46-50.</p> <p>Ragaisis, K., &amp; Wedler, C. (1997). Ensuring the competence of one-to-one sitters. <i>Journal of Nursing Quality</i>, 11(3), 2-3, 4.</p>

## Massachusetts Organization of Nurse Executives Journal Abstracts: Strategies to Minimize the Use of Sitters

---

Citation	Summary	Identified Obstacles/Challenges	Identified Strategies	Population	Relevant Identified Resources
			<p>sitter as well as what alternatives had been attempted. Required sign-off on sitter usage by nurse manager/asst nurse manager. NM/ANM reviewed each case with nurse in order to better educate them.</p> <p>3) Education provided to all staff regarding alternative interventions and the new practice. Weekly interdisciplinary rounds included a discussion of the use of sitters.</p> <p>4) Outcome measurement to evaluate the impact of improvements .</p> <p>5) When sitters used, patients requiring companions were placed with each other</p> <p>6) Unit staff were encouraged to work in place of agency staff to cut costs</p> <p>7) Bi-weekly interdisciplinary bedside rounds monitors patient status and necessity of companion.</p>		

## Massachusetts Organization of Nurse Executives Journal Abstracts: Strategies to Minimize the Use of Sitters

Citation	Summary	Identified Obstacles/Challenges	Identified Strategies	Population	Relevant Identified Resources
<p>Torkelson, D. &amp; Dobal, M., (1999). Constant observation in medical-surgical settings: a multihospital study. <i>Nursing Economics</i>, 17(3): 149-155.</p>	<p>Descriptive exploratory research interviewing nurse executives to determine how nursing administrators make decisions about the use of CO.</p>		<p><b>Alternatives:</b>            1) Use of family            2) Restraints            3) Alarm beds            4) Use of hospital staff            5) Video cameras            6) Placement of two patients in the room.  <b>Other Strategies:</b>            1) Policies and procedures to clarify roles            2) Clear sitter instructions            3) Keep costs unit-based to encourage nurses to find alternatives            4) Cost-share with families            5) Education re: alternatives            6) Psychiatric Consults            7) Define nursing care vs. sitter care</p>	<p>Acute care hospitals in a large Western U.S. state</p>	<p>Blythe, M., &amp; Pearlmutter, D. (1983). The suicide watch: A re-examination of maximum observation, <i>Perspectives in Psychiatric Care</i>, 21(3), 90-93.</p> <p>Clark, L., Fraaza, V., Schroeder, S., &amp; Maddens, M. (1995, November). Alternative nursing environments: Do they affect hospital outcomes? <i>Journal of Gerontological Nursing</i>, 32-38.</p> <p>Fiesta, J. (1991). Liability issues: Patients with psychiatric problems. <i>Nursing Management</i>, 22,14, 17.</p> <p>Goldberg, R. (1987). Use of constant observation with potentially suicidal patients in general hospitals. <i>Hospital and Community Psychiatry</i>, 38(3), 303-305.</p> <p>Goldberg, R. (1989). The use of constant observation in general hospitals. <i>International Journal of Psychiatry in Medicine</i>, 19, 193-210.</p> <p>Hogarty, S.S. &amp; Rodaitis, C.M. (1987). A suicide precautions policy for the general hospital. <i>JONA</i>, 17(10), 36-42.</p>
<p>Worley, L. et al. (2000). Constant observation practices in the general hospital setting: a national survey. <i>Psychosomatics</i>, 41(4):301-310.</p>	<p>Nationwide survey to assess constant observation (CO) practices. One question focused on implementation of cost-saving interventions.</p>		<p>Several hospitals reported significant decreases in CO expenditures after the implementation of cost-saving interventions:            1) Utilizing consolidated bed spaces            2) Relocating patients</p>	<p>General med-surg hospitals nationwide</p>	<p>Talley S, Davis DS, Goicoechea N, et al: Effect of psychiatric liaison nurse specialist consultation on the care of medical-surgical patients with sitters. <i>Arch Psychiatr Nurs</i> 1990; 4:114-123</p> <p>Phillips M, Peacock J, Hermanstyn L, et al: Continuous observation - part 1. Who needs it? <i>Can Psychiatr Assoc J</i> 1977; 22:2528</p>

## Massachusetts Organization of Nurse Executives Journal Abstracts: Strategies to Minimize the Use of Sitters

Citation	Summary	Identified Obstacles/Challenges	Identified Strategies	Population	Relevant Identified Resources
			near nurses' stations 3) Placing at-risk patients in bed enclosure devices 4) Regularly assisting patients to the toilet 5) Hiring less costly personnel 6) Volunteers provided CO 7) Family provided CO 8) Family assisted with CO cost 9) Hospital staff were educated about the costs of CO. 10) Staff were taught to recognize and treat delirium		Shugar G, Rehaluk R: Continuous observation for psychiatric inpatients: a critical evaluation. <i>Comprehensive Psychiatry</i> 1990; 30:48-55  Lamdan RM, Ramchandani D, Schindler BA: Use of constant observation in an urban teaching hospital: implications for improved care. <i>Psychosomatics</i> 1995; 36:189-190  Lamdan RM, Ramchandani D, Schindler B: Constant observation in a medical-surgical setting: the role of consultation-liaison psychiatry. <i>Psychosomatics</i> 1996; 37:368-373  O'Dowd MA, Freedman JB, Bernstein G, et al: Reduction in use of constant observation in the general hospital and cost savings as a result of quality improvement monitoring. <i>Psychosomatics</i> 1995; 36:189  Lamdan RM, Ramchandani D, O'Dowd MA, et al: A comparison study of constant observation in three urban centers. <i>Psychosomatics</i> 1995; 36:188-189  Hall RC, Rundell JR, Hirsch TW: Developing a financial viable consultation liaison service. <i>Psychosomatics</i> 1994; 35:308-318
Boswell, D., et al. (2001). The cost-effectiveness of a patient-sitter program in an acute care	Retrospective epidemiological study analyzing the impact of sitter usage on patient falls, patient dissatisfaction with	The change in overall staffing patterns was not considered. Patient dissatisfaction was measured on all patients, not only those that had sitters.	Study found that sitters had a marginal impact on patient falls, patient dissatisfaction, total quality of care, and response to the call light.	St. Vincent Hospitals and Health Services – med/surg units (critical care, obstetric and psychiatric	Bates, D. et al. "Serious Falls in Hospital Patients: Correlates and Resource Utilization." <i>American Journal of Medicine</i> 99, no. 2 (1999): 137–143.

## Massachusetts Organization of Nurse Executives Journal Abstracts: Strategies to Minimize the Use of Sitters

Citation	Summary	Identified Obstacles/Challenges	Identified Strategies	Population	Relevant Identified Resources
hospital: a test of the impact of sitters on the incidence of falls and patient satisfaction. <i>Quality Management in Health Care</i> , 10(1):10-16.	staff, total quality of care, and caregivers' response to the call light.			units were excluded from observation.	
Linck, C., & Phillips, S. (2004). Managing disruptive behaviors in an acute medical/surgical service: a strategy for success. <i>Holistic Nursing Practice</i> , 18(5):223-227.	Sitter usage decreased 21% during the first 6 months after the implementation of a CNS role. The cost savings in sitter utilization and nurse turnover has justified the cost of the position.		The CNS was responsible for making daily rounds on all med/surg care units. They evaluate patients in restraints and those requiring sitters. Monitors patients experiencing alcohol withdrawal symptoms and those with high fall risk. Implements behavioral interventions. Implemented behavioral health care plans. Staff education. Available to staff nurses and other staff for consults.	148-bed medical/surgical service at Banner Good Samaritan Medical Center, Phoenix, AZ.	No relevant resources
Heyman, E. & Lombardo, B. (1995). Managing costs: the confused, agitated, or suicidal patient. <i>Nursing</i>	A program was implemented by CNSs to manage the costs of the confused, agitated, or suicidal hospitalized patient. Sitter expenses		Two psychiatric - mental health CNSs implemented a program to reduce the expenditures for sitters by using them only for the patients most in need. CNSs assessed patients	Medical-surgical units in a large Midwest teaching hospital.	Moir, E.F., Molson, S.M., & Levine, S.L. (1987). Managing costs through guided decision making. <i>Nursing Management</i> , 19(10), 50.

## Massachusetts Organization of Nurse Executives Journal Abstracts: Strategies to Minimize the Use of Sitters

Citation	Summary	Identified Obstacles/Challenges	Identified Strategies	Population	Relevant Identified Resources
<i>Economics</i> , 13(2):107-118.	have decreased 65% in the first year. Average length of stay for suicidal patients has decreased to 1.2 days below the standard DRG allowance.		with a potential need for sitters. Suggested alternatives. A decision tree was utilized to decide if a sitter was necessary. Education for staff was provided. The charges for sitters were also changed from centralized to unit-based. Monthly reporting to the head nurse was begun, regarding the budget and hours for companions.		
Wright, K. (2006). Falling head over heels. Reducing falls in high risk neurosurgical inpatients with the implementation of a 'high risk falls room.' <i>Australasian Journal of Neuroscience</i> , 18(1):3-7.	The implementation of a high-risk falls room decreased the incidence of falls by 50% in 6 months and then to zero, while cost-effectively utilizing one "special" nurse (nursing assistant) for the patients in the room.		A four-bed gender-neutral 'high risk falls room' was implemented. It was staffed with nursing assistants to act as sitters 24 hours, 7 days a week. Every day, there are reviews of patients' fall risk categories. Regular in-services and ongoing education are also used.	An Australian 30-bed neurosurgical unit.	No relevant resources
Nadler-Moodie, M., et al (2009). A S.A.F.E. alternative to sitters. <i>Nursing Management</i> , 40(8):43-50.	Specialized Adult-Focused Environment (S.A.F.E.) units were designed to cohort similar patients in	Patients who needed to go on precautions generally needed to be transferred out, due to the fact that the rooms were doubled. Also, MDs tried to secure a	A six-bed unit was piloted first. It was staffed by two nurses, one diversional partner, and a nurses' aide, all of whom completed specialty training.	Scripps Mercy Hospital in San Diego, CA, a 500-bed, inner city Level I trauma center.	The Joint Commission. Patient safety solutions preamble: May 2007. <a href="http://www.ccforspatientsafety.org/common/pdfs/Fpdf/presskit/Preamble.pdf">http://www.ccforspatientsafety.org/common/pdfs/Fpdf/presskit/Preamble.pdf</a> .

## Massachusetts Organization of Nurse Executives Journal Abstracts: Strategies to Minimize the Use of Sitters

---

Citation	Summary	Identified Obstacles/Challenges	Identified Strategies	Population	Relevant Identified Resources
	<p>proximity for staff members to attend to them frequently if not constantly. Patients who don't require one-to-one attention and observation yet need more attention or care than usual staffing practices permit are placed in rooms next to and across from each other. Sitter expense has been significantly reduced.</p>	<p>bed in the units for patients who did not meet admission criteria. A third challenge is discharge from the unit. Staff bond with the patients, and so sometimes keep the patients their longer than their need for constant observation. Lastly, the Trauma S.A.F.E. unit required different room arrangement in staffing to match that special population's needs.</p>	<p>Radios and CD players delivered soothing music, and TVs/VCRs were available were available for patients. Walls in patients' rooms were painted a lavender color for peace and tranquility. Mirrors were placed near the ceiling to make it easier to monitor patients. Touch lights provided night lights. Games and other diversion activities were stored on the units. One staff member was present in each of the three rooms at all times. Standard order sets were developed.</p>		

Terminology used for sitters:

- Patient attendants
- Companions
- Constant observation
- One-to-one patient care