



TeleSitting: the impact of technology on the prevention of patient harm.

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October 17-18, 2023

The Problem:

Increasing need for 1:1 sitters
Fall prevention
Staffing constraints
Dementia
Mental Health Crisis





Who needs a sitter?

Suicidal patients

Patients at high risk for self harm



The Goal:

Freeing clinical staff to provide direct patient care
Optimal utilization of skills
Efficiency
Sustainability
Fall reduction



FTE Requirement & Cameras by Division:

FTE Requirements: In total the remote patient monitoring program requires 44.0 FTEs which includes 43.0 Monitor Techs, and a 1.0 Manager overseeing the entire program. These 44.0 FTEs have the capacity to monitor 108 cameras across all 12 divisions.

Cameras by Division:

108 Cameras have been identified to cover all 12 Hospital Divisions and is split based on the bed capacity at each division. The recommendation for 108 cameras allows each Hospital Division to continue operating in-person Safety Partner programs for patients who don't qualify for the remote patient monitoring program.

Comparison:

In 2021, Sentara's 12 Hospital Divisions clocked a total of 142.1 FTEs into the Safety Partner departments (3007), which equates to an average of 34 continuously monitoring patients. With the remote patient monitoring program expansion, Sentara is able to monitor 108 patients (200% increase) with only 31% of the FTEs utilized in 2021.

Target Patient Population & Setting:

Population: As long as appropriate patients respond to staff redirection, a mobile cart solution may be used within the patient's room to enable the tele-sitter monitor techs to remotely monitor and redirect those populations assessed with the JHFRAT and deemed High Fall Risk (JHFRAT score of 14-28), or History of recent Fall(s).

Clinical Setting: Hospital-based Emergency Depts. and Inpatient clinical nursing units that provide care to inpatient/observation/outpatient populations in the ED, MS, IMC & ICU setting.

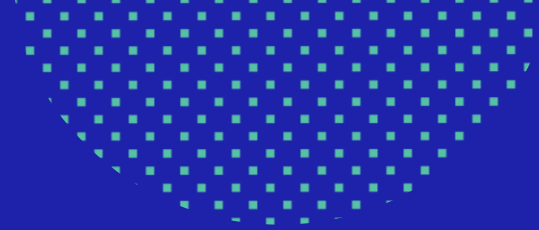


Incident Rate Ratio for Patient Falls/1000 Patient Days TeleSitter Hospitals							
JHFRAT Risk Category	Period ¹	Falls	Visits	Patient Days	Falls/1000 Patient Days	Incident Rate Ratio	95% CI
JHFRAT: All Scores	Pre	175	22343	93610	1.88	0.69	0.54, 0.87
	Post	116	21504	90570	1.28		
JHFRAT: 0 to 13 Low/Moderate Fall Risk	Pre	55	15156	55056	0.99	0.79	0.51, 1.22
	Post	38	13300	47914	0.79		
JHFRAT: 14 – 28 High Fall Risk	Pre	120	7187	38553	3.11	0.59	0.44, 0.79
	Post	78	8204	42657	1.83		

Statistically significant impact in the reduction of fall rates for targeted patient populations 2018-2020 with JHFRAT fall risk scores of 14-28, comparatively to the other Hospital Divisions not utilizing remote patient monitoring.

Organization	Sitter Cost Reductions
Johns Hopkins Bayview	>\$1 million in one year
Palmetto Health	\$2 million in one year
Mercy Hospital of Folsom	60% reduction in sitter FTEs
University of Michigan Health System	\$950,000 in one year
Dell Children's Medical Center	56% reduction in sitter costs
Champlain Valley Physicians Hospital	\$4.8 million reduction in costs*
Cincinnati VA Medical Center	67% reduction in sitter costs
University of California San Diego	\$2.5 million in one year

*cost savings with sitter reduction and falls avoided



	1:1 In-Person Sitter	TeleSitter
Cost per hour	\$12.75	\$2.16
Annual labor cost (80,000 hours of monitoring)	\$994,500.00	\$111,384.00
Savings		<u>\$883,116.00</u>



How it works

- Patient identified (safety huddle report)
- Portable camera deployed
- 24/7 monitoring by trained personnel
- 2-way communication
- Direct communication with RN
- Privacy protection
- Consent



Unexpected benefits

Mother/Baby

Substance Use

100% utilization benefits previously unmonitored patients

Dementia

Monitor tech connection with patient

Witnessed care

