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Commentary

Multiple Representatives Including Nursing Leadership

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Description

Sitters, or one-to-one observers, are commonly used in the inpatient setting to meet monitoring needs of high-risk patients. Yet, sitters are a costly intervention that is resource intensive. Research is lacking that supports the use of sitters as a measure to reduce falls or improve safety outcomes. The level of care that patients with cognitive impairments and/or behavioural concerns require in inpatient setting often includes additional monitoring interventions.

The CVM Steering Committee was organized with multiple representatives including nursing leadership, clinical nursing staff, Clinical Technology Services, Psychiatric Professional Practice Leader, Marketing, Department of Quality Management, Nursing Resource Management (ancillary float pool), and Nursing Administration. The group met biweekly initially, moved to monthly postimplementation, and then quarterly 1 year postimplementation. The CVM Steering Committee proposed purchasing of CVM technology through budgeting and finance to use discretionary capital funds. The total cost of the program was approximately $184 459 for video monitoring technology and another $60 000 for implementation of operating expenses. In addition, the committee sought and gained approval from the Clinical Enterprise Information Technology Acquisition and Retention Committee to ensure proper network and security clearance via the organizations secure Wi-Fi network. Inpatient sitter needs continue to expand, as there is a high prevalence of mental health conditions and low rates of access to care within the community. In addition to mental health disparities, adult and pediatric patient populations require additional inpatient monitoring for suicide risk, substance withdrawal, delirium, fall risk, eating disorders, elopement, and general safety concerns. Enhancing patient safety while optimizing resources is a continued area of focus for the global health care environment.

Space is often lacking in large organizations, thus the repurposing of a waiting room was needed to achieve a centralized station within the inpatient setting that allowed for access to the main hospital. The station comprised 2 large ergonomically approved viewing stations, one computer desk station, and a large whiteboard for Daily Management System tracking.

The staffing structure consisted of scheduling 2 certified nursing assistants from the ancillary float pool around the clock and 7 days a week. For every 12-hour shift, there are 2 technicians present at all times. The VMT is responsible for monitoring patients, communicating with clinical staff members, and electronic health care

record documentation in the CVM flow sheet. The video monitoring runner (VMR) is responsible for daily triage of cameras, sitter auditing, sitter awareness, and break relief. The VMTs and VMRs received specialized training related to anticipation of at-risk behaviors, system functionality, determination of adverse events, chain of resolution, and basic Lean management principles related to data tracking.

Education focused on the clinical nursing staff and was encouraged for those employees who would have indirect contact with CVM systems (housekeeping, transportation, case management, etc). Education opportunities consisted of unit in-services, leadership classes, champion classes, case management classes, and transitional care classes for community partners.

Nurse Theory

From this point in time, the champions delivered educational materials to their corresponding units and educated nurses on the video monitoring process. With support from nurse leadership, clinical nurses were involved in all aspects of day-to-day operations of the video monitoring process. The VMTs stayed in continuous conversations with charge nurses and the clinical staff, which helped identify when sitters may be appropriate to transition to VMT monitoring.

Follow-up education 6 months postimplementation gave an opportunity to reinforce best practices and to communicate learnings and successes. Champions were integral to the adoption of technology in all settings. Forty clinical nurse champions attended classes and learned the new organizational process and technology capabilities. The re-education event also allowed for additional input from the clinical staff and identification of potential barriers to utilization of the technology.

Finally, monthly reports via division meetings and weekly newsletters assisted in sharing positive outcome metrics, utilization data, and highlighting creative use of the camera. In addition, the VMTs began to attend the shift to shift charge nurse staff meetings. This collaboration further enhanced communication and throughput of patients who were eligible for video monitoring within the organization.

Principles of Nursing Theory

For patients with language barriers, the product offers 16 prerecorded prompts in 4 different languages. The vendor provided Online Reporting of Nursing Analytics to assist in tracking, reporting, analyzing, and impro-ving overall performance related to video monitoring process improvement and outcome determination.

Lean management principles are critical to continuous improvement and empower the frontline staff to solve problems, eliminate waste, standardize work, and improve value of care delivered to patients. Because Lean focuses on the frontline staff, it provides an opportunity to enculturate new systems and to identify barriers. The CVM program operates via Lean management principles including a functional Daily Management System. The Daily Management System allowed the VMTs and the clinical staff to be involved in process improvement initiatives through rapid

improvement cycles, which promoted identification of barriers early on.

Nursing leadership conducted a market research assessment on available CVM vendors. Screening criteria included available technology solutions, literature reviews on program effectiveness, and overall vendor outcomes. Two of the 3 vendors were in business for less than 6 months and did not have adequate outcome metrics to warrant further evaluation.

Continuous Video Monitoring (CVM) of patients is an advancing technology with a growing body of literature that can assist organizations in meeting operational demands and provide safe optimal care. The specific aim of this article is to report system wide results of CVM implementation at a large academic medical center and associated best practices identified through project implementation.