

**DMC**

**Rehabilitation Institute  
of Michigan**



***Peeling the Onion...***

**A multi-tiered approach to addressing the opportunities  
and challenges of sitter use**

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# Speaker Disclosure

**Julia Libcke and Nancy Zafarana have no perceived conflicts of interest and have nothing to disclose**



# Rehabilitation Institute of Michigan

- 94 bed free standing Rehabilitation Hospital
- Detroit Michigan
- 30 outpatient sites throughout state
- 26 bed Neuroscience unit
- 26 bed SCI/Ortho Unit
- 26 bed PMR Unit



Majority of sitter cases attributed to the neuroscience unit

# Presentation Objectives

1. Describe complexity of sitter use considerations and impetus for change:
  - Financial
  - Clinical
  - Human Resource
2. Identify at least 4 program enhancements to improve quality and efficiency of sitter use
3. Define outcome data to support program enhancements of sitter program

# *“Houston We Have a Problem”*

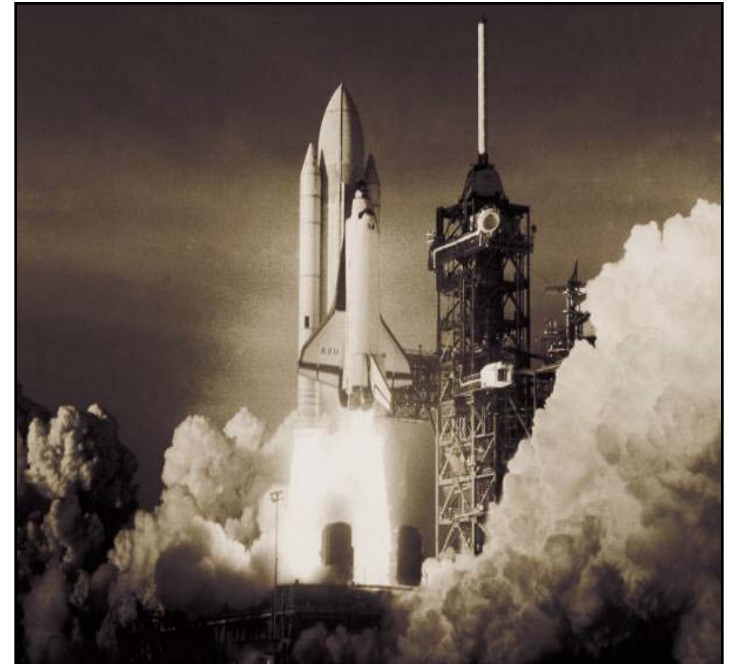
In 2007 hired new TBI specialists

Increased volume of complex TBI cases

System initiative to reduce restraints

Increase in orders for 1:1 sitters

Resource/financial scrutiny



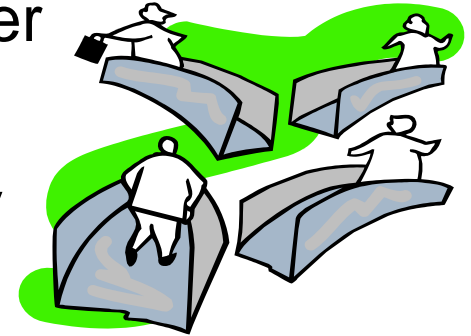
# Financial Impact 2008 Stats

FTE's	Cost
34	\$1,292,000

*40-50% of FTE's were shared employees working out of job classification  
Earning 1.5x sitter wage of \$9.62*

# Clinical Considerations

- Inconsistent criteria used when ordering sitter
- Largely physician driven
- Inconsistent documentation of patient safety needs/plan for safety
- Minimal reduction in fall rates despite increase in 1:1 sitter cases
- Inconsistent evaluation of plan of care following a fall
- Inconsistent physician partnering to reduce use
- Opportunities to enhance interdisciplinary collaboration with team



# Human Resource Issues

- Largely contingent or shared employee pool of HS/GED staff working as little as 2x per month
- Wide fluctuations in performance
- Candidate selection criteria weak
- Lengthy periods of time when sitters had nothing to do when patient in therapy or family present created staff morale/patient satisfaction issues
- Order fluctuation/workload to staff needs
- Collective bargaining rumblings



# “This is ground control...”

Map out course of Action including:

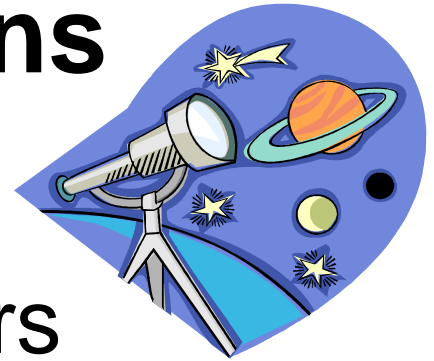
1. Oversight
2. Further analysis
3. Hiring changes
4. Decision Tree
5. Documentation enhancements
6. Team Conference expectations
7. Integration of parallel initiatives
8. Development of Therapeutic Treatment Room
9. Revision of Role



# 1. Assign Consistent Oversight of Initiative

- Relief Supervisor/Staff RN
- Full time
- With shift flexibility
- Assigned to Sitter Cost Center
- Sitter File Listing on “I” Drive

## 2. Assess Current Issues and Stakeholder Perceptions



- RNs, Physicians, Supervisors and Managers
- Review documentation
- Observe sitter performance
- Review existing policies

# 3. Hire What You Need

- Established 3 sitter cost centers for each unit
- Hired complement of full, part and contingent employees
- 6 FT, 4 PT, approx 30 contingents
- Dramatically reduced reliance on shared employees by 70-90%

# 4. Development of a Decision Tree

- Oversight by assigned supervisor
- Consider alternate interventions
- Consider alternate resources
- Forced conversation between Supervisor, RN and physician



# 5. Create Documentation Tools

- Sitter Log sheet
- Hand off communication tool
- Q 8 hour RN documentation requirement in Progress Notes
- Sitter Evaluation Tool



**SITTER DOCUMENTATION LOG**

DATE \_\_\_\_\_

UNIT \_\_\_\_\_

**Sitter Log Sheet**

TIME	ACTIVITY	BEHAVIOR	CHANGE	NO CHANGE	ACTION TAKEN	COMMENTS	INITIALS
7:00-7:30am							
7:31-8:00am							
8:01-8:30am							
8:31-9:00am							
9:01-9:30am							
9:31-10:00am							
10:01-10:30am							
10:31-11:00am							
11:01-11:30am							
11:31-12:00pm							
3:31-4:00pm							
4:01-4:30pm							
4:31-5:00pm							
5:01-5:30pm							
5:31-6:00pm							
6:01-6:30pm							
6:31-7:00pm							

<p><b>ACTIVITY</b></p> <p>1 Seat belt on 2 Sleeping 3 Up in chair 4 Ambulating 5 Up to bathroom 6 Awake 7 To therapy 8 Visiting with family 9 Out of room 10 Other</p>	<p><b>BEHAVIOR</b></p> <p>11 Cooperat 12 Calm 13 Crying 14 Laughing 15 Agitated 16 Withdrawn 17 Impulsive 18 Repeating thoughts 19 Moaning 20 Pulling at tubes 21 Rocking 22 Pulling at restraints 23 Getting out of bed</p>	<p><b>SITTER ACTION</b></p> <p>24 Re-direct 25 Call RN 26 Call PCA 27 No action taken 28 Diversional activity</p>	<p><u>INITIALS</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>SIGNATURE</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**(SEE REVERSE SIDE)**

## RIM PA-S Worksheet – Patient Care Services

**Worksheet instructions prepared by:**

**Place patient ID label here**

\_\_\_\_\_ (completed by midnight shift RN)

**Room #** \_\_\_\_\_ **Date:** \_\_\_\_\_

Shift	PA-S Name <i>(print)</i>	PCA Name / Cisco phone number <i>(print)</i>	RN Name / Cisco phone number <i>(print)</i>
1			
2			
3			

**PA-S needed because pt has:**

Confusion                       History of falls                       History of pulling at lines or tubes  
 Unable to follow safety instructions                       Impulsive behavior                       Other \_\_\_\_\_

**Restraints:**     Enclosure bed     Locked belt     double lock belt     Mitts L R Both  
 Reverse safety belt     Other \_\_\_\_\_

**Precautions:**     Fall                       Seizure                       Choking/Aspiration                       Lift/Bending                       Other \_\_\_\_\_

**Communication:**     Understands speech                       Does not understand speech                       Unable to speak clearly  
 Uses gestures                       Uses communication board                       Speech is confused  
 Hard-of-hearing                       Blind                       Non English speaking (language) \_\_\_\_\_  
 Other \_\_\_\_\_

**PA-S may escort patient to bathroom** (*patient is Mod I or Stand-by assist for toileting*)     **Yes**     **No**

**Patient requires supervision by nursing staff for eating and drinking**

**Patient is in feeding group**

**Diet restrictions: *Always check with RN before giving a patient food or oral fluids***

Nothing by mouth (NPO)     Unrestricted     Limited food or fluids (*details*) \_\_\_\_\_  
 Other \_\_\_\_\_

**Permitted fluids:**     Water     Juice                       Nectar thick liquids     Honey thick fluids                       Fluid Limits

**Allergies:**                       Foods \_\_\_\_\_                       Drugs: \_\_\_\_\_

**Tubes or lines:**     Observe for pulling at lines or tubes. *Report to RN/PCA immediately*  
 Trach                       Peg/Pej tube                       Foley                       Oxygen                       IV Site at \_\_\_\_\_

**Special Equipment:** braces, splints etc.: \_\_\_\_\_

**Other Instructions:** \_\_\_\_\_

\_\_\_\_\_

# Progress Note Sample Expectations

- Q shift
- SOAP Format
- Integration of Sitter Log, observations and feedback from staff for that 8 hour period
- Useful tool for physician and administrative supervisor to make decisions re: future need for sitter

## SITTER EVALUATION FORM

**Instructions:** The patient's assigned RN will evaluate the sitter on the following items. **Rate the sitter from a scale of 1-10, with 10 being the highest!** You must comment on any items that are unsatisfactory (a score of 5 and below). Please provide positive feedback in the comments as well. At the end of the shift please give to the form to the Administrative Supervisor or the Administrative Manager's Office. Thank You!

NAME: \_\_\_\_\_ UNIT: \_\_\_\_\_ DATE: \_\_\_\_\_ SHIFT: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_

1. Please rate how well the sitter interacted appropriately with the patient/family. 1 2 3 4 5 6 7 8 9 10

Comments:

2. Please rate if the sitter notified the assigned RN/PCA appropriately.

1 2 3 4 5 6 7 8 9 10

Comments:

3. How well did the sitter meet the DMC customer service standards?

1 2 3 4 5 6 7 8 9 10

Comments:

Sitter Evaluation Form

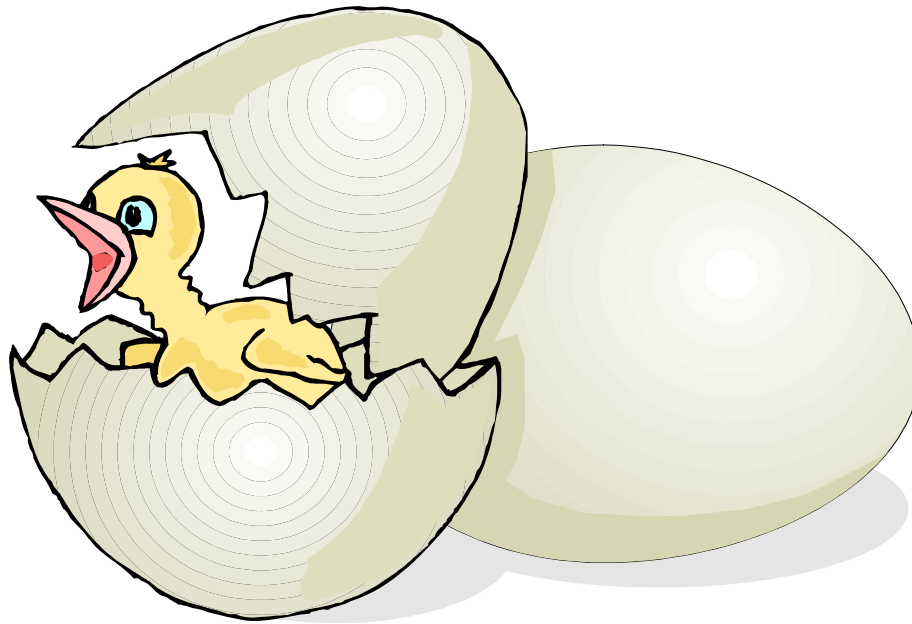
# 6. Establish Team Documentation Expectations

- Weekly Team conference note completion expectations re:
  - Sitter present
  - Safety plan
  - Care plan revisions

# 7. Integrate Related Initiatives

- Fall Reduction plans
- Safety Cart
- Performance/Conduct emphasis
  - Cell phone use/texting
  - Dress code adherence

# 8. Establishment of Therapeutic Treatment Program (TTP)



# Didn't We Try This Before?

- History of the Diversional Day Room (DDR) & Lessons Learned
- TTP vs. DDR
- How Do We Make the TTP a Success?



# TTP vs. DDR

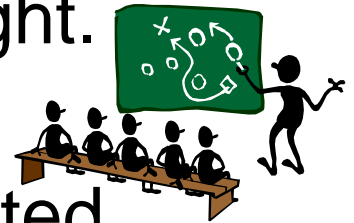
- Primary Focus of Both Programs Remains Oversight of Patients' Safety Needs
- Conceptual Differences Needed for a Successful Program
  - The TTP Coach is a FT designated position
  - 2 PCAs will cross-train to cover absences
  - TTP Coach will have a higher skill set
  - Marry initiatives of program enhancement & reduction in sitter costs

# Purpose of the TTP Program

- Provide opportunities to engage in rehabilitation activities to increase practice using skills learned in therapy sessions.
- Increase cognitive function, reinforce compensatory strategies and facilitate appropriate social interaction.
- Provide oversight of safety needs in a group setting (thus reducing the sitter cost).
- Reinforce independence with wheelchair mobility and transfer skills.
- Reinforce personal care techniques and use of adapted equipment to improve independence with ADLs.
- Reinforce safe swallowing techniques.

# TTP Implementation

- Program description created to clarify objectives, scope, procedures, referral and discharge criteria, documentation and administrative oversight.
- TTP Coach Job Description created
- TTP Coach Job Criterion Worksheet created
- Orientation, training & competency check offs created for TTP Coach (& back-up PCA)
- Documentation forms / process created.
- Physical plant / equipment needs assessed.
- Communication Plan established.
- Staff education about the TTP

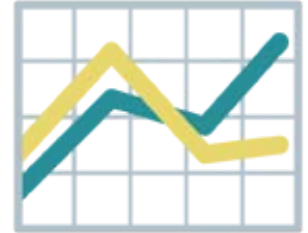


# TTP Implementation

- Monitors established for the effect of the TTP on the sitter cost:
  - Number of daily sitter orders for the Neuro unit – day shift,
  - Number of sitter patients in the TTP,
  - Number of sitters reduced due to the TTP
  - % reduction of day shift sitters needed due to the TTP
  - Avg. number of Sitter FTEs decreased per day
- September 21, 2009 go-live date
- TTP Staff Satisfaction survey – November 2009

# TTP Program Logistics

- The program led by a therapeutic treatment coach
- Maximum number of patients per coach is 5
- Program hours will be held Monday – Friday from 7:00 am to 3:00 pm
- The Therapeutic Therapy Program held in room 437 – a converted semi-private room



# Referral Criteria

- Able to attend to tasks up to 45 minutes with redirection and guidance.
- Sitting tolerance of at least 45 minutes.
- Able to participate in group setting without escalating into agitated state.
- Not verbally or physically abusive as to disrupt the participation of other program members.



# Referral Procedure

- Sitter cases are first priority for the TTP. Goal is at least 2 sitter cases in the program.
- Additional patients meeting the referral criteria will be considered for the TTP.
- All patients referred to the program are scheduled for 11:15 a.m. and 1:00 p.m. therapy sessions.
- The primary OT, PT, SLP, TR, and RN will complete the TTP program form to provide baseline information (e.g. precautions, mobility status, diet, etc) and patient goals.

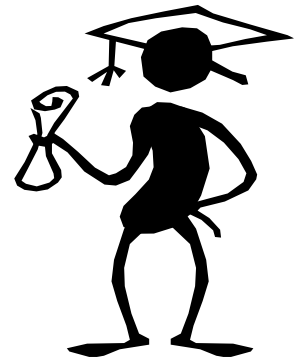
# Referral Procedure

- The primary treatment team is responsible for :
  - updating the TTP coach on their patient's current status
  - reviewing activities of the patient for that week
  - reporting the patient's performance in the TTP at team conference.
- TTP coach will implement behavior change interventions as prescribed by the neuropsychologist or other members of the treatment team and communicate any issues.



# Discharge Criteria

- Physically abusive and/or significantly disrupts the participation of other program members.
- Does not interact appropriately with other patients in the program despite behavior modification techniques/approach.
- No longer requires the program due to improvement of safety awareness, behavior and judgment as determined by the primary team.



# Documentation

- The primary treatment team will complete the TTP program form to provide baseline information (e.g. precautions, mobility status, diet, etc) and patient goals.
- The primary treatment team will be responsible for updating the TTP form.
- TTP coach will document daily patient attendance, progress, and performance on the program form. After the completion of the form, the note will be filed in the TTP binder.
- The Program Form will not be a permanent part of the Medical Record and will be shredded once the patient is discharged from the hospital.





**Rehabilitation Institute  
of Michigan**

**Patient:** \_\_\_\_\_ **Room #:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **RN:** \_\_\_\_\_

**OT:** \_\_\_\_\_ **PT:** \_\_\_\_\_

**SP:** \_\_\_\_\_ **TR:** \_\_\_\_\_

**Therapeutic Treatment Program (TTP) Referral Form & Task List**

**Physical Therapy**

10. Gait-Level Surface	11. W/C Preparation	12. W/C Propulsion	13. LE AROM Sitting	14. Sit to Stand Transfers
15. Standing Balance w/ table top tasks				

**Occupational Therapy**

20. UE AROM HEP	21. UE SROM HEP	22. UE PROM HEP	23. FMC Tasks	24. Visual Scanning
25. BADLs	26. IADLs	27. Functional Skills/ Activities	28. GMC Tasks	29. Dowel Rod Exercises

**Speech Therapy**

30. Swallowing	31. Speech	32. Comprehension	33. Problem Solving	34. Attention
35. Memory	36. Pragmatics	37. Reading	38. Writing	39. Compensatory Strategies

**Therapeutic Recreation**

40. Attention / Concentration	41. Communication Skills	42. Following Directions	43. Initiation	44. Social Interaction S
45. L / R side Awareness	46. Leisure Skills	47	48	49

**Nursing**

50. Eating	51. Tube Feeding	52. Medication Ed	53. Timed Voiding	54. Safety Needs
55	56	57	58	59

**Current Functional Status:**

**PT:** \_\_\_\_\_

**OT:** \_\_\_\_\_

**SLP:** \_\_\_\_\_

**TTP Referral Form**

# TTP Coach Documentation

## Therapeutic Treatment Program (TTP) COACH DOCUMENTATION

TIME	ACTIVITY	BEHAVIOR	COMMENTS / ACTION	INITIALS
0700-0730				
0730-0800				
0800-0830				
0830-0900				
0900-0945				
0945-1030				
1030-1115				
1115-1200				
1200-1230				
1230-1300				
1300-1330				
1330-1400				
1400-1430				
1430-1500				
1500-1530				
1530-1600				
1600-1630				
1630-1700				
1700-1730				
1730-1800				
1800-1830				
1830-1900				

**ACTIVITY**

See task list

**BEHAVIOR**

- A. Cooperative/Calm
- B. Agitated
- C. Impulsive
- D. Withdrawn/Non-interactive
- E. Disinhibited Behavior
- F. Self-Harm
- G. Other (add comment)

**COACH ACTION**

- 1. Redirect
- 2. Call RN
- 3. Call PCA
- 4. Call Therapist
- 5. No action needed

**INITIALS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Financial Viability

Measure	4 <sup>th</sup> qtr 09	1 <sup>st</sup> qtr 10	2 <sup>nd</sup> qtr 10
#Daily sitter order for 4 <sup>th</sup> floor day shift	87.6	101	127
#Sitter patients in TTP	47	42.3	62
#Sitters reduced due to TTP	26.6	26	36.3
%reduction of day shift sitters due to TTP	30%	26%	43%
Avg number of sitter FTE's reduced per day	1.16	1.25	1.67

# Cost Impact

Year	Sitter FTE Reduction	Sitter Cost	Coach FTE	Coach Cost
2009	-	-	.2	\$7,781
2010	1.46 (avg 6 mo)	\$29,214 (rate \$9.62)	1.0	\$30,888 (projected) (rate \$14.85)

# Program Accomplishments

- 2009 Goals Achieved
  - Met anticipated goal of breaking even in sitter costs.
  - Perceived as a program enhancement by the team.
  - Improved patient and staff satisfaction.



# Program Success

Success Starts With...

- Oversight by task force consultants with endorsement from all levels of the organization.
- Interdisciplinary team committed to solve the problem.



# Program Success

- Ongoing Success Sustained With ...
  - Ensuring TTP referrals are done accurately and efficiently
  - Making sure the patients participate in the program on a consistent basis
  - Keeping the team updated at rounds
  - Letting the Task Force know if there is a TTP Program problem

# Program Vision



- Program expansion to 7 days / week and eventually to 12 hours / day
- Increase budgeted FTE
- Therapy support staff (rehab aide & rehab trainer) will also be trained as alternate back-ups
- Quantify the non cost benefits of TTP
- Further expand non-sitter patients in TTP
- Further analyze outcome data to determine possible relationship of TTP and function / goal achievement.



# 9. Revised the Role of Sitter

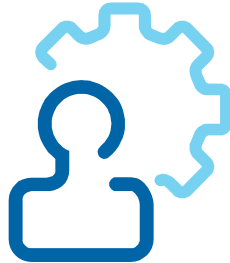
## Current role:

- HS or GED
- Second job for many
- Huge candidate pool
- Sat near patient
- Did not “touch” patient ..even when patient doing something unsafe
- Called for help
- Varying degrees of expectation and performance with interactions with patients
- Many complaints regarding contribution margin to the patient experience



# Vision for New Role

- Actively engaged member of care team
- Able to assist with basic care needs
- Able to intervene safely until help arrives
- Active engagement with patient at bedside



# Patient Attendant for Safety

- ***Minimum Qualifications:*** High school diploma or equivalent.
- Completion of a formal CPR course desirable.
- ***Skills Required***
- Physical ability to regularly walk and stand; lift and move equipment as necessary; assist patients in repositioning, basic activities of daily living and reinforcement/adjustment of safety devices.
- Analytical ability required to observe discrepancies in behaviors, equipment variances, and /or other quantitative or qualitative factors.
- Communication skills required to gather/exchange information on factual matters, using ordinary courtesy and tact to effectively interact with patients, families, and a variety of hospital personnel.
- Interpersonal skills required to provide calm verbal feedback to patients, redirect behavior and reinforce safety with patients.

# General Summary Statement

*Under direct supervision, and according to established procedures, observes and monitors assigned patient(s) behavior. **Provides safety interventions and basic self care needs as needed while providing attention to specific patients' behavioral needs. Accompanies patient(s) for clinical studies, documents pertinent data for observations and notifies appropriate nursing personnel when necessary.***

# Task List

## **PATIENT ATTENDANT – SAFETY**

### • **GENERAL DUTIES**

- Support mission, vision and values of the DMC
- Support the principals of continuous improvement
- Support the principals of teamwork
- Assist with answering unit telephones as directed
- Assist patients and families – as per training
- Interact with patients, families and visitors
- Respond to patient call lights as directed
- Answer patient, family and visitor questions within scope of training
- Assist other employees as time permits – within scope of role
- Participate in orientation of new PAS under the direction of the RN
- Follow all department policies and procedures
- Adhere to safety, environmental and infection control standards
- Maintain confidentiality of patient and unit information
- Maintain annual competencies
- Participate in mandatory and continuing education opportunities
- Complete PAS log, worksheet and I&O worksheet per policy

### • **PATIENT CARE ACTIVITIES**

- Give and receive report on patients – RN gives report to PAS; updates may be communicated by PCA. General report between PASs when relieved

# Task List

- **SAFETY**

- Monitor patients for unsafe behavior
- Monitor safety alarms as directed (e.g. wheelchair, bed, seatbelt) reapply as directed
- Does NOT apply, remove or reapply restraints
- Observes for changes in restraint placement that may cause harm
- Assure immediate patient care environment is safe
- Redirect/utilize diversion activities for the patient; including but not limited to:
- Reading
- Cards/ Other games
- Crafts
- Accompanying with ambulation; pushing wheelchair on unit
- Immediately inform RN/PCA staff when patient is performing an unsafe activity and intervene as directed
- Accompanies patient to testing procedures, stays with patient, and accompanies patient back to unit as directed.

- **BASIC CARE**

- Assist with basic personal hygiene activity as directed by RN such as washing face/ hands; brushing teeth (Set up hygienic care for independent patients)
- Assist patients with tray set ad feeding as directed by RN (for patients without swallowing difficulties)
- In the presence of RN/PCA may assist with basic care/ simple mobility

- **DOCUMENTATION/INFORMATION SHARING**

- Completes Patient Attendant - Safety log as directed
- Completes I&O worksheet as directed
- Reports patient observations and deviations from normal to RN

# Competency Based Training

## Sitter Role

- 1-2 hours long
- Took written test
- Guideline/policy based



## PA-S

- 8 hours of class time
- Competency based with skill check off
- BLS required
- Sign off at unit level by RN of performance

# Targeted areas of Competency

- Documentation
- Unit Communication
- Assisting with Basic Patient Care Procedures
- Mobility
- Dietary Processes
- Behavior Management Skills
- Equipment use
- Recognition of correct application of restraints
- Precautions
- Site Specific Tasks

# Making a System Change

- Involved CNO's from all hospitals
- Involved HR
- Involved Professional Nurse Councils
- System Educator Group
- Created a STOP-START-CONTINUE document

# Outcomes: Financial

Year	FTE	Cost
2008	34	\$1,292,000
2009	26.8	\$ 677,778
2010	22.3	\$ 554,339 (Jan-Aug \$369,559 Annualized)
Reduction of	11.7	\$ 737,661

# Clinical Outcomes

- Increased rationale evident for sitter orders
- Increased collaboration between physicians and team through use of decision tree
- Administrative Supervisor Role and TTP
- Increased awareness of alternatives to use....a work in progress
- Improved documentation

# Human Resource Outcomes

- Increased hiring of candidates with interest/education in healthcare careers
- Decreased reliance on shared employees
- Increased resource pool, who are better trained
- With creation of benefitted positions we have seen reduction in talk of unionization

# Best Lesson Learned

- The Sitter Complex is like an onion.....
- We had to peel back layers to assess the problem and find solutions

*“Life is like an onion: you peel it off one layer at a time, and sometimes you weep”.....*

*“but oh the richness an onion brings.....”*

# Thank You Very Much

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