Optimizing Sitter Use: Enhancing Safety and Cutting Costs

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Background

Innovative nursing practices can reduce hospital sitter usage and costs as a component of a patient-focused safety plan. Sitter use, an evidence-based nursing-driven strategy, effectively decreases falls and injury, however, is typically not reimbursed by third party payers. This project aimed to improve sitter utilization, documentation, and cost-efficiency by minimizing unnecessary use, enhancing policy compliance, and preventing safety incidents. Prior to this project, sitter use was not well tracked and safety concerns for patients and staff existed. Inpatient managers lacked awareness of direct costs, sitter charges weren’t recorded in Epic, and there was little collaboration between frontline staff and leadership.

Method

In response to observed inconsistencies in sitter practices and gaps in nursing knowledge, a multidisciplinary workgroup was formed. Prior researchers have implemented assessment tools that have improved the allocation of sitters; this group introduced two such standardized documentation forms: a sitter justification form and a patient behaviors tool. Both were to be completed and submitted to the nursing house supervisor every shift. The workgroup also engaged in education and support of alternative sitter strategies, ultimately streamlining sitter procedures, and enhancing patient care. With assistance from system clinical revenue specialists, formal training for the HUGS in accurate sitter charge tracking was implemented.

Results

Standardizing documentation enhanced policy adherence, team communication, and facilitated timely interventions, while improving outcomes. This led to direct and indirect cost savings by optimizing sitter use and preventing safety incidents. Falls in the quarter prior to implementation were 20 per 1,000 patient days (3.14 %). Post implementation, fall rates decreased over the following three quarters by 50% (n=10, M=1.62%). Total sitter hours were reduced by 50% on average over an eleven-month period.

Fall Rate by IP Unit: Fall rates pre- (June/July 2022 average of 1.7 & post- (August 2022-July 2023 average) implementation.

Cost Savings

Standardized documentation led to a direct cost savings of $133,743.85 over nine months by decreasing unnecessary sitter use. Indirect savings via fall reduction totaled $66,632.502. The project promoted alternative measures to patient observation, increased family engagement, and collaboration with psychiatry/gerontology. Enhanced adherence to sitter procedures ensured resource efficiency thus optimizing patient care and reducing costs.

Cost Benefits

Total Sitter Hours: June 2022=628; fluctuating but gradual decline to 96 in June 2023.

Average Sitter Hours per Sitter Patient: June 2022=18.5, fluctuating but gradual decline to 9.6 in June 2023.

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