

Technology to Optimize Resources and Promote Patient Safety

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Greetings from UPMC Pinnacle, Harrisburg PA



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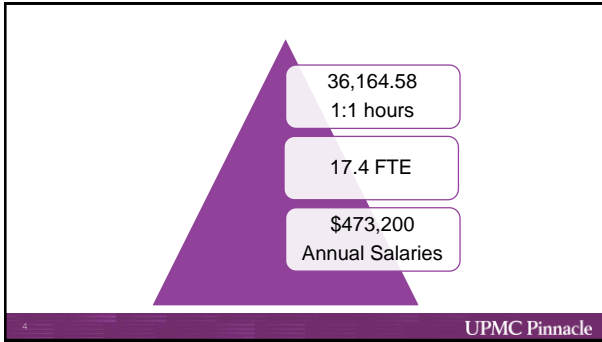
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How we got started....

36,164.58

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Resource Availability

- When a patient requires a 1:1 for continuous observation a Patient Care Assistant (PCA) is required to be with those patients
 - We do not have 1:1 FTEs
- If a PCA is in a 1:1 it may be one less staff member on the unit
- Less staff members on the unit may result in:
 - Decrease in call bell responsiveness
 - Falls
 - Even 1:1 observation does not prevent falls

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Falls

- Any patient regardless of age may be at risk for a fall due to changes related to
 - medical conditions
 - surgery
 - medications
- Hundreds of thousands of patients fall in hospitals annually
 - Up to half of these result in injury
- Falls with injury may require additional treatment and an extended length of stay
- A fall with injury has an average cost of \$14,000

Joint Commission, 2015

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Potential Solution

- Video Monitors
 - Use of video monitors allows for continuous observation/visualization of multiple patients by trained video monitor technicians (VMT)
- Hardwired vs Portable
 - We opted for portable
 - Allows the monitors to be moved from room to room based on patient need
 - Easier to move a monitor to a room rather than trying to move a patient to a monitored room



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Goals

- Optimize resources
 - Decrease the number of 1:1 hours
- Promote patient safety
 - Decrease the number of patient falls with increased visualization

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Implementation Process

- Develop the Team
- Nursing Director
 - Nurse/Clinical Manager
 - Clinical Nurse Specialist
 - IT
 - Telecommunications

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Implementation Continued

- IT & Telecommunications Roles
 - Additional PCs, monitors, servers
 - Network and server compatibility
 - Installation of additional phone lines

Collaboration of both organization and company IT departments are crucial.

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Implementation Continued

- Nursing Role
 - Addition of video monitor technician job description/role responsibilities
 - Budgeting for required video monitor technicians
 - Development of:
 - Video Monitoring Policy
 - Video monitor documentation
 - Establish process and workflow
 - Staff (nursing & VMT) training
 - Support from company for training and Go-live

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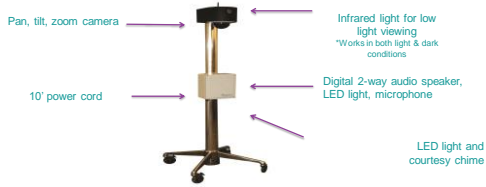
Implementation Continued

- STAFF BUY IN
- Department of Health Approval prior to Go Live
 - First hospital system in Pennsylvania to implement

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Mobile Video Monitors



Facts About Monitoring

- The Video Monitor Tech (VMT)
 - communicates directly with the patient, family, and staff in the room
 - contacts nursing staff directly as needed via phone with safety concerns
 - activates a STAT Alert Alarm in the event of an Emergent Need



Facts About Monitoring

- Monitors do not record
- Patients are observed at all times, except during personal care
 - The VMT can use the Privacy feature during personal care time



Mobile Video Monitoring at UPMC Pinnacle

- Mobile video monitors available at 3 campuses
 - Started with 24 monitors across 3 sites
- Remotely monitored at one central location by trained VMTs
 - Most VMT are crossed trained as EKG technicians and/or patient care assistance
 - When assigned as a VMT it is their only duty

Initiating Mobile Video Monitoring

- Decision to implement a mobile video monitor is made by the Primary Nurse, Charge Nurse and/or Nursing Supervisor
 - A physician order is not required
- Patients must meet criteria for remote monitoring
 - Inclusion criteria include:
 - History of falls or identified at high risk for falls
 - Alcohol withdrawal
 - Delirium/restlessness
 - Confusion
 - Elopement risk
 - Potentially aggressive/violent patients
 - Safety issue as identified by the primary nurse

- Consent for video monitoring is part of our admission consent and does not need to be obtained at the bedside
- Patient education handouts are available for patients and family



Mobile Video Monitoring May Not Always be the Answer

- Mobile video monitors cannot be used for patients who:
 - require 1:1 supervision for suicide
 - are unable to be redirected
- Use of the mobile video monitor may result in an increase in agitation/confusion
 - Patients should be assessed prior to implementation

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Video Monitor Tech Role

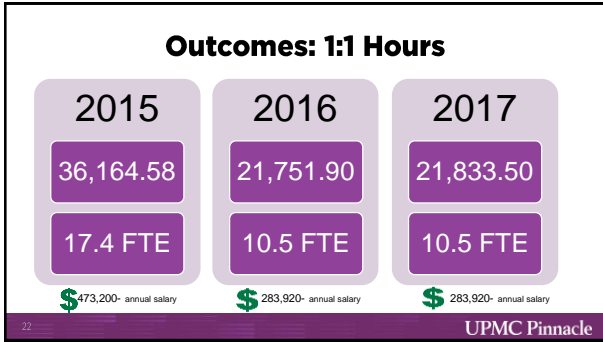
- Verbal handoff at shift changes
- Complete Shift Checklist
- Document on each patient at least hourly & with every interaction
- Admission/Discharge report form
- Assist in triage of monitors

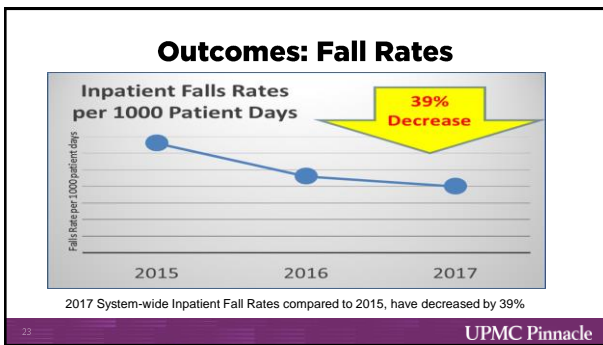
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Lessons Learned

- IT/Software compatibility
- Communication with Case Management/Social Work regarding new technology and to ensure use would not impede discharge plan
- Continuous reinforcement to promote use
- Continue to build relationships/trust between Video Monitor Tech and nursing staff

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- ### Where we are now and future goals
- In December of 2017 we added:
 - 8 additional mobile video monitors
 - Additional monitoring station at another campus
 - Increase use in the Emergency Departments
 - Annual VMT education/competency development
 - Improve process of documenting "good catches"
 - Enhance 1:1 hour tracking
 - Behavioral 1:1s vs suicide 1:1s
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Thank-you!
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