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Patient Watches Solve Safety Issue With Better Use of Resources

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Hospitals often struggle with the need to provide close watch over a potentially dangerous patient without relying on skilled nurses or security officers who are needed elsewhere. Some hospitals are finding that a "patient watch" program is the right solution.

A patient watch is not the same as a sitter program in which a healthcare attendant is assigned to watch over a patient who is elderly, disabled, or otherwise impaired. The sitter is effective for patients who may be at risk of falling or other nonviolent risks, but they are not appropriate for patients who are potentially dangerous, explains **Ken Bukowski**, vice president of vertical markets for Allied Universal, a security and facility services company based in Conshohocken, PA.

Rather than a healthcare attendant, a patient watch involves a security officer posted with a patient for the purpose of protecting that patient and others, Bukowski explains. For a patient watch to be appropriate, the patients must be identified according to state laws as a threat to themselves or others and placed in an involuntary patient status by the appropriate authority. Otherwise, directing a security officer to watch a patient could be construed as coercion or even false imprisonment, Bukowski cautions.

Some Require One-on-One Watch

Under some conditions, such as when a patient is suicidal, there must be a one-on-one patient watch with a qualified staff member monitoring the patient at all times, Bukowski explains.

In other situations, it is permissible to direct a staff member to watch more than one noncommitted patient as long as additional staff are available to respond in an emergency, Bukowski says. Those requirements can be difficult for some hospitals to meet. Most facilities do not have enough security officers to watch patients around the

clock. Pulling existing officers from their duties to do so would mean leaving other needs unfulfilled throughout the facility.

“We see a lot of hospitals pulling in CNAs and other clinical staff to do this just because they don’t have any other choice. The emergency department is already a busy environment, and no one wants to be taken away from their other duties to sit there and watch a patient,” Bukowski notes. “But these patients also can be disruptive, and these clinical staff are not qualified to handle a violent or dangerous patient. Even when you have clinical staff on this duty, you still end up having to call in a trained security professional.”

Using staff specially trained for patient watches is sort of a midpoint between the other options of instructing a clinical staff member or a hospital security officer to monitor the patient. Both those other staff members have skills that are needed elsewhere, and they are both more expensive to employ, Bukowski says.

“You’re taking nurses away from what they’re trained to do and what you’re really paying them for — taking care of patients in a medical situation. Or, you’re taking security officers away from their other duties and leaving other areas of the hospital unprotected while they watch this patient,” he explains. “A lot of hospitals call in their security officers for this, but when you pull that officer from duty in the hospital lobby, now your lobby is exposed and unprotected. Shuffling staff around doesn’t work because you had that security officer posted in the lobby for a reason. Now, you don’t have that coverage.”

Hospitals may have multiple patients requiring a watch at any one time, but the need fluctuates, Bukowski notes. A patient watch program can draw on either a security service or it can develop its own internal program of staff members specially trained for this task, he says. In either case, the hospital can schedule trained patient watch staff for high probability times like weekends. Other staff could be on call for times when such patients are less likely to appear.

“It’s important to look at the data and try to project when you will have these patients. It usually follows a pattern of weekends when you have people drinking too much and some evenings when people are more likely to come in with these kinds of problems,” Bukowski advises. “You can have staff there on those shifts, ready to step in so that your more skilled staff don’t have to be pulled away. When a doctor orders a patient watch, it starts right then. If you don’t have the appropriate person to step in, you have to pull in someone who should be doing something else.”

Video Monitoring Possible

Another option is a watch program that uses video monitors. One staff member can watch monitors for several patients, but only if they are noncommitted, Bukowski says. If the patient is committed because he or she is at risk of suicide or other danger, a

video monitor may be used if the staff member is constantly monitoring only that single patient, he explains.

“The person watching the camera has to do nothing but watch that monitor for that one patient. There must be a resource who can respond to the patient immediately. That can be either the person watching the monitor or another clinical or security professional who can respond if something happens,” Bukowski says. “That’s a new directive from CMS.”

Bukowski notes that many hospitals are developing seclusion rooms that are grouped together, making it more feasible for a single patient watch staff member to monitor several noncommitted patients at the same time.

“The key to making a watch program work is to have people who are trained for this role. It’s not a matter of taking anyone who is willing to sit there and watch the patient,” Bukowski says. “They must be trained in recognizing signs of escalating behavior and respond to escalating behavior. Otherwise, you’re really not solving anything because you still have to pull in the medical staff if this person doesn’t know what to do and keep the incident from turning into a bad situation.”

SOURCE

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https://www.reliasmedia.com/articles/144895-patient-watches-solve-safety-issue-with-better-use-of-resources