



Improving the Training of 1:1 Patient Safety Attendants; Keeping Patients and Staff Safe

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Background

There has been a nation-wide trend of rise in the number of patients presenting to healthcare settings in crisis (1). Many of these patients require constant observation for their continued safety. To meet this increasingly hospital-wide need, a new role was created: Patient Safety Attendants (PSA). The Johns Hopkins Nursing Float Pool and Resource Management Department (FP) was tasked with hiring 100+ Certified Nursing Assistants (CNAs) into this role. As this was a new role, a competency-based educational training program had to be developed.

Aim of the Project

To develop a competency-based educational curriculum for CNAs that would be in the role of Patient Safety Attendants (PSA) on both the East Baltimore and Bayview Campus.

Specific aims of the curriculum were to:

- Increase staff and patient safety (2)
- Ensure PSAs understand their scope of practice and their documentation requirements (3)

Description of the Intervention

PDSA Method-A Model for Improvement

PLAN: The Leadership Team and Nursing Practice and Professional Development Specialists (NPPDS) collaborated to determine the educational content for a comprehensive onboarding week. The plan was divided into 4 sessions:

1. Focused on policies, scheduling and resources
2. Focused on crisis prevention and practicing clinical skills.
3. Real-Time Clinical Orientation with lead clinical technician
4. One week of clinical orientation shifts

DO: Implemented the new onboarding week January 2023

STUDY: An audit tool was developed that assessed the objectives of the onboarding week redesign.

ACT: According to the results of the audits, the NPPDS' put into place additional interventions

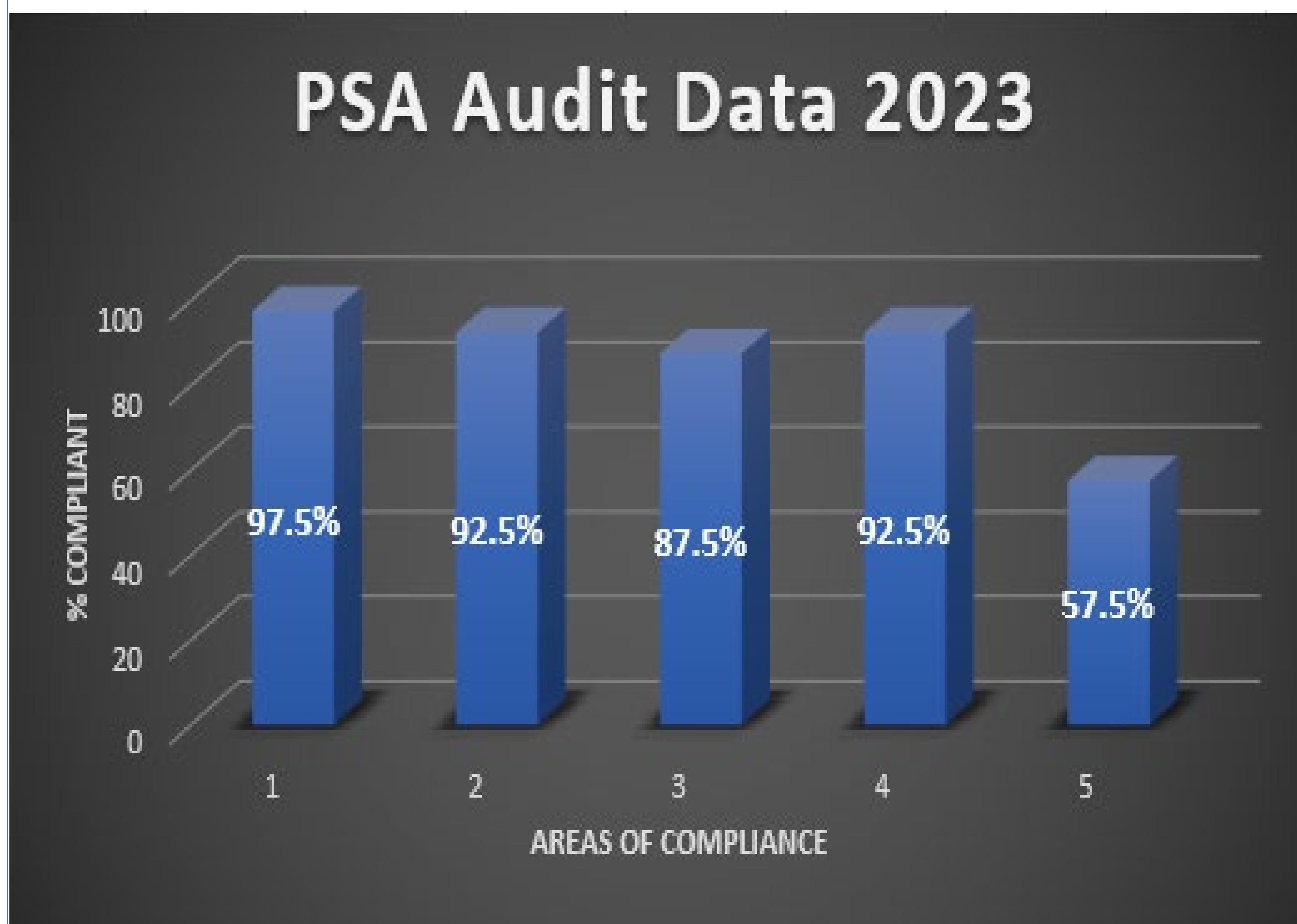
Description of Data Collection and Analysis

Over the course of one year, data was collected in the form of in-person audits. The audits were completed by our lead clinical technician and a Registered Nurse Champion. A total of 40 audits were complete and analyzed. The strength of using an in-person audit provided a snapshot of unrehearsed behaviors and knowledge. There were several limitations to its use including: all audits were only completed at the East Baltimore Campus, timing of the audits primarily were completed during dayshift, and we only had 40 to use for our primary analysis below.

Outcomes Measures or Results

Data Points Analyzed:

1. Had knowledge on why 1:1 observation was ordered
2. Focused on their patient
3. Wearing the correct PPE
4. Safety checks documented
5. PSA Flowsheet documented correctly



Discussion

In analyzing our data, only 57.5% of PSAs were documenting correctly in EPIC. We have identified that a stronger emphasis on documentation expectations both in the educational class provided during onboarding week and increased oversight during their clinical orientation shifts is needed. Also, 20% of PSAs did not receive a report about their patient from the nurse. Although this does not reflect the initial aims of the project and our educational curriculum, it does affect their ability to care for their patients safely.

Next Steps

- Utilize EPIC playground to provide an interactive way for PSAs to explore the PSA flowsheet and required documentation prior to clinical shifts.
- Disseminate information on documentation requirements to all staff and to ensure preceptors are providing the correct information to new staff.
- Improve the quality of audit data by:
 - Auditing all shift types
 - Auditing both campuses
 - Audit all ancillary staff types in the PSA role
 - Revise data points to better reflect aims of project

References

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3. Wood, V. J., et al. (2018). One to one specialling and sitters in acute care hospitals: A scoping review. *International journal of nursing studies*, 84, 61-77. <https://doi.org/10.1016/j.ijnurstu.2018.04.018>