



# Piloting a Standardized Documentation Protocol for Observational Sitters on Non-Psychiatric Units

Audrey Chen, MD<sup>1,2</sup> and Stephanie H. Cho, MD MS<sup>1</sup>

<sup>1</sup> Dept of Psychiatry and Behavioral Sciences, Keck School of Medicine of USC; <sup>2</sup> LAC+USC Medical Center



## Background

- Observational (“1:1”) sitters are often assigned to patients with delirium or behavioral crisis<sup>1</sup>.
- Though a potential source of valuable information that can inform and improve care<sup>2</sup>, sitters receive no standardized training<sup>3</sup> and their documentation is often lacking.
- This pilot study 1) developed a standardized documentation questionnaire for sitters on non-psychiatric units, and 2) evaluated providers’ perception of the impact on provision of care.

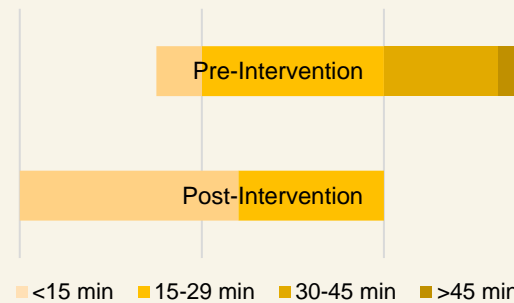
## Methods

- Anonymous electronic surveys were sent via Qualtrics to attendings, residents, and medical students on the inpatient CL team. Pre-intervention surveys were sent to team members who rotated in the 25 months preceding the pilot and conducted a needs assessment and obtained baseline information.
- A standardized sitter questionnaire was developed based on areas identified in the need assessment. Paper copies were given at daily to sitters of patients for whom psychiatry was consulted. Each morning, documentation was collected as part of the CL team’s regular information gathering. This process continued for 5.5 months.
- Post-intervention surveys were then sent to team members who worked on the team during the duration of the pilot and focused on the perceived impact of questionnaire.
- This study was approved by the institutional IRB.

Table 1. Pre-intervention needs assessment	
<b>Chart review and patient interview <i>alone</i> provided sufficient information</b>	
Yes	25% (n= 4)
No	75% (n=12)
<b>Areas of insufficient information on chart review and patient interview (Total n = 11)</b>	
Description of behaviors in past 24hrs	64% (n = 7)
Reason for PRN medication or restraint	45% (n = 5)
Sleep in past 24 hrs	27% (n = 3)
Orientation, function, ability to interact	27% (n = 3)
Past History including: baseline function, behavioral history, treatment response	18% (n = 2)

Table 2. Satisfaction with information obtained from Sitter/Nursing		
	Pre	Post
1 - Not at all satisfied	19% (n = 3)	0%
2 - Somewhat satisfied	62% (n = 10)	50% (n = 2)
3 - Mostly satisfied	19% (n = 3)	50% (n = 2)
4 - Very satisfied	0%	0%
Average Score	2.0	2.5

**Figure 1. Time Spent Gathering Information per Patient per Day**

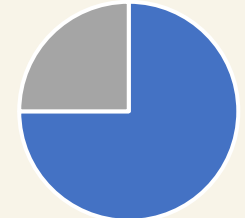


**Figure 3. Provider perception of Questionnaire effect on workflow**

Questionnaire *impacted* Medical-Decision Making



Questionnaire *reduced* time spent collecting information



## Discussion

- Pre-intervention surveys demonstrated a need for supplemental information that can be provided by observational sitters (Table 1).
- Implementation of a standardized questionnaire may have contributed to improved satisfaction with information obtained verbally from sitters/nursing staff (Table 2).
- Total time spent in information gathering may have been reduced following initiation of the standardized questionnaire (Fig. 1).
- The majority of respondents felt that use of the questionnaire reduced the time they spent gathering information, and half felt the information impacted their medical decision making (Fig. 3).
- Unfortunately, this study was limited by low post-intervention survey response rate (n=4).

## Conclusion

- Observational sitters are an underutilized source of information for CL psychiatrists.
- Use of standardized documentation to capture sitter observation has the potential to improve provider efficiency and medical decision-making.
- Future studies should prioritize collaboration with nursing and sitter staff to develop sustainable workflows to standardize documentation.

## References

- Harding AD. Observation assistants: sitter effectiveness and industry measures. *Nurs Econ.* 2010;28(5):330-336.
- Brooks N. How to undertake effective record-keeping and documentation. *Nurs Stand.* 2021;36(4):31-33.
- Carr FM. The role of sitters in delirium: an update. *Can Geriatr J.* 2013;16(1):22-36.