

A Qualitative Improvement Project Aimed to Develop 1:1 Patient Monitoring Guidelines in the form of a Flowchart for Inpatients Diagnosed with Components of Disorganized Behaviors.

Purpose: The purpose of this quality improvement project was to create awareness on 1:1 sitter and develop guidelines to timely discontinue this intervention in the inpatient mental health units.

Background: The number of patients placed on a 1:1 sitter, especially in inpatient psychiatry, has been on the increase over the past several years; creating a financial burden on the hospitals. Acute care hospitals in the United States can spend more than \$1 million annually on sitters, and indications suggest this cost is increasing (Bock, 2017). Using a standardized tool to assess patients who are on 1:1 sitter has proven to be helpful in reducing the number of days patients are on 1:1 sitter. Using this tool, requires staff to frequently assess patients meeting Watson Caring Theory. During this assessment, staff provides a supportive and caring environment for the patient, leaving the patient to feel loved and cared for.

Method: Data was collected from December 20th, 2021-Feb 10th 2022. The participants were nurses in an inpatient psychiatry unit and patients that were on 1:1 sitter order during this period. Sitter guideline was developed by writer based on literature and implemented during this period. Pre and post questionnaires were administered to determine knowledge on guideline. Writer met with unit staff during implementation. Intellectus Statistics was used to analyze data.

Outcome: The findings gathered from the project suggests that having a standardized guideline reduces the duration patients were on 1:1 sitter averagely dropping to 2-3 days. The frequency dropped as well tapering from every shift to perhaps only night shift or only active shifts then discontinuation of the order. Upon completion of the project, the staff's' attitude towards 1:1 sitter improved with the nurses willing to use the guideline post implementation.

Discussion: It has been shown through this project that patients who are on 1:1 sitter need a guideline to help them get out of this intervention. Otherwise, patients can remain on 1:1 sitter

for several days without proper assessment, thus putting a financial strain on the unit/hospital budget.

Recommendation: Based on the outcome of the project, it is my recommendation that each facility should have a guideline to assess patients placed on 1:1 sitter. Unit managers should reinforce the use of this guideline by educating its staff, and following up when patients are placed on 1:1.