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KEEPING A VIRTUAL EYE ON PATIENTS

HealthLeaders webinar: How telesitter programs are boosting patient safety while cutting costs

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Keeping a Virtual Eye on Patients

HealthLeaders webinar: How telesitter programs are boosting patient safety while cutting costs

As healthcare systems increasingly adopt virtual observation programs, or "telesitting," to enhance patient safety and alleviate strain on care teams, the landscape of patient monitoring is undergoing a transformative shift.

Industry leaders—**Ashley Iannazzo, DNP, RN, CNL,** senior director of clinical operations at UPMC Center for Nursing Excellence; **Christine Gall, DrPH, MS, BSN,** chief nursing officer at Collette Health; and **Sarah N. Pletcher, MD, MHCDS,** vice president and executive medical director of strategic innovation at Houston Methodist System—explored strategies for successfully implementing telesitting programs, during the HealthLeaders webinar **"Using Virtual Observation to Improve Patient Safety,"** sponsored by Collette Health. Among the highlights, the panel pointed out the importance of technology integration, proper staffing, and securing nurse buy-in.

Here's a detailed summary of their insightful discussion.

Advancing telesitting initiatives

Telesitter programs that monitor multiple patients simultaneously are proving to be a valuable investment for health systems amidst workforce shortages and high rates of nurse burnout. Gall of Collette Health, which partners with organizations deploying virtual observation, sees it as a crucial response to recent hurdles: "It is definitely a hot topic with some of the challenges that have come from the pandemic. Everybody's looking for the right solution for their particular organization to balance workflows with the unique needs of the patient."

Iannazzo, with UPMC in Pittsburgh, Pennsylvania, said leaders viewed virtual observation as an opportunity to centralize resources and improve efficiencies across the geographically dispersed 40-hospital system. "One of our biggest pain points was how to deliver a virtual model across all of our regions, and the telesitter program was our answer." The program has generated cost savings by offsetting traditional labor costs of one-to-one observation with virtual care alternatives, she said.

Pletcher from Houston Methodist System said the lack of one-on-one sitters was a significant impetus to move to a centralized telesitting approach. "There simply weren't enough to go around." She added that Houston Methodist System's program has progressively replaced outdated sitting methods, such as using carts in rooms, with integrated

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—Christine Gall, DrPH, MS, BSN, chief nursing officer at Collette Health

technologies and wall-mounted cameras, allowing for more flexible and sophisticated monitoring.

When launching virtual observation programs, Gall advised carefully selecting a partner and also cautioned against scope creep. “How you start and select the partner that you want to work with is just as important as how you narrow in on the pain points you’re going to address and how you measure it.” She pointed out that virtual observation demands specific skills and extra support, adding that the right partner can offer proven practices to avoid starting from scratch. “It’s an exciting frontier in time where [remote] observation is really accelerating,” Gall said.

Staffing and integration strategies

The effectiveness of telesitting significantly relies on developing appropriate staffing and technology integration strategies. According to the panel, crucial initiatives include:

- Integrating telesitting and EHR platforms for efficient communication and closing care gaps
- Implementing AI-enhanced patient monitoring for better surveillance
- Maintaining staffing ratios of one telesitter to up to 12 patients, depending on patient needs
- Integrating virtual observation into the clinical team workflows for enhanced patient care
- Cross-training telesitters with physical sitters for comprehensive patient coverage

At Houston Methodist System, telesitters are part of a collaborative unit comprised of the virtual inpatient nursing team, ICU nurses, and providers. Together, this team can fill in critical care gaps. For example, Pletcher said virtual nurses can flag patients who might specifically benefit from telesitting, thereby preventing delays in care.

UPMC’s telesitting program features two command centers (one with 50 cameras and another with 25) operating 24/7. “We’ve also built in flexibility with the telesitter and the physical sitter roles being interchangeable,” said Iannazzo, noting that telesitters are particularly critical in areas like neurology, where patients require intensive monitoring.

Both Pletcher and Iannazzo stressed the importance of technology integration, with Pletcher noting Houston Methodist System’s advancement to a platform that syncs with the EHR. Previously, the

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telesitting process was compartmentalized, requiring telesitters to manually gather and enter patient information rather than having it flow directly to and from the record.

Pletcher added that advanced technologies, like AI and analytics, are improving how telesitters do their jobs. “AI cameras can detect patients who are agitated, climbing out of bed, or who have fallen,” adding another layer of patient monitoring and enabling shorter sitting windows. “That’s another piece of the new frontier that’s exciting to see coming at us,” she said.

Iannazzo also shared that integrating UPMC’s telesitting solution and EHR has markedly improved workflows. “Integrating with a telesitting platform that connected directly to our health system increased that communication and workflow in terms of reporting and documenting in the record and receiving consults.”

When discussing nursing ratios, the panelists noted various factors to consider, including patient acuity and telesitter experience. At Houston Methodist System, telesitter ratios range from one telesitter to 12, 16, or 18 patients. Pletcher suggested that as telesitter programs are scaled and patient patterns emerge, there’s room for more flexibility, like staffing telesitters during peak periods instead of solely relying on 12-hour shifts. Iannazzo echoed this sentiment, highlighting UPMC’s best practice of maintaining a 1 to 12 staffing ratio that adjusts to patient acuity.

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Measuring progress: Gauging success with metrics

The panel discussed the complex nature of quantifying the success and ROI of virtual observation, emphasizing the need for diverse metrics, from patient safety and acuity to nursing staff turnover.

Gall stressed, "Obviously, the primary goal here is to improve patient safety and clinical outcomes." She pointed out that programs typically measure patient outcomes, such as hospital-acquired infections and fall reduction. Operational metrics like staffing ratios are critical, along with evaluating how the telesitter program manages higher acuity patients and absorbs direct bedside care. Additionally, she emphasized the importance of measuring adjusted nurse staffing based on telesitter support, with a look at nurse workflows, resilience, and burnout prevention strategies.

Pletcher said there is a strong ROI from cost savings with a 1 to 12 staffing ratio in the early phases of telesitting. She said Houston Methodist System's program has also progressed to include quality and length of stay metrics. Like Gall, Pletcher also highlighted the impact of burnout on retention. "We've implemented virtual nursing and continuous vitals monitoring, which has allowed us to actively monitor patients physiologically, as well as [tele]sitting. Those things combined have been part of eliminating contract labor and enhancing our retention and happy nurses."

Iannazzo added, "Patient safety is primary, so we monitor falls, elopements, line pulls, and drain pulls." Maximizing telesitter usage and camera support also provides additional support to nurses by offloading some patient responsibilities. She also said there is "a large piece of return on investment from a staffing and premium labor perspective."

Clearing the path: Overcoming key challenges

The panel highlighted core challenges to introducing telesitting, including navigating skepticism and implementing effective change management strategies to gain nurse buy-in. Iannazzo addressed the challenges of gaining acceptance, particularly in locations without command centers, stressing the importance of establishing program credibility and working with nurses to trust the program even if a patient event occurs. "We relied on those first early adopters to help spread the message," Iannazzo said.

Pletcher discussed managing high expectations for new technology, emphasizing the need for setting realistic standards. She pointed out that there are flaws in both traditional and virtual methods. "We're

all doing the best we can, and that is also true of things innovative and digital."

Gall advocated for a targeted approach to addressing staff concerns when adopting virtual observation. It should align with adult learning principles, helping people understand why there's a need to change and using real-world examples and data. She suggested initiating the conversation by saying, "We simply don't have enough staff," urging staff involvement in generating ideas from the ground up. Gall concluded by asserting, "Those that do that well have automatic champions on their units."

Getting ready for launch

According to the panel, launching a telesitting program can take one to two years, particularly for organizations new to virtual care. "If you've never done [tele]sitting and don't have other virtual services…it can be a 12-to-18-month process," Pletcher observed. However, for institutions already equipped with virtual services looking to update their platforms, the transition can be much faster.

Assessing organizational readiness is crucial for success, stated Gall, adding that Collette Health is creating a readiness assessment to identify essential program elements. This strategy includes having the right champions and messaging during deployment, along with a follow-through plan for sharing results. "As an example, at Collette, we just celebrated that we have saved 90,000 people from falls, and we're very proud of that," she said. "It's very important to find a partner who's willing to meet you where you are." ■

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Collette Health's clinician-created virtual observation platform and on-staff virtual clinician observers form a plug-and-play virtual care team to improve patient safety. This innovative system harnesses the power of human-centered AI, providing proactive intervention superpowers to clinicians on the floor. By combining continuous observation technology with human expertise, physical care teams can work smarter, reduce care costs, and improve patient outcomes. Rated 90.1% by KLAS, over 170 hospitals and health systems prevented 83,000 falls and reduced fall rates by 68%, saving $1.17B in fall-related costs last year.

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