



VIRTUAL OBSERVATION: A SECOND SET OF EYES FOR SHORT-STAFFED HOSPITALS

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If you have ever had to stay in a hospital overnight, you have undoubtedly experienced the frustration of waiting. Whether it is for your medication, to be taken for tests, or even to be discharged, you have probably watched the bustling staff run between nursing stations and patient rooms and asked yourself as you stared at your watch, why they don't hire more people. Most hospital administrators will give you the same answer – budget.

For people who are hospitalized longer or for more critical reasons, overstretched staff has an additional layer of risks of patient falls, self-harm, or even wandering away. This growing challenging is being faced by facilities across the country. But technology is offering a solution through virtual patient observation.

With budgetary constraints minimizing the number of nurses hired each year, the nursing staffs of hospitals are experiencing a greater strain than ever, particularly since the onset of the Covid-19 pandemic. Even without the threat of this virus, hospital clinical staff – and nurses in particular – find themselves grappling with increased numbers of patient falls simply because there are too many patients for one nurse to keep an eye on. Higher patient loads are associated with higher hospital readmission rates, with studies showing that assigning four or more patients to an RN significantly increases the likelihood of hospital readmissions.^[i]

According to the *United States Registered Nurse Workforce Report Card and Shortage Forecast*, published in the January 2012 issue of the *American Journal of Medical Quality*, a shortage of registered nurses is projected to spread across the country between 2009 and 2030.^[ii]

At one time, Patient Care Technicians would be able to provide support by checking in on patients as they carried out their duties. Unfortunately, higher patient enrollment has rendered one set of hands inefficient. The Patient Sitter role was introduced to observe patients and keep the nursing staff aware of any patient needs or high-risk behavior. But one Sitter assigned to one patient hardly gives any nurse the kind of support they need. While this could be perceived as a beneficial source of support, with as many as 80% of falls in US hospitals going unobserved,^[iii] higher patient enrollment causes this to become an inefficient use of resources.

[Virtual Patient Observation uses technology like MedSitter](#) to addresses this issue by allowing one person, a virtual sitter, to observe as many as 10 patients in one setting. A Patient Safety Observer (PSO), located in a different room in the hospital or at another clinical facility altogether, uses a MedSitter observation station to connect using video and audio to a telehealth mobile cart positioned in the patient's room. This virtual observation over the hospital's secure internet access allows for the PSO to monitor the activity of up to 10

patient rooms simultaneously. The observation station allows the PSO to communicate back and forth with the patient with their own voice or with communication tools like cross-language communication, on-screen captions, and even American Sign Language.

Along with tools that allow patient communication, the PSO can watch anything that will help prevent the patient from harming themselves or others. Cameras allow a close view of the patient, zoom-in and zoom-out panning to catch any conditions in the room that could cause the patient to fall, and privacy settings to help ensure the patient feels comfortable while being observed.

And what if something happens or is about to happen? How does Virtual Observation prevent falls, wandering patients, self-harm, or other potential issues? There are a variety of tools to escalate potential harm, like alarms that alert nurses to an issue or possible issue like a patient too close to the edge of a bed or leaving their room; verbal commands that advise the patient to change a dangerous behavior; and reporting tools that allow PSOs to record issues as written notes or take photos of patient rooms. The information they share can make clinical staff or other PSOs aware of things to watch.

Virtual Observation has had a dramatic effect on the risks and issues that hospitals and clinical facilities have been struggling to prevent for years. Many large systems are reporting reductions in patient falls and reduced cost of additional care and staffing. The extra sets of eyes are also supporting nurses who have been struggling with fatigue by relieving them of the need to be in two or more places at once.

[i] Tubbs-Cooley HL, Cimiotti JP, Silber JH, *et al.* An observational study of nurse staffing ratios and hospital readmission among children admitted for common conditions. *BMJ Quality & Safety* 2013; 22:735-742.

[ii] American Journal of Medical Quality. *United States Registered Nurse Workforce Report Card and Shortage Forecast*. January 2012. <https://www.ic4n.org/wp-content/uploads/2020/01/Nursing-Shortage-Factsheet-2017.pdf>

[iii] Agency of Healthcare Research and Quality



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