Abstract:
Use of a remote video monitoring (RVM) system in addition to a comprehensive fall prevention program has been shown to reduce patient falls (Sand-Jecklin, Johnson, & Tylka, 2016). Since implementation in our acute care setting eight months ago, however, nurses still exhibit low trust levels and resistance to using RVM. Even units with high utilization of the technology believe it creates more work for them as they respond to multiple calls from the tele sitters to attend to the patient. Others believe live sitters are the safest option to prevent patient safety events. Consequently, nurses work-around the sitter request protocol and claim the patient has “failed RVM” despite the patient not meeting actual RVM failure criteria.

The goal of the proposed study is to examine current concerns and barriers to use of RVM by nursing staff, and work with nurse leaders to develop, implement and test the benefit of a structured intervention bundle to improve acceptance and implementation of RVM technology, using a mixed-methods study design. Enrolled subjects will include nurses and clinical directors from 8 adult inpatient units. Individual, semi-structured interviews will be conducted with up to 30 nurses to identify factors of RVM implementation perceived as helpful and not helpful. Results will be used to develop a bundle of nursing leadership interventions to improve RVM acceptance and use. Additionally, nurses will complete the Simulate Telemedicine Acceptance Tool, pre- and post-intervention to gauge their level of acceptance of the remote video monitoring technology. Pre- and post-intervention data on use of RVM and sitters, falls and near falls, safety events and nurse time spent responding to patient calls will be obtained from routinely collected hospital data from our event reporting application and tracking badge readers.

The primary outcome of the study is to increase technology acceptance and trust of RVM and will be assessed using post-intervention interviews. Additionally, the study seeks to increase requests for remote video monitoring, decrease overall use of sitters and decrease sitter request protocol work arounds.