# Improving Patient Safety Through Accurate Vital Sign Trending and Patient Data Recording

Specialty Resource Unit Safer Together Through Education and Practice Committee Jenna Bomske, BSN, RN II, CPN; Alyssa Rhode, BSN, RN II, CPN; Sydney Schaefer, MSN, RN II; Taylor Stammer, BSN, RN II, CPN, CCRN; Katie Brady, MSN, RN, CPN, NE-BC; Maddie Faris, AASN, RN; Morgan Crane, BSN, RN II, CPN; Jane Doyle, BSN, RN; Mackenzie Abbitt, BSN, RN, CPN; Kelsey Kahmann, BSN, RN II; Lisa Burns, MSN-ED, RN IV, CPN



### Background

Patients admitted to CCHMC have their vital signs recorded using the Phillips Monitor. Whether it is continuous monitoring or intermittent checks, admitting patients to the monitor upon admission ensures vital sign data is saved in the monitor database during their hospital stay. If a patient moves to different care areas, their vital sign data remains recoverable. This means that even if they transfer from one unit to another (e.g., from the PICU to A3S), the staff in the new area can access the patient's vital sign trends. Failing to admit a patient to the monitor in their initial care area (e.g., PICU) can lead to missed trends. For instance, an A3S RN might not notice an upward trend in the patient's heart rate over the past 48 hours if the patient was not initially admitted to the monitor in the PICU

# Objective

The goal of this project was to increase Phillips Monitor admittance from 81% to greater than 90% by July 2024.

#### Improvement Model and Key Drivers

This is a Plan-Do-Study-Act (PDSA) cycle, a widely recognized model for implementing change in healthcare settings. The PDSA framework facilitates iterative testing of changes enabling the team to learn from each cycle and make informed adjustments to the intervention strategies. Key actions implemented were the introduction of reminder signage on monitors and the initiation of group message reminders by Health Unit Coordinators (HUCs) to reinforce correct patient monitor admittance



Monitor admittance increased to a median of 88% in 8 days. This improvement was sustained over 6 months.



# Conclusion

The 7% rise in Phillips Monitor admittance rates demonstrates that the implmentation of monitor signage and the initiation of shift-start reminders effectively enhance staff compliance with patient monitor admissions Consequently, accurate admittance to the monitor ensures vital signs and trends are reliably recorded, leading to improved patient safety outcomes.

### Method

On A6NS, baseline data was collected bi-daily for three weeks by a SRU RN, who recorded the number of patients admitted on the Epic Dashboard and verified monitor admittance status. Findings showed a median of 81% admittance on A6NS. The first intervention involved placing signs on monitors, prompting staff to admit patients correctly, asking, "Am I admitted with my CSN?" After two weeks of the signage being posted, data was collected again for three weeks using the initial method. Subsequently, the RN noted rooms with incorrect admittance and communicated this to the HUC for Voalte group messaging reminders. Data collection continued for seven days each month from March to June. In March and April, no reminder messages were sent, but in May and June, the RN resumed giving room numbers to HUCs and surveyed them on their potential future involvement in monitor admittance. Additionally, the committee developed a one-page educational document for A6NS staff, which was presented during August staff meetings.

# **Implications for Practice**

After discussion with their leadership, A6NS has taken over this initiative with their PCAs being the lead. One day shift PCA is assigned as the monitor check PCA. They are responsible for checking the monitors each morning and admitting the patient either in the room or from the central monitor. All materials used in this project were complied and presented to unit directors with the goal of implementations on all acute care units.

