

Impact of Vital Sign Assessment Frequency Reduction in Medical-Surgical Patients

Adrian Kjar, BSN RN & John Williams, RN, MBA

INTRODUCTION

- Vital signs (VS) traditionally assessed every 4 hours despite no clear benefit
- This quality improvement project set a minimum of VS assessment(s) per shift and assessed the impact of this intervention.

OBJECTIVES

- Assess impact of VS reduction based on patient-centric metrics
 - Time spent with patient
 - Hygiene/High touch cleaning
 - Likelihood to recommend (LTR)
- Obtain qualitative feedback from nursing staff

METHODS

- Excluded patients: Sepsis, active GI bleed, nursing & provider judgment
- 7-question survey administered pre- and post- initiative. 9 RNs and 18 CNAs completed the survey, rating ability to keep patients safe, support the team and connect with patients/visitors
- Survey and semi-structured qualitative interview findings shared with staff during informal staff/leader discussions and unit meetings
- Key performance indicators tracked to determine impact on outcomes (Fig. 1)

RESULTS

- **No adverse events noted**
- Staff reported improved ability to connect with patients, support the team, & complete tasks
- Unit bathing and oral hygiene improved; high touch cleaning decreased
- Patient LTR increased from 86% to 92% from pre- and post- intervention

DISCUSSION

- Response to reduced VS frequency in stable patients may indicate an opportunity for other Medical/Surgical departments to improve staff & patient experience
- Future recommendations
 - Implementation of an algorithm
 - EMR order set to help drive nursing decisions and improve communication between nursing staff and providers

Reducing vital sign assessment frequency allows staff to have more time with patients and may improve patient & staff satisfaction.

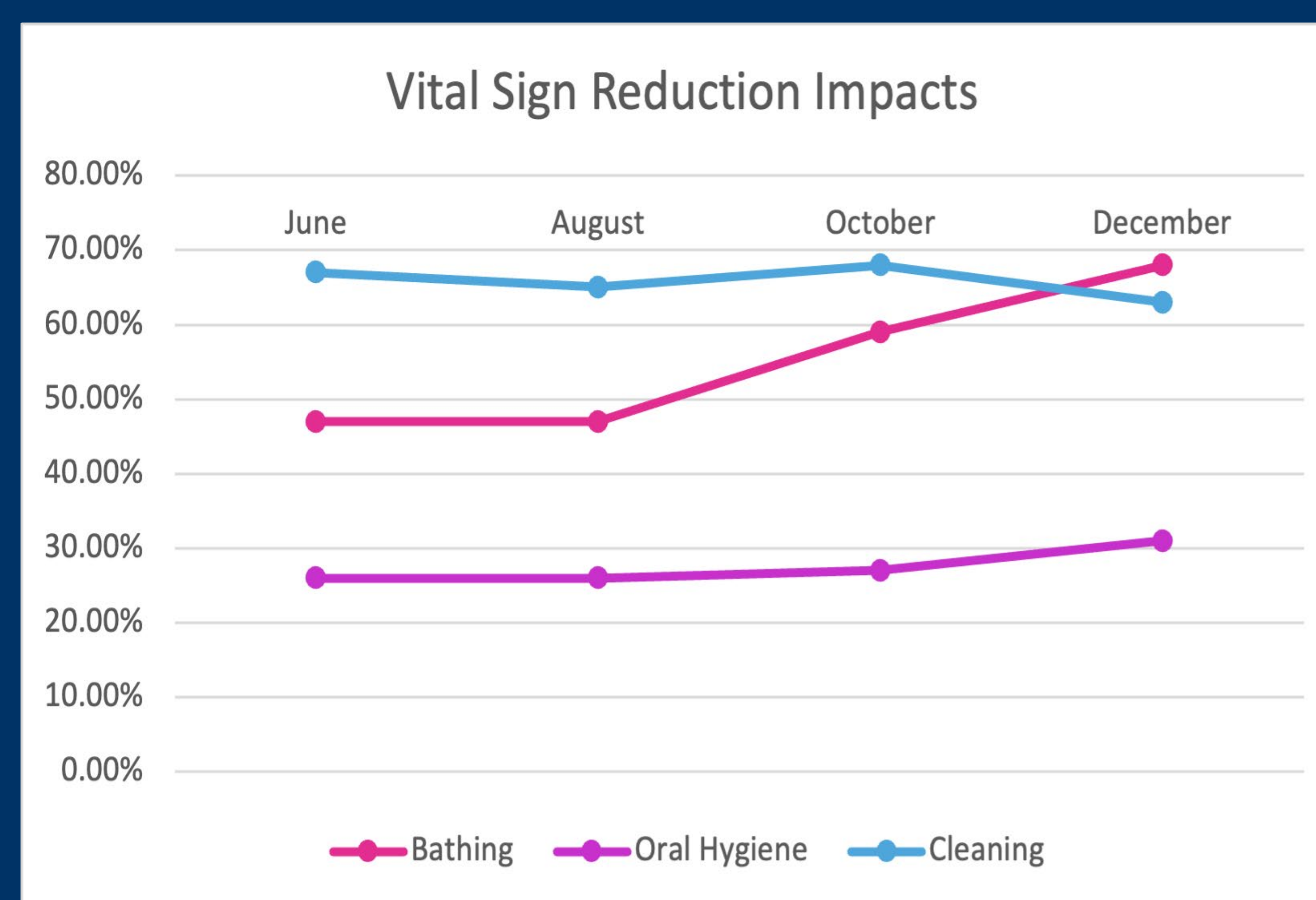


Figure 1

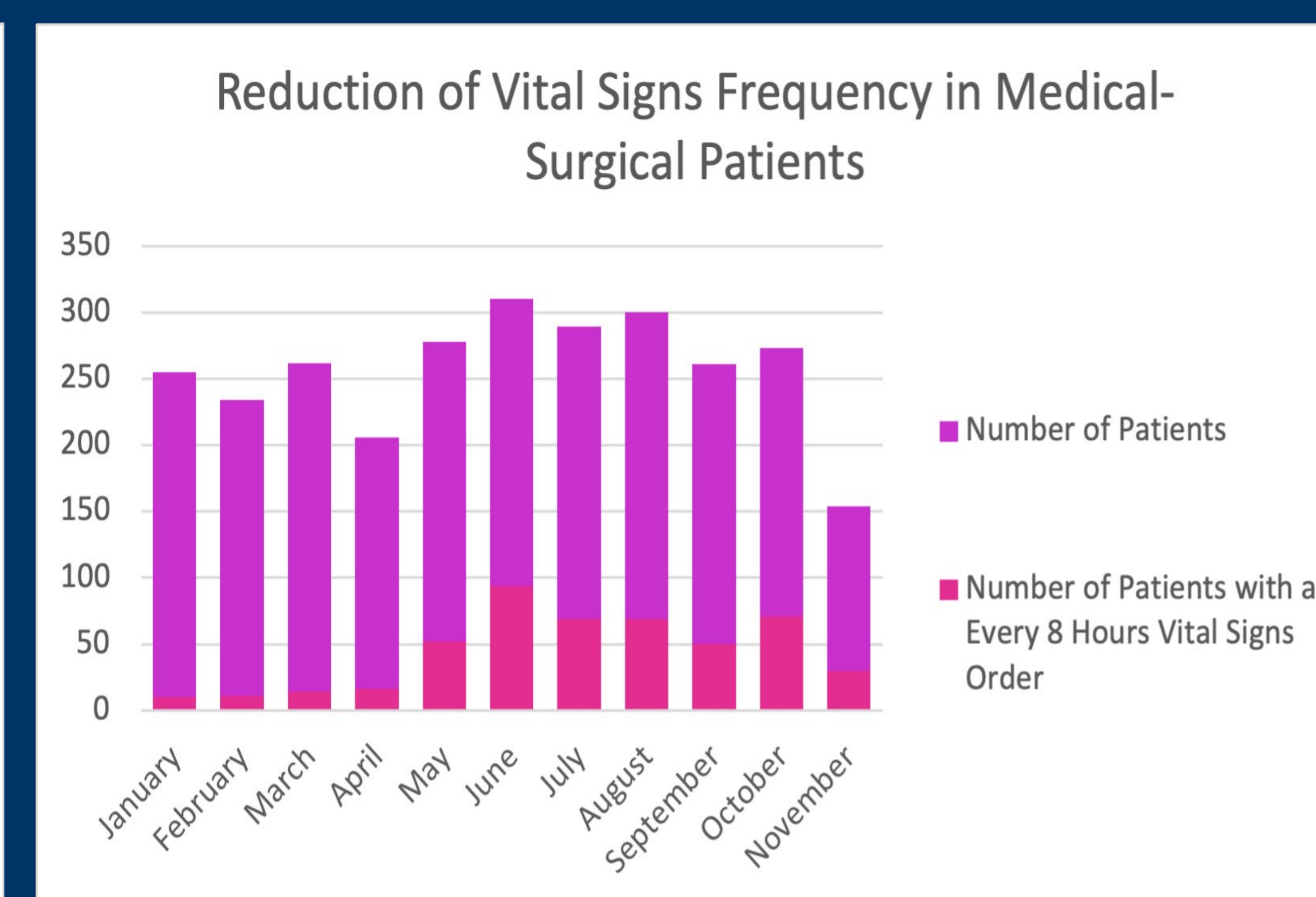


Figure 2