

Background

In the Emergency Department (ED), protocols for monitoring suicidal patients originally mandated the activation of Security personnel.

Due to chronic security manpower shortages, the "Patient Sitter" role was established as a pragmatic alternative. This study evaluates the efficacy of this transition by analysing 57 staff responses (84% Registered Nurses) to determine if Sitters adequately fulfil the safety and observation requirements of the department.

Methods

A quantitative analysis was conducted using 27 metrics evaluating response times, observational competency, and risk management. Participants—predominantly with >2 years of ED experience—utilized Likert scales and forced-choice scenarios to rate the reliability and effectiveness of each resource.

Methodology Visual



Findings

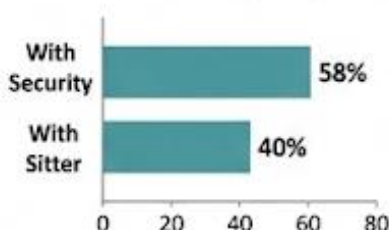
While both resources demonstrated consistent arrival reliability (70% Security vs. 77% Sitters), 93% of respondents agreed that any delay in arrival directly compromises patient safety.

Findings

Consistent Arrival Reliability



Perceived Safety Gap



Preference for Risk Management



Conclusion

The implementation of Patient Sitters has successfully supported clinical observation and self-harm detection but has not fully bridged the safety gap created by security shortages.

Staff perceptions indicate a clear reliance on Security personnel for managing agitation and aggression. These findings suggest the adoption of a hybrid model: restoring Security presence for high-risk behavioural management while utilizing Sitters for observation-focused care.

Acknowledgement

Survey participants:
TTSH ED Nurses

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