

CLAHRCBITE

Brokering Innovation Through Evidence

**One to one specialling and sitters in acute care hospitals:
reviewing the evidence on cost effectiveness and quality of care**



Some hospital inpatients require the continuous presence of a member of the nursing team.

This form of one to one nursing is sometimes referred to as specialling - a type of care which is provided to ensure the safety of patients who may be suffering from cognitive impairment, exhibit challenging behaviour, or may be at risk of falls or of causing harm to themselves or others.

This category of care is common practice in most hospitals around the world but there is a lack of evidence about its cost effectiveness and the quality of care provided.

The variable quality and cost are a concern for acute secondary healthcare providers.

What was the aim of the project?

The project was a scoping review which was aimed at exploring the published evidence on specialling and sitters and to identify the challenges and concerns relating to the quality of care provided

This review aims to investigate current evidence and determine the implications of this for policy, practice and future research.

What did we do?

Our scoping review involved a key word search of different databases: MEDLINE, Scopus, CINAHL Plus, Web of Science, ProQuest Social Science and ProQuest Nursing and Allied Health.

Our search aimed to identify any relevant literature (Reports, commentaries, Journal articles etc.) on the topic of specialling or sitters.

We then used a mixed methods appraisal tool to assess the quality of the research articles.

What we found

Forty four articles were included in our review. We found:

- A lack of clarity in the terms that were used to describe specialising and variability in what that type of care entailed.
- High costs of specialising were often seen as a concern but there was a lack of economic evaluations considering the full cost of specialising and balancing these against the benefits of providing this type of care.
- Some of the articles that we reviewed did suggest alternatives to providing one to one specialising or the use of sitters but only some of these were evaluated.

One to one specialising and sitters in acute care hospitals: A scoping review.

Int J Nurs Stud. 2018 Aug; 84:61-77.
 doi: [10.1016/j.ijnurstu.2018.04.018](https://doi.org/10.1016/j.ijnurstu.2018.04.018).
 Wood VJ, Vindrola-Padros C, Swart N, McIntosh M, Crowe S, Morris S, Fulop NJ

What does this mean?

A reduction in the variability and improved quality of care might be achieved through the development of guidelines, training and a set of standardized decision making tools which would aid in determining when this type of care needs to be provided.

Further research on the impact of one to one specialising in terms of patient outcomes and the cost associated with the provision of care would be beneficial.

There also needs to be robust evaluations of the alternatives to specialising and sitters.



Find out More

Safe staffing for nursing in adult inpatient wards in acute hospitals

Safe staffing guideline [SG1]

National Institute for Health and Care Excellence (NICE)

Published: 15 July 2014 [nice.org.uk/guidance/sg1](https://www.nice.org.uk/guidance/sg1)