Providing a Safe Environment for Behavioral Health Patients in Acute Care Settings

January 2015

NCQC Patient Safety Organization

Patient Safety Listed PSO Organization

Behavioral Health Patient Challenges

Problem: People with behavioral health crises are turning to emergency rooms in high numbers.

- Decreased options for inpatient and outpatient psychiatric care
- Use of the ED as primary source of psychiatric care
- Reduced options for follow-up care
- May result in in-patient admission for a medical condition and/or
- Prolonged ED stays

B. A. Nicks and D. M. Manthey, "The Impact of Psychiatric Patient Boarding in Emergency Departments," Emergency Medicine International, vol. 2012, Article ID 360308, 5 pages, 2012. doi:10.1155/2012/360308

The Implications

- Prolonged ED stays for behavioral health patients are associated with:
  - increased risk of symptom exacerbation which can be harmful to patients and/or staff
  - higher risk of elopement leading to increased risk of harm to self or other
  - Strain on other hospital systems, including increased ancillary resource utilization
- Goal is to keep behavioral health patients safe until they can be transferred to appropriate mental health services

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The Problem in North Carolina

UNC's study[1] of Emergency Department (ED) visits by patients with Mental Health Disorders (MHD)

- nearly 10% of ED visits had one or more MHD diagnosis code assigned to visit; twice the estimated national average
- 17.7% increase in rate of ED visits of patients with MHD from 2008 to 2010; compared to 5.1% increase in overall rate of ED visits in NC during this time
- Expect that problem has continued to grow

[1]Center for Disease Control and Prevention. Emergency Department Visits by Patients with Mental Health Disorders — North Carolina, 2008–2010. *Morbidity and Mortality Weekly Report (MMWR)* June 14, 2013. 62(23);469-472.

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Objective

- Describe three best practices to improve the safety of the behavioral health patients and the staff caring for those patients in the acute care setting

Challenges

- Behavioral Health Reform: Decreased resources and increased volume to hospitals
- Observer (Sitter) volume and cost
- Long wait times without treatment in acute medical setting
- No Behavioral Health Unit or Psychiatric Service
- Impact on patient flow and satisfaction
- Lack of knowledge and resources to manage
- Environment safety for patients/visitors/staff

Solutions: Behavioral Health Work Group

- Behavioral Health Counselors (BHC)
- Campus Police
- Environment of Care Safety Officer
- Mental Health Technicians (MHT)
- Nurses
- Occupational Health & Safety
- Psychiatrists/Psych Physician Assistant's *
  - *New roles as a result of mental health reform
- Psychiatric Clinical Nurse Specialist
- Psychiatric Social Worker
- Risk Management

Solutions: Behavioral Health Work Group

- Meets every month on 2 campuses
- Review of statistics
- Review of best practices
- Identification of quality/safety issues
- Problem solving
- Quality improvement measures
- Communication of information
- Development/review/revision of policies, procedures, plans and processes

Solutions: Patient Process - Community

- Wake County Emergency Medical Services
  - Advanced Paramedic Program
  - Field Assessments
  - Transportation to appropriate resources
- Hospitals Collaboration
  - Sharing of patient referrals
- Community Resource Agencies
  - Multi-discipline agencies and representatives
- Behavioral Health Resources
  - Strategic alignment

Solutions: Patient Process

- Emergency Department: Behavioral Health Counselor (BHC) assessment and treatment recommendations. ED MD may initiated IVC
  - BHC in main adult ED 24/7
- Non Medically Cleared: go to inpatient medical unit
- Medially Clear: Clinical Evaluation Area or inpatient medical unit
  - Attempt to cohort
  - Behavioral Health Counselor begins psych hospital bed search
  - Psychiatry Consult placed

Solutions: Patient Process- Tele-psychiatry

- Behavior Health Counselor performs initial assessment in system's Emergency Departments

- Spring 2015: Psychiatrist Consult to Emergency Departments via state supported program through Eastern Carolina University

Solutions: Patient Process- Transportation

- As of 10/2014, patients transported to psychiatric facilities by the hospital's Campus Police
  - All transport requests coordinated, prioritized and managed through hospital dispatch center (MedCom)
  - Dramatically improved
    - Wait times for transportation
    - Patient and staff satisfaction

Solutions: Behavioral Health Clinical Evaluation Area

- 11 bed secure area
- Holding area for medically cleared patients
- Average LOS = 3.1 days
- Safer environment
  - Renovation to area
- Staff receive training; selected with interest or experience with behavioral health
- Observer options resulting in cost savings

Solutions: Observer Role

- Critical Safety Role
- Agency and WakeMed personnel
- Changed role name from "sitter" to "constant observer"
- Training requirements mandated
- Accountability
  - Rounding Mental Health Technician
- Documentation of activities and observations required

Solutions: Mental Health Technicians

- CNA with psychiatric inpatient experience
- Added in 2010
- Currently: 28 FT, 22 Supplemental
- Monitoring MHT assigned to ED full time
  - Significant positive impact in ED
- Functions include:
  - Bedside Observers for high risk patients
  - Safety rounding
  - Trouble shooting
  - Relief
  - Behavioral Health Response Team Member
  - Education

Solutions: Behavioral Health Response Team (BHRT)

- De-escalation of patients to prevent violence
- Activated by calling emergency number
- Team Members: Behavioral Health Counselor, Mental Health Technician, Clinical Administrator, Campus Police, Psych Clinical Nurse Specialist
- CPI Non Violent Crisis Intervention Training
- Bedside nurse participation
- 30-40% = not identified as a safety risk prior to episode that resulted in team activation

Solutions: Policies, Plans, and Training

- Observation Policy
- Suicide Precautions
- Elopement Precautions
- Assault Precautions
- Training Requirements:
  - Consistency, educational requirements, structure and process

Solutions: Observation Policy

- 3 Levels of observation:
  - 1:1 Constant Observation
  - Line of Sight
  - 15 Minute Checks
- Educational Requirements
- Safety Measures
- Reference Documents:
  - Guidelines for Observation
  - Safety Hazard List

Solutions: Suicide Precautions

- Suicide Screen: Inpatient and Emergency Department
- 1:1 Immediate Constant Observation, unless otherwise ordered
- Safety Measures
  - Environmental Safety Checks
  - Safety Signage
  - Safety Meal Tray
  - Safety Risk Garment
  - Visitor Check-in

Solutions: Elopement Precautions

- Elopement versus Against Medical Advice
- Observation
- Place in more visible area
- Safety Garment
- Inform all staff to watch for persons in safety gowns; when found, to notify Campus Police

Solutions: Assault Precautions

- For patients with high risk of assault
- Safety measures
  - Safety alarm for all staff entering room
  - 2 staff for hands on care
  - Safety meal tray
- Consider alarms as personal protective equipment

Solutions: Staff Education

- Web based, review policies & procedures
  - Licensed and non licensed
  - Upon hire
- Observation Competency
- Care of Patient on Observation
  - 2 hour classroom
  - Discuss/role play, recognizing escalation, handling behavior, safety measures
- Non violent Crisis Intervention Course
  - Mandated for Emergency Departments, Holding Area

Solutions: Staff Education

- Suicide Education Module: Web based
  - Orientation and annually
  - Licensed staff
- Psychotropic Medication Self Study Packet

Solutions: Patient / Family Education

- Understanding Involuntary Commitment
- Safety Precautions
- Wake Crisis Collaborative: Where to seek service
- Resources

Solutions: Behavioral Health Toolkit

- Nursing Policy website
- Central location
- Includes:
  - Policies
  - Safety guidelines
  - Documentation tools
  - Patient education documents

Solutions: Environmental Safety Risk Assessment and Process Change

- Literature Search: Department of Defense Model
- Performed risk assessment of a "normal" medical/surgical patient room
- Greater than 90 potential risk items identified
- Implemented safety room checks
  - Must be performed by two persons
  - Conducted and documented every shift, after visitors, or if concerns
  - Rounding Mental Health Technician performs random confirmation checks
  - If items cannot be removed, observer to be aware of risks that were not removed

Solutions: Environmental Safety Risk Assessment and Process Change

This list applies to patients on observation for Suicide Precautions, Assault Precautions or Involuntary Commitment. This list is not all inclusive.

Remove From Room: If Not Removable From Room Be Aware of the Items as Risk Items

Suffocation/Ingestion Hazards

Plastic bags, including trash bags. Contact Environmental Services for paper bags.

Liquids such as perfumes, aftershave, household chemicals, mouthwash (from home), toiletries and cosmetics. Assault Precautions: may have liquids, be aware of throwing hazard.

Medicine - No over the counter or home meds.

Linens including: pillow cases, pillows, sheets, towels, patient gowns. Remove if not in use.

Gloves or any item that is small enough to put in the mouth.

Liquid hand soap, lotion wall dispensers, hospital issued mouthwash. **Medical solutions** during procedures.

Hanging/Strangulation Hazards

Unnecessary Cords. Remove all unnecessary cords including phones with attached phone cords. (Note: Patient has right to phone calls up to 15 minutes. See nurse to arrange.)

Medical tubing not in use such as: urinary catheter, NG tubes, IV tubing, tourniquets, stethoscope, O2.

Hair dryers, razors (cordless electric allowed), curling irons.

Shoe laces, any long strings or fabrics such as draw strings, elastic bands, belts, head phones.

Cords. Monitor all cords such as, nurse call cords, light cords, bed controls, electrical cords, window treatment cords.

Medical tubing in use, such as: urinary catheters, O2, NG and IV tubing, BP cuffs.

Towel bars, curtains, closet & shower rods, clothing hooks. Hand rails. Linens.

Grids/tiles. Movable ceiling grids/tiles.

Sprinkler heads, shower heads. Doors and door handles.

Privacy curtains surrounding beds or in room toilets.

Any item that can be stood on such as bed, bedside stand, counter, toilet, trash can.

Solutions: Environmental Safety Risk Assessment and Process Change (con't)

Cutting/Stabbing Hazards:

Glass items such as containers, vases, picture frames.

Metal utensils and breakable dishes on meal trays, plastic spoon and fork only. Order Safety Tray through FNS.

Soda Cans.

Sharp objects. **Any object with sharp edges**, such as knives, scissors, broken pieces of plastic, metal, jewelry, thumb or push tacks, nail clippers, cosmetic mirrors, spiral notebooks.

Mirrors and Light fixtures

Sharps container and Pens/ Pencils

Tile, ceramic or floor tile

Glass doors or windows.

Toilet paper holders with springs

Medical equipment used for procedure.

Miscellaneous:

Cell Phone and Electronics. Assault Precautions: may have cell phones and electronics. If causing agitation, RN may remove and notify MD/provider.

Lighters, matches, cigarettes, smoking materials.

Any heavy objects not in use or required for patient care

Aerosol cans. **Coat hangers. Unsupervised brooms, mops.**

Medical Equipment not in use; such as IVs, IV poles/pumps, wheelchairs, walkers, canes, medical gas regulators.

Insulin pumps (patient owned external)**- If on Suicide Precautions**

Confirm windows are locked. If not unsecured, notify nurse to lock window(s).

Oxygen. Fire extinguishers.

Furniture such as chair, bedside stand, over bed table.

Urinals/bedpans-empty promptly.

WOW stations.

Wheelchairs, canes.

Medical Equipment required for care; such as IV equipment and medical gas regulators

Any item that can be thrown (clip boards, books, liquids etc.).

Solutions: Continual Assessments - Monitoring

- Campus Police daily reports
- Huddles
- Root Cause Analysis
- Patient and staff safety plans
  - Daily communications allow for notification to expert resources and result in concurrent and more consistent implementation of interventions
    - Patient Safety Plan
    - Staff Safety Plan

Solutions: Staff Support

Violence in the Workplace Program

- Continual Readiness Guides
  - Identifying Workplace Violence
  - Staff Protection Measure

Continual Readiness Guide Violence in the Workplace Program

Before Entering an Area of Potential Threat

•Avoid wearing jewelry that can be used to cause harm. For example – dangling earrings can be pulled and can tear an earlobe, necklaces can be used as a choke.

•Do NOT enter a room with any personal items, such as scissors, small pocket knives, that can be used as a weapon.

• Do NOT enter the room with anything on your neck as the item may become a choking device. Items include: non-clip necktie, necklaces, stethoscopes, non-break away lanyard (generally used for ID badges).

•Long hair should be pulled back and up as this will decrease the chance of a hair pull/grab.

When Entering the Area of Potential Threat

•Only enter the room, if you have a specific purpose to be there.

•At times, it may be prudent to only enter the room with another staff member.

•Perform a rapid visual assessment of the room, identifying items that could be used as a weapon; scan the room from ceiling to floor and from left to right. Refer to the Environmental Safety Checklist Instructions for additional information.

•Immediately remove items from the rooms that could be used as a weapon.

•Position yourself in the room so you are always closest to the exit.

•Stand within the person's arm reach ONLY when necessary.

•Keep at a safe distance where you cannot be struck by the person, but close enough to intervene if necessary.

•Keep in visual contact with the person at all times.

•Never turn you back to the person

•Be attentive to the person, noting body language and verbal communications.

•Avoid distractions (i.e. no phone use, reading, using laptops for personal use, listening to music, using headsets).

•Interact with the person.

•Be constantly vigilant to your safety while in the area.

•If you are ever in immediate danger for personal injury:

- Immediately leave the room and close the door.
- Call to other staff for assistance.
- Call Campus Police 03333 and request "Immediate Staff Assistance"

Additional Notes

•When the patient has the potential for assault, all items brought to patients by family members or visitors must be taken to the nurses' station and checked for safety before being brought to the room. Clothing, including all pockets needs to be checked to make sure there are no potentially harmful items, such as lighters in the clothing.

Solutions: Staff Support
Care Card

- Definition, individual responses, reporting procedure and resources
- Distributed at Behavioral Response Codes to all staff involved in event
- Education and distribution to all leadership, charged with educating of staff
- Management encouraged to have cards easily accessible in departments
- Resources
  - Occupational Health & Safety Services
  - Employee Assistance Program
  - Chaplains

Solutions: Staff Support Care Card

Caring Card

Coping with workplace-related violence

Coping with a threatening, traumatic or violent incident can be very difficult. Such incidents include:

- Being the victim of or witnessing acts of verbal or physical violence
- The emotional impact of caring for the victims of violence or trauma
- Experiencing work place intimidation or sexual harassment

Here are some facts:

- Stress reactions are completely normal
- Individual responses vary in degree and intensity
- There is no "right" or "wrong" way to feel
- An emotional response can come right away or at a later time
- There can be a cumulative effect from prior exposures to violence or trauma
- Emotional responses can include feeling confused, angry, anxious, sad, irritable, panic, guilty, withdrawn, difficulty focusing, change in sleep or appetite, preoccupation with incident, or other responses
- You may find yourself using increased amounts of alcohol or medications to escape from uncomfortable feelings.

NOTIFICATION OF THE EVENT

- Take all threats seriously
- Contact Campus Police if threats were made toward you or you have concern for future threats. Campus Police will work with you to develop a safety plan. The Campus Police Department is also a resource related to possible legal actions.
- Notify Department Management and Clinical/Site Administrator of the event.
- Notify Occupational Health and Safety Services (OHSS) of all injuries. OHSS is available to assist with both medical and emotional needs. An OHSS Nurse is available on call 24 hr/7 days per week.
- Complete an Employee Injury Form for all physical or emotional injuries.

EMPLOYEE RESOURCES

For Medical Needs

- For emergent medical needs report to the WakeMed Emergency Department and contact the Occupational Health and Safety Nurse On Call. Staff working at a WakeMed site without Emergency Services should call 911.
- For non-emergent medical needs report to or contact Occupational Health and Safety (OHSS) during regular business hours. For Cary Campus contact Cary OHSS. For Raleigh and all other campuses contact Raleigh Campus OHSS.

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Continuing Challenges

- Pediatric Services
  - Developmental needs
  - Structured environment
- Basic hygiene facilities when extended waits
  - Showers
  - Lighting
- Identification of safe diversional activities

Continuing Challenges

- Lack of inpatient behavioral health beds
- Safety: Behavioral health patient in medical setting
- Long waits for treatment
  - Delays in getting needed treatment
  - Leads to agitation & violence
  - Lack of structure and diversion
- Financial and manpower strain
- Staff training and confidence
- Violent events – staff assaults

Summary

- Challenges
- Solutions
  - Environmental Assessment
  - Staffing: Constant Observers, Mental Health Technicians
  - Policies, Procedures and Processes
  - Behavioral Health Response Team
  - Staff Support
  - Continual Program Assessment

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Your Turn!

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