How is it Possible to Keep Behavioral Patients Safe in the Acute Care Setting?”

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OBJECTIVES

• Identify the degree to which behavioral health patients present in health care organizations
• Describe the major risks associated with behavioral health patients in non-behavioral health settings
• Discuss strategies that can assist in the mitigating the risk of harm to patients and staff and patients
Why Are We Talking Today?

Number of Americans with a behavioral health disorder?

Number of Americans that will suffer a significant behavioral health issue?

Leading cause of “healthy life lost”?

Who has behavioral health disorders?
• Out of the 10 leading causes of disability in developing countries, 4 are mental disorders.

• By 2020, MAJOR DEPRESSIVE ILLNESS will be the leading cause of disability IN THE WORLD for women and children.
2014 Top 10 List of Patient Safety Concerns for Healthcare Organizations

#5 Failure to adequately manage BH patients in Acute Care Settings

2015 Top Ten List

#3 Managing Patient Violence
#7 Opioid Related Events
Co-Morbidity is the Norm

• 68% of adults with a behavioral disorder have at least one medical disorder

• 29% of those with a medical disorder, have a behavioral disorder
Mind Over Matter

• The mind controls behaviors
• Behaviors determine lifestyle
• Lifestyle is a major contributor to physical health status
Liabilities/Exposures

• Adverse Media Attention
• Regulatory Risks
• Facility Licensure Action
• Health Care Professional Liability Risk
Frequent Legal Claims

- Inadequate risk assessments
- Lack of a safe treatment environment
- Lack of appropriate monitoring procedures
- Untrained staff
- Untimely transfers to appropriate setting
Let’s Not Forget: Employees

- 1/3rd of those with BH illness are employed
- 1/4th of US workforce (28 million ages 18-54) have a BH or CD disorder
- Most common: alcohol abuse/dependence
  Major depression, and social anxiety
- 71% of workers with BH have never sought help
Leadership Concerns...

- ED is the primary care setting
- Suicides in healthcare settings
- Increasing healthcare aggression
- Readmission rates
- Longer lengths of hospital stays
- Increasing healthcare costs
- Liabilities related to lack of treatment
Top Behavioral Health Risks

- Chemical Dependency
- Suicide
- Aggression
- Elopement
Opioid Epidemic

• 100 million (40%) of Americans have chronic pain
• Four fold increase in Opioid sales between 1999 and 2010 and OD deaths more than tripled
• The US consumes 99% of the worlds hydrocodone
• Hydrocodone is the most prescribed medicine in the US!
Suicide

• We cannot predict suicide
• There are no completely valid and reliable tools for assess suicidality
• 10\textsuperscript{th} leading cause of death in US
• Military/Veterans (less than 1\% of the population) represent 20\% of suicides (22/day)
• 31\% of the clinical population and 24\% of the general population
Aggression

- Healthcare sector leads all industries
- ED Nurses are the most aggressed upon
- Culture of Zero Tolerance
Elopement: Premature Patient Prompted Discharge

- Providers have a duty to ensure safety, even if the patient refuses care
- Numbers of BH patients that elope are unknown, but suspected to be high (LWBS)
- Major reason for leaving: Long waits in the ED
RISK MITIGATION STRATEGIES
Safe Environment

- Can be convertible or permanent
- Could be designed for seclusion
- Away from exits/ambulance bay
- Close to the Nurses station
- Good visibility
- Provide diversions
Strategies for All BH Patients

• Search patients
• Use of electronic wand
• Different color gowns/socks
• Personal panic alarms
• Secure ED for entrance and egress
• Routine surveillance
• Provide activity/diversions
No weapons
Culture of “Zero Tolerance” for aggression

Welcome. We expect that all patients, visitors, and staff are respectful and non-disruptive while in our facility so that we can maintain the safety of everyone.
Chemical Dependency Risk

- Standard withdrawal protocols
- Opiate prescribing protocols for the ED
- Manage anxiety
- Set limits
Observation/Monitoring

- Trained patient safety companions (sitters)
- Q15 minute checks
- Routine rounding
A Word About Sitters…

• Typically untrained
• Often not part of the team
• Unfamiliar with policies
• Blamed when things go wrong
• No evidence to support that sitters decrease risk
Safety Contracts?

• No longer standard practice

• False sense of security

• No evidence that they prevent suicide, determine lethality or mitigate liability

• Not legally binding
Restraint & Seclusion

- Consensus that these are safety interventions of last resort
- Follow Federal Regulatory Guidelines
- Definitions of restraint
- Documentation is essential
- Restraint Reduction Committee
Competencies

Medical/nursing staff/supervisors

Housekeeping

Dietary

Maintenance

Security

Sitters
Staff Competencies

- Respectful approaches
- Assessment/reassessment
- De-escalation/crisis intervention
- Restraint/seclusion
- Involuntary commitment procedures
- Withdrawal symptoms and management
- Critical junctures in care
- Workplace violence program
- Documentation
BH Resources

- Peer Counselors (Chemically Dependent)
- BH trained evaluator
- Tele-psychiatry
- Code Gray
- BH Rapid Response Team
Quality & Risk Management

- Culture of Reporting
- Collection/Analysis/Trending
- Debriefing/Learning from Defects
- Root Cause Analysis
- Conduct a risk assessment
TOOL BOX

• Organizational Suicide Risk Assessment
• ED Brief Risk assessment
• Sitter Guidelines
Questions
RESOURCES


RESOURCES

- VA Mental Health EOC checklist, www.patientsafety.gov/SafetyTopics
- Crisis De-Escalation Training for Staff and Consumers in Inpatient and Other Service Delivery Settings, National Research and Training Center (NRTC) http://www.psych.uic.edu/UICNRTC/dep-training.htm
THE END

Thank you and “Live Well and Prosper”
Questions/comments can be forwarded to:
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