NO WAY OUT!
Behavioral Health Patient Safety in Small and Rural Hospitals
Wisconsin Hospital Association
June 22, 2017
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Objectives

• Describe the prevalence of behavioral health conditions
• Discuss the risks associated with behavioral patients in the hospital setting
• Identify strategies to mitigate risk to patients/staff and improve quality of care.
Do you Know?

• Rate of Behavioral Illness?
• Leading cause of “healthy life lost”? 
• The reduction in number of psych beds?

• 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.
Top 10 List of Patient Safety Concerns for Healthcare Organizations

**2014**
Failure to adequately manage BH patients in Acute Care Settings

**2015:**
Opioid Related Events
Patient Aggression
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
Challenges in Small/Rural Hospitals

• Shortage of BH emergency services
• Lack of BH treatment
• Lack of BH providers
• Minimal training of clinical staff
• Unsafe treatment environments
• Stigma
Major BH Concerns

- Substance Abuse
- Self-harm/Suicidality
- Aggression/violence
- Elopement

FAMILILAR SCENERIO
• Safe treatment environment
• Staff competencies
• BH Resources
• Clinical care safety strategies
• Risk management and mitigation

Establish a Safe Treatment Environment

**Community Notice**
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.*
Safe Treatment Area

- Can be convertible or permanent
- Safe room could be designed for seclusion
- Away from exits/ambulance bay
- Close to the Nurses station
- Good visibility
- Eliminate anchor points and items of potential harm

Design of the Environment

- Garage Door
- Showers/Bathrooms
- Beds
- Doors/Wardrobes
- Windows
- Plastic bags
- Light fixtures, door knobs, sprinklers
- Hand rails
Additional Safety Strategies

- Search patients
- Use of electronic wand
- Different color gowns/socks
- Personal panic alarms
- Secure ED for entrance and egress
- Routine surveillance
- Provide activity/diversions

A Word About Camera Monitoring
Staff Competencies

- Staff trained in de-escalation and non-violent crisis intervention
- Restraint/seclusion
- Involuntary commitment procedures
- Withdrawal symptoms and management
- Suicide risk assessment
- Critical junctures in care

Resources

- Multi-Disease Management Care Managers
- Peer Counselors (Engagement Specialists)
- BH trained evaluator
- Use of Tele-psychiatry
- Code Gray Team
- BH Rapid Response Team
- Security
Security Personnel

- 24/7 in the organization
- Stationed in the ED
- Uniformed
- Routinely round throughout the organization
- Training in the use of a self defense device: chemical sprays, batons, etc...

Clinical Care Strategies

- Assessment/Reassessment
- Pain management protocols
- Withdrawal protocols for ETOH, opioids, benzodiazepines
- Use of screening tools: suicidality, depression, substance use
Observation/Monitoring

- Trained patient safety companions (sitters)
- Q15 minute checks
- Hourly “intentional” rounding

Restraint & Seclusion

Interventions of LAST RESORT

- Physical Restraint
- Mechanical Restraint
- Chemical Restraint
  - Seclusion
Restriction of Patient Rights

Telephone and Visitors

• We can restrict rights if it is clinically indicated
• Document the reason for the restriction
• Re-evaluate on a daily basis
• Educate the patient to reason for restriction and how long it will be implemented

Discharge

• Discharge instructions & resources
• Assess for guns in the home
• Document risk assessment
Risk Management

Adverse events with BH patients can result in:

- Unwanted media attention
- Regulatory/licensure action
- Professional liabilities
- Organizational Liabilities

Frequent Legal Claims

- Inadequate risk assessments
- Lack of a safe treatment environment
- Lack of appropriate monitoring procedures
- Untrained staff
- Untimely transfers to appropriate setting
Risk Mitigation Strategies

• Daily leadership safety huddles
• Debriefing/huddles after events
• Culture of reporting
• Data collection and trending
• Conduct a risk assessment

Policies/Procedures

• Risk screening
• Observation/Monitoring
• Searches
• Visitors
• Patient Transfer
• Restraint/Seclusion
• Incident Reporting
Opportunities and Challenges

- Overcoming stigma and staff attitudes
- Modification of the treatment setting
- Adequate BH resources
- Initial and ongoing training of staff
- Protocols/Policies that ensure patient safety

Conclusion

- The numbers of BH patients is not likely to decrease any time soon
- The priority is to focus on safety
- Implementation of strategies can assist in reducing potential liabilities, improve care, and reduce costs
RESOURCES

- The Joint Commission, Sentinel Event Alert #56 http://www.jointcommission.org

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
Resources

• AHA, “Your Hospital’s Path to the Second Curve: Integration and Transformation”, January 2014
• ECRI Institute, www.Ecri.org
• AHA, “integrating Behavioral Health Across the Continuum of Care”, February, 2014.
• AHA Trendwatch, “Bringing Behavioral Health into the Care Continuum: Opportunities to Improve Quality, Cost, and Outcomes, January 2012
• Robert Wood Johnson Foundation, The Synthesis Project, “Mental Disorders and Medical Comorbidity”, February 2011
• AHRQ Healthcare Cost and Utilization Project, Statistical Brief #160, National Inpatient Hospital Costs: The Most Expensive Conditions by Payer, 2011, August 2013
• World Health Organization, Department of Mental Health and Substance Abuse, “Promoting Mental Health: Concepts, Emerging Evidence, Practice”, 2005

➢ SBIRT- Screening and Brief Intervention

➢ Screening tools for Psych and SA conditions
http://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs

➢ Patient Health Questionnaire -9
➢ Audit-Screener for Alcohol
➢ Sitter Guidelines
THE END

Thank you for participating in this session. Proceed With Confidence!

Questions/Comments
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