



Missouri Hospital Association

Care of the Psychiatric Patient on Medical-Surgical Units

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Summary & Objectives

This presentation focuses on managing patients with a primary physical condition experiencing an underlying, comorbid psychiatric or substance use condition

1. Learn ways to assess harm risk and develop individualized plans of care focusing on safety
2. Identify safety processes and physical plant considerations to optimize care
3. Learn options for educating and supporting staff caring for those with comorbid mental health conditions



Our Journey

- Where we are today is the result of multiple members of our team identifying a problem and coming together to improve our processes
- Collaborative team of nursing leaders, physicians, psychiatrists, pharmacists, psychologists, and addictions specialists



Assessing Harm Risk

- Consistent levels of harm risk and processes for assessing harm risk across our organization
 - Nursing harm risk assessments are done twice daily, are triggered from documentation that a patient is withdrawn or depressed, and automatically fire if a patient has a prolonged length of stay.
 - All med-surg and critical care nurses are trained in how to assess a patient's risk for harm; reference texts are included for consistency and accuracy
- Harm Risk Assessment gives the patient a 'score' of risk based on the patient's current situation as well as their history.
- Nursing may implement higher levels of precautions than what is ordered as clinically indicated.

Harm Risk Assessment

Reason Harm Risk Deferred

- Comfort care Intubated No reason to defer assessment

Stressors

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Family problems | <input type="checkbox"/> Living situation |
| <input type="checkbox"/> Acute illness | <input type="checkbox"/> Finances | <input type="checkbox"/> Recent loss of relationship |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Job/employment | <input type="checkbox"/> School |
| <input type="checkbox"/> Family death | <input type="checkbox"/> Lack of support | <input type="checkbox"/> Terminal illness |
| <input type="checkbox"/> Family illness | <input type="checkbox"/> Legal issues current/pending | <input type="checkbox"/> Other: |

Stressors Count

- 5 or more
 3-4
 2 or less

Medically Necessary Hold order on chart

- Yes No

If 'Yes', ensure sitter is assigned

Attempt with High Lethality in Hospital Setting

- Yes
 No

Harm Risk to Self/Others Attempt - select ALL that apply

- Current admission includes suspected attempt
 Attempted suicide within last 24 hours
 Past attempts with high lethality
 Past attempts with low lethality
 No past attempts

Harm Risk to Self/Others Ideation

- Constant thoughts
 Intermittent or fleeting thoughts
 Current admission for suicidal ideation/statements within last 24 hr
 No current thoughts

Harm Risk to Self/Others Plan

- Has plan with actual or potential access to planned method
 Has plan without access to planned method
 No plan

Harm Risk Behavioral Symptoms

- | | | |
|------------------------------------|--|----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Defensive posture | <input type="checkbox"/> Tearful |
| <input type="checkbox"/> Agitated | <input type="checkbox"/> Impulsivity | |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Paranoia | |
| <input type="checkbox"/> Combative | <input type="checkbox"/> Restlessness | |

Symptom Count

- 5 or more
 3-4
 2 or less

Harm Risk Cognitive/Mental Symptoms

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Confusion | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Hopelessness/despair | <input type="checkbox"/> Shame |
| <input type="checkbox"/> Anhedonia | <input type="checkbox"/> Guilt | |
| <input type="checkbox"/> Command hallucinations | <input type="checkbox"/> Preoccupied with death | |

Symptom Count

- 5 or more
 3-4
 2 or less

Harm Risk Assessment Score

0

Harm Risk Interpretation

- No Risk 0
 Low Risk 1-5
 Moderate Risk 6-10
 High Risk 11 or greater

Harm Risk Assessment Interp: Low Risk 1-5 (06/07/20 21:00:00)

Harm Risk Assessment Interp: Low Risk 1-5 (06/07/20 09:00:00)

Harm Risk Assessment Interp: Moderate Risk 6-10 (06/06/20 21:00:00)



Plan of Care

- Interventions are based on the patients identified risk for harm.
- Focus on only implementing high risk 1:1 interventions when truly necessary, and de-escalating to moderate precautions once it is safe to do so.
 - High risk should be reserved for those truly at highest risk of suicide, and staff are educated to always have eyes on that patient at all times.
- Safety trumps privacy

** Nurse should implement interventions based on assessment score or order, whichever is more restrictive or safer.

*** If Harm Risk Assessment Score has been at a lower level for 3 consecutive assessments, notify the physician to discuss decreasing level of interventions if appropriate

Harm Risk Intervention Implementation

- High Risk Interventions
- Moderate Risk Interventions
- Low Risk Interventions

High Risk Interventions

- | | |
|---|--|
| <input type="checkbox"/> Continue BID Harm Risk Assessment | <input type="checkbox"/> Implement Harm Precautions Safety Checklist |
| <input type="checkbox"/> Supervised bathroom privileges | <input type="checkbox"/> Remove any extra tubes and lines not in use from the patient room |
| <input type="checkbox"/> May use cordless phone at designated times | <input type="checkbox"/> Remove any equipment not in use (IV pumps, SCD pumps, chair alarms, etc.) |
| <input type="checkbox"/> All meals/drinks in shatter proof containers | <input type="checkbox"/> Remove shower chair/commode when not in use |
| <input type="checkbox"/> No sharps in room | <input type="checkbox"/> Remove extra trash can liners from trash cans |
| <input type="checkbox"/> No visitors | <input type="checkbox"/> Ensure trash cans be visualized by the PSA |
| <input type="checkbox"/> Personal belongings removed and inventoried | <input type="checkbox"/> Other: |
| <input type="checkbox"/> 1:1 Sitter | |

Moderate Risk Interventions

- | | |
|--|--|
| <input type="checkbox"/> Continue BID Harm Risk Assessment | <input type="checkbox"/> Implement Harm Precautions Safety Checklist |
| <input type="checkbox"/> Personal belongings removed and inventoried | <input type="checkbox"/> Remove any extra tubes and lines not in use from the patient room |
| <input type="checkbox"/> Suicide sitter for constant observation | <input type="checkbox"/> Remove any equipment not in use (IV pumps, SCD pumps, chair alarms, etc.) |
| <input type="checkbox"/> All meals/drinks in shatter proof containers | <input type="checkbox"/> Remove shower chair/commode when not in use |
| <input type="checkbox"/> May use cordless phone at designated times | <input type="checkbox"/> Remove extra trash can liners from trash cans |
| <input type="checkbox"/> May have visitors from 8am-8pm for 20 minutes at a time | <input type="checkbox"/> Ensure trash cans be visualized by the PSA |
| <input type="checkbox"/> No overnight visitors | <input type="checkbox"/> Other: |

Low Risk Interventions

- Continue BID Harm Risk Assessments
- Check Belongings for sharps, weapons, and medications. Remove weapons and notify security to secure. Remove sharps and medications and secure in belongings bags
- Other:



Physical considerations to ensure safety

- Ligature risks
- Checklist for staff sitting with patient
- Location of patient's room (consider stairwells, exits)
- Secure items from patients; belongings inventory
- Limit visitation for higher risk levels
- Consider changes to the physical plant to reduce risk – showers, mirrors, have a safe 'dayroom' or alternate area other than the patient room

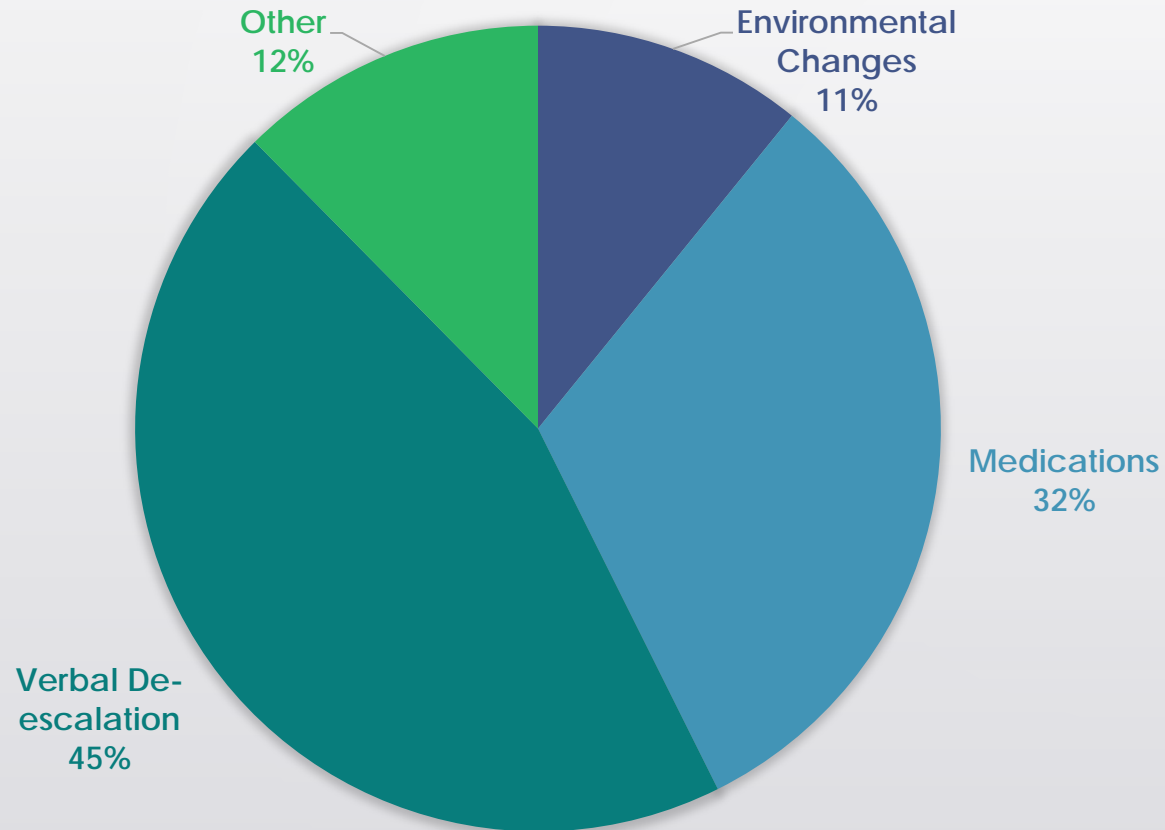


Other Safety Considerations

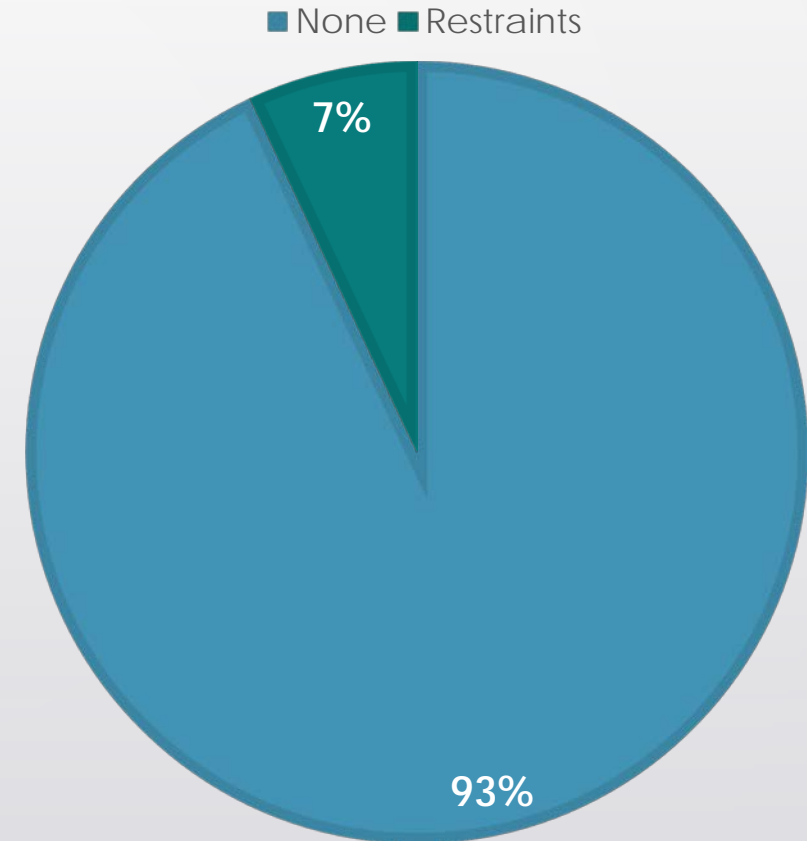
- PSAs – Patient Safety Assistants
 - Trained, supervised by RN
- Agitation protocols
- Dementia; delirium-prevention protocols
- Consider housing in one area if/when you can
 - teach all, but emphasize staff education in this area. Make it a skillset
- Staff Assist Team
 - Nursing driven, primarily able to verbally de-escalate a majority of the calls

Staff Assist Data: Q4 2019

INTERVENTIONS



USE OF RESTRAINTS





Develop Resources

- Identify resources either within your system or near it
 - Where do you send your patients who need more psychiatric treatment?
 - Learn the admission/denial criteria of inpatient psychiatric treatment centers – age, comorbidities,
 - Develop contact(s)
- Consider having a designated case manager for these diagnoses
- Pharmacists
- Addiction



Staff Education

- De-escalation training 8 hours
- Staff Assist classes
- RNs shadow between inpatient psych and our medical-surgical unit
- Orientation on the unit with on-the-job training for de-escalation skills
- Recruit/hire staff who have experience or a passion for this population
- Trauma Informed Care



Staff Support

- Treat this as an expertise – a skillset that is valuable
- Insist on safety – patient safety AND staff safety
 - The physical environment, staff's ability to call for help, develop a 'buddy system' when interacting with escalated patients
- Trauma Informed Care – applies to patients and staff
- Monitor workplace violence and follow up with staff