Behavioral Health Patient Safety: What’s the BIG DEAL?

SC Organization of Nurse Executives and SC Society for Healthcare Risk Management

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BEHAVIORAL HEALTH

Throughout the Enterprise
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
HEALTH CARE ORGANIZATIONS HAVE LOST CONTROL
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.
INDUSTRY LEADER COMMENTS

Our vision is of a society of healthy communities where all individuals reach their highest potential for health.
2014 Top 10 List of Patient Safety Concerns for Healthcare Organizations

#5
Failure to adequately manage BH patients in Acute Care Settings
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
You're not paranoid.

Due to terrorism,

Feeling anxious all the time is the "new normal."
Mind Over Matter

- The mind controls behaviors
- Behaviors determine lifestyle
- Lifestyle is a major contributor to physical health status
Health Risk Behaviors
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
Prevalence of Major Depressive Disorder in Chronic Disease

<table>
<thead>
<tr>
<th>Chronic Disease</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's</td>
<td>11</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>17</td>
</tr>
<tr>
<td>Cerebrovascular</td>
<td>23</td>
</tr>
<tr>
<td>Diabetes</td>
<td>27</td>
</tr>
<tr>
<td>Cancer</td>
<td>42</td>
</tr>
<tr>
<td>Parkinson's</td>
<td>51</td>
</tr>
</tbody>
</table>

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 Sub abuse disorder
• Most common: alcohol abuse/dependence, Major depression, and social anxiety
• 71% of workers with BH have never sought help
Challenges in Non-Psychiatric Settings

• No interest in “psych”
• Minimal training/awareness
• Lack of system support
• Focus on medical conditions
• Unsafe treatment environments
• Fewer transfer options
Leadership Concerns...

- ED is the primary care setting
- Suicides in healthcare settings
- Increasing healthcare aggression/violence
- Readmission rates (more acute episodes)
- Longer lengths of hospital stays
- Increasing healthcare costs
- Liabilities related to lack of treatment
Typical Behavioral ED Patient
Top Behavioral Health Risks

- Substance Use
- 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 Statistics

- One every 14 minutes
- 10th leading cause of death in US
- 3rd cause of death for ages 15-24
- Military/Veterans (less than 1% of the population) represent 20% of suicides = 22 per day
- 17% involve elderly (65+)
- 25 attempts per completed suicide (1,000,000 per year)
- 31% of the clinical population and 24% of the general population
CASE STUDY

27 year old man in ICU
Aggression
## Healthcare Sector Leads all Industries

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Occupations</td>
<td>12.6/1000</td>
</tr>
<tr>
<td>Physicians</td>
<td>16.2</td>
</tr>
<tr>
<td>Nurses</td>
<td>21.9</td>
</tr>
<tr>
<td>Mental Health Professionals</td>
<td>69.9</td>
</tr>
</tbody>
</table>

Per 1000 Employees
National Crime Victimization Survey and The Bureau of Labor Statistics Data
Aggression Management

- Rule out medical etiology
- Rapid stabilization
- Set limits
- Manage withdrawal syndromes
- Assess lethality
Elopement

“Premature Patient Prompted Discharges”
Elopement

• 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

• Major reason for leaving: Long waits in the ED
CASE STUDY

Rick - 34 year old Schizophrenic “hearing voices” telling him to die
RISK STRATEGIES
Key Leadership Strategies

- Evaluate the risk to the organization
- Establish a culture of safety
- Provide BH resources
- Establish a BH Rapid Response Team
- Establish effective training/competencies
- Use of debriefing/learning from defects
Environment of Care
SAFE ROOMS

• Permanent or convertible
• Close to central area
• One room, multiple patients
• Use Geri-Chairs/recliners
• May have curtains between patients
• Provide for diversion
Environment of Care

• Initial search of patient
• Routine surveillance/Searches
• Safety restrictions
• Security
Competencies

Medical/nursing staff/supervisors

Dietary

Maintenance

Housekeeping

Security

Sitters
Competencies

• Assessment/Reassessment
• Respectful approaches
• Predicting/identifying escalation
• De-escalation techniques
• Non-violent crisis intervention
• Restraint/seclusion
• Workplace violence program
• Documentation
BH Resources

• Behavioral Health Technicians
• Licensed Psychiatric Social Workers
• Advance Practice Nurses
• Psychiatry
• Tele-Psychiatry
Patient Assessment

• Triage/Screening
• BH Assessment
Reassessment at Critical Junctures

- Changes in observation level
- Changes in condition
- Transitions in care
- Discharge
Observation/Monitoring

- One to One (Sitter)
- Constant Observation
- Multiple Patients
- Q-5 to Q-15 Minute
- Q-30 Minute/Hourly
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
Elopement

“Premature Patient Prompted Discharges”
Elopement Prevention Strategies

- Assessment/Reassessment of risk
- Maintain in a secure environment
- Frequent Monitoring
- Manage anxiety
- Safe transfer between treatment areas
- Establish procedures for elopement events
- Enlist help of family member/friend
Restraint

- Consensus that restraint and seclusion are safety interventions of last resort
- Follow Federal Regulatory Guidelines
- Staff understanding of the definitions of restraint
- Documentation is essential
- Restraint Reduction Committee for reduction efforts
Communication

- MD’s
- Nurses
- SW’s
- Auxiliary Staff
- Sitters
- Security
Documentation

- Assessments
- Plan of Care
- Observations
- Interventions
- Discharge assessment, plan, & referral
POLICIES/PROCEDURES

• Transfers
• Risk screening
• Observation/Monitoring
• High risk patients
• Searches
• Visitors
• Detoxification
• Incident Reporting
Quality & Risk Data

- Culture of Reporting
- Collection
- Analysis/Trending
- Root Cause Analysis
CAPTAIN KIRK ON RISK
CONCLUSION

• BH patients are throughout the continuum of care and present significant risk to the Enterprise
• The Enterprise must systematically identify and manage behavioral health risk
• Implementation of risk strategies will assist in patient/staff safety and risk reduction
TOOL BOX

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

- Emergency Nursing Association Workplace Violence Toolkit,  
THE END

Thank you and Proceed with Confidence!
Questions/comments can be forwarded to:
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