Behavioral Health: ED Risk Assessments Part I

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Scenarios

• Patient in ED for 15 days
• Patient moved from ED to Med/Surg, stay over 100 days…ordering from HCN and having delivered to hospital room
• Person walks into ED & shoots himself
• 2 ED Staff members assaulted by BH patient residing there
• BH patient dropped off just over GA line in hospital gown…SC police take him to SC ED
• The percentage of ED visits related to mental health is growing

• Underreporting in health care
  – 80% of cursing, pushing, slapping, punching, & throwing events in health care are not reported

• Stressors
  – Change in payer mix
  – Loss of job
  – Loss of insurance

• May lead to under-medication
Legal Claims

• Most frequent related to behavioral health
  – Failure to adequately assess risk of harm to self or others
  – Failure to provide a safe environment
  – Failure to adequately monitor patient
  – Failure to provide appropriate staff training
  – Failure to transfer to an appropriate treatment setting
  – Failure to follow policies and procedures
Risk Exposure

- Regulatory risks
  - Accreditation
  - Licensure Action
    - Facility
    - Healthcare professional
  - Increased complaints & concerns
- Adverse media coverage
- Loss of community support
- Potential increase in liability insurance costs
- Increase in worker injuries
  - Leads to increase in workers’ comp payments & loss of productivity
Regulatory Environment

• CMS
  – Conditions of Participation requirements
    • Hospitals must provide safe environment
      – Includes prevention of patients harming themselves and others (includes staff)
    • Example
      – Department of Health and Human Services
        » Cited facility for not preventing a patient with known mental health problems from harming healthcare workers

• OSHA
  – Since 1993, has cited healthcare facilities for failure to prevent patient violence against healthcare workers
Proposed PI Project

• Assessment
  – Existing tools for Behavioral Health Assessments apply to Psych facilities which do not apply in ED
  – Developing tool to evaluate
    • Application of p&ps
      – (LOS >24hrs in ED, med/surg p&ps apply)
    • Appropriateness of monitoring
    • Prevention of harm to self and others
    • Education/Training of staff
    • Evaluate worker injuries in ED
Scope of Risk Assessment

• Team
  – PHLIP RM Consultant
    • Patient Safety
      – Chart audits, p&ps, patient environment
  – PHT Risk Manager
    • Environmental Assessment
      – Walk through, product experts, staff/visitor environment

• 10 Facilities
  – 2 with IP BHU (ED included in IP review)
  – 8 ED Assessments
Potential Recommendations

- CPI Training
  - PHT Risk Managers provide to Members for free
- Violence-Prevention Program
  - Evaluation & development
- Behavior & Violence Assessment Tools
- Environmental & Administrative Controls
- Use of Security
- Staff Education
  - Risk factors
  - Restraints/Seclusion
  - Self-Defense
  - Emergency codes
  - Safe transfers between treatment areas
  - Search policy
Results

• Assessing BH Issues in the ED, Part II
  – Data discussion
  – Interventions recommended
  – Resources
  – Action plans
  – Re-measure

• Resources
  – ECRI HRC Vol 4, Risk Analysis Mental Health 2: Patient Violence
  – Cooke, Monica. The Safe Management of Behavioral Health Patients in Non-Behavioral Health Settings; Quality Plus Solutions, LLC