

REDUCING KEY PATIENT SAFETY INDICATORS ON ADOLESCENT INPATIENT PSYCHIATRIC UNIT

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Category: Patient Safety

Background

Patient safety indicators (PSI) in psychiatric inpatient settings include seclusion and restraint, non-suicidal intent self-injury (NSSI) and elopement. These areas can potentially result in harm to the patient. Nurses and hospital leadership have the ultimate responsibility for maintaining the safety of individual patients (APNA, 2014). An increase of adverse safety related events on the adolescent inpatient psychiatric unit prompted an initiative aimed at reducing the frequency of these events.

Objectives

To reduce the frequency of NSSI, seclusion and restraint, and elopement events on an inpatient adolescent psychiatric unit.

Methods

A review of unit-based PSIs led to a quality improvement project to decrease the frequency of key events following the Plan-Do-Act-Study quality improvement process (IHI, 2017). Event debriefings informed safety gaps in the system that led to a systematic approach for improvement. Initially, physical and emotional containment steps were taken. Physical containment measures included: discontinuation of off-ground activities, 15-minute checks, and extending the initial patient evaluation to one week. Emotional containment measures included: shifting from a predominately observation stance to one that emphasized engagement, and using a non-punitive framework for limit-setting. A nurse-led NSSI Workgroup was convened to review best practices. Based on recommendations from the workgroup, changes were made by increasing unit structure, identifying and mitigating safety risks, and educating nursing staff related to emotion regulation, coping skills, and safety planning. Nursing-led groups on these topics were initiated as key components of the daily programming which strengthened unit structure and staff engagement with patients in the milieu. Standards for practice were developed emphasizing a culture of safety, professional and quality competence and scope of practice. In-service education included: TeamSTEPPS training and practice expectations for safe, effective, efficient, and patient-centered care. The revised program conceptualization focused on emotional regulation as the overarching construct guiding treatment and interventions, preparing the adolescents for successful re-integration into their families and communities.

Results

Events were reduced: NSSI: 2016 (N = 111) – 2017 = (N = 44) (60.4% reduction); seclusion and restraints: 2016 (N = 18) – 2017 (N = 4) (78% reduction); elopements 2016 (N=5) – 2017 (N=0) (100% reduction).

Discussion

Increased program structure providing emotional and physical containment of adolescents, explicitly designed standards of behavior based on a culture of safety, increasing staff knowledge of coping skills to manage emotional regulation paired with increased staff engagement of challenging patients led to a decrease in adverse safety related events including NSSI, seclusion & restraint, and elopements supporting safety as the priority.