Virginia PSO sponsored Webinar

*Behavioral Health Patients in Medical Hospitals: Is safe care ‘humanly’ possible?*

Friday, April 21, 2017

*Featured Speakers:*
  - Rebecca Bishop, BSN, RN
  - Susan Blankenship, MS, BSN, RN
  - Lisa Dishner, MHA, BSN, RN
  - Sandy Sayre, MSN, BSN, RN
Housekeeping

• Slides were sent this morning
• Webinar is being recorded
• Please use the “telephone” option
  – Audio pin prompt
• All participants are muted
• Raise your hand
• Ask a question
VHHA PSO sponsored Webinar

Behavioral Health Patients in Medical Hospitals: Is safe care ‘humanly’ possible?

Rebecca Bishop, BSN, RN
Susan Blankenship, MS, BSN, RN
Lisa Dishner, MHA, BSN, RN
Sandy Sayre, MSN, BSN, RN
Did you know?

25% of the population suffer from mental illness
Did you know?

- Suicide claims more lives than traffic accidents
- It is the 10th leading cause of death in America
- Most individuals that commit suicide have received healthcare services in the year prior to death
- Between 2010-2014 there were nearly 1100 reports of suicides occurring in healthcare settings

The Joint Commission, 2016
Goals and Objectives

1) To share our time-tested strategies for safe care of suicidal patients in medical hospitals
   a) Raise awareness of risks associated with the care of this vulnerable patient population in a medical inpatient facility
   b) Share innovative interventions that have been successful in our facility
   c) Reveal strategies implemented to increase policy compliance impacting standardized safe care
   d) Discuss how human factors can precipitate drift and normalization of deviance
   e) Review the role of technology in human factor mitigation

2) To share vision for future enhancements to behavioral healthcare and mental wellness
   a) Discuss challenges and barriers unique to caring for the psychiatric patient in a medical facility
   b) Explore our vision for the future care of behavioral health patients
Our Five Year Journey
Project Charter

• **Problem Statement:** Process of providing safe care for patients admitted with suicidal ideations has multiple opportunities for variance which can lead to patient harm

• **Voice of Customer (VOC):**
  - Ensure safety for psychiatric patients requiring inpatient medical observation and their care givers
  - Prevent attempts to harm themselves or others
  - Prevent elopement

• **Voice of Business (VOB):**
  - Psychiatric serious safety events lead to increased LOS, secondary victims and possible legal action
  - It’s the right thing to do
Project Charter

**Critical to Quality (CTQs):**
- Create and implement a standardized policy/care plan for all high risk psychiatric patients
- Ensure a safe environment for high risk psychiatric patients
- Increase level of awareness for care team and all unit staff when a high risk psychiatric patient is admitted to an inpatient medical setting

**Goal Statement:**
- Carilion CRMH will consistently provide safe care for high risk psychiatric patients as evidenced by a reduction in psychiatric near misses and serious safety events
- Goal is zero psychiatric serious safety events
Project Champions

Core Study Team Members:

- Rebecca Bishop, RN
  Unit Director, Nursing Support Services
- Lisa Dishner, RN
  Clinical Team Leader, Nursing Support Services
- Susan Blankenship, RN
  Human Resources, Vascular Educator
- Sandy Sayre, RN
  Unit Director, Vascular Intensive Care Unit
Stakeholders/Advisors

- Kathleen Baudreau, RN  
  Senior Director, Quality
- Josh Clark, RN  
  Quality Management
- Debbie Huddleston, RN  
  Senior Director, CTV Services (Surgery)
- Chris Monk, RN  
  Senior Director, CTV Services (Medicine)
- Mala Thomas, RN  
  Senior Director, Behavioral Health Services
- Elizabeth Gilbert, RN  
  Director, Emergency Department
Stakeholders/Advisors

Physician Champions:
- Dr. Bush Kavuru - Psychiatry
- Dr. Susan Lee - Hospitalist
- Julie Gearhart, NP – Hospitalist

EMR (EPIC) Analysts:
- Karen Houghton
- Karla West
- Cindy Blackburn
Pre-Interventional Events

- IRB and PHI approval
- Audit of 50 suicidal patient charts
- Literature review for best practice
- Eliciting support from EPIC (EMR) analyst
- Physician champions (dually trained)
- Equipment and supply review
- Benchmarking with internal and external hospitals and departments (ED, Rehab, Catawba, UVA, East Carolina University)
- Brainstorming potential interventions
Project Scope

• The scope included adult or pediatric suicidal inpatients at CRMH from admission to discharge or transfer. Exclusion criteria included NICU patients or patients on ventilators who were sedated.

• The audit tool was developed from the current evidence based policy which contained 13 key elements.

• The first 50 patient audits were collected from December 7, 2012 – March 28, 2013. Weekly meetings for the next year included extensive data analysis.
Suicide Prevention Project Results
12/7/2012 - 3/9/2013

- Patient Status Checks Documented Every 15 Minutes
- CONNECT Consult
- Psych Consult
- Patient Education Documented
- Personal Pt. Belongings Labeled & Placed in a Secure Area
- Patient Wanded by Security as an Inpatient

N (Sample Size) = 50 Patients
Suicide Prevention Project Results
12/7/2012 - 3/9/2013

- Free of Harmful Items
- Meals with Plastic Utensils
- Dietary Order Modified
- Paper Gown/Scrubs
- Scrubs Ordered

N (Sample Size)=50 Patients
Suicide Prevention Project Results
12/7/2012 - 3/9/2013

- RN has Assessed for Self Risk of Harm
- Sitter Maintains Constant Line of Sight
- Suicide Risk Care Plan Initiated
- Suicide Prevention Plan was Communicated to All Staff

N (Sample Size) = 50 Patients
No place to lock up belongings - looping risk; unsure of contents; can it be searched?  
Carilion Policy: “during every handoff check the patient’s room and any belongings for potentially harmful objects and have them removed by the nursing staff on admission and as necessary”
All is not as it appears…
Personal Care Items in Patient Room

Items in room that are potentially dangerous to patient

Carilion Policy: “remove all the following from the environment: medications of all types – and any lotions or alcohol based liquids that can be consumed (i.e. bath and body lotions/sprays)”
Attempts at Policy Compliance

Carilion Policy: “remove all the following from the environment: Unnecessary equipment, plastic bags, trash can liners, glass items”
Carilion Policy: “remove all the following from the environment: Unnecessary equipment, plastic bags, trash can liners, glass items”

Staff removing items and placing them in hallway
Benchmarking
Inpatient Psychiatric Unit
Cloth/Paper

CRMH
Plastic
Benchmarking
Visitation

CMC Inpatient Psychiatric Rehabilitation - Visitation Signage
Benchmarking

Inpatient Psych – Shower
(special plumbing, breakaway rods, short cords)

CRMH – looping hazards
DEFINE

Problem Statements
The problem of inpatient suicide risk within medical facilities is both a local and national issue as described by the Joint Commission. Site visits to Catawba, CRMH ED Annex, and CMC Inpatient Psychiatric units revealed a consistent and safer process for patient care that did not exist within medical hospitals.

It was apparent that radical transformations needed to occur within CRMH to provide a safer environment for this high risk population.

Project Objectives
The Suicide Risk Reduction Project will:
1) provide safe care for high risk psychiatric patients as evidenced by zero psychiatric near misses or safety events through improved compliance with 13 key elements.
2) provide standardization of care for patients at risk of self harm through the creation of an evidence based order set, policy revisions, and EPIC enhancements.
3) automate the delivery process of the necessary supplies to ensure the safe care of suicidal patients.
4) improve the education process for annual suicide education for all clinical staff to increase annual suicide module completion rates.
5) highlight the need to promote the delivery of world class psychiatric care in medical hospitals for suicidal patients through shared learning at the local and national levels.
DEFINE

Project Stakeholders

- Patient
- Patient's family/friends
- Clinical Staff
- Administration
- Dietary
- Security
- Quality
- Physicians
- Legal/Finance
- Distribution
- Human Resources
ANALYZE – Root Causes

Unreliable Process & Process Variance included:
1. patient belongings
2. safety trays and safety equipment
3. education issues
4. trash can liners and linen bags
5. paper scrubs

Education/Competency issues included:
1. conflicting education
2. practice variation among nurses and patient observation assistants
3. annual staff education assignment
4. inconsistent ordering practices among providers
5. transitions of care
6. many variations in what was allowed in patient rooms

Environmental issues included:
1. lack of locked storage area for patient’s personal belongings
2. inpatient rooms not designed to mitigate risk of suicide

Human Factors included:

<table>
<thead>
<tr>
<th>Lack of communication</th>
<th>Complacency</th>
<th>Lack of knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distraction</td>
<td>Lack of teamwork</td>
<td>Fatigue</td>
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<tr>
<td>Lack of resources</td>
<td>Pressure</td>
<td>Lack of assertiveness</td>
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<tr>
<td>Stress</td>
<td>Lack of awareness</td>
<td>Norms</td>
</tr>
</tbody>
</table>
**Lockable Color-Coded Safety Carts**
- 10 lockable 5 drawer safety carts purchased (9 for CRMH, 1 for CRCH)
- Carts contents: paper bags for trash can liners, cloth dirty linen hampers, paper scrubs, checklist, phone magnet, policy copy, patient/family education brochure, extra whistles, patient belonging inventory sheet, visitor signage, drawers to secure visitor and patient belongings

**IP Policy: Suicide Precautions in the Acute Care Setting**
- Policy revised to include patient searches, order set, locked safety carts and new evidence discovered in literature review and site visits.
- Vetted through Adult and Pediatric Councils

**IP-MED: PSYCH: Suicide/Homicide Risk Reduction Order Set**
- Order set includes key elements of the policy as physician orders
- Order set use is the only way to retrieve a locked safety cart

**EPIC (EMR) Enhancements**
- Automatic Best Practice Alert (BPA) fires to add Suicide Care Plan
- Flow sheet rows for RN risk assessments
- RN verification rows in observation flow sheet

**Education**
- New suicide curriculum developed— replaced 3 suicide modules
- Production of Patient/Family Educational Brochure
- Structured timeline for education, communication and implementation
SUICIDE SAFETY CART CONTENTS

- **Drawer 1**
  - Patient/Family Education
  - Whistles
  - Patient belonging Inventory Sheet
  - RN/POA Checklist
  - Visitor Sign
  - Phone Magnets
  - TDO/Medical Hold Education

- **Drawer 2**
  - Personal Care items

- **Drawer 3**
  - Paper scrubs
  - Cloth Linen Bags
  - Paper trash can liners

- **Drawer 4**
  - Visitor belongings

- **Drawer 5**
  - Patient belongings with completed inventory sheet
Safe-Care Checklist

Suicide Risk Reduction Plan

This cart is designed to help reduce process and safety related barriers to the care of your patient under suicide precautions. Please follow the attached guidelines for the use of the cart. The cart needs to stay outside the patient’s room. **Please do not put anything on top of the cart.** Individual items needing to be restocked (i.e. paper bags, scrubs, cloth linen bags) can be individually ordered through EPIC.

The Suicide Risk Reduction Team is readily accessible to assist you with any questions or concerns. Please notify one of the team members below if there are any issues or improvement opportunities. Questions? Please contact Sandy Sayre: 540-521-4072, Susan Blankenship: 540-915-6246, Rebecca Bishop: 540-293-5276

☐ Review policy (Suicide Precautions in the Acute Care Setting)
☐ Remove potentially harmful items from the room as listed in policy
☐ Inventory patient belongings utilizing the inventory belongings sheet (Drawer 1). This sheet will become a part of the permanent record and should be placed in patient’s chart upon discharge.
☐ Secure belongings in Drawer 5 of the locked cart after placing them in a **paper bag** with a patient label. (The current processes for valuables and home medications are the same.)
☐ Replace plastic trash can liners with **paper bags** (found in Drawer 3)
☐ Replace plastic linen bag with the **cloth** linen bag (found in Drawer 3)
☐ Place the patient in paper scrubs (found in Drawer 3)
☐ Call security to wand the patient if not done in the Emergency Department.
☐ Patient care items (soap, lotion, toothpaste) should be kept in drawer 2.
☐ Drawer 4 is available for visitor belongings.
☐ Whistles are available for individual use only. Do not place used whistles back in cart. *(located in Drawer 1)*
☐ Place Purple Visitor Sign on Patient’s Door (Drawer 1)
☐ Refer to MD orders regarding patient use of phone, electronics, and internet.

**REQUIRED DOCUMENTATION**
☐ Review educational brochure with patient and/or family and document in EPIC. *(found in Drawer 1)*
☐ RN verification signature every shift in Observation Flowsheet
CRMH/CRCH-Inpatient

Patient Belonging Sheet (item/condition/how many)
(To be completed by RN upon admission to the unit)

*Carilion is NOT responsible for patient valuables/property that is not deposited with Carilion Police Department for safe keeping.

**Please get ALL phone numbers and items that you will need during your admission. Once your items are locked up you will NOT be able to retrieve them until discharge.

**I have read this sheet and received all of my valuables/property upon my discharge from CRMH/CRCH-Inpatient.

Patient Signature: ____________________________ Date/Time: ____________________________

---

**Justification for search (check the appropriate box)

☐ At Risk for Self Harm -OR- ☐ At Risk for Harm to Others

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<table>
<thead>
<tr>
<th>Items Placed in Locked Cart</th>
<th>Items sent in Security</th>
<th>Items kept by Patient</th>
<th>Items sent to Pharmacy</th>
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<tbody>
<tr>
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</table>

Stored Upon Admission:

Patient Signature: ____________________________ Date/Time: ____________________________

Search By: ____________________________ Date/Time: ____________________________

Witnessed by (licensed staff): ____________________________ Date/Time: ____________________________

All belongings returned upon discharge:

Returned By: ____________________________ Date/Time: ____________________________

Witnessed By(licensed staff): ____________________________ Date/Time: ____________________________
VISITORS
CHECK AT NURSES’ STATION
Electronics

PERSONAL ELECTRONIC DEVICES APPROVED

Verify Order in EPIC
This order set is a grouping of physician orders that helps standardize the care of all patients who have suicidal thoughts and aligns patient care with hospital policy.
Best Practice Alert (BPA) to Automate Suicide Care Plan Insertion and Associated Documentation Flow Sheet Rows in EPIC

This BPA places the Suicide Care Plan automatically in the chart
<table>
<thead>
<tr>
<th>Observation Monitoring (per policy)</th>
<th></th>
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<tbody>
<tr>
<td>Purpose</td>
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<tr>
<td>Visual Check</td>
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<tr>
<td>Hygiene</td>
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<tr>
<td>Food/Meal</td>
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<tr>
<td>Fluids</td>
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<tr>
<td>Elimination</td>
<td></td>
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<tr>
<td>Range of Motion</td>
<td></td>
</tr>
<tr>
<td>Circulation</td>
<td></td>
</tr>
<tr>
<td>Comment Note</td>
<td></td>
</tr>
</tbody>
</table>

**Observation Monitoring**

12/30/13

1900

**Suicide Precautions**

Suicide Precautions: A sitter with the patient at all times, remaining within close proximity of the patient at all times, with no physical barriers between the patient and the staff member, maintain line of sight, meals delivered on disposable trays, plastic spoon and fork only. Environment free of the following items: anything sharp, unnecessary equipment (be especially aware of cords used with necessary medical equipment, phone and call bells), medication of all types, metal soda cans, shoe laces, plastic bags, scarves, belts, neck ties, dental floss, trash can liners, dangling jewelry, glass items (including compacts with mirrors).

Suicide Precautions: 

RN/LPN verifying policy followed (name): [Name]

---

**RN Verification**

Robinson, Will
30 y.o., 05/18/1983, Male

Room: 0874 A  Att MD: None  MRN: 817129  Ht: 1.829 m (6')  Wt: 77.111 kg (170 lb)  Allergies: Not on File  Code: ---  FYI: FYI

---

**Snapshot**

**Patient Summary**

**Chart Review**

**Synopsis**

**Results Review**

**Flowsheets**

**Problem List**

**History**

**Notes**

**Demographics**

**Medications**

**Allergies**

**Manage Orders**

**Order Review**

**Immunizations**

**MAR**

**Intake/Output**

**Doc Flowsheets**
Our team of physicians, nurses, and social workers are committed to providing you with excellent care and treatment. It is our goal to help you become familiar with our expectations and treatment plan, while maintaining a safe environment.

**ASSISTANCE AFTER DISCHARGE**
It is our goal to provide you with contacts to be utilized upon discharge from the hospital in order to maintain your safety. Below is a list of contacts to use if you begin to feel unsafe after discharge.

**CONNECT**
540-981-8181

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

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**Suicide Risk Reduction**
FOR PATIENTS AND FAMILY

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**PATIENT RIGHTS**
You will receive a copy of your Human Rights and the Notice of Privacy Practices. If you have a complaint or feel your rights have been violated, please ask to speak to the patient advocate or unit director.
Suicide Risk Reduction
FOR PATIENTS AND FAMILY

HOW LONG WILL I BE HERE?
Each person is unique with different circumstances; therefore, your doctor, nurses, and staff members will work with you to determine how long your stay should be.

WHAT IS A TREATMENT PLAN?
A treatment plan is a plan of care that the staff uses to work with you and your needs. Staff will collect information during the admission process and may receive input from you and your family to help develop a plan. Treatment is most effective with your ACTIVE participation.

WHO IS INVOLVED IN MY CARE?
Medical doctors - Lead the team for treatment related to your care and work with your psychiatrist to manage your treatment plan.
Psychiatrists - Works with the medical doctor to assist in the management of your condition and aids in managing medications and other treatment options.
Nursing staff - Consists of registered nurses (RN), licensed practical nurses (LPN), personal observation assistants (POA), clinical associates/nursing assistants (CA/NA), and clinical secretaries (CS).
Registered nurses - Complete physical and psychosocial assessments, monitor vital signs, administer medication, participate in treatment plan, participate in admission and discharge planning, consult physicians, implement physician orders, and provide patient education. An LPN may be assigned to assist in your care under the direction of an RN.
Personal observation assistants - Assist at your bedside during your stay to ensure safety. Perform tasks such as bathing, changing linens, accompanying you to the bathroom, and obtaining vital signs.
Social workers and case managers - Help address your post hospitalization care needs.

Pharmacists - Manages your medication orders, checks for allergies and drug interactions, and is available for questions regarding your medication plan during your hospitalization.
Dieticians - May be consulted to address any special dietary needs you may have.

HOW CAN PEOPLE CALL AND CHECK ON ME?
Confidentiality is important. Information about your condition will only be given to those you designate, unless your medical condition necessitates otherwise (e.g., life threatening condition). If you are under the age of 18, information can be shared with a parent or legal guardian.
You can request a special status known as a "no news patient" in which the hospital does not disclose your presence or condition as a patient to anyone. Please ask your nurse if you would like more information.

MAY I HAVE VISITORS?
Visitors must check in at the nurses’ station prior to visiting your room and will be directed according to your condition, physician orders, and your preferences. Visitors will be asked to place their belongings into a locked cart that is assigned to you. For your safety, all belongings that visitors bring to you must be approved by the RN prior to you having them.

WHAT ABOUT MY BELONGINGS/VALUABLES?
Upon admission, staff will check ALL of your belongings. Your belongings will be documented, will be removed from the room, and locked in the cart that is assigned to your room until discharge. Any item brought in after admission will be searched and must also be locked in the cart assigned to your room. Valuables such as money, jewelry, or weapons will be inventoried and sent with a security officer. Medications will be inventoried and stored in the pharmacy.

MAY I USE THE PHONE OR HAVE ELECTRONIC DEVICES?
Your personal phone use requires a physician order. It is recommended that electronic devices not be brought to the hospital. If present, they will be locked in a secure area.

CAN I SMOKE?
The use of tobacco products by individuals is prohibited at Carilion Clinic. Smoking cessation products and treatments are available to those who want to stop smoking.

ARE THERE ANY SPECIAL PRECAUTIONS TAKEN?
Upon admission, you will receive an identification armband with your name, date of your admission, and other important information. The identification armband must remain on your wrist at all times. Patients with allergies or a risk for falls will be further identified. You will be placed in paper scrubs and draped with a metal detector by security to ensure your safety. A POA will be assigned to you at all times. Any potentially dangerous items will be removed by the appropriate hospital personnel.

WHAT ARE MY EXPECTATIONS AS A PATIENT?
Follow hospital rules and regulations
Be considerate of other patients, hospital staff, and hospital property
Remain in your room, unless directed out by a staff member
Wear hospital paper scrubs that are provided to you upon admission

RESTRAINT USE
Carilion Clinic provides care in the least restrictive manner possible. However, in some situations where behavior presents an imminent danger to self and/or staff, restraints may be used as a temporary measure to protect the patient’s safety. Restraints are not used as a means of coercion, discipline, convenience, or retaliation. A patient is only placed in restraints when there is no other available option to keep everyone safe.

(cont.) Pamphlet
Videography
Carilion Roanoke Memorial Hospital
Suicide Risk Reduction Team

Not Pictured: Bush Kavuru, MD
Fisher Exact Tests indicate $p$ value of 0.00 associating interventions with increased compliance.
Fisher Exact Tests indicate $p$ value of 0.00 associating interventions with increased compliance.
CONTROL

Organizational Structure
• Weekly Suicide Core Team meetings since November 2012
• Development of an ongoing Suicide Safety Team as a permanent oversight committee
• 50 post intervention audits to determine significance of interventions on key measures

Technology
• RFID tagging on carts to match suicide sitter assignments and carts to ensure order sets were used (forcing function)
• Mini D staff do not release purple safety cart without an electronic order to ensure order set is used - no single item order available (forcing function)
• Order set ensures automated process for: Care plan, documentation flow sheets, safety cart with supplies, meals with Styrofoam safety trays/plastic utensils
• Order set includes key policy elements

Education and Communication
• Annual and orientation suicide education (auto assigned)
• Live education in orientation for Nursing Assistant/POA/CA
• Pre and post test for new suicide education module – Results: the average score on the pre test was 74 and after taking the post test, the average score increased to 88
• Education Monitoring: 50% of the staff had received education on the care of suicidal patients pre-intervention, this rose to 97% post-intervention
• Individual unit staff meetings, Shared Governance Council presentations (Practice, Quality, Education) and Executive Council meeting presentations (Clinical Leadership, Medical Executive Council, Joint Quality Council)
CONTROL

Additional Control Elements Since The Original Project

• Revised Cornerstone education
• Unit to unit education plus ‘just in time’ education
• Available 24/7 to staff for questions or concerns
• Internal audits
• Additional cart purchases due to increase census of suicidal patients (monitored daily in bed and safety huddle)
• GWN internet auto turnoff when suicide order set deployed
• Revisions to policies and order set
• Delegation to mini D to maintain carts
• Passed through Joint Commission: The Leading Practice Library
• CNRV consultation as needed for support with their implementation
• Monthly suicide risk reduction discussions
• Monitor what other hospitals are doing via Webinars such as: Dignity Health (St. Joseph’s Hospital and Medical Center) who have opened a medical surgical visual monitoring unit (VMU) – med surg patients with secondary psychiatric diagnosis.
• Suicide Team Member now embedded at Inpatient Psych Unit as a Unit Director
• The team is constantly seeking program improvements
RESULTS

Sustainability Project Results

<table>
<thead>
<tr>
<th>Activity</th>
<th>Pre Intervention</th>
<th>Initial Post</th>
<th>Re-Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Precaution plan was communicated to all unit staff</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Suicide Risk Care Plan Initiated</td>
<td>48%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>RN has assessed for risk of self harm</td>
<td>34%</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Psych Consult</td>
<td>60%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Observation checks/patient status are documented every 15 minutes on the observation flow sheets in EPIC</td>
<td>98%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Patient Education Documented</td>
<td>32%</td>
<td>34%</td>
<td>46%</td>
</tr>
<tr>
<td>Patient wanded by security as an inpatient</td>
<td>0%</td>
<td></td>
<td>32%</td>
</tr>
</tbody>
</table>

Comments: Sustainability Audit Results in Green
RESULTS

Sustainability Project Results

<table>
<thead>
<tr>
<th>Comment</th>
<th>Pre Intervention</th>
<th>Initial Post</th>
<th>Re-Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitter maintains constant line of sight with no barriers between sitter and patient</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Patient and environment are free of all items that the patient can use to harm themselves or others</td>
<td>82%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Meals are delivered on a disposable tray with a plastic form and spoon only</td>
<td>52%</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>Personal belongings and clothes are labeled and placed in a secure area</td>
<td>18%</td>
<td>98%</td>
<td>96%</td>
</tr>
<tr>
<td>Patient is in paper scrubs/gown</td>
<td>68%</td>
<td>86%</td>
<td>100%</td>
</tr>
<tr>
<td>If you have been sitting for &gt; or = 4 hours have you had a break</td>
<td>86%</td>
<td>98%</td>
<td>96%</td>
</tr>
</tbody>
</table>

Comments: Sustainability Audit Results in Green
LESSONS LEARNED

• The electronic medical record offers multiple advantages; however, it is a tool. Human factors, including normalization of deviance and drift, must be guarded against.

• Forced functioning (utilizing EMR, Ordersets) increases compliance.

• Sustainability audits are crucial in identifying areas of decreased performance to determine if additional education is needed, process issues need to be addressed, or staff compliance is dropping.

• Psychiatric patients are not managed well in a medical facility.

• There is a lack of understanding for the psychiatric population in acute medical settings among some healthcare providers.
SHARED LEARNING

• Moved through administrative processes at CRMH
• VA Patient Safety Summit 2015 & 2017 poster presentations
• Week of the Nurse 2015
• Carilion Clinic Shine Awards 2014 poster presentation
• Carilion Clinic Shine Awards 2016 podium presentation
• CRCH – Adopted policy
• CNRV – Adopted policy
• Joint Commission – recognition for best practice
• Magnet
• Top 100 Best Practice Exemplar
• Multiple unit meetings within CRMH
• Human Resources Measuring Outcomes Presentation
Enhancements

Since implementation, the suicide risk prevention team was notified of an event that occurred when a patient was transferred from inpatient at CRMH to our psychiatric facility. The transport team was unaware that the patient’s girlfriend passed a backpack to the patient during transport. When searched at inpatient rehab, a gun and knife were found in the backpack. Changes implemented as a result of this event include:

1) EPIC Optimization to the CCPTS order set to include notation of high risk behavioral health transport.
2) Training for CCPTS staff on safe transport of high risk behavioral health patients.
3) Policy revision to include inter-facility transfer.
4) Ordered 2 additional suicide risk reduction carts for CRMH based on increase in average daily census of suicidal patients.
5) Successful program implementation at CNRV.
6) Article being written for publication in national journal.
CMRH Emergency Room
Mental Health PATIENT VOLUMES - FY 16

Number of Patients

MH PT (ALL) VOLUMES

PEDS PT VOLUMES
Why This Matters….

- Multiple suicide attempts with normal ED equipment (cords, computers, wipes)
- Confiscation of contraband – guns, knives, illegal drugs, prescribed medications
- Elopements from opening doors, through the ceiling, from triage and rooms outside the annex
- Law Enforcement Drop offs (don’t want to take out ECO’s due to 8 hour hold mandated by legislation)
- Staff assaults with injury (physical)
- Multiple verbal assaults
- Patient to patient assaults
- Lack of appropriate psychiatric care while waiting for admission / transfer (EMTALA violation)
What If...

People who want peace need a peaceful environment.

Elements of a peaceful environment:
- Good communication between staff and patient
- Trust
- Groups as well as individual counseling
- Clear schedule
- Clearly explained procedures
- Evaluations regularly of staff & patients
- Meds given as needed

Depressed On
What If...
Questions?
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