

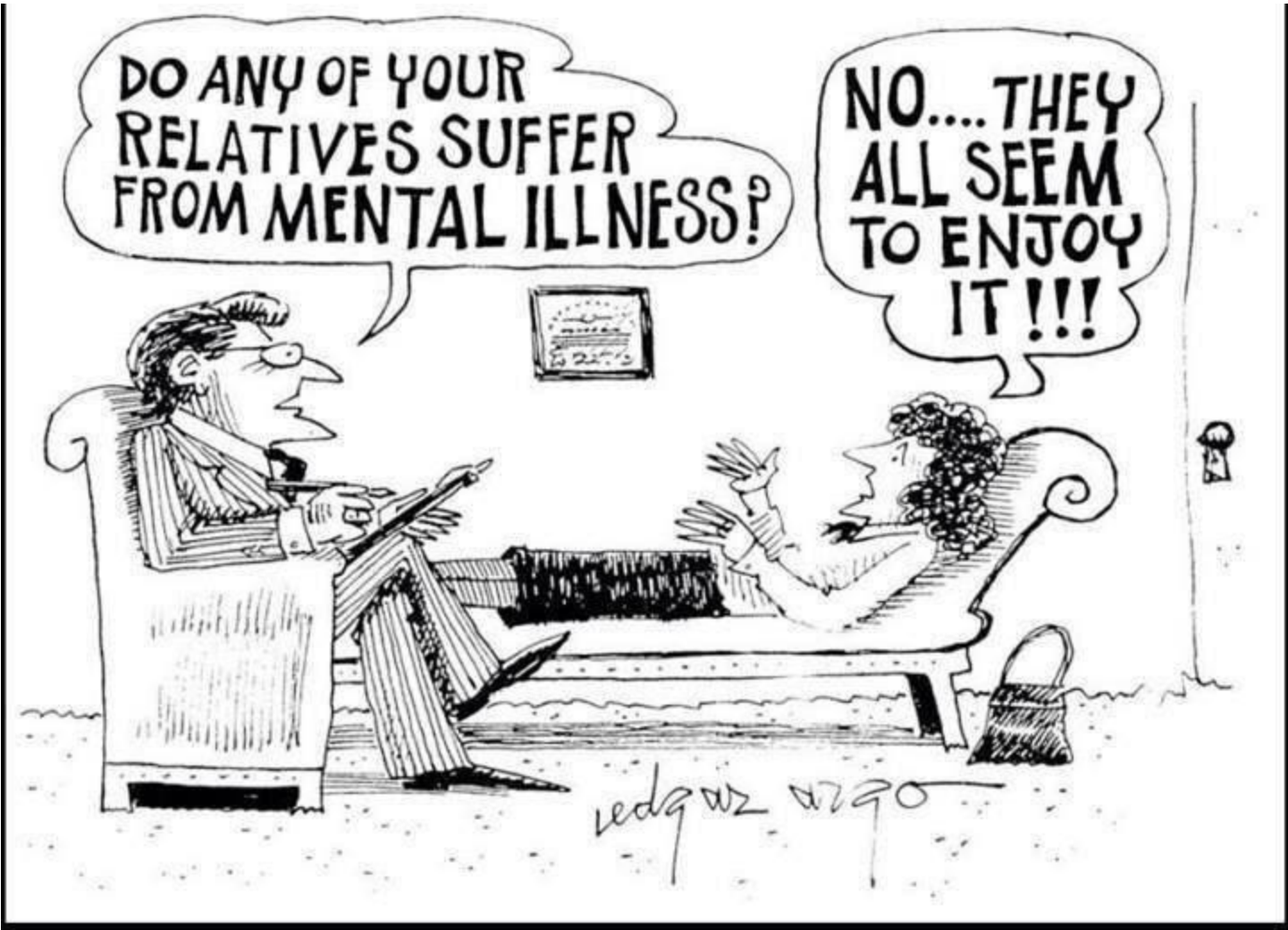


HANDLING THE INCREASING NUMBER OF BEHAVIORAL HEALTH PATIENTS IN ACUTE CARE

**Tammy Somesla
Becker's Health Review
May 2019**

DO ANY OF YOUR
RELATIVES SUFFER
FROM MENTAL ILLNESS?

NO.... THEY
ALL SEEM
TO ENJOY
IT !!!



NATIONAL INSTITUTE OF MENTAL ILLNESS 2016

- 1 in 6 US adults live with a mental illness (44.7 Million)
- 10.4 million adults in the United States with Serious Mental Illness (4.2% of all U.S. adults)
- Young adults aged 18-25 years had the highest prevalence of SMI (5.9%)
 - 26-49 years (5.3%)
 - 50 and older (2.7%)
- Among the 10.4 million adults with SMI, 6.7 million (64.8%) received mental health treatment in the past year
 - 35.2 untreated



L.A. tops nation in chronic homeless population



By GALE HOLLAND NOV 19, 2015 | 8:08 PM



A homeless woman walks the 42nd Street bridge over the 110 Freeway in Los Angeles. The city and county have the nation's largest population of chronically homeless people, a federal study has found. (Irfan Khan / Los Angeles Times)



1/3 nation's homeless

Increase 55% in 3 years

Increasing 3 times faster than NY

51% Seriously Mentally Ill



CASE REVIEW

Arrowhead Regional Medical Center
Colton, CA



ARROWHEAD CHANGES

○ Immediate:

- Police/ambulance had to hold patient until Charge Nurse declared it safe to take over care

○ Long Term Changes:

- Quick evaluation and then transfer directly (by police or ambulance) to BH triage in another area
- Education of Police departments as to the requirement to use nearest hospital
- New “Safe” room if patient needed to stay
- Increased police presence
- BH partnered with Department of Behavioral Health for triage and discharge efforts



ED STRATEGIES

- Don't make them wait
- Move out of waiting room
- Reassess frequently
- Elopement precautions
- Constant supervision
- Remove all personal belongings as process of putting in bed
- Provide distractions such as TV in rooms



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**“When I spend money, I’m happy. When I run
out of money, I’m sad. I’m buypolar!”**



COLLEGE MEDICAL CENTER LONG BEACH, CA

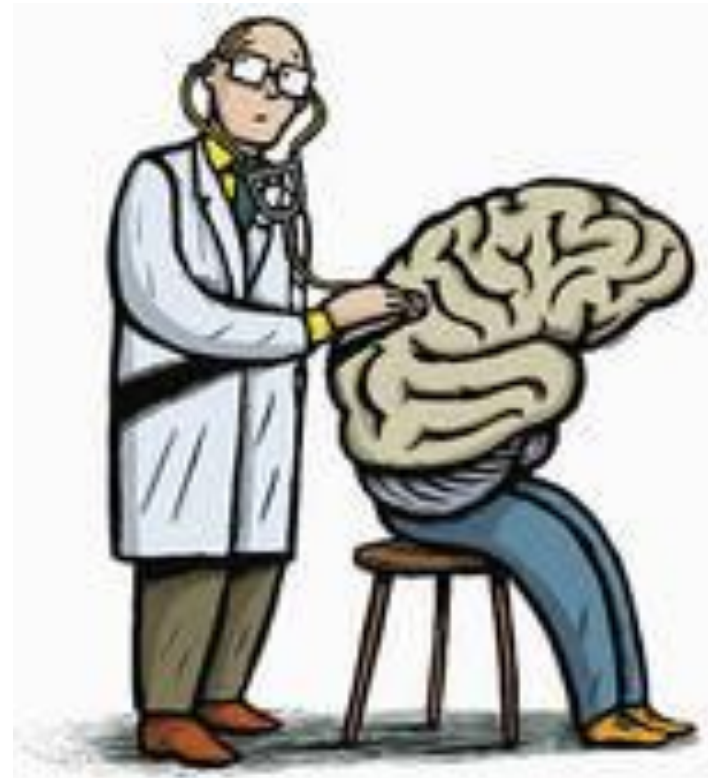


- Acute Care hospital with 137 acute psychiatric beds spread over 3 campuses
- 84 Acute medical/surgical beds
- Full OR, ED, and ICU
- Our task: to create a safe acute care that specialized in psychiatric patients with medical illness



PSYCHIATRIC PATIENTS IN GENERAL ACUTE CARE

- Best guess:
- How many Behavior Health patients are in the general Med/Surg population?



SELF-DESTRUCTIVE BEHAVIOR

Cutting

Pulling out tubes

Saving up medications

Drugs brought in by visitors

Strangulation using Looping cords

Refusal of medical care (capacity issues)



AGGRESSION/VIOLENCE

Drug use

Organic pathology

Psychosis/mental illness

Refusal to take medications



ELOPEMENT

“Premature Patient-prompted discharges”



EMPLOYEE EDUCATION

- All employees who had contact with patients needed education on how to interact with the patients
 - Started with clinical staff
 - Then ancillary such as respiratory and rehab
 - Then support services such as EVS and dietary
- Crisis Prevention Intervention
- Special “Communication Techniques”
- Roll-playing



ROOM MODIFICATION FOR PATIENT SAFETY

- Changed to tear away curtains
- Removed most of the items from the walls
 - Sharp containers relocated to the portable wows
- Garbage cans removed
 - Replaced with paper bags
- Windows covered in Luan
- Gloves outside of rooms
- Changed overhead lights to switches near door
- Removed call lights- special plug
- Patient belonging cabinet bolted to wall



BATHROOM

- Cover on toilet pipes
- Cover over sink pipes
- No mirrors
- Showerheads flush to wall
- Safety sink handles, non-removable
- Removed all towel holders
- Emergency call light relocated and 6 inches long



CLOSE OBSERVATION ROOM CHECKLIST

Items listed below are not permitted in the room of a patient who may be a danger to self or others:

- ❑ Loop-able cords
 - ❑ Telephone
 - ❑ Light cord
 - ❑ Blinds cord
 - ❑ Any other cord that could form a loop :
- ❑ Belts
- ❑ Non-safety Mirror
- ❑ Pencils
- ❑ Clothing
- ❑ Shoes with laces (remove laces)
- ❑ Unanchored, Sharp Edge Furniture
- ❑ Non pull away curtain
- ❑ Trash Cans (use paper bag only)
- ❑ Glass Containers
- ❑ Razors/ Scissors
- ❑ Small Objects
- ❑ Medications
- ❑ Unsecured Window
- ❑ Other contrabands: (Cigarettes, lighters, etc)
- ❑ Utensils cannot be left in the room- must be accounted for when removing tray
- ❑ Ensure the patient has the wireless bed alarm if applicable



SAFETY OF STAFF

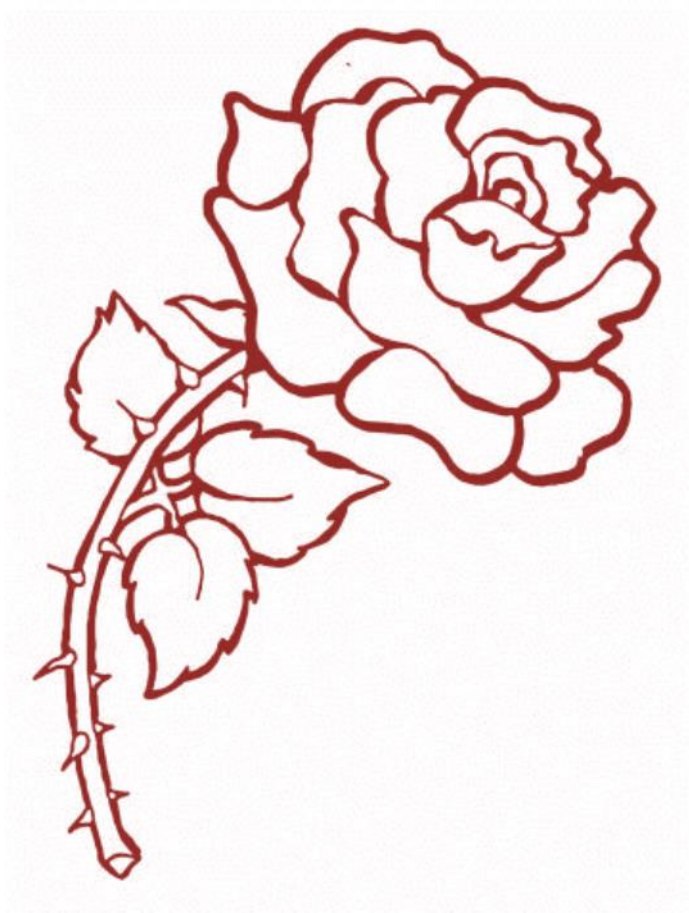
- Increased psych volume has lead to an increased number of potentially violent patients
- Needed way to alert ALL staff



**SAFETY
ALERT**



ROSE

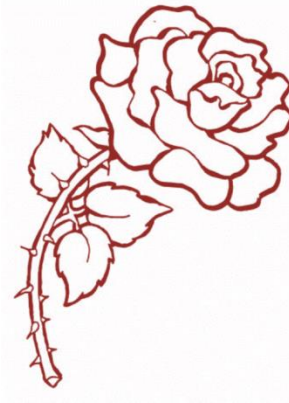


Respect
Our
Spontaneous
Environment



IDENTIFY PATIENTS

- First determine which patient should be included:
 - Mental illness with history of sudden violence
 - Any history of becoming violent
 - Threats of violence
 - Dementia with violence
 - Violent family members

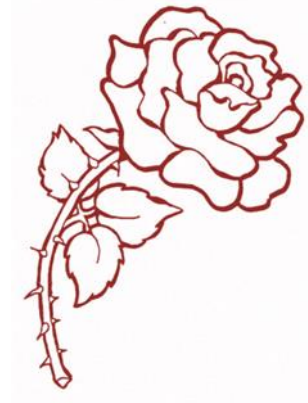


Patients requiring extra observation for safety



WHO DECIDES?

- Charge RN
- House Supervisor
- Director



Patients requiring extra observation for safety

Identifies patient eligible for the ROSE Program

Any one of them makes the determination and enters it into the computer



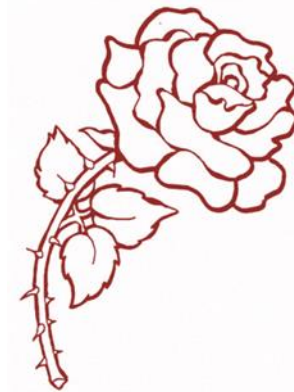
ALERTS

- Computer alert when chart is first opened by anyone as to the history of violence
- Care plan includes safety measures
- ROSE sticker on front of chart
- ROSE magnet on door frame
 - Wording on the back: “Patients requiring extra observation for safety”
- Designation is attached to Medical Record Number so alerts if patient returns in future to the ED



AGGRESSION RULES

- ZERO tolerance
- Set expectations and limits with patients
- Listen attentively and calmly
- DO NOT ignore- Meet their needs
- Prevent the “Point of no return”
- Medicate as needed





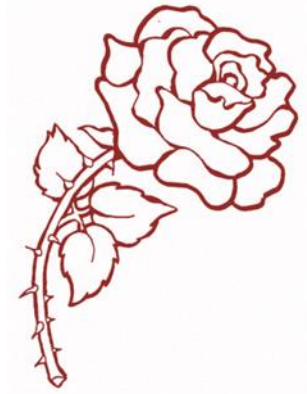
MANAGE MANIPULATION

- COMMUNICATE EXPECTATIONS FIRMLY
- SET CLEAR LIMITS ON BEHAVIORS THAT AFFECT THE WELLBEING OF THE PATIENT OR OTHERS
- DO NOT BE PUNITIVE
- GIVE A RATIONALE FOR THE LIMIT
- DO NOT ENGAGE IN A POWER STRUGGLE OR DEBATE
- MAKE THE CONSEQUENCES CLEAR AND ONES YOU CAN CARRY OUT
- DO NOT SET LIMITS IN PUBLIC. MANIPULATIVE PATIENTS LOVE AN AUDIENCE
- COMMUNICATE THE LIMITS AND CONSEQUENCES TO ALL STAFF CARING FOR THE PATIENT
- STAND FIRM WHEN LIMITS ARE TESTED BY THE PATIENT
- GIVE POSITIVE FEEDBACK REGULARLY IF THE PATIENT IS FOLLOWING THE LIMIT

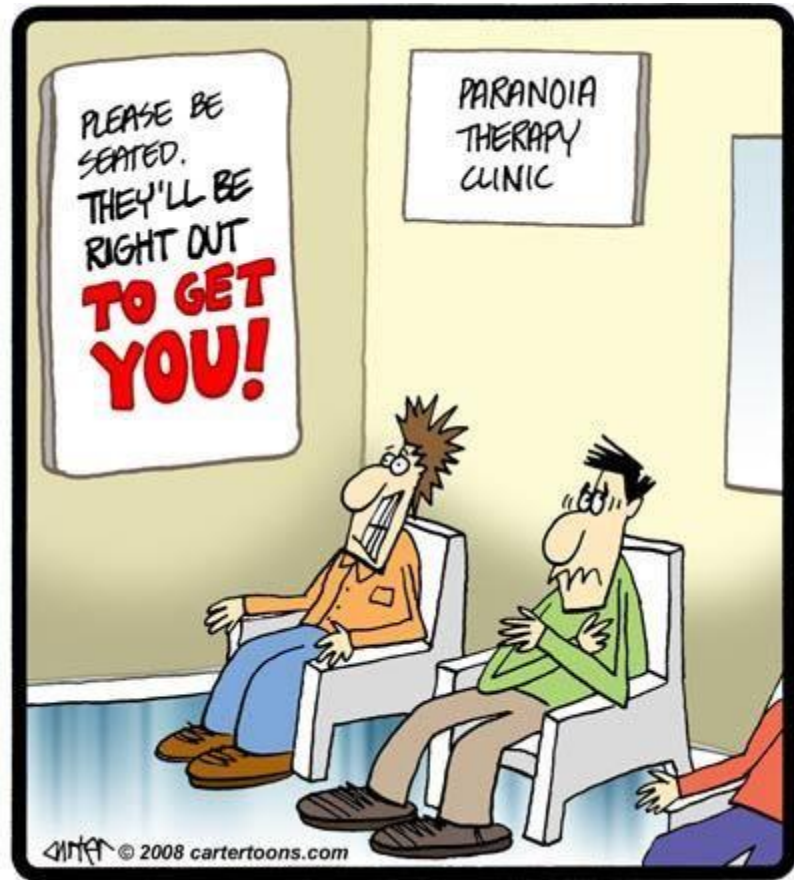


RESULTS

- Reports of violent incidents decreased 50%
- Staff report feeling safer in their workplace
- Culture of safety and engagement among staff increased
- Length of stay decreased from 6 days to 4.2 for patients with secondary psych diagnosis



QUESTIONS??????



Questions/Comments can be forwarded to:

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REFERENCES

- Hill, D., Ross, H., Pich, J., Hill, A., Daisba, T., Riahi, S., Guay, S. Martinez-Jarreta, B. “Education and training for preventing and minimizing workplace aggression directed toward healthcare workers.” Cochrane.org 3 September 2015 DOI: 10.1002/14651858.cd011860 The methodology can also be found at researchgate. Net
- U.S. Agency of Healthcare Research and Quality. Care of Adults with Mental Health and Substance Abuse Disorder in U.S. Community Hospitals, 2004 at <http://dev.ahrq.gov/data/hcup/factbk10/>.
- MONICA COOKE MA, RNC, CPHQ, PHRM QUALITY PLUS SOLUTIONS , LLC
- <http://www.latimes.com/local/california/la-me-homeless-national-numbers-20151120-story.html>

