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-psychiatric settings
• Discuss risk reduction and enterprise risk management strategies to mitigate the risk of harm to staff and patients
Do you Know?

- Rate of Mental illness in the general population?
- The leading cause of “healthy life lost”
- The reduction in number of psych beds?
You must clearly explain your problem
Emergency Department

- 4.1 million mental health
- 1.7 million drug-related
- 472,000 self-inflicted injury
- 293,000 injuries of undetermined intent

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Medical/Surgical Units

- 40-60% - significant mental health issue
- 8.2 days ALOS co-occurring diagnosis
- 1,500 suicides/year in inpatient settings

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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

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Top Behavioral Health Risks

- Suicidality
- Aggression
- Elopement
Case Study

Sara, a 28 year old was admitted to the medical unit due to dehydration from not eating/drinking. She believed that she was not worthy of food/fluids and was attempting to die.
Risk Reduction Strategies
For the Emergency Department and Acute Care

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Suicidality

- Triage and Initial risk screening
- Assessment by a Behavioral Health Professional
- Frequent reassessment
Aggression

- Assess for medical etiology
- Zero Tolerance
- Set Limits
- Behavioral Contracting
- “Fire” or “transfer care”
Rapid Stabilization

- Stabilize acute suicidal states
- Treat agitation and aggression
- Medicate for severe anxiety and psychotic symptoms
Elopement

“Premature Patient Prompted Discharges”
Case Study

Rick was a 34 year old Schizophrenic in the ED. Triaged as “hearing voices” telling him to die. He waited in the ED unsupervised for 45 minutes, became overly anxious and eloped.
Elopement Prevention Strategies

• Assessment/Reassessment of risk

• Frequent Monitoring: Meet the patient’s need

• Manage anxiety

• Maintain in a secure environment
Treatment Environment

- Move out of ED waiting room
- Design a “Safe” room/area in ED and on acute care unit
  
  *Permanent* or *convertible*
Treatment Environment

- Garage door
- Safe bathrooms/doors
- Wardrobes without doors
- Safe windows
- No plastic bags
- Light fixtures, door knobs, sprinkler heads
- Hand rails

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Treatment Environment

• Routine surveillance

• Utilize safety restrictions

• Provide for diversion

• Security Personnel
Behavioral Health Staff

• In the Emergency Department

• Behavioral Health resource for inpatient units
Observation/Monitoring Levels

• One to One (Sitter)

• Q-5 to Q-15 Minute

• Q-30 Minute/Hourly

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Restraint/Seclusion

- Physical
- Mechanical
- Chemical
- Seclusion
Visitors

- Monitoring
- Restrictions
- Education

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Communication

Between caregivers:

• MD’s
• Nurses
• Sitters
• Security

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Documentation

• Assessments
• Plan of Care
• Observations
• Interventions
• Discharge assessment

/plan/referral
Staff Competencies

- Nursing Staff
- Sitters
- Support/ Auxiliary staff training
Enterprise Risk Management

BH patients are THROUGHOUT the organization and often pose the most unpredictable risk

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Organizational Strategies

- Risk Assessment
- Conduct Tracer
- Policies/monitoring parameters
- Efforts to reduce possibility of harm
- Screening/assessment/reassessment
- Access to behavioral health resources
- Monitoring, analyzing, and trending of data
Summary

❖ Assessment and Re-assessment
❖ Communication
❖ Observation/monitoring
❖ Environment of Care/Surveillance/Searches
❖ Restraint
❖ Education/Training
❖ Discharge Assessment/Instructions

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Opportunities and Challenges

- Overcoming stigma and staff attitudes
- Modification of the Treatment Setting
- Initial and ongoing training of staff
- An Enterprise Risk Approach

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Tool Box

• Organizational Suicide Risk Assessment
• ED Brief Risk Assessment
• Trip Ticket
• Sample Sitter Guidelines
Resources


• www.patientsafety.gov/SafetyTopics/ VA Mental Health EOC checklist


• The Joint Commission, Sentinel Event Alert #46, www.jointcommission.org


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Resources

- Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors
  [http://www.med.umich.edu/depression/suicideassessment](http://www.med.umich.edu/depression/suicideassessment)

- After the Attempt: A Guide for Medical Providers in the Emergency Department taking Care of Suicide Attempt Survivors
  [http://store.samhsa.gov](http://store.samhsa.gov)
You're not paranoid. Due to terrorism, feeling anxious all the time is the "new normal."
THE END

Thank you for inviting me to present on Behavioral Health Risk

Questions/Comments can be forwarded to: Monica Cooke at:

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