

Improving Delivery of Behavioral Health Care in the Emergency Department

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sentara nurse

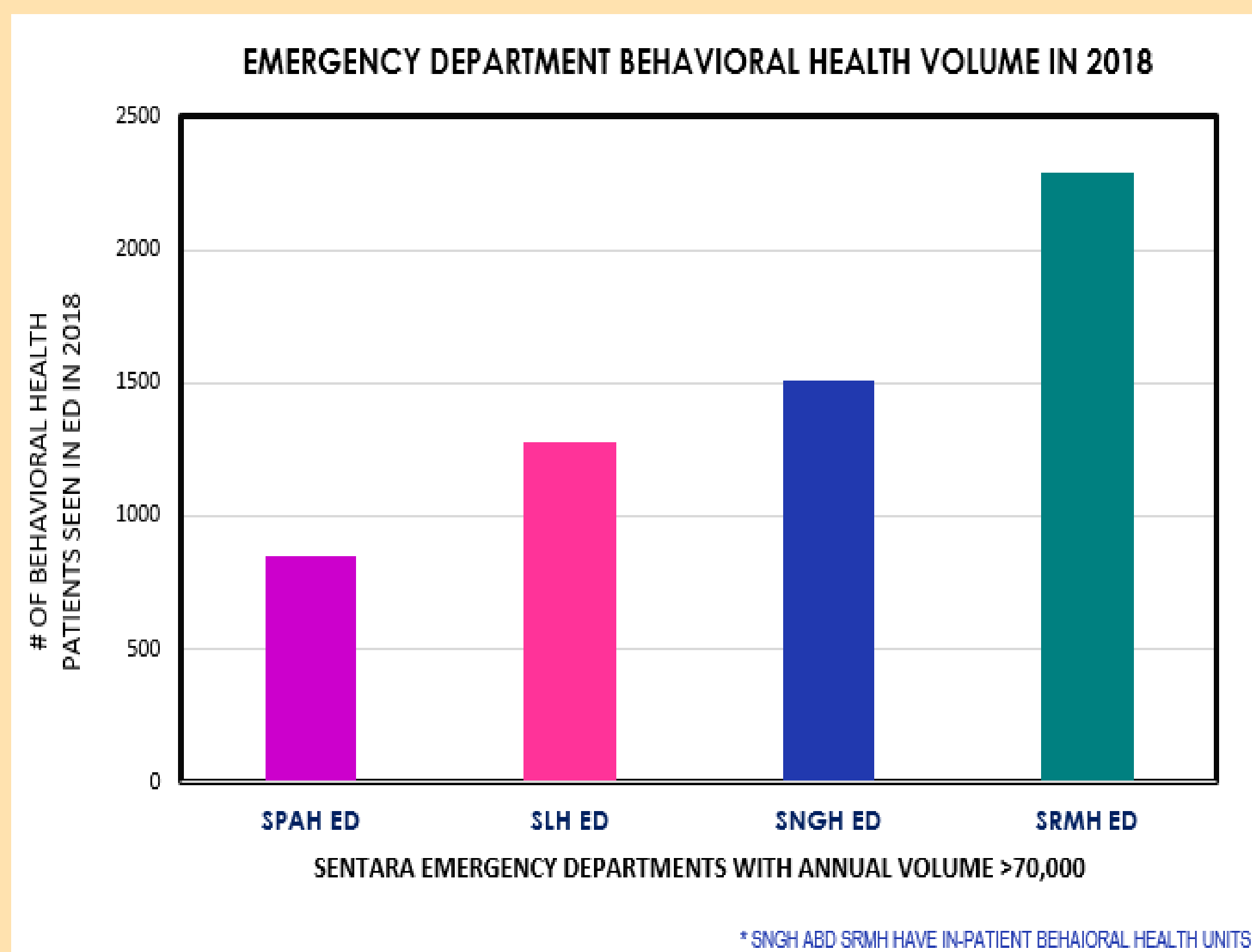


Background

The annual number of behavioral health patients that present for treatment in the Emergency Departments (ED) is on the rise¹. Providing care to this population of patients in the ED setting is difficult and presents many safety risks. Implementation of specific strategies centered around safety must be in place to mitigate any safety risks for both patients and staff². Important areas of focus when developing strategies to improve safety for both patients and staff include initial and routine assessment and documentation, continuous staff education, collaboration combine multidisciplinary groups and communication².

Problem

Sentara Princess Anne ED will improve delivery of Behavioral Health care in by establishing standardized strategies. Strategies were centered around on-going assessment of patients, standardized documentation, and collaboration with security & medical staff. This included performing safety huddles and through continuous staff education and coaching for overall accountability. Communication and safety improved because of this process improvement at Sentara Princess Anne ED.



Methodology:

Sentara Princess Anne Hospital (SPAHE) Emergency Department standardized documentation by using a SmartPhrase for initial and ongoing assessment. In addition, the leadership team worked with the hospital security staff to establish a rounding routine for behavioral health patients with the focus being “Safety from the Start.” Security personnel also assisted in managing patient and visitor belongings. Lastly, staff was provided with continuous education and accountability was reinforced through auditing and with 1:1 coaching.

.SPAHEBEHAVIORALHEALTH
 Pt arrived to Emergency Department at: *** (time)
 Mode of Arrival: EMS/ WALK IN/ POLICE
 Is the patient voluntary: YES/NO
 Is the patient under an ECO?: YES/NO
 Is the patient under an TDO?: YES/NO
 Chief Complaint: ***
 Patient's Affect is: **AGGITATED, CONFUSED, WITHDRAWN, LABILE, FLAT, ANXIOUS, DEPRESSED**
 Patient's room **HAS/HAS NOT been made safe** by removing all items that patient may use to harm themselves or anyone else.
ALL of the patient's belongings **HAVE/HAS NOT** been removed, inventoried and secured in locker
 Number of bags secured in locker (1,2,3,4)
 Patient **HAS/HAS NOT** been changed in to paper scrubs.
 Does the patient have any medications stored in pharmacy?: YES/NO
 Does patient have any valuables secured in the hospital safe?: YES/NO
 Face to Face **Safety huddle** was completed with Security Officer, and charge RN? YES/NO
 CTRS Risk Assessment results: (HIGH, MODERATE, LOW)
 MD Notification of Risk Score Complete: YES/NO
 Visual Checks: (EVERY 15 MINUTES, EVERY 30 MINUTES, EVERY HOUR)
 1:1 observation by: ED TECH/SAFETY PARTNER
 Behavioral health folder **HAS/HAS NOT** been started.
 Visitors **ARE/ARE NOT** at bedside. To ensure patient safety, all visitors were informed that it is our policy that no personal belongings are permitted in the patient care area. Visitors can secure all of their personal belongings in the locked behavioral health cart outside patients room. YES/NO



.SPAHSAFETYHUDDLE
Behavioral Health Shift Safety Huddle:
 Chief Behavioral Health Complaint: [redacted]
 CTRS Risk: HIGH, MODERATE, LOW
 Significant Events: [redacted]
 Medically Cleared: YES/NO
 Detention Status: ECO/TDO/VOLUNTARY/TBD
 Behavioral Health Screening: Telepsych/CSB/PERS/ ***
 Elopement Plan: AMA/DETAIN
 Rounding Participants (please list names): [redacted]

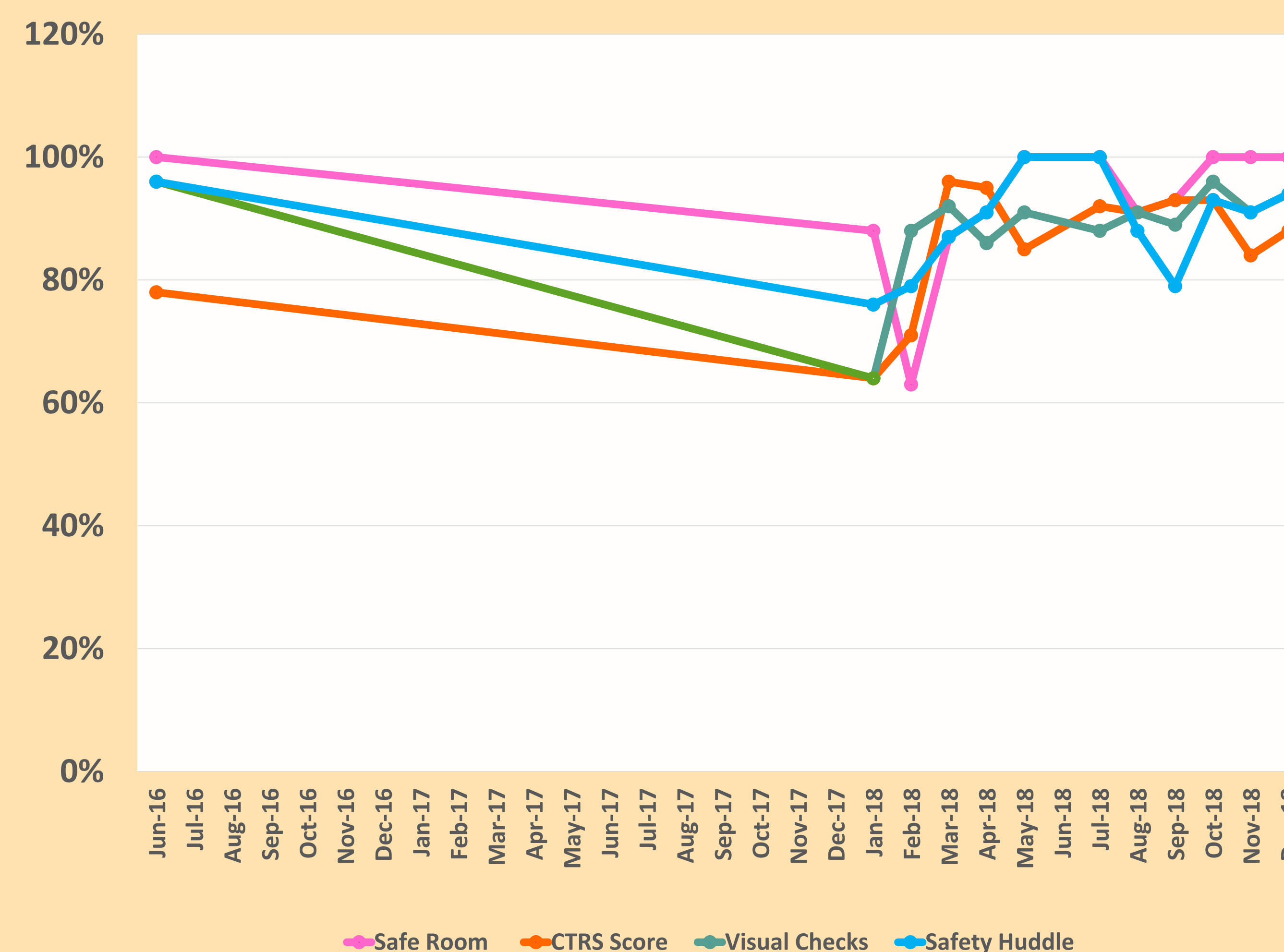
This note is to be completed with security face-to-face to discuss ongoing plan for safe Behavioral Health care.



Results

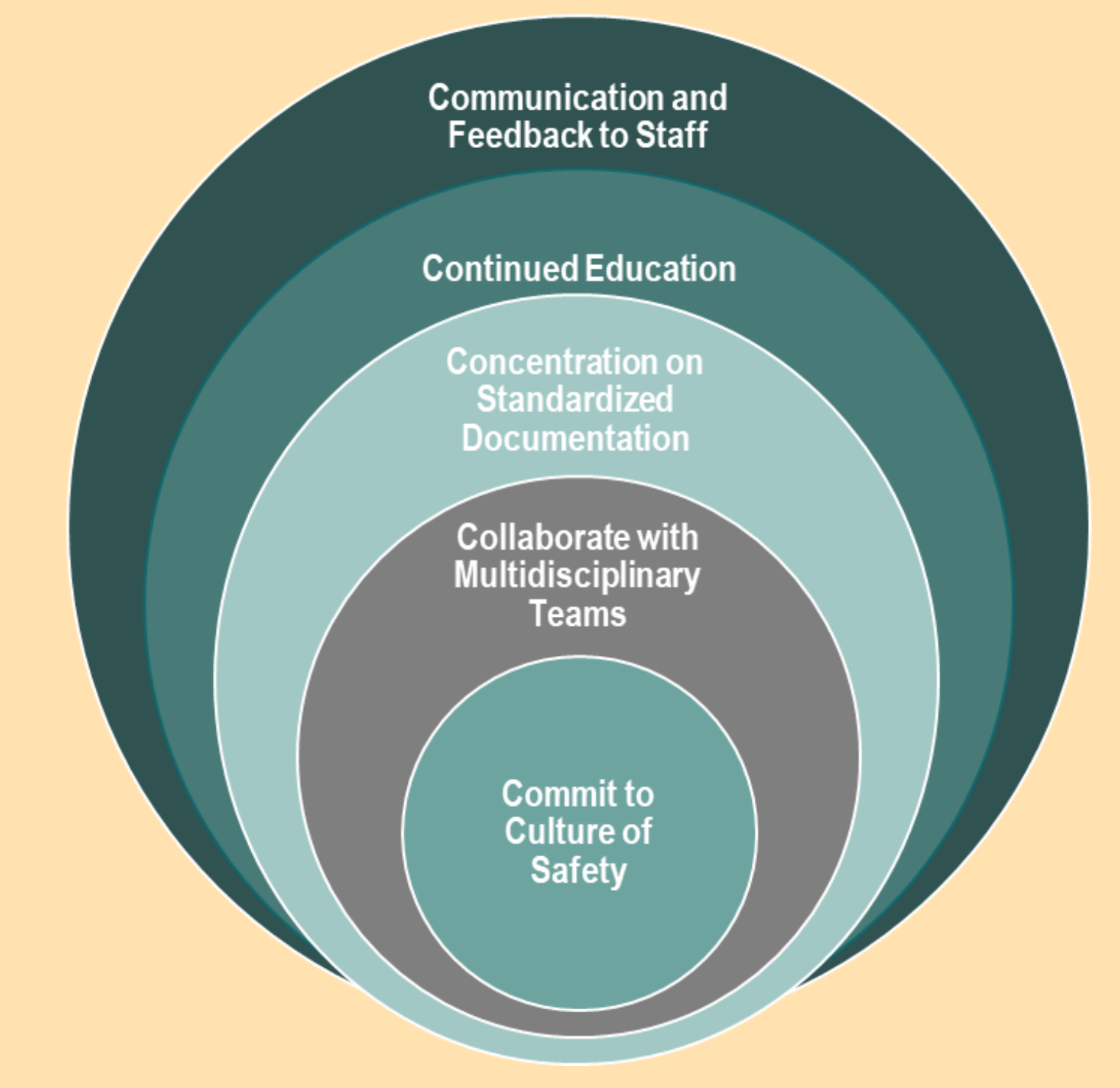
SPAHE Emergency Department achieved the goal of zero serious safety events or fall-outs for the 2018 calendar year, and we are on track to do the same for 2019. In addition, we were able to accomplish the goal of >93% for required documentation for 2018. Both of these results indicate that this Emergency Department provides highly reliable and safe care for Behavioral Health patients.

2018 SPAHE ED BEHAVIORAL HEALTH DOCUMENTATION COMPLIANCE



Acknowledgments:

Special thanks to Heather Murphy, Sentara Princess Anne's Behavioral Health Committee and the Sentara System Wide Behavioral Health Committee for their continued support and guidance with this process improvement journey.



- Communicate**
 - 1:1 Staff Coaching
 - Real time chart audits
 - Leadership Rounding
 - Safety Huddles
- Educate**
 - Behavioral Health Folders with additional resources
 - Pamphlet for Patients and their Families
 - Deescalation Training (Handle with Care)
 - Safety Partner Training Class
- Documentation**
 - Created SmartPhrases for standardized documentation and compliance with Sentara's policies and procedures
 - .SPAHEBEHAVIORALHEALTH
 - .SPAHSAFETYHUDDLE
- Collaborate**
 - Collaboration with Security Staff; Implementation of Security Huddles
 - Collaboration with PERS, CSB, VBPD, Magistrate, Hospital Behavioral Health Team
 - Involvement with system wide behavioral health team
- Culture of Safety**
 - Behavioral health carts for belonging management
 - Paper scrubs
 - Visitor Belonging Management
 - ED and Hospital wide Ligature Assessment
 - Installed safe TV's

Conclusion

The leadership team from SPAHE is currently working with the system-wide behavioral health committee to help other EDs improve their process for Behavioral Health care. Policies and procedures are being updated to reflect safe practices that have been implemented at SPAHE. The leadership team also established a communication brochure to use to provide clear communication and build a rapport with behavioral health patients and their visitors. We have learned so much about safe care of Behavioral Health patients in the Emergency Department by making this a focus for improvement of patient centered care. Future recommendations is more collaboration and increased involvement of City's Magistrate, Care of the Community Services Board and Police Department. Additionally, earlier involvement and consultation by a psychiatrist is recommended to initiate medical treatment and management of behavioral health patients sooner.

References

References: 1. Kubiel, T.J. (n.d.). Transforming Care of the Behavioral Health Patient in an Emergency Department Setting. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=ebsd&AN=122888067&site=eds-live&scope=site>
 2. Cooke, M. (2017). Time to Get Serious About Behavioral Health Safety in the ED. *Healthcare Risk Management*, 39(7), 7-9. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=ccnd&AN=122888067&site=eds-live&scope=site>