

Communicating Agitation in Real Time with PANSS-EC Scoring on the ED Track Board



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Purpose

- Improve visual communication about agitation in a busy emergency setting
- Promote interdisciplinary collaboration and early intervention for safer patient care
- Evaluate staff perceived effectiveness one year after implementation to the ED Track Board (January 2018)

Background

- PANSS-EC is the excited component of the positive and negative syndrome scale
- There are five components of the score: **Tension, Excitement, Hostility, Uncooperativeness, and Poor Impulse Control**
- This is a validated tool for agitated adult patients with psychosis (Montoya et al, 2011)
- This assessment had been utilized for several years by unit staff

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Design, Setting, and Sample

The Adult and Children's Psychiatric Emergency Services (PES) unit is adjacent to the adult medical emergency services main entrance at a large level 1 academic teaching hospital.

- Unlocked waiting area that is used for treatment of low acuity patients, 5 interview rooms.
- Locked secure core area with 3 rooms for agitated or violent patients
- PANSS-EC assessments are routinely documented on all patients at triage and repeated for episodes of agitation. Level descriptions are provided in the chart.
- Unit staffing includes RNs, SW, MAs, Psych NPs, and MD psychiatrists.

Methods

1. Several staff nurses and physicians were interviewed
2. An electronic survey was sent to providers (MD and NPs) who frequently work in the unit

Results, Findings, & Outcomes

This is the column on the track board which displays each patient's PANSS-EC scores. The scores can range from 5-35. The yellow highlight will occur if any subcomponent of the score is significant (4 or higher) rather than for a total score.

PANSS-EC Score

8

5

10

7

5

5

5

For this review, n=11 This included 4 RNs and 3 MDs were interviewed for qualitative feedback. 4 additional provider surveys were received.

Summary:

	RN	Provider (NP, MD)
Positive	"PANSS is useful to discuss what we did to intervene early and less restrictive" "I use this number when talking to the doctor"	"It is helpful on the track board to get a sense of the acuity of the milieu"
Neutral	"I only look at it when I start my shift" "I am not really sure how to use the numerical value"	"I glance at the scores" "We need more information about this when starting to work on the unit" "I really didn't notice that it was on the track board but I will start looking at it"
Negative	"It does not really have an impact" "This gets ignored" "This is not specific enough to know how to respond or what is helpful for calming that person"	"Nurses have not approached me and talked about the score, they just ask for medication"

Conclusion

The consensus of surveys and interviews was that the concept of having an agitation score on the track board is important but at this time it is under utilized. Neutral feedback was received from most participants. Staff felt there was a great deal of change over the last year in practice and the EHR. More education is needed about the scale and its implications for clinical care.

Implications for Practice

1. Flagging significant PANSS-EC scores does not provide a clear indicator of what interventions should be implemented or the time frame for response.
2. Further development of the unit's agitation protocol could help standardize responses and interventions.
3. The PANSS-EC score should be interpreted with caution for pediatric patients where it has not been validated.

Acknowledgement & Reference

MiChart ASAP team for the EHR build design
Thank you for continued Support of Unit and Hospital Staff & Leadership
Montoya, A., Valladares, A., Lizan, L., San, L., Escobar, R., Paz, S., (2011)
Validation of the Excited Component of the Positive and Negative Syndrome Scale (PANSS-EC) in a naturalistic sample of 278 patients with acute psychosis and agitation in a psychiatric emergency room. Health and Quality of Life Outcomes. 9:18.