

Improving Assessment Adherence in Geriatric Psych Patients with Behavioral Symptoms of Agitation and Aggression in the Acute Care Setting Before Administering Psychotropic Medications

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Structured Abstract

LOCAL PROBLEM

There is currently no systemic or evidence-based process in place for nurses to follow on assessing inpatient geriatric psychiatric patients when they experience agitation and aggression. There have been growing concerns about the nonexistence use of proper assessment tools on inpatients' geriatric psychiatric units. This concern has brought attention to the realism that no process currently exists to direct nurses to perform assessments and determine what interventions, other than psychotropics, can be attempted before administering the sedating medications. According to the World Health Organization (WHO), the world's population aged 60 years and older, is anticipated to total 2 billion, up from 900 million in 2015. With old age, comes a lot of complications. An upsurge in the elderly population means a direct increase in age-related diseases such as dementia, which is a major neurocognitive disorder. These disorders can be challenging to treat. The geriatric population will develop psychological symptoms such as agitation and aggression. It is estimated that 8%-44% of geriatric patients would experience agitation and aggression during their inpatient stay in an acute psychiatric unit. Not all symptoms of agitation and aggression are related to neurocognitive disorders or dementia. However, finding the appropriate cause may result in a resolution of the behaviors. Available evidence indicates that adherence to using assessment tools for identifying the possible cause of the behaviors has decreased the use of psychotropic medications.

PROJECT PURPOSE

The purpose of this project was to implement a routine assessment tool and checklist from evidence-based practice that will improve the assessment adherence of nurses in an inpatient geriatric psychiatric unit before the administration of psychotropic medications. The assessment tools will allow nurses to identify potential causes of the behaviors, with the assumption that they can be corrected first by using interventions that are non-pharmacological first.

METHODOLOGY

Kurt Lewin's Theory of Change model was utilized to guide the implementation of the assessment tool and checklist for agitation and aggression. The setting took place in an inpatient geriatric psychiatric unit. The unit is a 24-bed unit that provides services to patients 55 years of age and older. A committee was formed that consisted of the psychiatrist, director of nursing, nurse manager of the unit, physician assistant, a medical physician, quality control nurse, risk management, and staff nurses. The committee assessed the need for change on the unit. Evidence to support the change was identified and evaluated. A gap analysis was conducted comparing the evidence to

current practice. Evidence-based practice tool used and created by Fraser Health were incorporated. Education on the proper use of the assessment tool for staff nurses in the inpatient unit was accomplished through power points, handouts, and short huddle meetings. Short Q & A meetings were held after education sessions. Chart reviews were performed to evaluate adherence to use of the assessment tool and checklist by staff nurses. Medication Administration Reconciliations (MAR) were completed to assess the use of as needed psychotropic medications. There was a total of 39 charts reviewed, 24 received assessments and had checklists completed, and 15 were without assessments or checklist. The assessment tool and checklist were utilized daily by the staff on the unit after implementation.

RESULTS

After completion of the medical record review and MAR, data were analyzed comparing those patients that were assessed using the tools against those who received as needed psychotropic medications. The project results showed that 21 patients had an assessment tool completed with checklist and were treated with non-pharmacological interventions. They experienced less adverse events such as cardiac arrhythmias, decreased hospital stay compared to having it extended past the average 10 day stay, and transfers to the medical surgical unit decreased secondary to fewer complications. These results were compared to the 18 patients that receive pharmacological treatment, 15 without an assessment being completed and 3 had an assessment completed. Increase drowsiness was experienced by patients that received pharmacological treatment and one had a fall. The staff appeared to be more educated regarding use of assessment tool and use of psychotropics in geriatrics. They were more receptive and comfortable with completing the assessment tool and checklist. This was exhibited by the staff through improved assessment adherence.

IMPLICATIONS FOR PRACTICE

Gaps between recommended use and actual use of the assessment tool and checklist can be related to both interpersonal and external barriers. The staff's attitudes, motivation, and readiness to use and document on the assessment tools have significant implications to changing practice. Increasing the use of guidelines in practice is challenging, so recognizing the factors that function as facilitators for enhanced implementation can guide efforts to strengthen change of evidence into practice. The results of this project suggest that staff can benefit from continuing education of their role in remaining to adhere to the proper assessment of behaviors and implementing the right interventions. Constant evaluation for the use of the tools with a point of care documentation as a format for more effective training could be beneficial.

Keywords: agitation and aggression, assessment adherence, inpatient geriatric psychiatric units, assessment tools and checklist, psychotropic medications

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