Accelerating Care Using a Standardized Protocol for Psychiatric Emergency Patients

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BACKGROUND

• Increasing numbers of behavioral health (BH) patients seeking care in EDs (Nesper et al., 2016).
• ED staff are frequent recipients of aggression & violence (Speroni et al., 2014; Wyatt et al., 2016).
• Violence often occurs within 1 hour of patient arrival (Gillespie, et al., 2013; Pilch et al., 2010).
• Assessment & treatment of BH patients is often delayed to care for “traditional” medically ill patients (Weiss et al. 2012).

• Local Context
  • Community hospital with > 80,000 annual visits
  • Designated BH receiving center for Crisis Intervention teams and Law Enforcement
  • Disproportionate number of homeless patients struggling with significant BH issues
  • Time to initial medication for BH patients > 40 minutes

PURPOSE

• The purpose of this nurse-led Quality Improvement initiative was to reduce time to first medication for aggression, reduce restraint use, and length of time for BH patients in restraints
• Reduce adverse consequences:
  • Delay in patient transfer
  • Potential injuries to staff & patients

REFERENCES

• Compete references on request beth.winokur@stjoe.org

METHODS

• Nurse initiated, team quality improvement project
• Standardized procedure (STP) allowing RNs to medicate BH patients based on approved protocol.
• Adaptation of the Agitation Severity Scale to correlate medication selection with patient behaviors.
• Extensive staff education regarding protocol & overall care of BH patients.
• Ongoing audits.

RESULTS AND OUTCOMES

• Significant reduction in time to first medication (43 minutes to < 5 minutes).
• Corresponding decrease in restraint episodes & time in restraints.
• Staff injuries remain low (1.8% - 3.6% of staff injured annually).
• Reframing use of Code Gray to be proactive.

IMPLICATIONS FOR PRACTICE

• Empowers RN with tools for early & ongoing intervention with BH patients.
• Improves regulatory compliance through reduction of restraints.
• Improves time interval quality of care metrics.
• Decreases disruption/stress for managing mixed patient load of medical & BH patients.
• Facilitates patient ability to regain control of behavior(s).

CONCLUSIONS/DISCUSSION

• Use of a standardized procedure can improve care for BH patients while maintaining staff & patient safety.
• A coordinated approach based on a STP provides significant progress towards achieving key performance measures.