



**OUR LADY
OF THE LAKE**

REGIONAL MEDICAL CENTER

*Franciscan Missionaries of
Our Lady Health System*

Suicide Prevention & Observation of the High Risk Behavioral Patient in Non-Mental Health/Non-Emergency Department Areas

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LOUISIANA HOSPITAL ASSOCIATION

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Facts & Figures



35,000
Annual Inpatients

600,000
Annual Outpatients

165,943
Annual ER Visits



70
Pediatric Specialists in
over 20 Subspecialties

100,000 Children Treated Annually



1 of 8
St. Jude Affiliate Clinics
in the United States



Magnet®
Recognized by the American
Nurses Credentialing Center



Only Trauma II ER
and 24/7 Pediatric ER
in the region

Numbers as of 2/1/2018





Facts & Figures, Cont.

- 944 Medical and Clinical Students
- 22 Academic Programs and Residency
- 210 Clinical Trials
- 22,250 Annual Surgeries
- 7,100 Team Members
- 800 Licensed Patient Beds



Facts & Figures, Cont.

- Nationally recognized in 5 areas of healthcare by U.S. News & World Report
 - Colon Cancer Surgery
 - Heart Bypass Surgery
 - Heart Failure
 - Hip Replacement
 - Knee Replacement
- We have 4 IP units (11 Adult Acute, 12 Geri, 21 Adult, 18 Adolescent)
- Emergency Behavioral Health Unit with capacity max of 22 patients.
- MPH IP ADC 2019 = 56
- EMBH psych presentations = 6608



Purpose

To protect and plan appropriate care of individuals at risk for suicide while receiving care and after discharge by identifying individuals with suspected or known suicidal ideations.

To establish guidelines for observation of the high risk behavioral patient and a patient who is placed under a:

- Physicians Emergency Certificate (PEC)
- Coroner's Emergency Certificate (CEC)
- Other legal hold for mental health treatment while being treated as an inpatient within the hospital (this does not include the Mental & Behavioral Health units)



Learning Outcomes

- At the end of this program, the healthcare provider will be able to
 - Describe procedures to ensure safety of PEC/CEC/Suicide precaution patients



Definitions

Suicidal Patients:

- Any individual who is brought to the ED for treatment of attempted overdose and/or self-destructive, suicidal behavior
- Any patient within our hospital who is pre-occupied with death, verbalizes a plan to end his/her life, threatens or attempts to harm self

Homicidal Patients:

- Any individual who verbalizes a desire and significant threats of bodily harm towards any person in which the patient appears to be able to carry out an actual physical attack (*hit, slap, punch, kick, bite, grab, thrown object, etc.*) towards another individual within our hospital or an unanticipated outburst of violent, angry, aggressive, impulsive, and/or destructive behavior that poses immediate danger



Definitions

Psychotic Patients

- Any individual whose thought process is altered as evidenced by hallucinations, delusions, paranoia, bizarre behavior, confusion, severe mania and /or non-reality based thinking

1:1 Observation of High Risk Patients

- Can only be performed by an OLOLRMC employee that has been deemed competent
- Family members may not be the sole providers of close observation



What is LEVEL 1:1 OBSERVATION?

When clinical assessment indicates a high level risk for immediate or impulsive behavior that may be harmful to self/others, the following will be required:

- One observer for one patient. Observer may not monitor more than one patient at a time.
- 1:1 staff accompaniment at all times, including times for personal hygiene, toileting and other self-care needs
- Observer should be of same sex as patient, as staffing pattern allows. If not possible, arrangements should be made for same sex staff to accompany the patient during times of personal hygiene, toileting and other self-care needs.
- Patient may leave unit for medical consult/testing; however, observer must remain within visual range of the patient.



Definitions

A patient may arrive on the unit with a legal status of:

- OPC (Order of Protective Custody)
- PEC (Physician's Emergency Certificate)
- CEC (Coroner's Emergency Certificate)
- Judicial Commitment

Any of the above legal statuses should be discussed with the attending physician to determine the appropriate level of observation.



Hospital Policy

- A **Suicide Screening** will be completed on all patients upon admission to the hospital. If a patient is identified as being at risk for suicide, then suicide precaution interventions are implemented.
- **Who will be observed?** Behavioral patients in a non-mental health unit under suicide precautions, assessed as being at high risk, on PEC/CEC or other legal hold for mental health treatment will be observed using 1:1 unless deemed otherwise by a physician (*for example, exceptions may be made for patients who are sedated and on a ventilator*).
- Observation monitoring of behavioral patients is delegated from the registered nurse (RN) to an OLOLRMC employee observer.

The RN retains accountability and supervision.



Procedure

When are Suicide Precautions and 1:1 Observation started?

- If patient is determined to be a high risk for suicide
- If a presenting patient problem is a suicide attempt

Who starts it?

- This can be initiated by nursing staff when the physician is not present, along with identified reasons for this decision which is recorded into EMR. Patient physician is notified **as soon as possible**. If MD agrees - an order is written.

What are the interventions?

- *Consultation with Psychiatry (consult MD, Psychiatry)*
- *COPE Team (Crisis Oriented Psychiatric Evaluation) may prepare/assist with transfer of patient to a mental health program/facility for continued care when they become medically stable*



Procedure, cont'd.

What happens when a physician determines, either through his/her own assessment or a psychiatric consult that a patient is no longer a threat to self or others?

- The physician will document the change of patient status in the EMR
- Interventions may be discontinued

*(If a PEC has been completed prior to this assessment the physician should write an order to discontinue the PEC/CEC or other applicable legal status. If the nonthreatening patient be transferred to another hospital the original PEC/CEC will **NOT** accompany the patient.)*



Procedure, cont'd.

What happens when patient is medically stable and a physician determines they continue to be a threat to self or others?

The physician may request transfer to a mental health unit/facility which can be coordinated by the COPE team. In this case, the **original** OPC/PEC/CEC **must** accompany the patient to their new location. A **copy** of the OPC/PEC/CEC shall remain as part of the medical record.

The patient and/or family is provided with:

**National Certified Crisis Hotline:
1-800-SUICIDE (1-800-784-2433)**



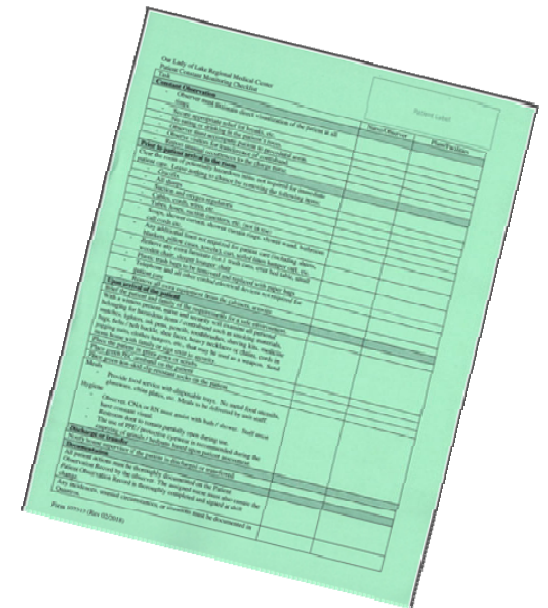
Procedure, cont'd.

- Documentation of 1:1 Observation is recorded **manually** every 15 minutes on the Patient Observation Record (green sheet) and includes:
 - Patient location, activity, behavior
 - Purpose and level of observation is indicated by RN
- Patient's right to privacy and personal space will be respected at all times. Safety is the **priority**. Patient privacy will be provided in the following cases:
 - Care or treatment, as a physical examination/assessment
 - Plan of care discussion
 - Medical treatment
- Physician is to be notified of **any change** in behavior/condition.



What are the Suicide Precautions for Inpatient Units? (excluding MBH)

- Charge RN/designee notifies Nurse Manager and House Manager for on-going staffing assistance
- Plan of Care is changed by RN to reflect increased level of observation by using one of the following:
 - Risk for self-injury/neglect
 - Risk for self-injury/mutilation
 - Risk for violence
 - Aggression toward others
 - Suicidal thoughts/plan/attempts





Special Patient Identification Items

Patient should have the following special ID items:

- Green paper scrubs or a green 3-hole arm gown
- Green nonskid socks
- Green/white-striped armband



- Green rose laminated sign placed outside of patient room door



Visitors please check in at the nurse's station!



Precautions, cont'd

- RN reports purpose and level of observation to personnel performing the observation.
- RN continues to re-assess patient for risk to self/others and risk for elopement.
- RN may contact mental health staff as needed for assistance.



With witness present, nurse and security will examine all personal belongings for hazardous items/contraband, such as:

Smoking materials

Matches

Lighters

Ink Pens

Pencils

Toothbrushes

Shaving Kits

Belts/Belt buckles

Shoe Laces

Jewelry (necklaces, chains, earrings, rings, bracelets)

Cords/drawstrings in clothing

Clothes hangers

Toothbrushes

Medicine/Medicine bags



Any item deemed a safety risk will be either sent home with family or placed in safe by security.



Assess Patient Room for Safety

- Make-up cases – send home with family or to hospital safe
- Plastic trash bags – Observer will remove all plastic trash bags and replace with paper bags supplied by materials management.
- All non-essential furniture (trash can, over bed table, guest chairs, recliner, sofa, side table, etc.) will be moved, tagged with room number and stored until the patient is discharged.
- No extra linens are to be stored in room. Includes sheets, blankets, pillow cases, towels. Linen will be retrieved when use is needed. **Check bedding** (sheets, pillowcases, spreads) and gowns for tears or hidden objects each shift.

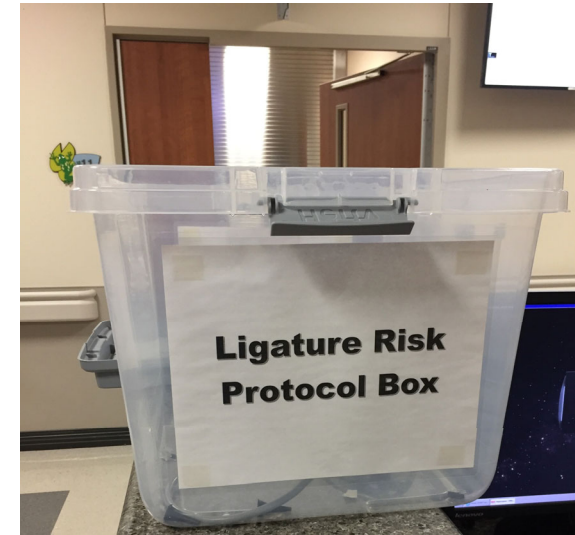




Assess Patient Room for Safety

Remove as many of the following room items as possible:

- All sharps or sharp instruments, as glass, metal, knives (metal/plastic), razors
- Medications – no meds are to be left in room
- Ropes, belts, ties – send home with family or to hospital safe
- All electrical devices, with cords as radios, laptops, IPod, phones, etc. Send home with family or to hospital safe.



Ligature Risk Protocol Boxes will be located in each nurses station.





Assess Patient Room for Safety

- All non-essential medical equipment, as tubes, hoses, suction canisters, IV poles/pumps, oxygen/suction regulators. RN must assess equipment needs and store in the Ligature Risk Protocol Box.
- Cords of essential equipment: RN will assess cords and notify observer of location in patient room
- Glass container will be sent home with family or to hospital safe. If medication must be provided in glass container, the RN will notify the observer...





Precautions, cont'd.

- All visitors check in at nurses' station.
- Only two visitors allowed to visit a patient a time.
- Visitors are not permitted to bring any outside items into patient room, as purses, cell phones, etc. These items will not be stored by the facility. Visitor is required to secure their own personal items. If visitor refuses to secure personal items they will **not** be allowed into patient's room.





Precautions, cont'd.

- Patient/family will be educated as to why precautions and level of observation were started. Educate family on strategies to help keep patient safe, including **potentially harmful items** not being given to patient. Document education in EMR.

Please note! Visitation may be restricted at physician's/nurses' discretion for patient/staff safety and patient support:



Precautions, cont'd.

- Visitation will **not** be permitted overnight.
- Observers must remain present during all visitation, observing for transference of contraband or any other items that may compromise environmental safety.
- Reasons for visitation restrictions are to be discussed with patient/family and documented in the physician's notes in medical record.

Phone restrictions may be ordered by physician when necessary, however, the reason has to be documented in physician notes in the medical record.



Meals & Medication

- Meals are provided on unit and in company of staff.
- Meals will be delivered by nursing unit staff. Utensils should be disposable, with all utensils accounted for prior to disposal and disposed of in the dirty utility room. Plates, dinnerware should not be glass, or ceramic.
- Finger foods not requiring utensils may be preferable for high risk patients. No knives.



Medications without nurse supervision should be denied. The nurse must observe the patient while administering oral medication to assure all medication has been swallowed.



Staff Education

- All staff received education via healthstream CBL on the new high risk /commitment patient process
- All MBH, Security and ED staff are CPI green card trained annually
- All observers are CPI trained annually
- Annual education for all staff include de-escalation techniques



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De-escalation Techniques

- Assess the situation quickly and early
- Maintain a calm attitude and voice
- Problem solve with the individual – *“What will help now?”*
- Be empathetic—how would you feel?
- Connect with the patient
- Avoid nonverbal posture that is threatening
- Don’t crowd the individual
- Be aware of yourself - your look and tone of voice
- Give the individual time to think
- Avoid power struggles
- Be aware of your non-verbal behaviors
- Be clear, use simple language-follow the rule of 5-No more than 5 words in a sentence, 5 letters in a word, i.e., *“Would you like a chair?”*
- Use reflective techniques – *“Am I hearing correctly?”*
- Agree to disagree





Post event - MBH

- If an event occurs the team huddles immediately to debrief;
 1. Identify root cause: people, process or policy
 2. Allows staff to share how they felt during the event
 3. Implement immediate actions when identified



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Next Steps

- Integrating processes into our Workplace Violence Committee
- Post event leadership huddles for all events within 24 hours
- Post event huddle forms for all areas to be reviewed by the safety team



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References

- American Foundation for Suicide Prevention (2012) Suicide Prevention: Saving Lives One Community at a Time. Retrieved from http://www.afsp.org/files/Misc_//standardizedpresentation.ppt
- John Dempsey Hospital Department of Nursing, The University of Connecticut Health Center (2010) Protocol for Care of the Behavioral Patient in the Emergency Department.
- Lynch, MA, Howard, PB, WI-Mallakh P, et al (2008). Assessment and Management of Hospitalized Suicidal Patients. *Journal of Psychosocial Nursing and Mental Health Services*, 46(7).
- Mosby Nursing Skills (2009) Suicide Precautions. Elsevier, Inc.
- Centers for Disease Prevention and Control. (2010) Suicide Prevention. Retrieved from http://www.cdc.gov/ViolencePrevention/pdf/Suicide_DataSheet-a.pdf.
- Reducing the Risk of Suicide (2005). The Joint Commission.
- Sturis, I, (2002). Nursing Intervention and Treatment of the Acutely Psychotic Patient in the Emergency Department. *Journal of the American Psychiatric Nurses Association*, 8(6), S36-S39.
- Sullivan A, Barron C, Bezmen J, Rivera J, Zapata-Vega M (Spring 2005). The Safe Treatment of the Suicidal Patient in an Adult Inpatient Setting: A Proactive Approach. *Psychiatric Quarterly*, 76(1), 67-83.
- Temkin TM, Crotty, M (2004). Suicide and Other Risk Monitoring in Inpatient Psychiatry. *American Journal of the American Psychiatric Nurses Association*, 10(2), 73-80.
- Torkelson, DJ & Dobal, MT (1999). Constant Observation in Medical-Surgical Settings: A Multihospital Study. *Nursing Economics*, 17(3).
- U.S. Preventative Services Task Force. (2004). Screening for Suicide Risk: Recommendation and Rational. *Agency for Healthcare Research and Quality*. Retrieved from <http://www.ahrq.gov/clinic/3rdupstf/suiciderr.htm>.
- Worley, LM, Kunkel, JS, Gitlin, DF, Menefee, LA, & Conway, G (2000). Constant Observation Practices in the General Hospital Setting. *Psychosomatics* 41:301-310.
- Peconic Bay Medical Center (2011). Continuous Observation Policy.



Questions

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