The Effects of two Nursing Protocols on the Use of Continuous Special Observation

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The speaker has no conflict of interest to disclose.

Objectives

- Discuss uses of Continuous Special Observations (CSO)
- Discuss Problems with CSO
- Discuss Nursing Protocols developed as an alternative to CSO
- Discuss research on how Nursing Protocols affect use of CSO
Background

Purpose of CSO: Provide safety for all patients and staff while a particular patient is at risk of harming themselves and/or others

Positive outcomes from CSO
- Staff are able to intervene quickly and deescalate aggression and violence.
- Provides increased opportunity for assessment.
- Provides time to establish therapeutic relationship.
- Staff assist patient in developing coping skills.
- Patients experience decreased hopelessness and suicidal thoughts and increased feelings of worth.

Background

Continuous Special Observation based on control
- Staff exert control of patient to create safety
  - Consequences of staff not implementing control
  - There were 236 inpatient suicides
    - 139 on intermittent observation
    - 74 eloped on intermittent observation or Continuous Special Observation
    - 17 died on 1:1

Background - Research Studies

The City 128 Study by Bowers et al (2006)
- Intermittent Observations (as opposed to CSO) may act to reduce the rate of self harm
- Intermittent Observations are effective so long as patients frequently participate in staffed activity sessions and adequate numbers of nursing staff are available in the milieu
- Intermittent Observations may work because it places nurses out on the unit making them more accessible and visible to patients.
Background – Research Studies
Dismantling Formal Observations and Refocusing Nursing Activity

• Aim of study: Refocus nursing practice from control oriented interventions to care oriented interventions

• Outcomes
  - Nurses assumed control of Observations
  - Patients felt more engaged in treatment
  - Self-Harm reduced by 67%
  - Violence reduced by 33%
  - Staff calling in sick reduced by 60%
  - Cost savings of 47,000 pounds

Background
Engagement

• Defined as being clinically involved with a patient while the patient moves towards their clinical treatment goals
• The process of engagement involves making a human–human connection and conveying acceptance, understanding, and tolerance
• Nurse demonstrates they care about the patient
  – Caring interventions increase patient’s feelings of self worth and hope
  – Hope reduces suicidal thoughts
• The outcome of nursing engagement is the patient “reconnects with humanity” (Cutcliffe & Stevenson 2007).

Background
Nursing Protocols

Psychiatric Nursing Availability (PNA) (2001) designed for self-injurious or suicidal patients

• Staff assigned to be available in the milieu
• Nurse helps patient fill out safety agreement
• Staff partners with patient in coping with self-injurious impulses
• Patient becomes active partner in maintaining own safety
• Staff’s availability to patient fosters the patients to “reconnect with humanity”
Background

Nursing Protocols
Psychiatric Monitoring and Interventions (PMI) (2004) designed for violent intrusive, impulsive patients
- Staff assigned to be available in the milieu
- Patient allowed privacy in their own room
- Staff partners with patient in coping with violent or impulsive behavior
- Staff interventions are focused on the entire unit
- Nurse develops individualized care plan when out of room

Background

Nursing Model – Primary Nursing Coordinator

- PNCs and Physicians are viewed as equals
- Assigned and empowered to manage a team of patients from admission to discharge
- 24/7 accountability
- Develops and drives the plan of care with the MD
- Paired with attending psychiatrist and interdisciplinary team

Background

41 staff answered questionnaires on concern for safety monitoring patients on CSO and PMI using a 16 item Likert-type scale

Findings: staff rated feeling safer on PMI than CSO (p<.05).
Problem Statement

Have the two nursing protocols reduced the use of Continuous Special Observation?

- Identify Frequency and duration of CSO prior to nursing protocols
- Identify how PNA impacted the Frequency and duration CSO
- Identify how PMI impacted the Frequency and duration of CSO

Project Plan

A 12 year retrospective review of the 15 minute round document form from 9/1999 to 9/2011

- Has PNA reduced the use of CSO?
- Has PMI reduced the use of CSO?

Analysis

- Descriptive analyses
  - frequencies, percentage, mean, median and standard deviation
- Interrupted time series analysis
- Wilcoxon two-sample test
Findings

CSO and Nursing Protocols

Findings

• Episodes of CSO
  – Increasing trend by .05 per month prior to Nov 2005 (P=.0083)
  – Decreasing trend by .07 per month after Nov 2005 (P=.0111)
• Median Episode Duration (hours) for CSO
  – Before Nov 2005: 66 (range 9.75-484.75)
  – After Nov 2005: 33 (range 8.25-226.7), p=0.0004

Findings

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Discussion

Differences between CSO and Nursing Protocols

• Continuous Special Observation (CSO)
  - Ordered by Physician based on Physician interview
  - Intervention based on control to decrease risk
  - Intrusive - often resulting in adverse outcomes
  - Costly to implement and poor use of nursing resources

• Nursing Protocols
  - Ordered by Nursing based on 24 hour ongoing assessment
  - Intervention based on Engagement
  - Designed to treat individual patient needs
  - Patient is able to develop alternative coping skills
  - Increases staff presence on unit

Discussion

Secondary Outcomes

• Employee satisfaction increased
  - Employee satisfaction 4.04 in 2005 to 4.65 in 2009
  - “Is there appropriate staffing to deliver safe care?” 3.54 in 2005 to 3.88 in 2009
Discussion

Why did PMI make more impact on CSO?

• PMI implemented much more frequently than PNA
• Protocol influences number of staff out of the nurses station and in milieu
• PMI interventions directed towards the patient and the entire milieu
• PMI interventions can be viewed by other patients in the milieu as caring intervention
  – Caring interventions influences hope

Limitations

• Design was not a randomized controlled study
• Small sample size - Research conducted on one 17 bed unit
• The primary researcher worked on unit throughout the study
  – Conducted research in 2007 on staff's perception of safety employing PMI compared to CSO

Conclusion

• Continuous Special Observation emphasizes control
• Nursing Protocols emphasize care and engagement to treat patients
• Safety can be achieved by:
  – having staff out on the unit With Patients
  – using intermittent observations with engagement
• Nurses need to develop evidence based interventions which embrace engagement to treat high risk patients
References


References (Continued)


