Recovery Founded Interventions in a Psychiatric Emergency Department Results in a Near Restraint Free Environment for Patients:

It IS Possible!

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Connie Noll MA, MSN, PMHNP-BC, CRNP
Zelda Ann Falck, MS, BSN, RN-BC
Kimberly Sadtler, MSN, RN, PMHCNS-BC

Disclosure

• No Conflicts of Interest

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Patrick Brown MS, MA, RN, Clinical Nurse II Psychiatric Emergency Services, University of Maryland Medical Center

Objectives

• Identify unique clinical challenges posed by the emergency department environment that impact the use of seclusion and restraint

• Describe recovery oriented nursing interventions that result in positive patient/staff rapport and patient engagement in treatment

• Identify evidence-based alternative measures for seclusion and restraint in an ED setting

UMMC Psychiatric Emergency Services (PES)

• Separate area adjacent from the Adult Emergency Department

• Locked and unlocked areas, staff work room, treatment room & offices

• Staffed 24/7
  - 3 RNs
  - 1 Mental Health Associate
  - Resident physician
  - Attending physician (13 hours/day)
  - 2 Psych NPs (8 to 12 hours, Monday-Friday)
  - Social Work (on call for Pediatric ED consults)

• FY15 volume 2773

Brief snapshot of UMMC FY15 Statistics

• 720 licensed beds
• 8,200 employees
• 1,200 Attending physicians
• 900 Resident physicians
• 30,500 Admissions
• 73,300 Emergency visits
• 333,000 Outpatient visits
• 22,100 Surgical cases
• 10,400 Maryland Express Care transfer admissions

We Heal, We Teach, We Discover, We Care
Environmental & Community Factors

Violence- UMMC is located on the west side of Baltimore City

Baltimore is in the top 10 cities with the highest crime rates per 100,000 residents

<table>
<thead>
<tr>
<th>City</th>
<th>Crime Rate (per 100,000)</th>
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<tbody>
<tr>
<td>Flint, MI</td>
<td>827.0</td>
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<tr>
<td>Lubbock, TX</td>
<td>808.3</td>
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<tr>
<td>Pine Bluff, AR</td>
<td>793.0</td>
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<tr>
<td>Las Vegas, NV</td>
<td>763.4</td>
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<tr>
<td>Little Rock, AR</td>
<td>755.8</td>
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<tr>
<td>Baltimore, MD</td>
<td>685.3</td>
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<tr>
<td>Wilmington, DEL</td>
<td>634.8</td>
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<td>Philadelphia, PA</td>
<td>551.8</td>
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<tr>
<td>New York, NY</td>
<td>496.0</td>
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<tr>
<td>New Orleans, LA</td>
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</tbody>
</table>

(Federal Bureau of Investigations, 2010)

Substance Abuse

- Baltimore has been named as the top city for heroin addiction in the nation
- In 2014, more people in Maryland were killed by heroin than were murdered
- Overdose deaths increased 88% in 2014

(Ritchie, 2014; State of Maryland, Office of the Governor, (n.d.))

Restraint Prevalence in Emergency Department Settings

National Hospital Ambulatory Medical Survey
- Conservative estimate of 53M mental health related visits to EDs nationally between 1992 & 2001

Survey of Medical Directors in Psychiatric Emergency Services
- 8.5% are restrained for a period of 3.3 hours per episode

Translates into 4.5M patients in restraint events and nearly 15 million hours

(Currier, Walsh, & Lawrence, 2011)

Psychiatric Emergency Settings: Clinical Challenges

- Patients present with acute distress & agitation
- Often in a state of poor functioning
- Often with altered perceptions
- May have no diagnosis or unclear diagnosis
- No previous relationship with staff
- May be intoxicated
- May arrive involuntary

(Simpson, Joesch, West, & Pasic, 2014)

Risks of Seclusion & Restraint: Traumatization of Coercive Restraint

Psychological sequela for patients*
- Feelings of terror
- Humiliation
- Experience of powerlessness

*pamients with a history of trauma have an increased risk

(Simpson et al., 2014)
Risks of Seclusion & Restraint

Potential Physical Consequences for patients

- Musculoskeletal & orthopedic injuries
- Thrombosis
- Asphyxia, strangulation
- Rhabdomyolysis
- Death

(Simpson et al., 2014)

PES Approach Seclusion & Restraint Reduction

- Use of Recovery oriented First Person Language
- Use of Recovery principles in engaging patients into treatment
- Caring Rounds
- Weekly S&R review
  - post results graphically with minutes of reviews for staff
- Space organized as milieu area vs individual beds or pods

Use of Recovery Oriented First Person Language

Orient, mentor, and coach multidisciplinary staff to consistently approach patient with optimism and hope

- Greeting & welcoming patients
- Emphasis on what can be done
- Using humanistic principles
- Avoiding stigma, especially among staff communications
- Educational reinforcement of recovery oriented principles in daily huddles

Use of Recovery Principles: Engaging Patients in Treatment

Multidisciplinary commitment and communication for dispositions mutually agreeable with the patient and family as feasible

- Consistently meet patients ‘where they are’
- Avoid coercion and passivity
- Exhaustive list of community resources
- Continuous relationship building with community resources
- Ability for external agencies to meet with the patient in PES prior to discharge

Caring Rounds

Modification of the hourly rounds concept

- RN driven rounding, minimum 4-6X’s per 24 hours (minimum staffing 3 RNs/shift)
- Questions
  - Comfort
  - How are you feeling?
  - Safety concerns
  - Understanding of meds, recommended treatments, disposition
  - Is there anything else I can do for you now?

Weekly Review S&R Events

Departmental review of events on each unit with Behavioral Health nursing leadership and staff

- Occurs weekly
- Minutes distributed with feedback & graphs
- Posted in clinical area
- Discussed at staff meetings & huddles
- Staff know how their unit is doing
PES Space: Milieu

Space organized as milieu
- Patients not assigned to beds
- Freedom of movement possible, allows for ability to pace

PES Space: Milieu

- Staff workroom has complete visibility into group areas
- 12 camera views and monitors

Alternative Measures: Avoiding S&R

Evidence-based Alternative Measures used in the PES Setting
- 1:1 interaction
- Verbal interventions
- Decrease in stimulation, use of more private areas
- Food & drink

(Downey et al, 2007)

Overcoming Obstacles

- Educate all of the multidisciplinary team together
- Regular discussions using available data
- Positive feedback for S&R avoidance
- Identify champions

PES Results: S&R Statistics

Patient number of minutes in S&R: FY13 to FY15

<table>
<thead>
<tr>
<th>Year</th>
<th>Minutes</th>
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<tr>
<td>FY13</td>
<td>3,843</td>
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<tr>
<td>FY14</td>
<td>607</td>
</tr>
<tr>
<td>FY15</td>
<td>315</td>
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</tbody>
</table>

72% decrease

Number of S&R Events

- FY13: 64
- FY14: 21
- FY15: 20
- 69% decrease

Pt Volumes

- FY13: 2,753
- FY14: 2,849
- FY15: 2,773
**PES S&R Statistics**

**PES Rate of Seclusion & Restraint**

- FY 15: 0.7%
- Average Duration of S&R: 15.8 minutes

**Number of Stat Medications per Quarter**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Number of Stat Meds</th>
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<tr>
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<td>Q2 2013</td>
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<td>Q3 2013</td>
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<td>Q3 2015</td>
<td>210</td>
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<tr>
<td>Q4 2015</td>
<td>220</td>
</tr>
</tbody>
</table>

**Number of Patient/Staff Injuries**

- FY 13: 4
- FY 14: 0
- FY 15: 5

* Reported to Risk Management

**Summary**

An organizational approach to Recovery oriented multidisciplinary care in a Psychiatric ED setting resulted in:

- Sustained low use and duration of S&R
- Without a significant increase in patient or staff injuries
- Or a significant increase in use of sedating medications

**Questions?**

Thanks for the opportunity to present

Questions?
References


