



# Accelerating Care Using a Standardized Protocol for Psychiatric Emergency Patients

## 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

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## 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

Time to first medication (minutes)

2014		2015			2016				2017	
Q1-4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q1
43	Train staff	30	20	15	22	14	5	5	4	

Restraint Use for BH patients

2014		2015			2016				2017	
Q1-4	Q1	Q2	Q3	Q1-4	Q1	Q2	Q3	Q1-4	Q1	Q1
9%	Train staff	5.6%	2.7%	4%	4%	4%	4%	3.8%	4.8%*	
286		219	214	157	235	159	137	192	142**	

\* Percentage of BH patients in restraints  
\*\* Time in minutes in restraints

## 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.