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k. Use of a Standardized Procedure to Improve Care for Behavioral Health Patients

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Use of a Standardized Procedure to Improve Care for Behavioral Health Patients

PSJH SoCal Regional Nursing Research Day
September 17, 2020

Elizabeth J. Winokur, Ph.D., RN, CEN

- Emergency departments have become the primary source of care for many with Behavioral Health (BH) Crises.¹
- 1 of 8 visits to an ED is related to a BH complaint.²
- A more complex subset is those who are homeless; rates of serious mental illness are 8X higher than those who are housed.³

- ED is less than an optimal setting for BH care.
- Care provision is more complex among BH patients.^{4, 5}
- ED staff are frequent recipients of violence. ^{5,6,7}
- Many acts of aggression occur within the first hour, therefore, delays in care may exacerbate the risk of aggression/violence. ^{8,9}

- St Joseph Hospital, Community Hospital in Orange California
- Emergency Care Center
 - Approximately 85,000 annual visits.
 - More than 5,000 BH patients
 - Designated facility
 - Large number of homeless who struggle with BH issues
 - In 2015, average time from arrival to first medication >40 minutes

Primary goal - improve timeliness of care for BH population.

- Reduce acts of aggression
- Reduce use of restraints

- Multi-disciplinary team
- Literature review
- Input from staff nurses
- Selected a Standardized Procedure as method to address goals

Standardized Procedure

- Legally sanctioned processes that allow RNs to “perform functions which would otherwise be considered the practice of medicine” (California Code of Regulations 1470)
- ...developed collaboratively within an organization (CA Board of Registered Nursing)
- ... explicit description of who can use STP including experience, including training/education, (CCR 1470)
- Rigorous monitoring required to ensure compliance (CCR 1470)

Adapted the Agitation Severity Scale — (Strout, 2014)

Assessment findings indicate patient is a candidate for early medication administration as part of stabilization treatment. Nurse completes the 17-item Agitation Severity Scale Decision Scoring Grid and selects the appropriate medication based on the scores

Agitation Severity Scale	Scoring	Criterion: Anxiety / Agitation		Results/Criterion	Action
Spitting	4		x	0-1 Anxiety	reassess per routine
Red in the Face	4		x	2-3 Anxiety	medicate mild anxiety
Darting Eyes	1	x		4+ Anxiety	medicate mod. anxiety
Yelling, louder than baseline	2		x		
Demanding	2		x	0-1 Agitation	reassess per routine
Speaking more quickly than baseline	1	x		2-3 Agitation	medicate mild agitation
Angry tone of voice	2		x	4+ Agitation	medicate mod. agitation
Persistent disruptive verbalizations	4		x		
Physical violence towards self or others	4		x		
Violating Self or Others	3		x		
"In your face"	3		x		
Decreased self-control, impulsiveness	4		x		
Puffed up, chest out, threatening posture	3		x		
Tapping, clenching, involuntary movement of hands	1	x			
Restless	1	x			
Confrontational	2		x		
Unable to be calmed	2	x			

Methods

MILD ANXIETY

Based on Anxiety/Agitation scale Anxiety Criterion Score of 2-3

Give HydroXYzine HCL (Atarax) UNLESS patient has allergy or adverse drug reactions to hydroxyzine or antihistamine (contact physician for alternative drug)
Patient will not be given Atarax if any of the following Exclusion criteria conditions are present: 1) glaucoma, 2) inability to void, 3) current constipation, 4) hypotension systolic less than 90mm Hg

For patients > or = 65 years old, give order below

HydroXYzine HCL (Atarax) 25 mg Po x 1 dose. Repeat x 1 dose if patient still anxious 60 mins after initial dose.

For patients < 65 years old, give order below

HydroXYzine HCL (Atarax) 50 mg Po x 1 dose. Repeat x 1 dose if patient still anxious 60 mins after initial dose.

MILD AGITATION

Based on Anxiety/Agitation scale Agitation Criterion Score of 2-3

Give Olanzapine (ZyPREXA) UNLESS patient has any of the following Exclusion criteria (contact physician for alternative drug)
•Allergy or adverse drug reactions to olanzapine
•Dementia diagnosis (black box warnings)
•On IV/IM benzodiazepines (e.g., Ativan) and IM olanzapine (risks of additive adverse events)
• hypotension systolic less than 90mm Hg

For patients > or = 65 years old, give order below

Olanzapine ODT (ZyPREXA Zydis) 5 mg Po Q 2 Hrs Prn agitation or psychosis. Not to exceed 20 mg/24 Hrs.

If unable to take Po, give Olanzapine (ZyPREXA) 5 mg IM Q 2 Hrs Prn agitation or psychosis. Not to exceed 30 mg/24 Hrs.

**For patients < 65 years old, give order below

Olanzapine ODT (ZyPREXA Zydis) 10 mg Po Q 2 Hrs Prn agitation or psychosis. Not to exceed 40 mg/24 Hrs.

If unable to take Po, give Olanzapine (ZyPREXA) 10 mg IM Q 2 Hrs Prn agitation or psychosis. Not to exceed 30 mg/24 Hrs.

MODERATE/SEVERE ANXIETY

Based on Anxiety/Agitation scale Anxiety Criterion Score of 4 or greater

Give HydroXYzine HCL (Vistaril) UNLESS patient has allergy or adverse drug reactions to hydroxyzine or antihistamine (contact physician for alternative drug):
Patient will not be given Vistaril if any of the following Exclusion criteria conditions are present: 1) glaucoma, 2) inability to void, 3) current constipation, 4) hypotension systolic less than 90mm Hg

HydroXYzine HCL (Vistaril) 25 mg IM x 1 dose. Repeat x 1 dose if patient still anxious 30 mins after initial dose.

MODERATE/SEVERE AGITATION

Based on Anxiety/Agitation scale Agitation Criterion Score of 4 or greater

Give Olanzapine (ZyPREXA) UNLESS patient has any of the following Exclusion criteria (contact physician for alternative drug)
•Allergy or adverse drug reactions to olanzapine
•Dementia diagnosis (black box warnings)
•On IV/IM benzodiazepines (e.g., Ativan) and IM olanzapine (risks of additive adverse events)
• hypotension systolic less than 90mm Hg

For patients > or = 65 years old, give order below

Olanzapine (ZyPREXA) 5 mg IM Q 2 Hrs Prn agitation or psychosis. Not to exceed 30 mg/24 Hrs.

**For patients < 65 years old, give order below

Olanzapine (ZyPREXA) 10 mg IM Q 2 Hrs Prn agitation or psychosis. Not to exceed 30 mg/24 Hrs.

Nurses trained initially (retrained annually)

Data Collection

Monthly audits

- Time to medication
- Numbers of patients in restraints
- Time in restraints
- Code Grays
- Staff injuries

2015

Restraint Metrics

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
#s	36	41	28	32	20	14	14	5	13	16	18	12
Time in Restraint	4:21	4:46	5:11	4:01	3:51	3:05	2:07	6:06	2:30	2:09	3:14	2:28
Time 1 st Med	48	36	48	38	29	24	18	24	19	14	16	16

2016

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
#s	17	18	23	16	20	17	10	17	25	21	12	14
Time in Restraint	3:01	5:55	2:50	2:30	3:02	2:26	1:47	2:41	2:24	3:16	2:14	4:07
Time 1 st Med	16	23	27	20	10	12	5	3	8	0	12	4

Restraint Metrics

2017

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
#s	23	21	15	19	11	12	23	13	9	3	4	10
Time in Restraint	2:29	2:23	2:15	3:23	2:45	2:13	2:14	2:32	2:02	1:35	1:52	2:06
Time 1 st Med	7	1	2	3	0	8	9	7	13	2	0	7

2018

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
#s	8	9	1	7	13	12	9	4	9	7	6	7
Time in Restraint	2:15	2:01	3:58	0:46	1:55	2:06	1:15	1:13	2:14	1:09	1:18	1:53
Time 1 st Med	9	6	0	5	6	7	4	6	9	2	5	5

2019

Restraint Metrics

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
#s	5	14	5	3	7	5	4	5	6	9	9	15
Time in Restraint	1:00	1:22	1:18	1:25	1:09	2:24	1:03	0:53	1:11	1:13	1:39	2:03
Time 1 st Med	1	1	0	0	9	3	9	0	0	0	4	0

2020

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
#s	8	8	9	18	13	14						
Time in Restraint	1:17	1:47	1:37	1:21	1:25	1:30						
Time 1 st Med	0	14	0	0	0	0						

Results

- Staff with 100% compliance on audits.
- Staff injuries remain low
- Code Grays – decreased

Implications for Practice/Discussion

- Comprehensive approach to the management of BH patients is imperative for patient/staff safety and functioning for the emergency department.
- Implications for patients, staff, physician, and leadership
- Easily adapted to other institutions or units within an institution.

Winokur, E. J., Loucks, J., & Raup, G. H. (2018). Use of a Standardized Procedure to Improve Behavioral Health Patient's Care: A Quality Improvement Initiative. *Journal of Emergency Nursing*, 44(1), 26-32.

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Winner of 2018, Author of the Year from the *Journal of Emergency Nursing*

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- Dr. Winokur, a graduate of the University of Arizona, has more than 40 years experience in nursing. Most of her career has been in Emergency Nursing serving in leadership, education, and as a staff nurse positions. In addition to her position at St Joseph Hospital, Dr. Winokur has an appointment as an Associate Professor and Associate Director of the School of Nursing at California State University, Los Angeles
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