We And Our Mental health patient Could be safe in Hospital Settings

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Risk To work with Mental Health Patients

1. Mentally and Emotionally Risks
2. Sexual Contact, Sexual Harassment, and Sexual Assault
3. Physical Risks, because of the high risk of injury:

Risk To work with Mental Health Patients

- Three-quarters of all workplace assaults occur in the healthcare industry,
- almost one in five patients admitted to acute psychiatric units may commit an act of violence.
- Patients, too, are at risk if another patient harm/injury
- due in part to a lack of sufficient psychiatric beds, many behavioral health patients are being boarded in acute care facilities such as emergency departments for longer and longer periods of time. Such incidents result in increased elopement attempts and increased workplace violence incidents due to increased need for restraint and seclusion of these patients.
- the majority of incidents reported to the NPSA resulted in no harm (65.4%) or low (22.7%) harm to the patient. Only 1.3% of incidents involved death and only 0.6% involved severe harm. Incidents of self-harm were the most likely to result in death

Incidence of aggression in UK

nearly 45,000 incidents from 116 organizations in England and Wales, the NPSA reported 10,467 incidents of disruptive and aggressive behavior constituting 23.4% of reports. These incidents of aggressive and disruptive behavior were second in frequency only to patient accidents (34.7%) in contributing to safety related reports

Incidence in USA

- There were 243 reports of suicide attempts and completions: 43.6% (106) were hanging, 22.6% (55) were cutting, 15.6% (38) were strangulation, and 7.8% (19) were overdoses.
- Doors accounted for 52.2% of the anchor points used for the 22 deaths by hanging; sheets or bedding accounted for 58.5% of the lanyards. In addition, 23.1% of patients used razor blades for cutting.

Incidence in Rashid Hospital Jan-Sep. 2019

Patient type	Threatening gesture	Verbal Threat	Physical Assault to Staff	Physical Assault to patient	Property Damage	Self Harming	Total
Drug Addict/Substance abuse	11 (2.95%)	9 2.95%	2 0.66%	1 0.33%	1 0.35%	10 3.28%	39 12.79%
Alcohol withdrawal	7 (2.3%)	6 1.97%	3 0.66%	0	1 .35%	1 0.33%	20 6.56%
Psychiatric disorders	34 11.15%	35 11.48%	10 3.28%	0	5 1.64%	20 6.56%	111 36.39%
Waiting time	3 0.98%	2 0.66%	0	0	0	0	8 2.64%
Others (patient escort, visitors, family, etc.)	39 17.05%	52 17.05%	7 2.3%	3 0.89%	2 0.66%	6 1.97%	127 41.64%
Total	94 30.82%	104 34.1%	21 6.89%	4 1.31%	9 2.95%	37 12.13%	305 100%
	Without harm= 65%		With Harm=35%				

Types of risk for Mental Health Patients

1. Violence and Aggression.
2. Patient Victimization.
3. Suicide and Self-Harm.
4. Seclusion and Restraint.
5. Falls and Other Patient Accidents.
6. Absconding and Missing Patients.
7. Adverse Medication Events.
8. Adverse Diagnostic Events.

How to Assess Risks

- Each organization is unique you need to identify risks

Assess risk:

- sentinel events, and RCA
- incidents ,
- complaints,
- observation,
- interviews,
- environmental check

Factors Contributing to Reduce/Increase Risks

- Individual Factors : HR
- Physical Environment, unit design,
- Heterogeneity of patients, availability of structured activities,
- Policies and procedures

Organizational Factors

Non-clinical systems such as human resources,

- Recruitment: Staff with mental health Experience and education, considering cultural and language aspects, interest to work with mental health patient,
- Using only single indicators to calculate the staff needed, such as nurse/patient ratios, is not enough. Units staffed by experienced and qualified registered nurses are reported to produce better patient health outcomes (Rischbieth 2006). Patient care by less experienced staff .. excessive workload can lead to errors
- Staffing levels and competency (Quality and Quantity) : skill mix, Male and female, level of observation, language and cultural, good mental health , enough number
- Retention : Competitive salary, Satisfied environment, considering seniority and organization structure , staff development and growth system

Organizational Factors

Training programs :

- Transition to specialty program ,
- Aggression Management,
- Competency Frame work, (beginner, Intermediate, and Expert)
- Orientation programs (policies, procedures, cultural aspects, etc.)

Role of staff

- Both psychiatric and other research noted that failures in communication are the leading source of adverse events .Communication includes verbal and written communication (Scholefield 2008)
- Staff needs skills to provide reassurance, to help with disorder and self-care, knowledge about the treatment, and how to provide information (Chiovitti 2008), knowledge of medications and the administration procedure (Grasso et al.
- Staff's health and well-being are deemed an essential part of patient safety. Research in different fields claimed that it is important that staff have no fatigue, stress or distractions from work
- hey should also have good mental well-being (Gärtner et al. 2010) Staff receive mental health Assessment periodically and take measures when needed

Physical Environment

- Start from beginning during design to build unit (meet local or international mental health design standards)
- Not just only for psychiatric units . It could be anywhere in the hospital (e.g. ED, Detainee cases, acute trauma/surgical, etc.)
- If already you have old units still many things can be done

Physical Environment

Mental Health Environmental OF Care Checklist (MHEOCC)

- Done by National Centre For Patient Safety which it is under US department of Veterans Affairs (VA)
- Prepared and periodically reviewed by multidisciplinary team (engineering, safety officers, nurse, doctors, psychologist, health regulation, etc.)
- It covers ED and psychiatry units
- Copy of MHEOCC_MH_ERs_11152018 ,,, USA National Patient safety Centre - Shortcut.lnk

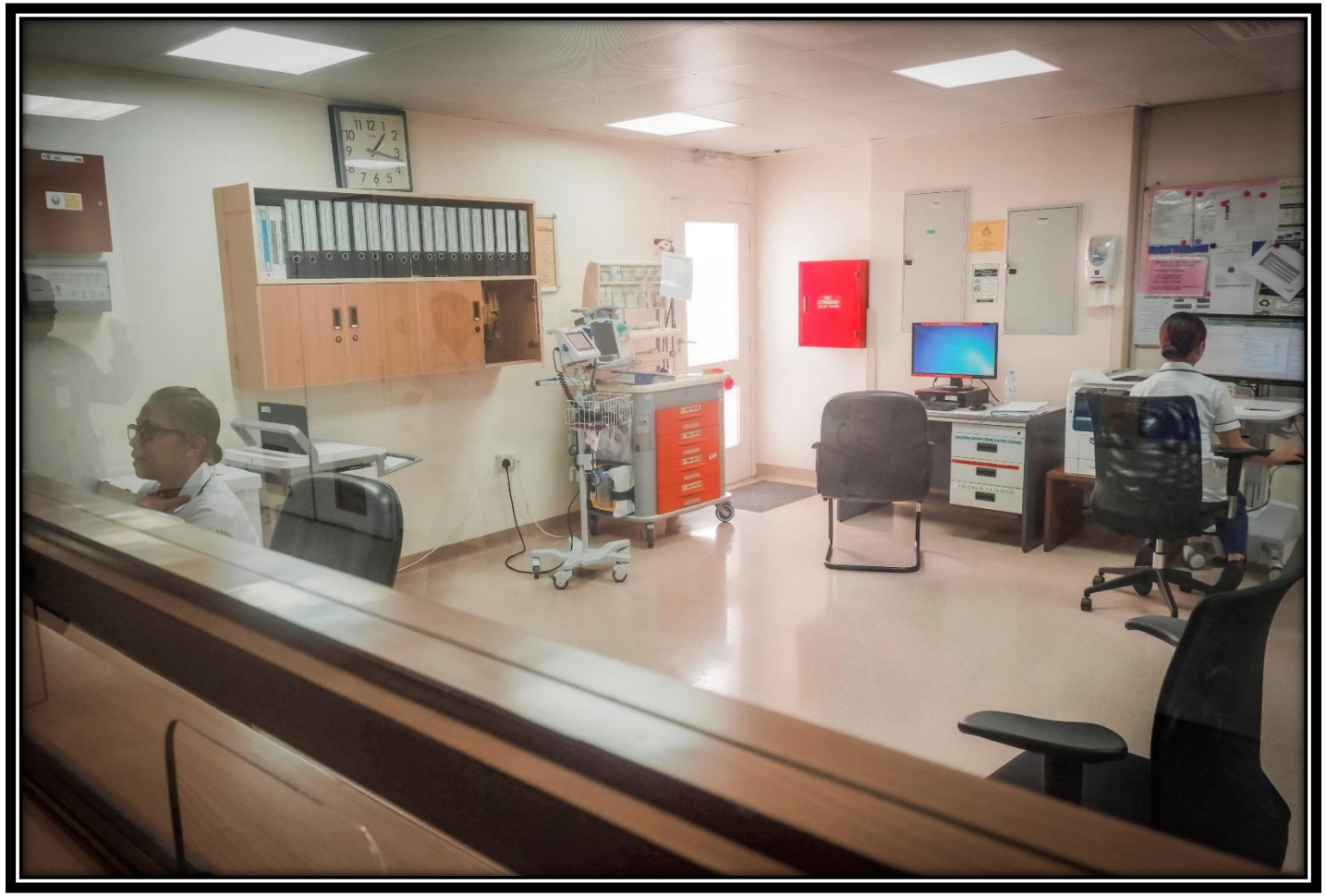
The main door at the entrance of the ward is electronically equipped.

The entrance has additional safety features such as a CCTV camera and a card-key and password combination lock.

The entrance and exit also feature a double-door system.

To further secure the ward, a security officer is stationed at the middle of the double doors with a locked inner door and a bell that transmits signal to the nurse station to open the outer door.

The nurses’ station is located at the center of the ward with protection from possible outside threats.

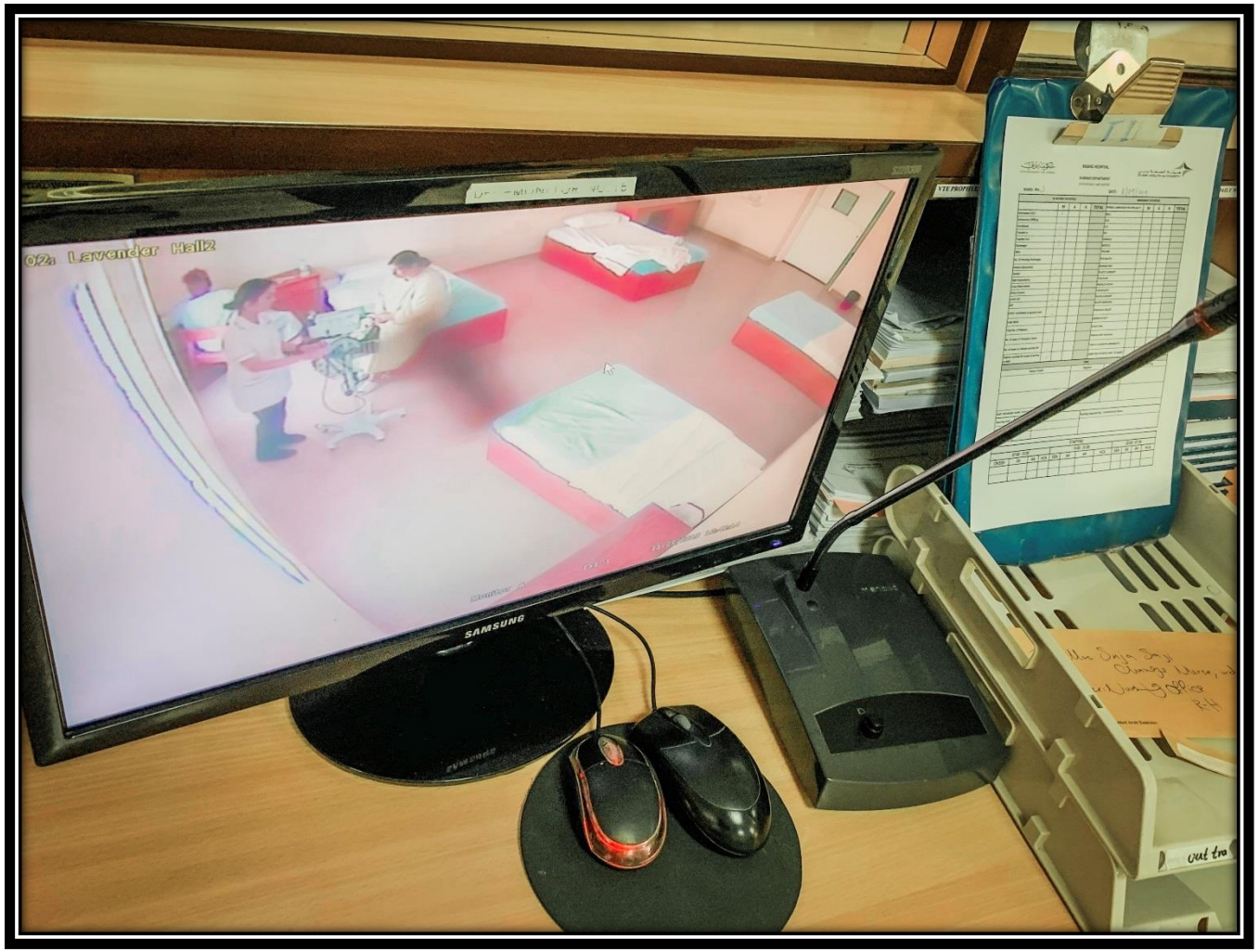


All necessary equipment used to deliver medical and healthcare services are kept inside the station.

A card-key is used to ensure that unauthorized persons would not enter the station. The number combination was deactivated since patients could memorize the code and enter without the nurses' awareness.

Pieces of equipment that may be a threat to the patient's safety are all placed inside the station.

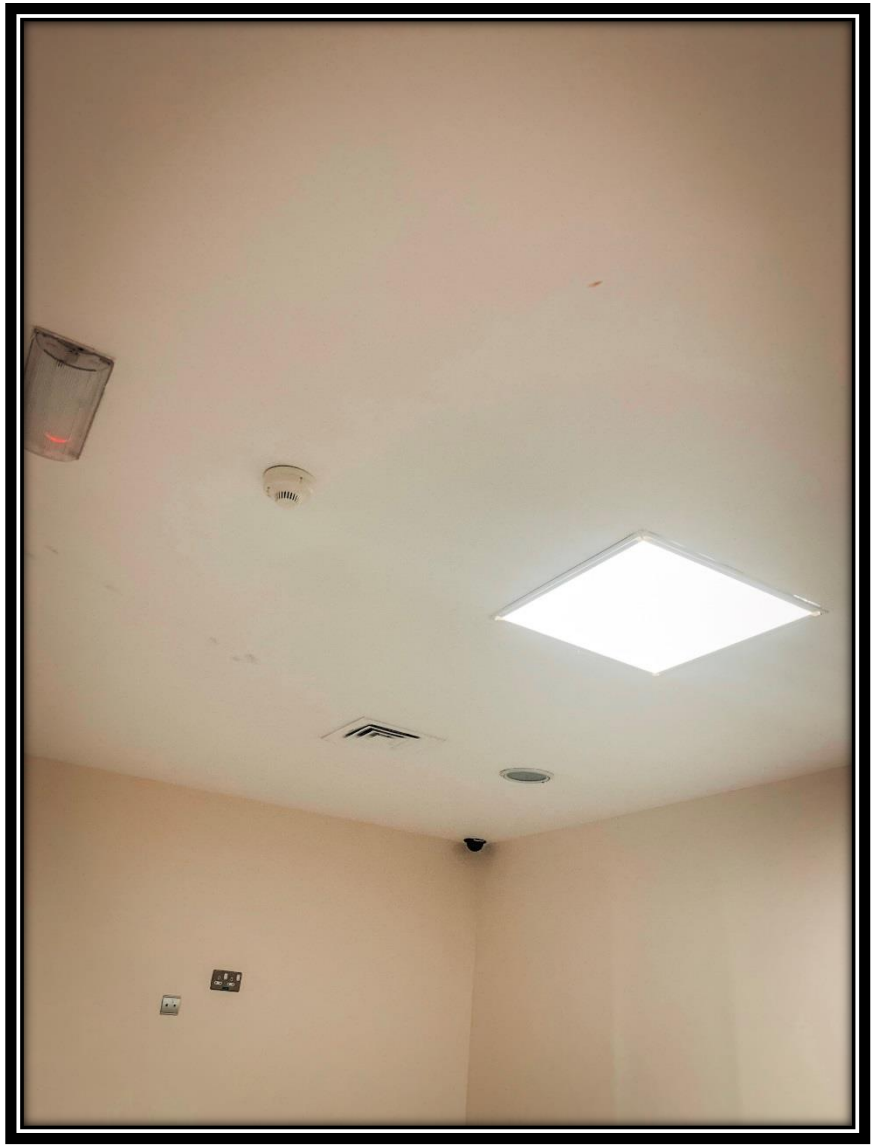
Electrical outlets inside the patients' rooms and the ward have the main control switch inside the nurses' station.



All rooms and areas of the ward are monitored through a CCTV system.

Patients’ beds do not have side rails, custom-built to low height and are made of wooden frames.

Room windows are secured by not having opening and closing mechanisms as well as the absence of curtains or rods.



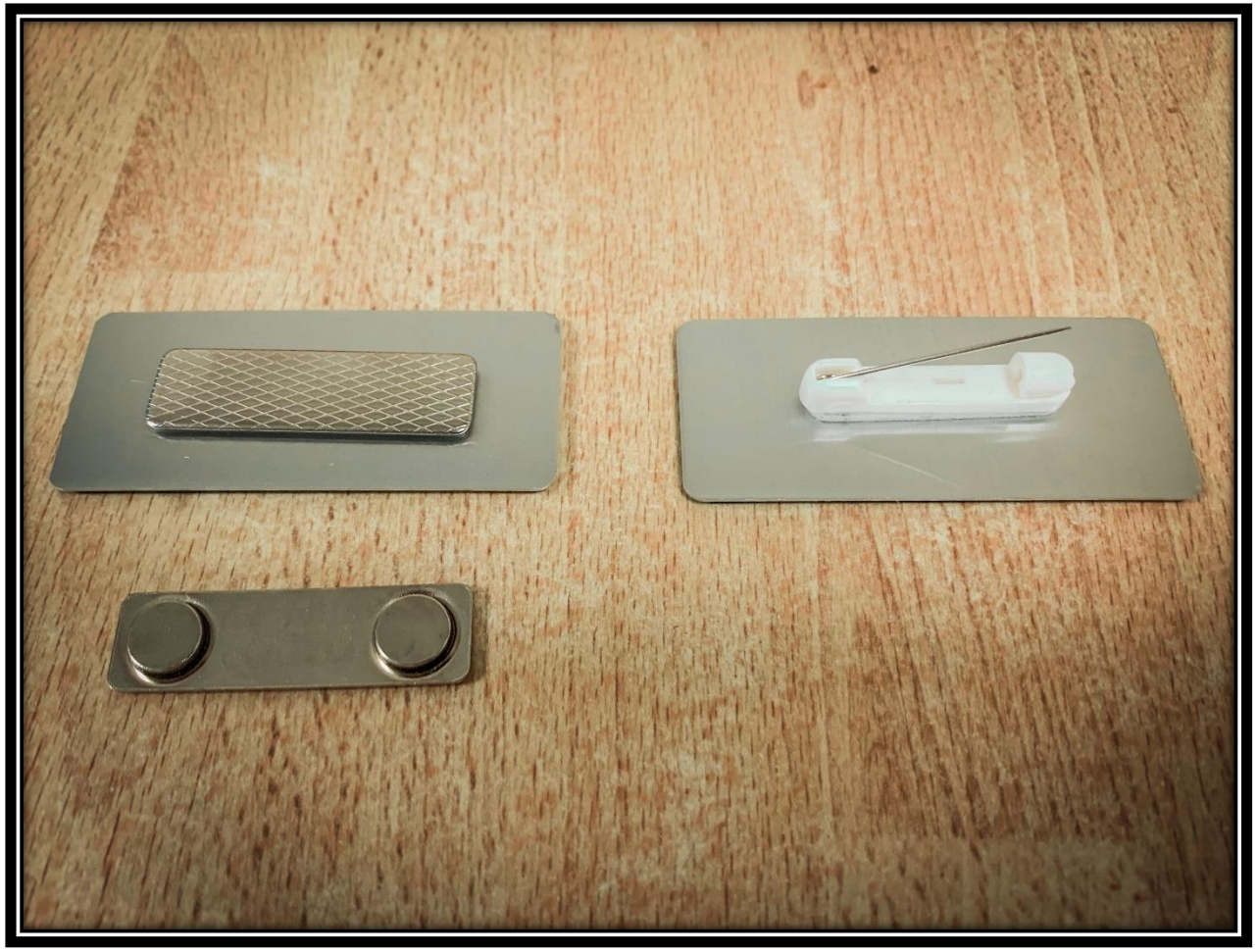
Ceilings are custom-built without possible means of exit through the hospital's vents.

Linens and sheets are all kept inside a locked closet and keys are secured by the shift-in-charge.

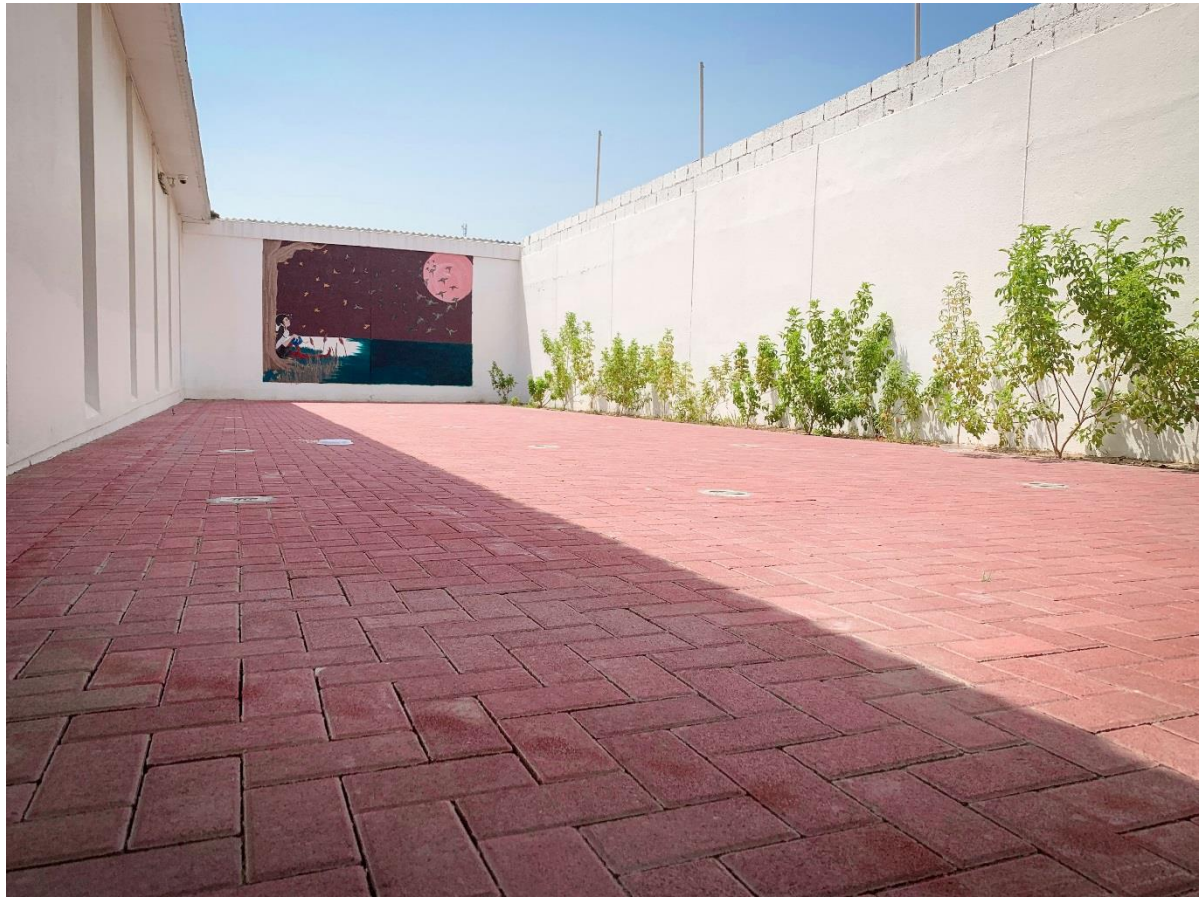
Room cupboards do not have rods, hooks or any other items that may be used for harm.

Washroom mirrors are made of plastic.
Sinks do not have the typical faucet.

Food trays are served with plastic utensils only. Forks and breadknives are not provided.



Nurses’ nameplates (left) are secured by not having pins (right). They use magnetic plates instead.



The lawn for the patients’ activity area does not have tall trees that may be used for climbing out of the hospital premises. Floors are secured without using sand or soil.

Policies\Procedures and standards

- Mental Health Environmental Risk Checklist (Weekly bases)
- Mental Health Environmental Risk Policy (psych. Units, ED, general units)
- Incidents Management/ Sentinel Events and Root Cause Analysis
- Managing Psychiatric patients outside psych units policy
- Standards of care for managing patient at risk of suicide

Policies\Procedures and standards

- White Code
- Restraints/Seclusion Policy
- Patient Assignment policy
- Patient location checklist
- Psychiatric patient visitors roles and responsibilities
- Monitoring side effect of psych. Medications
- Visitors Log Book

Role of the patient

- he role of the patient in the patient safety concept is relatively small according to the literature, and was mostly discussed in the psychiatric studies. However, it was noted that it is one of the key issues in preventing errors (Longtin et al. 2010).
- a shared understanding is a key element of patient safety. This is formed through the participation of the patient, and the patient's relatives, so staff can understand the patient better when they hear different views (Piippo & Aaltonen 2008). Patients' preferences are noted as important information and enabling staff to give the best possible care. When the patient is involved, the chosen decision is compatible with the patient's values (Ruland 2004, Chiovitti 2008). The teamwork aspect also includes patient participation in treatment planning (Borckardt et al. 2007, Gluck 2007). The patient should learn about the use of his or her own medication (Grasso et al. 2003). Patients' personality and health condition also have an impact on patient