Patient Safety: Inpatient Mental Health Setting

Learning Objectives

1. Explain what patient safety is and why it is important
2. Patient Safety in Mental Health Settings
3. Common Patient Safety Incidents in Mental Health Units.
4. Critical Factors Impacting Safety
5. Identifying Risks and Minimising Harm,
6. Incident Reporting
7. Learning
8. Summary

Definition

"The avoidance, prevention and amelioration of adverse outcomes or injuries stemming from the process of healthcare" (WHO, 2010)

"Patient safety is the foundation that nurses construct their practice around and is a professional value that the Nursing and Midwifery Council stipulate is a requirement with the code of conduct" (UK - NMC, 2015)

"Safety, often defined as freedom from psychological and physical injury"

Patient Safety in Mental Health Settings

The purpose of inpatient mental health care is to provide a safe and secure environment for patients, staff and visitors which facilitates appropriate treatment for patients.

All patients are vulnerable, but mentally ill patients are particularly more vulnerable to violence, abuse and negligence, and the impact of such unethical acts on their physical and emotional health is often neglected. (Bhimani, 2010).

Many of the same patient safety and risk factors exist in mental health that exist in medical settings. However there are also unique factors.

Common Patient Safety Incidents in Mental Health Units.

- Deliberate Self Harm

- Suicide

- Violence/aggression

- Seclusion

- Use of Restraint

- Adverse medication effects

- Slips/falls

- Reduced capacity for self advocacy
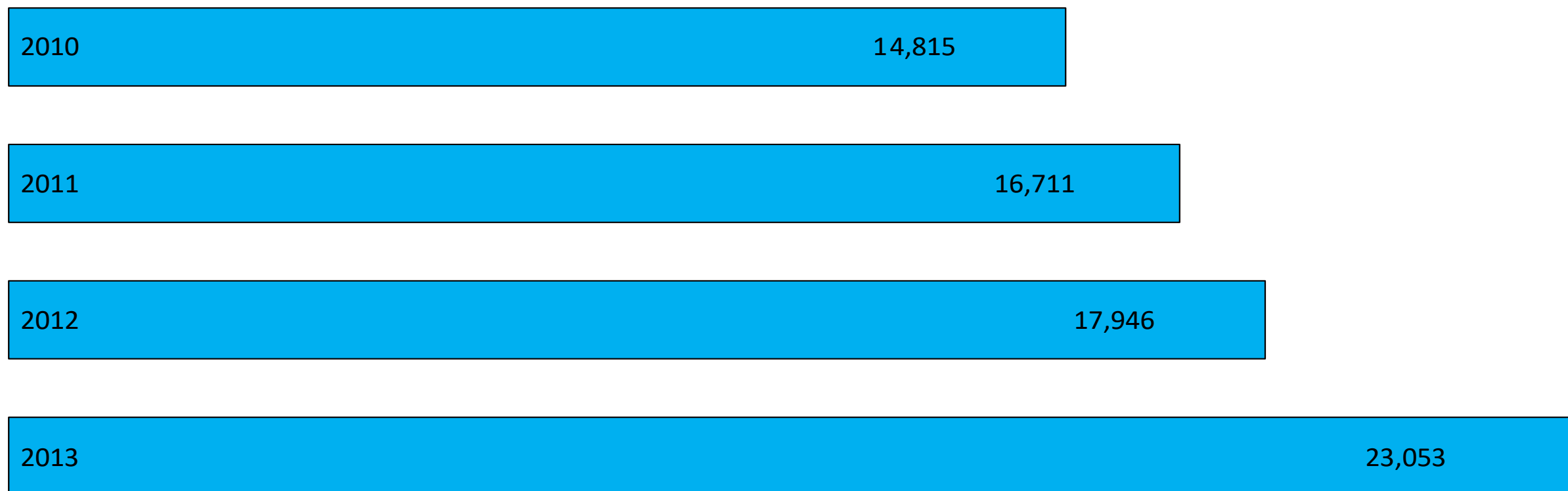
- Missing Person

Suicide

- Approximately 30,000 suicides that occur annually 5% to 6% occur on inpatient hospitals (Lynch et al, 2008).

- Data collected by the Care Quality Commission (CQC) shows that 224 people died of self-inflicted injuries between 2010 and 2016 in mental health hospitals in England.

Main Causes:

- Treatment environment,

- Failure to assess patient behavioral characteristics

- According to Stuart (2009) "The highest nursing priority activity with suicidal and homicidal patients is to protect them and others from further harm ".

Self Harm & Suicide Attempts

Incidents of self harm and suicide attempts amongst patients in mental health units in England.

Year	Incidents
2010	14,815
2011	16,711
2012	17,946
2013	23,053

DATA BASED ON RESPONSES FROM 29 NHS MENTAL HEALTH TRUSTS

Violence/aggression:

- In the UK, there were 60,000 assaults reported in the National Health Service (NHS).

- Between 2011 and 2012, 69% (43,699) of these assaults were conducted in mental health and learning disability settings (NICE 2014)

According to (Rippon, 2000) three part model.

1. Internal model: explains that aggression is due to mental illness and frustration of disease

2. External model: includes all environmental factors like space, location and situational factors

3. interactional model: states aggression is due to negative staff attitude towards patient because of poor communication and intolerance.

Critical Factors Impacting Safety

Parker and McCulloch identified the critical factors involved and highlighted key issues as follows (in roughly descending order of importance or frequency:

- Poor risk management

- Communication problems

- Inadequate care planning

- Lack of interagency working

- Procedural failures – both administrative and legal

- Lack of suitable accommodation

- Lack of resources

- Substance misuse

- Noncompliance with medication

- Lack of involvement of carers

- Minority ethnic issues, e.g., staff being too ready to make incorrect and stereotypical assumptions about black service users from minority backgrounds.
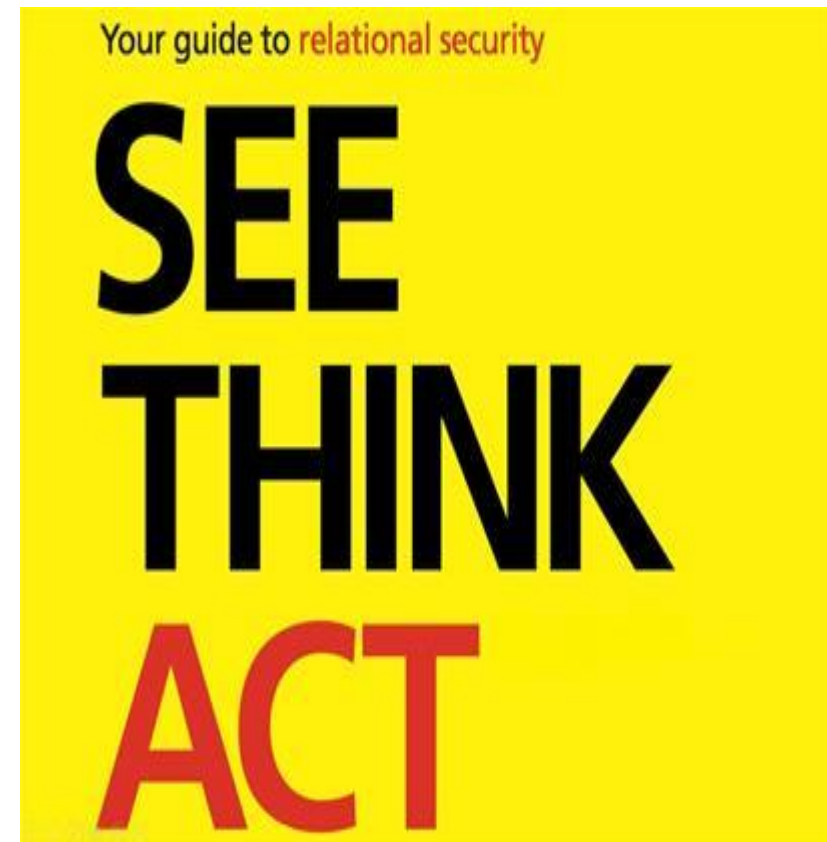
Identifying Risk and Minimising Harm

3 Main Categories:

Environmental Safety

Procedural Safety

Relational Safety

All three approaches are necessary at all times. One approach should never substantially compensate for the absence or ineffectiveness of another.

Environmental/Physical Safety (Security) :

- The environment is appropriate for an individual patient should match the risk posed; to self, other patients, visitors, staff and the general public (from the Reed 1994 principles).

- Creates a safe environment for other therapeutic work to take place.

- Environmental factors includes items such as perimeter, building security, observation systems and alarm systems.

- It is the provision, maintenance and correct use of appropriate buildings and equipment by properly trained staff.

Procedural Safety (security):

The policies and procedures in place to maintain safety and security.

Relation to quality and governance.

The delineating factors of procedural security identified by the may be categorised as:

1. control of communications;
2. control of items such as potential weapons/Sharps, intoxicating substances;
3. control of persons, access, egress, movement within the facility for patients

Relational Security

- Relational security is by far the most important element in the maintenance of the therapeutic progress of patients.

- Patients and staff can't participate positively or purposefully in the activities of the service unless they feel safe first.

- Relational security is nearer to quality of care (Kennedy 1998)

- Balance between intrusiveness and openness; trust between patients and professionals.

- Relational boundaries provide the basis for safe and effective therapeutic relationships with patients. Shared understanding and mutual respect between patients and staff.

- The staff to patient ratio and amount of time spent in face-to-face contact.

- Closely linked to risk assessment and risk management, care planning and Discharge Planning.

- patients to have hope and believe in recovery if they are to engage positively in the service.

Incident Reporting

Objectives: To examine the perceived effectiveness of incident reporting in improving safety in mental health and acute hospital settings by asking staff about their perceptions and experiences.

Conclusions:

- Incident reporting was perceived as having a positive effect on safety,

- leading to changes in care processes

- changing staff attitudes and knowledge.

- Incident reporting can be a powerful tool for developing and maintaining an awareness of risks in healthcare practice.

However,

- Using incident reports to improve care is challenging and the study highlighted the complexities involved and the difficulties faced by staff in **learning from incident data.**

(International Journal for Quality in Health Care 2013; Volume 25, Number 2: pp. 141–150 10.1093/intqhc/mzs081 Advance Access Publication: 18 January 2013)

Learning

- Ensure learning from patient safety data and good practice.

- Ensure staff have the skills to identify and manage potential risks.

- Engage patients, family members, carers and the public in the design and delivery of education and training for patient safety.

- Supporting the duty of candour is vital and there must be high quality educational training packages available

- The learning environment must support all learners and staff to raise and respond to concerns about patient safety.

Summary

- Mental health services maintain a safe and effective process of treatment and rehabilitation through the stratification of patients according to the risks they present.

- Awareness of the therapeutic importance of environmental, relational and procedural security is valuable in promoting safe treatment plans for patients and safe management of all mental health services.

- Relational Safety (security) is by far the most important element in the maintenance of the therapeutic progress of patients

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Thank You