"Spotting Trouble": Automated Case-Finding to Support a Nurse-Led Behavioral Rapid Response Team

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Context:

❖ Mount Sinai Hospital, Toronto, Canada is a 472 bed academic tertiary care centre

❖ Increasing numbers of older adults are admitted for medical/surgical care with comorbid geriatric mental health issues, including dementia and delirium

❖ These mental health issues often lead to behavioural disturbances, including aggression, resistance to care and wandering

❖ Behavioral disturbances both impede provision of needed care and pose safety risks to both patients and staff (mainly nurses) providing care
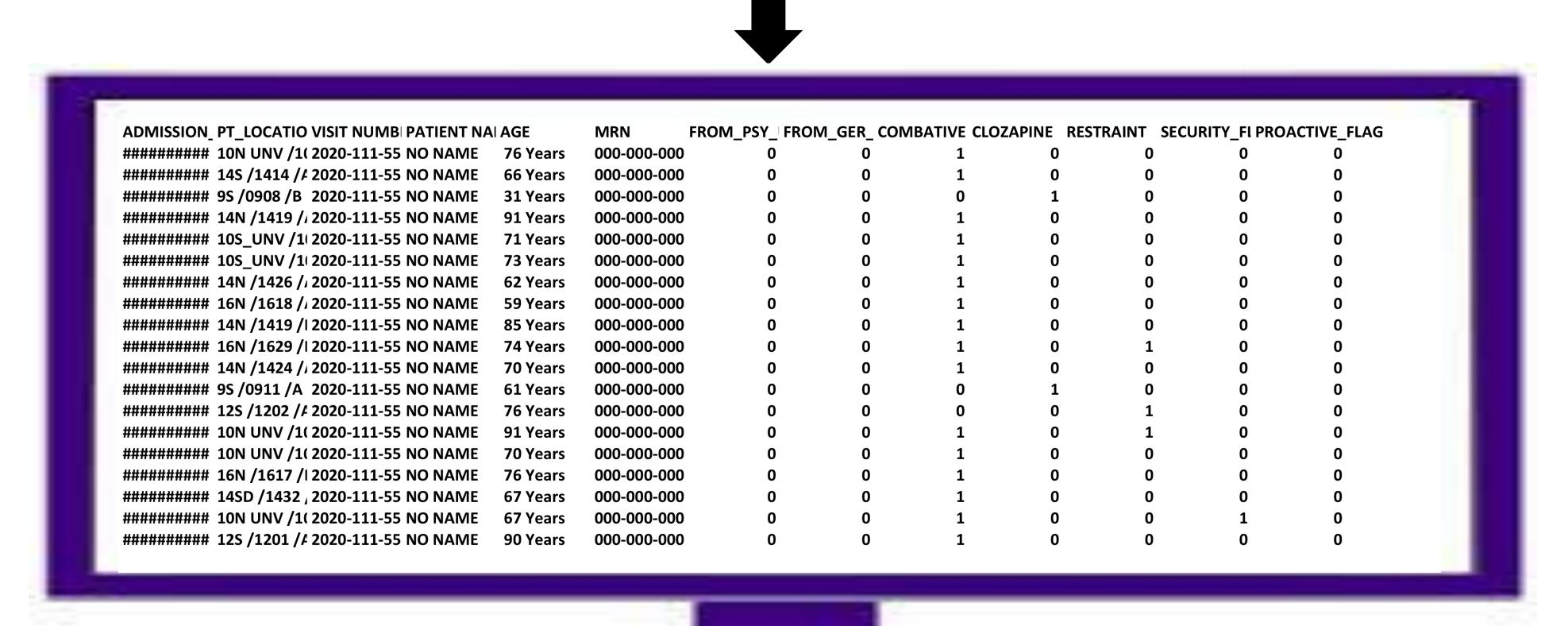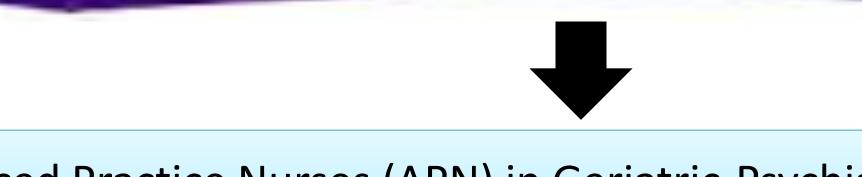
Problem:

❖ Nurses bear the brunt of behavioural disturbances but rely on the attending physician to initiate consultation to specialized teams for help in managing these behaviours

❖ Consultation request lags and several near misses led to a 2012 policy that allows psychiatric consultation to be triggered based on the presence of several high-risk/high-need criteria

❖ There was a need to identify patients admitted for medical/surgical care with comorbid mental illness leading to high psychiatric need and behavioural disturbances to facilitate early intervention
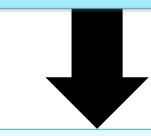
Intervention: Proactive Psychiatry Safety Report

Collaboration with Health Informatics to develop a computer generated daily report of inpatients meeting High Risk/High Needs Criteria, utilizing information documented in the electronic health record

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Advanced Practice Nurses (APN) in Geriatric-Psychiatry review safety report daily to confirm presence of High Risk/High Needs criteria

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Once confirmed, the appropriate Psychiatry Consultation-Liaison Team is notified for further assessment and management

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If behavioral disturbance is present, APN implements standardized care plan for specific behavioral disturbances (such as resistance to care, aggression, wandering, etc.) in collaboration with unit nurses

Outcomes

Safety Report Data (July to December 2014)

Safety Report Criteria	Total # of alerts	Action Taken	
Transfer from Psychiatric Unit	1	1	Admitted to Psychiatry unit, no action
Transfer from Geriatric Unit	0		
*Nursing documentation of combative behaviors	257	168	False positive/error
		55	New Psychiatry consults
		32	Already followed by Psychiatry Team
		2	No action required – pt. settled
Patient prescribed Clozapine	8	4	New Psychiatry consults
		4	Already followed by Psychiatry Team
Patient in restraints	13	4	New Psychiatry consults
		6	Already followed by Psychiatry Team
		3	No action – documentation error
Proactive Flag	11	2	New Psychiatry Consults
		9	No action required

*This criteria most commonly captures older adults with dementia & responsive behaviors

Lessons Learned

❖ Iterative changes were made to the safety report to improve identification of high-risk patients

❖ Changes to the nursing documentation forms to decrease false positives are planned

❖ Sustainability has been ensured through having dedicated staff (2 APNs) to review the safety report daily and involve the Psychiatry Consultation-Liaison teams

❖ Overall, the automated report has been a successful case-finding strategy to support both patients and staff. The report could be adapted to meet the needs of other teams

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