Take the Leap: Enhancing Human Interactions and Professional Practice to Improve Outcomes
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Introduction

- Seclusion and restraint
  - are violent, expensive, largely preventable adverse events.1,2
  - contribute to a cycle of workplace violence that can claim 23 to 50% of staff time.1,2
  - increase the risk of injury to consumers by 60%.5
  - account for 50% of staff injuries.4,5
  - increase the length of stay, potentially setting recovery back at least 6 months.1
  - increase daily cost of care.1,5
  - contribute to significant workforce turnover ranging from 18 to 62% costing the healthcare system millions of dollars.3
- Reduction use has been given national priority by federal agencies, The Joint Commission, and patient advocacy groups.6

Purpose Statement: Reduce seclusion and restraint in the inpatient geriatric psychiatric population through multi-dimensional human interaction and trust building among associates.

Materials and Methods

- 2010
  - Enhanced situational awareness through 8 hours of crisis prevention/intervention training (Fig. 2)
  - Weekly interdisciplinary rounds/evaluation of treatment plans with prevention focus

- 2013
  - Evaluation of staff expertise, ensured each shift has an experienced psychiatric nurse
  - Development of procedures evaluating use of restraints/seclusion versus alternatives (Fig. 3)
  - Restructured UBPC: added infrastructure, charter; elected officers; and educated staff on shared governance
  - UBPC became the forum for practice discussion/change
  - Implemented recognition board
  - Use of outside-of-work social connections to enrich interprofessional nursing communication (Fig. 1)
  - Manager driven associate survey, manager/associate rounding

- 2014
  - Methods providing medication intervention immediately upon unit arrival
  - Daily huddles with prospective patient milieu evaluation facilitating optimal room location
  - Identification of day and off-shift organizational resources to mitigate use of restraints/seclusion

- 2015
  - Implemented permanent charge nurse role with required formal leadership training

Abstract

In 2010, geriatric-psychiatric units were uncommon. Our hospital established a 14-bed unit for this unique and growing patient population. A novice nurse manager evaluated patient restraint/seclusion data, finding use exceeding national benchmarks. Restraint/seclusion reduction was a Joint Commission and national safety goal. Post restraint/seclusion debriefings demonstrated that nearly all episodes of use were potentially preventable if early behavior changes had been recognized with early intervention applied. Existing nursing staff had a range of psychiatric expertise. The Unit-Based Practice Council (UBPC) struggled, and staff/patient interactions were based in negativity. Restraining/seclusion literature review found minimal evidence related to geriatric-psychiatric patients, advising outcome movement must go beyond numbers to “people-based interactions”. Achieving synergy in shared manager/staff/physician/nurse values and goals is essential to achieving optimal outcomes. A focus on multi-dimensional human interaction and trust-building created a culture shift, exemplary clinical practice, and outcome improvement with translation-ability to all patient care settings. Unit growth demonstrated ADC increase (2010 to 2015) from 7.9 to 12.1. Implementation of interventions achieved: 93% restraint reduction from 0.89 to 0.06 restraint hours/1,000 patient hours (CMS mean 0.64); 100% seclusion reduction from 0.34 to 0.00 seclusion hours/1,000 patient hours (CMS mean 0.50); and staff satisfaction increase from 73.7% to 78.3%. 2015 data is indicating a significant decrease in fall rates. Focus on interpersonal relationships can drive outcome improvement.

Discussion and Conclusions

- Seclusion and restraint rates better than benchmarks. (Fig. 7)
- FY2016 (July-June) data continues to exceed benchmarks: 0.00 restraint hours/1,000 patient hours; 0.04 seclusion hours/1,000 patient hours with an increase in ADC of 12.1.
- Achieving synergy in shared values and goals between managers and staff, as well as, between physicians and nurses is essential to achieving optimal outcomes.
- Leading with focus on interpersonal relationships rather than leading with focus on numbers can contribute to a greater satisfaction and positive clinical outcomes; 26% decrease in patient falls from FY14 to FY15.
- Research on interpersonal relationships and the impact on associates in the workplace may be of benefit.
- Research needed on geriatric-psychiatric units to explore methods of seclusion and restraint reduction, clinical and therapeutic approach, staff mix, and geriatric specific protocols. (Fig. 8)

Results

- Fig. 1: Unit Celebration
- Fig. 2: Nurse-managed Crisis Intervention Training
- Fig. 3: Seclusion and Restraint Debrief
- Fig. 4: Seclusion hours decreased FY11 to FY15 with increased Average Daily Census
- Fig. 5: Restraint hours decreased FY11 to FY15 with increased Average Daily Census
- Fig. 6: Associate Satisfaction with work group mean score increased to 78.3

Literature Cited


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