Implementing Evidence-Based "Patient Safety Plans" in Acute Psychiatry
Bernadette Y. Jao, MSN, RNBC
Bay Pines VA Healthcare System
Kristine Ashley, James Morello

Problem
Increased use of seclusion and restraints for the management of aggressive behaviors in acute psychiatry creates a non-therapeutic environment.

Evidence
Current Research suggests that the use of treatment preferences is clinically useful (Srebnik & Russo 2005). The Sheppard Pratt Aggression Reduction Campaign (SPARC) has been found to be effective in reducing seclusion and restraint episodes (Sharstein 2008).

Strategy
Create and implement patient safety plans and develop an agitation monitor. Track episodes of agitation and the effectiveness of behavioral interventions.

Practice Change
Engaging patients, even those who are acutely impaired, as partners in their care results in treatment environments that promote the shared responsibility for maintaining safety. Patients are encouraged to participate by completing psychiatric treatment preferences the “Patient Safety Plan”. This gives patients input into their care, communicating individualized actions that are especially useful when they are stressed, de-compensated, psychotic or uncooperative. Patients specify what their individual trigger behaviors are, what is helpful to them, and what is not helpful to them, allowing for accountability, empowerment and responsibility as a partner in their care.

Evaluation
Ongoing evaluations include monthly Seclusion and Restraint Monitors, Staff Satisfaction Surveys, Patient Satisfaction Data (SHEP) and an Agitation Occurrence Monitor completed each shift and evaluated monthly.

Results
Decreased episodes of seclusion and restraints
Increased use of time-outs and the use of the Quiet Area
Decreased patient and staff injuries
Decreased number and severity of crisis calls
Improved LOS from and decrease re-admission rate
Improved staff satisfaction and retention
Improve communication between patients and healthcare providers
Empower patients in working together as partners, team members and having a voice into decision-making and choices of care.

Recommendations
Data supports this innovative patient centered process effectively reduces the episodes of seclusion and restraint and manages aggressive behaviors.
Bibliography


