The Effects of two Nursing Protocols on the Use of Continuous Special Observation

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Objectives

• Discuss uses of Continuous Special Observations (CSO)
• Discuss Problems with CSO
• Discuss Nursing Protocols developed as an alternative to CSO
• Discuss research on how Nursing Protocols affect use of CSO

Background

Purpose of CSO: Provide safety for all patients and staff while a particular patient is at risk of harming themselves and/or others (Clinical Resource and Audit Group, 2002).

Positive outcomes of CSO when staff engage the patient
– Provides increased opportunity for assessment,
– Provides time to establish therapeutic relationship
– Staff assist patient in developing coping skills.
(Cleary et al. 1999)
– Patients experience decreased hopelessness and suicidal thoughts and increased feelings of worth (Jones et al., 2000b; Pitula & Cardell, 1996).
– Staff are able to intervene quickly and deescalate aggression and violence (Mackay et al., 2005).

Continuous Special Observation based on control

• Staff exert control of patient to create safety
  – Consequences of staff not implementing control
    Hamilton, B. & Marinas, E. 2008
  There were 236 inpatient suicides
    – 139 on intermittent observation
    – 74 eloped on intermittent observation or Continuous Special Observation
    – 17 died on 1:1
Background - Research Studies
The City 128 Study by Bowers et al (2006)
- Intermittent Observations (as opposed to Constant Observations) may act to reduce the rate of self harm
- Intermittent Observations are effective so long as patients frequently participate in staffed activity sessions and adequate numbers of nursing staff are available in the milieu
- Intermittent Observations may work because it places nurses out on the unit making them more accessible and visible to patients (Bowers, L., & Simpson, A. 2007)

Background - Research Studies
Dismantling Formal Observations and Refocusing Nursing Activity (Dodds and Bowles 2001)
- Aim of study: Refocus nursing practice from control oriented interventions to care oriented interventions
- Outcomes
  - Nurses assumed control of Observations
  - Patients felt more engaged in treatment
  - Self-Harm reduced by 67%
  - Violence reduced by 33%
  - Staff calling in sick reduced by 60%
  - Cost savings of 47,000 pounds

Background
Engagement
- Engagement defined as being clinically involved with a patient while the patient moves towards their clinical treatment goals
- The process of engagement involves making a human-human connection and conveying acceptance, understanding, and tolerance
- Engaging interventions are based on demonstrating care

Background
Nursing Protocols
Psychiatric Nursing Availability (PNA) (2001) designed for self-injurious or suicidal patients
- Staff partners with patient in coping with violent impulses
- Relationship-based: based on acceptance, tolerance and understanding
- Patient becomes active partner in maintaining own safety

Background
Nursing Protocols
Psychiatric Monitoring and Interventions (PMI) (2004) designed for violent intrusive, impulsive patients
- Based on removing elements of violence: Weapon, Target, Trigger, State of arousal
- Patient allowed privacy in their own room
- Staff partners with patient in coping with violent or impulsive behavior
- Staff interventions are focused on the entire unit
- Nurse develops individualized care plan when out of room

Background
Nursing Model – Primary Nursing Coordinator
- Assigned and empowered to manage a team of patients from admission to discharge
- 24/7 accountability
- Develops and drives the plan of care with the MD
- Paired with attending psychiatrist and interdisciplinary team
Background

41 staff answered questionnaires on concern for safety monitoring patients on CSO and PMI using a 16 item Likert-type scale

Degree of Agreement “I Have Concern for My Personal Safety”

Concern for Personal Safety on CSO vs. PMI

Findings: staff rated feeling safer on PMI than CSO (p<.05).

Problem Statement

Have the two nursing protocols reduced the use of Continuous Special Observation?

• Identify Frequency and duration of CSO prior to nursing protocols
• Indentify how PNA impacted the Frequency and duration of CSO
• Identify how PMI impacted the Frequency and duration of CSO

Analysis

• Descriptive analyses
  – frequencies, percentage, mean, median and standard deviation
• Interrupted time series analysis
• Wilcoxon two-sample test

Project Plan

A 12 year retrospective review of the 15 minute round document form from 9/1999 to 9/2011

• Has PNA reduced the use of CSO?
• Has PMI reduced the use of CSO?

Findings

CSO and Nursing Protocols
Findings

Monthly Median Total CSO Duration Per Patient

- Episodes of CSO
  - Increasing trend by .05 per month prior to Nov 2005 (P=.0083)
  - Decreasing trend by .07 per month after Nov 2005 (P=.0111)
- Median Episode Duration (hours) for CSO
  - Before Nov 2005: 66 (range 9.75-484.75)
  - After Nov 2005: 33 (range 8.25-226.7), p=0.0004

Findings

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Findings

Quarterly number of PMIs

- Episodes of CSO
  - Increasing trend by .05 per month prior to Nov 2005 (P=.0083)
  - Decreasing trend by .07 per month after Nov 2005 (P=.0111)
- Median Episode Duration (hours) for CSO
  - Before Nov 2005: 66 (range 9.75-484.75)
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Findings

Mean number of hours on CSO

- Episodes of CSO
  - Increasing trend by .05 per month prior to Nov 2005 (P=.0083)
  - Decreasing trend by .07 per month after Nov 2005 (P=.0111)
- Median Episode Duration (hours) for CSO
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Discussion

Differences between CSO and Nursing Protocols

- Constant Special Observation (CSO)
  - Ordered by Physician based on Physician interview
  - Intervention based on control to decrease risk
  - Intrusive - often resulting in adverse outcomes
  - Costly to implement and poor use of nursing resources
- Nursing Protocols
  - Ordered by Nursing based on 24 hour ongoing assessment
  - Intervention based on Engagement
  - Designed to treat individual patient needs
  - Patient is able to develop alternative coping skills
  - increases staff presence on unit

Discussion

Secondary Outcomes

- Employee satisfaction increased
  - Employee satisfaction 4.04 in 2005 to 4.65 in 2009
  - “Is there appropriate staffing to deliver safe care?”
    3.54 in 2005 to 3.88 in 2009
Discussion

Why did PMI make more impact on CSO?
- PMI implemented much more frequently than PNA
- Protocol influences number of staff out of the nurses station and in milieu
- City 128 study findings indicate close supervision decreases the CSO by placing more staff in the milieu with patients
- PMI interventions directed towards the patient and the entire milieu
- PMI interventions designed to provide patient safety to in the milieu which can be viewed by patients as caring intervention
  - Caring interventions influences hope

Limitations

- Design was not a randomized controlled study
- Small sample size - Research conducted on one 17 bed unit
- The primary researcher worked on unit throughout study
  - Conducted research in 2007 on staff's perception of safety employing PMI compared to CSO
  - Paper published in 2011 - The Evolution of Practice Changes in the Use of Special Observations. Archives of Psychiatric Nursing 25 (2), 90-100

Conclusion

- Safety can be achieved by:
  - Having staff out on the unit with patients
  - Using intermittent observations and engagement
  - Constant Special Observation emphasizes control
  - Protocols emphasize care and engagement to treat patients
  - Reduction in Constant Special Observation supports mission of NMH
    - Improves best patient experience
    - Improves best employee experience
    - Improves financial performance

Questions?

References


References (Continued)


Thank You