

Patient Safety and Risk Management in Mental Health

Hatim Abdulaziz Banjar
Patient Safety & Risk Manager
Al-AMal Hospital for Addiction Treatment - Jeddah

INTRODUCTION

Everyday a large number of patients are treated and cared for without incident by health care practitioners worldwide. Like other high risk industries safety incidents occur during the course of medical care, placing patients at risk for injury or harm. Over the past ten years, patient safety has been increasingly recognized as an issue of global importance, but much work remains to be done. Although many of the patient safety risk factors that exist in medical settings also apply to mental health settings, there are unique patient safety issues in mental health that are different to those in medical care. Seclusion and restraint use, self-harming behavior and suicide, absconding, and reduced capacity for self-advocacy are particularly prominent to mental health patients. Both the patient population and the environment make patient safety in mental health unique.

Causation of harm to patient in mental health settings

In normal health settings it was agreed that there are 4 main causes of patient harm

1- Individuals made harms: Errors that are done due to the human factor in the process
(Mix up, wrong calculations, not following the 5 rights in medication administration)

That can be reduced by:

- Avoid reliance on memory
- Simplify
- Standardize
- Use constraints and forcing functions
- Use protocols & checklists wisely
- Improve information access
- Reduce handoffs
- Increase feedback

2- System made harms: holes in the system that allows errors to slip through
(No clear and detailed policy and procedures, no double checking system, no warning signs)

That can be reduced by:

- Having clear policies and procedures that are review and updated on timely bases
- Having an incident monitoring and analysis program so we can find any weaknesses in the system

3- Environmental made harms: the dangers that come from the seating of the hospital and the material and equipment used inside it.
(No exit doors, worn-out cables and cords)

That can be reduced by:

- Having a save structural design
- Reduction of sharp or dangerous items
- Daily Environmental safety rounds

4- Communication made harms: communication mistakes that create a communicational gap or give wrong clinical instructions to staff members.
(Bad hand writing, speaking in a non-clear voice or tone during communicating with staff)

That can be reduced by:

- Reduce handoffs
- Increase feedback
- Have clear handwriting policy
- Have clear verbal order policy that has a repeat back system
- Have clear phone order policy that has a read back system

But in mental health settings there are other main sources of danger and harm and those are the population of patients and the nature of mental illness that makes it hard to predict the behavioral pattern of the patient.

(Patients might be suicidal, they might provoke others, they may not understand the meaning of danger and they might be a source of danger to themselves and / or others).

Patient Safety Goals in mental health:

- *international patient safety goals apply to mental health settings in a more complicated way*
- *GOAL (1) Identify Patients Correctly*

This goal is accomplished by having 2 patient identifiers that are usually the patient name and file number and they are clarified by the patient and the identification wrist band. In many cases of mental illness this method does not work due to the nature of the illness and other methods such as finger prints or patients pictures may be used

- **GOAL (2) Improve Effective Communication**
*Communicating might be hard some times with mental health patients and a lot of them cant express himself or how he is feeling correctly so understanding body language and movements is highly important in mental health
Many of the symptoms does not appear all the time and the staff observation and communication plays a high role in the success of the treatment*
- **GOAL (3) Improve the Safety of High-alert medications**
The use of high –alert medications is very common in mental health and type off illness plays a very high role in rising the difficulty and importance of achieving this goal where patients may be suicidal or suffer from substance abuse so the safety measures taken during dispensing medication must be extremely high.
- **GOAL (4) Ensure Correct –Site, Correct Procedure, Correct Patient Surgery**
In many cases it is hard relay on mental patients for conformation of information so checking patients and procedure details and conforming it by the physician and the charge nurse is a must
- **GOAL (5) Reduce the Risk of Health Care associated Infections**
Many patients that suffers from mental illness have low hygiene level and suffer from negligent and many others that suffer from substance abuse have low immunity levels so surveillance and highly strict precautions for patient hygiene is in order
- **GOAL (6) Reduce the Risk of Patient Harm Resulting from fall**
the nature of mental illness and medications used can play a big part in making this goal challenging where some patients may not understand warning signs and others may become confused or have night terrors so additionally to the bed side riles and warning signs nurses make chick rounds on all patients every 15 minutes and patients are cleared from the area when there is maintenance or cleaning in it
- **GOAL (7) Improve the Safety of Using Infusion Pump**
In addition to all the precautions that should be taken when using an infusion pump we keep in mind that mental health patient cant express feelings in many cases and some of them maybe suicidal so monitoring the patient takes an extended load of importance in mental health

There are other goals that are considered challenging in a mental health setting and these goals are::

- **GOAL (8) Preventing the patient from harming himself**
- **GOAL (9) Preventing the patient from harming others**
- **GOAL (10) Preventing the patient from being harmed by others**

How patient safety is cared for in general hospitals?

a) Protecting the patient from worsening: This is done by making the right diagnoses and formulating the correct treatment plan and making the needed intervention as quick as possible

b) Protecting the patient from medical errors: This is done by setting a clear and unified departmental manual of policies and procedures that comply with international standards and patient safety guidelines for medical practices and make sure that everyone fallow's it.

c) Protecting the patient from the physical surrounding: That is done by making sure that the patient is placed in a save place and free from any harmful mater that might cause harm to the patient.. The patient's consciousness level must be monitored to prevent any possible danger of falling down for patients during sleep precautions like sidereal, decreasing bed height must be taken.

How is patient safety cared for in mental health?

- *Protecting the patient from harming himself : That is done by monitoring patients with tendency to comet suicide or to cause harm to themselves and placing them under clues observation, exploring their thought content and try to distract them away from such ideas and try to occupy their time with different activities and give them a since of hope in life and place them in a safe environment in the wards away from any external stimulators for such ideas and away from any harmful object that he might use to cause harm to himself .*
- *Protecting the patient from harming others and / or from being harmed by others: That is done by monitoring aggressive and provoking behaviors so physical contact (fights) don't happen among patients, delusions and wrong beliefs are also monitored to prevent patients from causing harm to each other due to the delusions or beliefs and in case of any physical contact among patients nurses must interfere as quickly as possible using the right manner of intervention*
- *Patients of deferent age groups and genders must be separated to prevent sexual assault*
- *(male –female) (adult –teenagers - children)*

- Patient safety during restrain episodes: That is done by following the correct and safe steps in administering restrains
- Never use restrains without a medical order.
- Never use restrains as a punishment method or for personal revenge.
- Always tell the patient the reason from restraining him.
- Make sure that restrains do not block the blood circulation.
- Check on patient and take vital signs every 15min.
- Make sure room temperature is appropriate.
- Always restrain the patient in a supine position.
- Make sure that the patient's physical needs are met.
- Do not apply restrains to cases of recent ophthalmic surgery, spinal surgery, heart conditions, chest and respiratory problems.
- The restrain room physical surrounding must be appropriate and equipped with a monitoring camera.
- Patient should be monitored through all the restraining time.
- Patient safety during seclusion episodes: That is done by following the correct safety measures during seclusion to patients
- Never use seclusion without a medical order.
- Never use seclusion as punishment or for personal revenge.
- Always tell the patient the reason of putting him in seclusion.
- Check on patient every 15 min.
- Make sure that the room is harm free.
- Make sure that the room physical surrounding is appropriate and equipped with a monitoring camera.
- Make sure that the patient physical needs are met.
- Seclusion should not be done to cases in risk of self-harm, autism, cardiac and respiratory disorders and phobic patients.

Nurses safety during aggressive P.T encounter:

During an encounter with an aggressive patient nurses must be alert but calm and they should follow safety tips and roles of engagement.

- Never face an aggressive P.T on your own.
- Always be calm and use an appropriate voice tone.
- Never turn your back to the patient.
- Always keep patient in sight.
- Always keep an arm space between the nurse and the patient during confrontation.
- When trying to physically control the patient approach him from the back and sides.

Safety during interviewing a patient:

When interviewing a patient nurses should always keep in mind these safety tips.

- Greet the patient in a graceful manner
- Keep your eyes on the patient without staring
- Use a calm voice when talking
- Introduce yourself first
- Respect the patient's personal space
- When greeting the patient at the door don't stand in front of his face be on the side?
- Keep the distance between you and the patient
- Don't let the patient stand between you and the door
- Don't touch the patient without asking him

Safety during breaking bad news:

When breaking bad news to a patient keep in mind the safety tips of the interview and for best results follow this guideline.

- Choose the right: Time – place – person
- Ask the patient what he knows about his condition
- Ask the patient what he wants to know about his condition
- Break the news gradually and frankly with a brief introduction.
- Keep quiet and give the patient chance to ventilate but be alert for his movement and facial expressions
- React accordingly in the appropriate manner and follow up the patient

Conclusion:

In conclusion the nursing assessment plays an important role in patient safety in mental health where it is an ongoing process that starts with first encounter with the patient and doesn't end until the patient is discharged from the hospital setting, the greatest tool that the nurse has when working in a mental health setting is the utilization of self, knowledge and observations., In many cases the nurse's reaction to the situation in mental health settings can maximize or minimize the risk to patient and staff safety.

References:

- PATIENT SAFETY IN MENTAL HEALTH (PAPER PREPARED BY: BC Mental Health and Addiction services) (2008-2009)
- Psychiatric Nursing Quality Guide lines By: Hatim Abdul Aziz Banjar (2009)
- Patient safety and risk management guide By Al-Aml Addiction Treatment Hospital in Jeddah (2012)
- Essentials Of Psychiatric Mental Health Nursing Collaboratively Developed by ISPN and APNA, (2007-2008).
- Safety In Psychiatry By the Foundation of Psychiatric Care (2008)



Name : Hatim Abdulaziz Banjar
Mobile: 00966-54-0572716
Home: 00966-2-6679886
Work: 00966-2-6554130(1241)
e-mail: hab.1978@hotmail.com,
Jeddah, Saudi Arabia
Current position: Head Of Patient Safety Department
Company: KSA,MOH,Al Amal Hospital

WORK EXPERIENCE:

- Jan 2013 - Present Al-Amal hospital Jeddah, Saudi Arabia (head of patient safety department)
- Dec 2011 - Jan 2013 Al-Amal hospital Jeddah , Saudi Arabia (head of infection control department)
- Aug 2010 - Dec 2011 Al-Amal hospital Jeddah , Saudi Arabia (TQM assistant manager)
- Dec 2008 - Aug 2010 Al-Amal hospital Jeddah, Saudi Arabia (nursing quality officer)
- Jul 2006 - Dec 2008 Azizia Hospital Jeddah, Saudi Arabia (O.R nurse)