

# Patient safety and risk management in mental health

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## 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

Individuals made harms: Errors that are done due the human factor in the process

(Mix up, wrong calculations, not following the 5 rights in medication administration)

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)

Environmental made harms: the dangers that come from the seating of the hospital and the material and equipment used inside it.

(No exit doors, warn out cables and cords)

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)

But in mental health settings there are other main sources of danger and harm and they 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, and they may not understand danger).

### *Patient Safety Goals in mental health:*

All international patient safety goals that apply to general health settings such as

- GOAL (1) Identify Patients Correctly
- GOAL (2) Improve Effective Communication
- GOAL (3) Improve the Safety of High-alert medications
- GOAL (4) Ensure Correct –Site, Correct Procedure, Correct Patient Surgery
- GOAL (5) Reduce the Risk of Health Care associated Infections
- GOAL (6) Reduce the Risk of Patient Harm Resulting from fall
- GOAL (7) Improve the Safety of Using Infusion Pump. Apply to mental health settings on the same level but there are also extra goals that are conceded the most changing 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 follow'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 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 retrains 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.
- Chick 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 resent ophthalmic surgery, spinal surgery, hart 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.
- Chick 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.

- ☐ Great the patient in a graceful manner
- ☐ Keep your eyes on the patient wit out staring
- ☐ Use a clam voice when a talking
- ☐ Introduce yourself 1st
- ☐ Respect the patient personal space
- ☐ When greeting the patient at the door don't stand in front of his face be on the side?
- ☐ Keep the disk 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 1st encounter with the patient and doesn't end till the patient is discharged for the hospital setting, the greatest tool the nurse have when working in a mental health setting is the utilization of self, knowledge and observations, in many cases the nurses reaction to situation

in mental health settings can maximize or minimize the risk to patient safety.

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