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Reducing the Risk of Suicide on an Inpatient Acute Behavioral Health Unit

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Abstract

Evidence suggest for those who have successfully committed suicide in the form of asphyxiation inside locked facilities are more than likely due to patient bathroom doors. The current unit consists of 30 inpatient medical-psychiatric beds serving the adult and geriatric populations. The goal is to ensure patient safety by removing patient bathroom doors and replacing them with breakaway shower curtains for those exhibiting direct signs and symptoms of suicidal ideations with a plan. The specific aim is to improve patient outcomes by decreasing the number of deaths or attempted suicides. With great results, this type of project has been implemented within other acute psychiatric settings, which is considered best practice in acute mental health. Suicide has ranked in the top five most frequently reported events to the Joint Commission since 1995 (Joint Commission, 2010). A random sample questionnaire was distributed to 20 fulltime behavioral health registered nurses, which yielded 16 completed questionnaires. Of the 16 completed questionnaires, 13 of the nurses (81%) were in favor of this project. Nurses play a crucial role in making recommendations for the design of psychiatric units, not only in securing the units but also in creating a culture of safety.

Keywords: suicide, hanging, inpatient psychiatric, behavioral health, bathroom doors, breakaway shower curtains

Prospectus Elements 1-10: Reducing the Risk of Suicide on an Inpatient Acute
Behavioral Health Unit

Clinical Leadership Theme

For this project, I will serve as the Clinical Nurse Leader (CNL) and ensure best practices are utilized inside the inpatient behavioral health unit. The (CNL) is a relatively new nursing role that was developed in the United States to prepare highly skilled nurses focused on the improvement of quality and safety outcomes for patients or patient populations. In accordance to the IOM's category, the project would encompass: Safe: Avoid injuries to patients from the care that is intended to help them. The CNL end-of-program competency that applies to this project would be the Clinical Outcomes Management, which would entail all three CNL role functions: Clinician, Outcomes Manager, and Educator. Additionally, this project will emphasize health promotion, risk reduction, use data to change practice and improve outcomes, achieve optimal client outcomes, and facilitates group and other health professions' learning and professional development.

Statement of the Problem

December 2014, the behavioral health unit (BHU) suffered a sentinel event, which led to a plan of correction from the state. Moreover, this single event prompted senior leadership and our clinical BHU team to assess our current environment and established the need for a team specifically aimed at assessing, and preventing future traumatic events from reoccurring. In August 2015, the Behavioral Health Safety Committee (BHSC) met to discuss an environmental safety issue that had to do with patient bathroom doors within the BHU. Furthermore, the BH clinical team witnessed an

increase of 27% in the prevalence of asphyxiation IVOS cases from FY14 to FY15.

Therefore, after little debate, the BHSC team decided that an intervention was required to improve the existing BHU through best practices. According to Cardell, Bratcher, and Quinnett, “Other items to keep in mind when designing bathrooms include breakaway shower rods, clothes hooks, curtain rods, and railings” (2009, p. 40). Evidence suggest for those who have successfully committed suicide in the form of asphyxiation inside locked facilities are more than likely due to patient bathroom doors.

By incorporating transformational leadership amongst the team, the department leaders will slowly change the culture. The team will be available to answer questions, demonstrate the value of the change, and share evidence-based literature. To convince senior leadership that we must go forward with this project, I will display how this project reflects best practice within acute mental health, and how we will meet The Joint Commission's 2015 Patient Safety Goals for Behavioral Health--Suicide Prevention. The project is to ensure the safety of the inpatient BHU, lower the prevalence of IVOS incident reports related to asphyxiation, improve patient outcomes, and increase staff satisfaction scores.

Project Overview

The current unit consists of 30 inpatient medical-psychiatric beds, located within the Greater Sacramento Service Area. The 30-bed department is separated into two different units, which are referred to as BHU 1 and BHU 2. BHU 1 serves 20 patients and BHU 2 can hold 10 patients. We are 1 of 2 hospitals in California that offer this type of service, which entails a primary diagnosis of mental health, and an underlying diagnosis of medical. We maintain a census of 99.7%, with a waiting list. The populations we serve

are on LPS 5150 legal holds, which require them to be an imminent danger to themselves, others, or gravely disabled. The unit consists of Psychiatrists, physician assistants, registered nurses, social workers, case management, recreational therapists, mental health technicians, unit clerks, and a clinical nurse manager. The mental health population requires constant supervision with minimal 15-minute safety checks. The idea of having bathroom doors inside patient rooms puts patients at a high risk for suicide, and puts the clinical team in harm's way.

The purpose of this project is to implement best practices by improving safety, reducing the risk for suicide, enhance quality, set the precedence for inpatient behavioral health standards in California, improve staff satisfaction, and help meet The Joint Commission's 2015 Behavioral Health Patient Safety Goals-Suicide Prevention. The specific aim is to improve patient outcomes by decreasing the number of deaths or attempted suicides. The initiation of this project started on August 24, 2015 and will conclude by December 1, 2015.

Rationale

As mentioned, in December 2014, the BHU experienced a sentinel event that involved a severely depressed patient and a bathroom door. The investigation showed the staff performed a 15-minute safety check, and noticed a bed sheet that was lodged at the top of the bathroom door, which made it extremely difficult for staff to enter. By the time staff was able to bust through the door, the patient had already expired.

As part of the Plan of Correction (POC), the priority is to improve safety on the inpatient BHU by taking down the bathroom doors and replacing them with breakaway shower curtains.

The research gathered for this project-included those admitted to an acute psychiatric unit that unfortunately committed suicide by using bathroom doors inside their rooms. Additionally, the research showed the positive impact of having breakaway shower curtains inside an acute setting that ultimately improved unit safety, and rendered less incidents of self-harm.

Furthermore, the first few days of admission should be deemed as the highest risk of injurious behaviors. To carefully evaluate risk is vital, and more so with those presenting recent onset or prior attempts of suicide. Performing an extensive history of traumatic life events before admission should be incorporated into the risk assessment. Improvements to the psychiatric environment to lessen the anxiety of an admission may be an important measure of prevention.

When incorporating any quality improvement project inside the workplace (breakaway shower curtains in place of bathroom patient doors), it can be costly. However, if the project is aimed at improving patient experience inside the department, or safety, hospital leaders are more willing to listen, especially if it will improve safety and save lives.

The engineering department will perform the removal of bathroom doors. Therefore, this is considered a direct cost and the BHU will have to absorb the hourly expense for their services rendered. The engineering department has agreed to task two employees from their department at an hourly rate of \$27.00/hr./employee with the assumption that it will take 20 hours to remove all patient bathroom doors from both BHU 1 and BHU 2. Thereby, the cost will be approximately \$1,080.00. Furthermore, the clinical nurse manager agreed to staff an extra mental health technician to ensure safety

on the unit, which at an hourly rate of \$27.50/hr. for approximately 20 hours, which will cost the BHU department an additional \$550.00.

Advance Textiles of California will furnish the breakaway shower curtains that will be utilized on BHU 1 and BHU 2. For BHU 1, I will have to purchase 48 Inherently Flame Resistant Shower Curtains at \$65.00 each, which totals \$3,120.00. Additionally, I will need 24 Breakaway Tracks with Velcro Tabs at \$42.00 each, and 24 Installation of Above Curtains and Track at \$40.00 each, which totals \$1,968.00. The total amount needed for BHU 1 equals \$5,088.00. BHU 2 will need 20 Inherently Flame Resistant Shower Curtains at \$48.00 a piece, and 2 Inherently Flame Resistant Shower Curtains at \$65.00 each, which totals \$1,090.00. Furthermore, I will need 12 Breakaway Tracks with Velcro Tabs at \$42.00 each, and 12 Installation of Above Curtains and Track at \$40.00 each, which totals \$984.00. Thus, the total amount for BHU 2 equals \$2,074.00. Lastly, I will need to add taxes (8.25%) and installation, which brings the total purchase price for this project to \$7634.07. In summary, the total cost for this project on BHU 1 and BHU 2 totals \$9,264.07 (Appendices A &B).

After discussing the findings with my preceptor (clinical nurse manager of the BHU) and senior leadership, it was evident that we must progress forward with this project. Lastly, I was able to demonstrate to the team that this project upholds the philosophy, mission, and values of our organization.

Methodology

To appropriately address the change concepts to guide the implementation of this project, one must incorporate the framework of change management. One of the best ways to implement change management inside the workplace is to have another

department adopt the new approach. Thus, this type of project (breakaway shower curtains in place of bathroom patient doors) has been implemented within other acute psychiatric settings, which is considered best practice and yielded great results.

To begin this project within the microsystem, I will meet with senior leadership and the BHSC to finalize the project as it assists with improving patient safety and meeting the Joint Commission's 2015 Patient Safety Goals for Behavioral Health. Once approved, I will conduct a meeting with all clinical staff before going live so that they have an idea of what it will entail, and a target date of implementation. During this meeting, I will ensure everyone has access to all the evidence based research that motivated me to pursue this particular project, and make myself personally available to answer any questions and/or concerns. Lastly, once I have the full support of the team, I will arrange dates and times for our engineering department to remove the bathroom doors from the patients' rooms, and immediately replace the doors with breakaway shower curtains. During this process, I will add an extra mental health technician to monitor the surroundings to ensure the staff and patients remain safe.

Quinn's Theory best describes the change theory for this project. The department has been running for over 40 years, and many nurses (which is not a bad thing) have been there from the beginning. This can be a good thing, but as we all know, this can be a bad thing—as many of these nurses accept the status quo of the patient environment, which may lack new innovations, best practices for safety prevention, and experience burnout. By implementing Quinn's Theory through transformational leadership, this project can be successful.

Transformational leadership is a great approach when dealing with identified

issues inside the workplace. The idea of transformational leadership is best explained when having to cope with change, healthcare organizations need leaders that express vision, creativity, and empower staff.

The process ends with removing the patient bathroom doors inside the BHU and replacing them with breakaway shower curtains that are breathable, non-shear, and environmentally safe. I expect to improve safety, enhance quality, set the precedence for inpatient behavioral health standards in California, enhance staff satisfaction, and help meet The Joint Commission's 2015 Behavioral Health Patient Safety Goals-Suicide Prevention.

The plan to mitigate the weaknesses and threats for this project is to include senior leadership on the initial planning and strategy phases. By doing this, I will be able to explain what the identified problem is, and demonstrate a plan of action for process improvement—SWOT analysis (Appendix C). Once this project is implemented, I will meet with EVS to arrange set times to machine-wash the shower curtains. During our monthly BH general staff meetings, I will ask the clinical team to share any positives and/or negatives that the project may render. Additionally, the clinical team is mandated by Title-22 California State Regulations to monitor the patients every 15 minutes for safety, which will address any privacy/safety issues if that may arise. Furthermore, through Electronic Health Records (EHR) and IVOS incident reporting, I will have the ability to monitor progress through data mining.

Thereby, I will coordinate with the BHSC team to ensure we meet quarterly to discuss the findings and determine if any modifications are needed. I will collect this data for 2 years, and share this information with Risk Management, Quality, and the members

of the BHSC. Again, I will be able to monitor the progress of incidents as a quality measure for the BHU, while maintaining its initiative as a performance improvement project. Lastly, I have posted all the evidence-based research used for this project outside my office for anyone who would like to inquire more about the project and best practices in behavioral health.

Data Source/Literature Review

Of the 35,000 or more suicides per year in the United States, about 1800 (6%) are inpatient suicides. It is estimated that a psychiatric nurse will experience a completed suicide every 2½ years on average (psychiatric times, 2015). Suicide is the 11th leading cause of death in the United States, accounting for 33,300 fatalities in 2006. Men take their lives at nearly four times the rate as women, and men age 75 and older have the highest rate of suicide (35.7 per 100,000). The highest incidence of reported suicide attempts occurs in the 18- to 24-year age group, and suicide is the third leading cause of death among 15- to 24-year-olds. Of the adults who attempted suicide in 2008, 62.3 percent (678,000) received medical attention for their suicide attempts and 46 percent (500,000) stayed overnight or longer in a hospital for their suicide attempts (Joint Commission, 2010). Suicide has ranked in the top five most frequently reported events to The Joint Commission since 1995 (Joint Commission, 2010).

There are numerous evidence-based journals that support this project. The Joint Commission's 2015 Behavioral Health Patient Safety Goals has identified a reduction of suicide by early prevention tools. "Removal of the means to suicide has been a major policy in England, specifically the removal of potential ligature points and the more widespread use of collapsible curtain and shower rails" (Bowers, Dack, Gul, Thomas,

James, 2011, p. 1460). Mills, King, Watts, and Hemphill, stated, “One thousand five hundred suicides take place on inpatient psychiatry units in the United States each year, over 70% by hanging” (2013, p. 528). Understanding the methods and the environmental components of inpatient suicide may help to reduce its incidence. According to Hunt, Bickley, Windfur, Shaw, Appleby, and Kapur, forty-two (40%) suicide cases died within the first 3-day of admission. A fifth of all suicides were on authorized leave at the time of death, but 34% were off the ward without staff agreement compared to only 1% of controls. Independent risk factors for suicide included previous self-harm, recent adverse life events, and a short (0-12 months) duration of illness (2012).

When coming up with my PICO statement, I wanted to make sure I was using the correct language to narrow my search results. Therefore, I was selective and used a qualitative approach when selecting articles that would support my project. Lastly, I made sure the articles for this project were identified as peer reviewed and evidence based.

P= Adult Acute Psychiatric Population

I= Safety/Risk for Suicide

C= Removal of Bathroom Doors & Replace with Break-Away Shower Curtains

O= Eliminate Risk for Suicide/Self Harm by Asphyxiation or Hanging

In the hospital, the most common type of sentinel event is suicide, thus hospitals can (and should) take steps to decrease the likelihood of experiencing this type of crisis. Inpatient suicide is a traumatic event. Although it is often difficult to prevent and predict, on rare occasions suicide will occur. However, it is imperative as nursing professionals we must continue to refine our efforts to aid this population at high risk.

Timeline

The project began on August 24, 2015 and will conclude by December 1, 2015. Refer to (Appendix D) for Gantt chart. There were a couple of challenges with the timeline of this project. The BHU is a department inside a much larger acute medical hospital, which can present challenges for those who serve on the BHSC due to their extensive roles within other units of the hospital. Thereby, it was a challenge scheduling a meeting for approximately 2 hours to discuss the plan, aim, and goal of the project on BHU. Furthermore, the approval process to fund the project took several meetings to convince leadership that it would improve patient safety. Lastly, it was a challenge coordinating the delivery and installation of the breakaway shower curtains, the engineering department, and staffing an extra mental health technician for the allotted timeframe.

Expected Results

After meeting with the BHSC team, and performing a SWOT analysis, it was evident that having bathroom doors inside patient rooms increases risk of self-harm. To appropriately assess the microsystem, the Behavioral Health (BH) team randomly selected employees working within the acute psychiatric department using the same questionnaire (n=16). The questionnaire was distributed within the department on September 9, 2015, and collected and analyzed on September 11, 2015 (Appendix E). The data was shared amongst the BHSC team, which the results produced an overwhelmingly in favor response of removing patient bathroom doors and replacing them with breakaway shower curtains. Thereby, the random sample questionnaire yielded

enough data to convince the BHSC, and others, that change must occur, and must occur swiftly.

The results of the nursing questionnaire assisted with implementing this project on BHU (Appendix A). I distributed 20 surveys within the department, which all those selected were randomly chosen to participate out of a total population of 30. The population consisted of full time registered nurses that work on BHU. The questionnaire was put in a sealed envelope and placed inside the nurse's mailbox, with the directions to return the completed survey in a sealed envelope and placed inside my locked mailbox. Of the 20 participants selected, I received 16 surveys that were completed. The results were tallied and shared with the BHSC to determine the significance and relevance of the project. The results yielded an 81% (13/16) in favor to replace the patient bathroom doors with breakaway shower curtains. Lastly, an important multiple-choice question posed to the participants that impacted the decision of the BHSC and project, "As a nurse, if you had to select one word that would best summarize your purpose for our mental health population, what would it be? —You would keep them: motivated, safe, comforted, medicated. This question yielded a 100% response in favor of safety.

The expected results for this project on BHU will have a decrease in IVOS incidents that include asphyxiation. As discussed, prior to this intervention, the BHU suffered an incident that prompted a plan of correction. Additionally, from FY14 to FY15, the BH clinical team witnessed an increase of 27% in the prevalence of asphyxiation IVOS cases. With little debate, after meeting with the BHSC team, the decision was made to pursue the project to ensure safety and decrease the number of IVOS incidents related to asphyxiation.

In conclusion, by implementing this project on BHU, this could easily serve as the benchmark for future endeavors within our organization. Additionally, this project will encompass best practices for acute psychiatric settings, which again helps meet the Joint Commission's 2015 Behavioral Health Patient Safety Goals to reduce the prevalence of suicide. Lastly, this project will improve unit safety, which could improve patient outcomes and save lives.

Nursing Relevance

As mentioned, suicide has ranked in the top five most frequently reported events to The Joint Commission since 1995 (Joint Commission, 2010). With over 35,000 suicides inside the United States annually, and 6% of those stemming from patients admitted to an inpatient psychiatric facility, the ability to provide safety is of utmost relevance, and vital to nursing practice. Furthermore, evidence has suggested that the majority of those who commit suicide inside psychiatric settings, approximately 70%, do so by hanging, or asphyxiation (Tishler & Reiss, 2009).

One of the first steps toward preventing hospital suicides is limiting the available means by which patients can attempt suicide. This requires nurses being aware of those potential means and providing training programs for staff. These training programs should include information about conducting suicide assessments, documentation, and how inpatients can be protected through environmental safeguards. This type of training should be a continuous process.

The Joint Commission Resources (2007) recommends that "hospitals conduct "environmental tours" to determine whether environmental and procedural safeguards are in place and effective in order to identify deficiencies, hazards, or unsafe practices" (p.

57). Training should not only include awareness of environmental safeguards but also the review of hospital policies regarding management of belongings and visitors and the assessment and documentation of suicidal ideation and interventions.

By incorporating the Five Factors Influencing Sustainability, and how this will help sustain the quality improvement project inside my workplace, I had to modify the existing program with innovation and evidence-based practice. As the CNL, I was able to identify champions to assist with change while ensuring the project remained steadfast, and consistent with its aim. I was able to use the organization's mission and values for momentum with leadership. Furthermore, I shared all evidence-based articles and data collected with the employees on the unit to keep them motivated, focused, and engaged. Lastly, even though the project had initial upfront cost, it will reduce the number of suicidal incidence on the unit and ultimately reduce cost in the long-term, which the stakeholders greatly appreciated this change.

Nurses play a crucial role in making recommendations for the design of psychiatric units, not only in securing the units but also in creating a culture of safety. As part of the Florence Nightingale Pledge, "I will do all in my power to maintain and elevate the standard of my profession" (ANA, 2015). As a nurse, I will continue to live by this pledge and ensure within my nursing profession that safety is of utmost importance.

References

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- Tishler, C., & Reiss, N. (2009). Inpatient suicide: preventing a common sentinel event. *General Hospital Psychiatry*, 31(2), 103-109

Appendix A**Projected Cost Analysis****ADVANCE TEXTILES OF CALIFORNIA**

639 Bair Island Road Suite 104 Redwood City, CA 94063

Phone: 650-365-2602

Fax: 650-365-2634

QUOTATION

Mr. Thomas Coleman
 Sr. Director of Behavioral Health Services
 Woodland Healthcare
 1325 Cottonwood Street
 Woodland, CA 95695

Date: 08-07-15
 Expr. Date: 09-30-15
 Terms: Net 30
 F.O.B.: Mill

Item Price	Description	Unit Price	Total
BHU-1			
24 Each	Inherently Flame Resistant Shower Curtain #SSP7284 With White Mesh and Velcro Across Top To Secure To Velcro Tabs, Pattern Shower Shield Color Palm. Above for doors and showers.	\$65.00	\$1560.00
24 Each	Inherently Flame Resistant Shower Curtains #SSP7284 With White Mesh and Velcro Across Top To Secure To Velcro Tabs, Pattern Shower Shield Color Palm. Above are extras.	\$65.00	\$1560.00
24 Each	Break-A-Way Tracks with Velcro Tabs. #BA50	\$42.00	\$1008.00
24 Each	Installation of Above Curtains and Track. #INS	\$40.00	\$960.00
BHU-2			
10 Each	Inherently Flame Resistant Shower Curtains #SSP4874 With White Mesh and Velcro Across Top To Secure To Velcro Tabs, Pattern Shower Shield Color Blue Moon.	\$48.00	\$480.00
10 Each	Inherently Flame Resistant Shower Curtains #SSP4874 With White Mesh and Velcro Across Top To Secure To Velcro Tabs, Pattern Shower Shield Color Blue Moon. *Above are extras.	\$48.00	\$480.00
2 Each	Inherently Flame Resistant Shower Curtains #SSP7284 With White Mesh and Velcro Across Top To Secure To Velcro Tabs, Pattern Shower Shield	\$65.00	\$130.00

Color Blue Moon. *Above for Hallway Restroom.

12 Each Break-A-Way Track with Velcro Tabs. #BA50	\$42.00	\$504.00
12 Each Installation of Above Curtains and Track. #INS	\$40.00	\$480.00
Sub-Total		\$7162.00
Tax (8.25%)		\$472.07
Freight		\$0.00
Total		\$7634.07

(Signature of Approval or P.O.#)

Please do not hesitate to contact me if you wish further information.

Sincerely:

Nancy Smock

Additional Costs:

Engineering Department at WHC: (2) Employees at \$27.00/hr. at approximately 20 hours of labor= \$1,080.00

Mental Health Technician at WHC: (1) Employee at \$27.50/hr. at approximately 20 hours of labor= \$550.00.

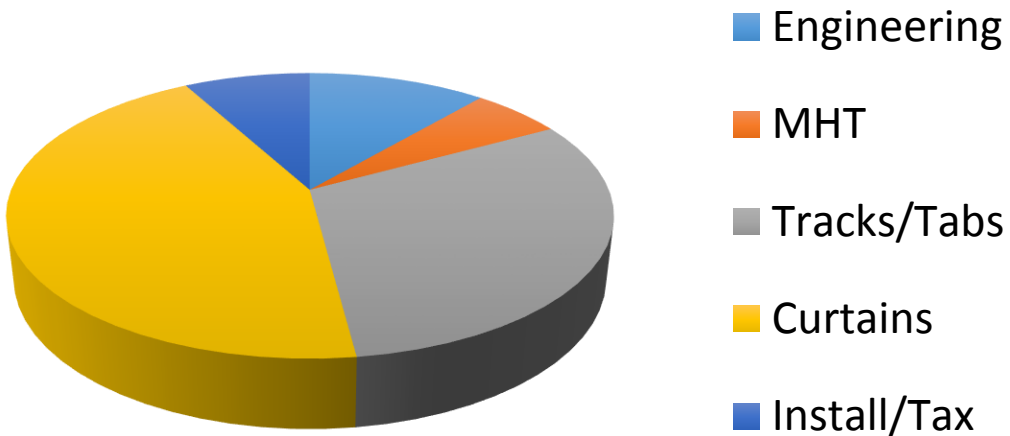
PROJECT TOTAL COST: \$9,264.07

Appendix B

BHU Project Total Cost

Pie Chart

Percentage/Total Cost=\$9,264.07



Appendix C

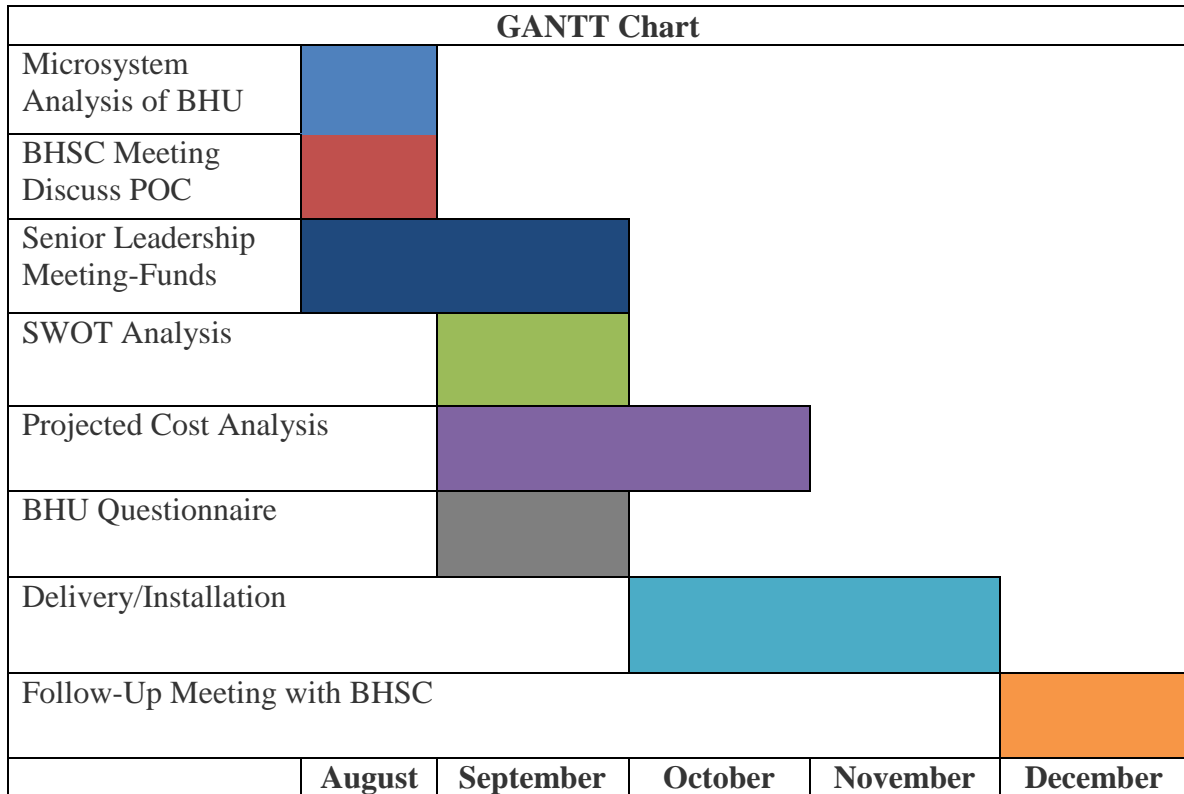
SWOT Analysis

(BHU Project)

<p style="text-align: center;">STRENGTHS</p> <ul style="list-style-type: none"> • Improve safety within the department. • Incorporate acute mental health best practices on the unit. • Reduce the risk of infection--machine wash shower curtains. 	<p style="text-align: center;">WEAKNESSES</p> <ul style="list-style-type: none"> • Costly. • Risk for patient privacy.
<p style="text-align: center;">OPPORTUNITIES</p> <ul style="list-style-type: none"> • Improve safety on the unit. • Incorporate this system's concept within other departments. • Changing the culture utilizing transformational leadership. • Improve patient/staff satisfaction surveys. • Meet The Joint Commission's 2015 Patient Safety Goals for Behavioral Health--Suicide Prevention • Gain rapport within the department. 	<p style="text-align: center;">THREATS</p> <ul style="list-style-type: none"> • Senior leadership will not help fund the project-very costly. • Environmental Services (EVS) will not assist, or routinely machine-wash the breakaway shower curtains.

NOTE: The plan to mitigate the weaknesses and threats for this project is to include senior leadership on the initial planning and strategy phases. By doing this, I will be able to explain what the identified problem is, and demonstrate a plan of action for process improvement--SWOT analysis. Also, if I am able to implement this project, I will meet with EVS to arrange set times to machine-wash the shower curtains.

Appendix D
Gantt Chart
(BHU Project)



Appendix E**September 9, 2015****BHU Questionnaire**

DIRECTIONS: Complete the survey, place in a sealed envelope, and return to my locked mailbox outside my office no later than September 11, 2015. Please, I encourage you to be as honest as possible with your question selections as this will influence your current working environment. Thank you for participating in this survey. All your answers will be held to the highest regard and kept confidential.

1. Do you feel that the BHU is safe for our mental health patients?

TRUE or FALSE

2. As a nurse, if you had to select **one** word that would best summarize your purpose for our mental health population, what would it be? —You would keep them:

- A. Motivated
- B. Safe
- C. Comforted
- D. Medicated.

3. Should the Behavioral Health Safety Committee (BHSC) remove patient bathroom doors and replace them with breakaway shower curtains?

YES or NO

4. There are approximately 35,000 suicides annually within the United States, what percentage of those occur on an inpatient setting?

- A. 3%
- B. 6%
- C. 12%
- D. 20%

5. According to The Joint Commission, suicide has ranked in the top five most frequently reported events since 1995?

TRUE or FALSE

*Again, thank you for participating in this short.