College of Registered Psychiatric Nurses of British Columbia

REPORT on PATIENT/CLIENT SAFETY in MENTAL HEALTH SETTINGS: ISSUES, PROFESSIONAL PRACTICE CONCERNS and RECOMMENDATIONS - A CALL for ACTION

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PREFACE

PREFACE

To serve and to protect the public is the mission of the College of Registered Psychiatric Nurses of British Columbia (CRPNBC). The CRPNBC is responsible through self regulation to assure a safe, accountable and ethical level of psychiatric nursing practice and is accountable to the public through government regulation under the Health Professions Act.

Anything that may compromise safe and competent levels of patient/client care must be addressed.

For the past two years, Registered Psychiatric Nurses in British Columbia have identified patient/client safety as the number one professional practice concern in mental health practice settings. While it is recognized that patient/client safety is a major issue in all areas of nursing, Registered Psychiatric Nurses in particular, encounter situations with mental health populations that require a framework for action, inclusive of strategic initiatives and solutions.

This report describes a patient/safety initiative that was funded by the Office of Nursing Policy, Health Canada and championed by the College of Registered Psychiatric Nurses of British Columbia as the project lead. Collaborative partners in the initiative also included The College of Registered Psychiatric Nurses of Manitoba,The Registered Psychiatric Nurses Association of Saskatchewan and The College of Registered Psychiatric Nurses of Alberta.

I   EXECUTIVE SUMMARY

Patient/client safety in mental health has been identified as a major issue at regional, provincial and national levels.

Some of the most significant causes of these issues include, but are not exclusive to, poor leadership; systems, management, program changes and restructuring; organizational priorities overriding patient/client needs; culture; the inability to voice concerns; lack of confidence in management and violence in the workplace.

Some of the most significant workplace environment issues that directly impact patient/client safety include, but are not exclusive to, expressed concerns not being encouraged, welcomed or valued; no corrective action being taken when safety problems are identified; lack of cooperation amongst professionals; reduced staffing; lack of policies and procedures that result from restructuring and change and organizational priorities often being placed before the patient or client.

The patient/client safety initiative has presented an opportunity to find out first hand from Registered Psychiatric Nurses in practice in Alberta, British Columbia, Manitoba and Saskatchewan what the reality of life is that is faced every day in diverse practice settings. These realities have also been recognized by mental health advocates in British Columbia who were also consulted as a part of the patient/safety initiative.

I   EXECUTIVE SUMMARY

The patient/safety initiative has also presented an opportunity to use mental health as a leader for the rest of the health care system to identify and to suggest how best to address patient/client safety issues that are increasing in mental health practice settings. Even more importantly, the patient/client safety initiative has presented an acknowledgement that the problems and issues in the workplace have reached an unacceptable level and must be addressed.

Key Findings

Information collected through consultations (questionnaires and forums) with over two hundred (200) Registered Psychiatric Nurses resulted in a total of two hundred and fifty (250) issues being identified that directly impacted patient/client safety. The two hundred and fifty (250) issues were categorized by themes and succinctly broken down into six (6) major groupings.

- ❑ **Administration and Leadership**
- ❑ **Clinical Practice**
- ❑ **Physical Environment**
- ❑ **Resources and Services**
- ❑ **Security and Emergency Response Systems**
- ❑ **Communication**

The key findings and recommendations are more fully described and expanded upon in the section of the report titled "A Call for Action".

Priority Issues for Action

An analysis of the data related to the two hundred and fifty (250) issues and the six (6) major groupings resulted in the identification of four (4) priority issues for action that had the most significant impact on patient/client safety in mental settings.

- ❑ **Administration and Leadership**
- ❑ **Clinical Practice**
- ❑ **Physical Environment**
- ❑ **Communication**

The priority issues for action are more fully described and expanded upon in the section of the report titled "A Call for Action".

Goals and Recommended Strategies

The identification of the key findings and the priority issues for action were important first steps in the patient/client safety initiative. The more important step however was the identification of goals, recommended solutions and strategies. The goals, recommended solutions and strategies were a call for action to address the patient/client safety issues and to establish quality practice environments for Registered Psychiatric Nurses.

I   EXECUTIVE SUMMARY

Goals and Recommended Strategies

The call for action identified four (4) goals.

❑   **<u>Administration and Leadership</u>**

     Establish an administrative and leadership environment that supports quality patient/client safety and promotes quality practice environments

❑   **<u>Clinical Practice</u>**

     Provide a safe clinical practice environment that respects clinical input, opinions and practice and that is supported and validated by Employers

❑   **<u>Physical Environment</u>**

     Promote a safe working environment that protects patients/clients and staff from physical harm

❑   **<u>Communication</u>**

     Implement communication and reporting structures that support comprehensive, timely and appropriate information being disseminated to enhance safety and quality practice systems

II   WHY NOW ?

Introduction

Since 2004 Registered Psychiatric Nurses in British Columbia have identified a number of patient/safety and professional practice concerns that have been encountered in diverse mental health settings. Although the information had been diligently compiled and addressed by the College of Registered Psychiatric Nurses of British Columbia, it was recognized that additional work was required to address these important safety issues in a more structured and accountable way. Based on the acknowledgement that something more had to be done and that an opportunity presented itself to use mental health as a leader for the rest of the health care system, the CRPNBC approached the Office of Nursing Policy, Health Canada with a funding proposal.

II   WHY NOW ?

Project Objectives

The funding proposal advanced by the CRPNBC had three (3) parameters.

- ❑ validation of the patient/client safety and professional practice concerns
- ❑ recommendations for action, inclusive of constructive solutions and strategies
- ❑ submission of a written report based on the compilation of the data

Project Design

The patient/client safety in mental health settings project design was based on a consultation approach that utilized a three (3) point survey questionnaire that was distributed to all Registered Psychiatric Nurses in British Columbia and a series of facilitated forums involving Registered Psychiatric Nurses in Alberta, British Columbia, Manitoba and Saskatchewan. In addition, a meeting between the CRPNBC and mental health advocates was held in British Columbia.

The three (3) point questionnaire asked Registered Psychiatric Nurses to comment on patient safety issues in their respective practice sites, to identify what programs were in place in their practice areas to address patient/client safety issues and to identify their position and practice site. The third question was optional in terms of eliciting a response. Approximately one hundred (100) responses were received from Registered Psychiatric Nurses completing the questionnaire.

A total of eight (8) facilitated forums were conducted - one (1) in Alberta, four (4) in British Columbia, two (2) in Manitoba and one (1) in Saskatchewan. Over one hundred (100) Registered Psychiatric Nurses attended these forums.

The patient/client safety initiative commenced in October 2005. The submission of this report to the Office of Nursing Policy, Health Canada in April 2006, is a call for action to continue the important work of implementing the recommendations to increase patient/client safety in mental health settings and to establish quality practice environments for Registered Psychiatric Nurses.

III   A CALL for ACTION

The call for action identifies four (4) priority issues. Under each priority issue is a specific goal with recommendations and strategies. These recommendations and strategies are intended to facilitate discussion, stimulate thought and result in action to improve patient/client safety in mental health settings and to establish quality practice environments for Registered Psychiatric Nurses.

The four (4) priority issues are:

- ❑ **Administration and Leadership**
- ❑ **Clinical Practice**

III   A CALL for ACTION

- ❑ **Physical Environment**
- ❑ **Communication**

Administration and Leadership

The following administration and leadership issues were identified as the most significant ones impacting patient/client safety and quality practice environments.

- ▪ ineffective management with no checks or balances for accountability
- ▪ lack of evaluation of outcomes in health planning
- ▪ failure to address issues of staff stress and burnout
- ▪ lack of policies and procedures
- ▪ cutbacks and changes based on the business approach and not on sound clinical Decisions
- ▪ decreases in resources, changes in staff and programs
- ▪ autocratic management style
- ▪ no consistency in workloads and uncertainty caused by changes
- ▪ planning and administration taking away from clinical care

Goal

Establish an administrative and leadership environment that supports quality patient/client safety and promotes quality practice environments

Recommendations and Strategies

Recommendations and strategies related to the administration and leadership goal include:

- ▪ definition of the roles and responsibilities of management
- ▪ education in leadership and team building
- ▪ re-evaluation of management structures to separate clinical functions from administrative ones
- ▪ management experienced in the leadership areas for which they have responsibility
- ▪ development of staffing structures that address staff/patient ratios, management/front line staff ratios, lines of communication and clinical responsibility
- ▪ inclusion of staff in decision making, program development and the development of policies and procedures
- ▪ promotion of awareness and the development of business plans for the Employer that demonstrates the value of attending to issues of stress and burnout and the impact of decisions on patient safety
- ▪ provision of research that supports the value of making changes that are clinically sound and patient/client centred
- ▪ adherence to long term strategic plans regardless of management changes

III   A CALL for ACTION

Recommendations and Strategies

- strategic plans that have bench marks and ongoing evaluation
- development of strategies that ensure continuity of programs and staff regardless of systems changes
- increased accountability, evaluation and evidence-based practice
- external program audits
- self care education and supports that would be available to staff
- consideration that all budget decisions are based on patient/client safety
- having someone be responsible for ongoing accountability in the decision making process who is external to the health authority
- mandatory accreditation
- specifically designed guidelines and standards for mental health
- research of the changes and the impacts over the past five (5) years

Clinical Practice

The following clinical practice issues were identified as the most significant ones impacting patient/client safety and quality practice environments.

- poor discharge planning
- waitlists for programs and services
- staff having little mental health background or experience
- lack of education resources
- staff who are not current in practice
- planning and administrative tasks taking away from clinical care
- increased acuity related to street drugs
- increased safety issues resulting from the amalgamation of drugs and alcohol with mental health services
- increased access to illicit drugs in hospital and community resulting in increased risk of violence
- staff not being adequately educated to deal with alcohol, drugs and violence
- patient on patient attacks
- patient on staff attacks
- mixed patient populations that increase the risk of violence
- poor response to calls from other health care professionals to codes related to aggressive behaviour
- unsafe practices related to seclusion and use of restraints
- lack of cell phones for community staff
- inadequate community resources
- deterioration in care
- expansion of non-clinical roles and responsibilities
- lack of adequate crisis response
- clinical opinions and advocacy not being valued

III   A CALL for ACTION

Clinical Practice

- assignment of unregulated staff to care for patients/clients with complex issues
- overtime of nurses - shift after shift
- decreased resources and increased workloads/caseloads based on business not clinical issues
- cutting of staff and programs
- stress, burnout resulting in a loss of staff

Goal

Provide a safe clinical practice environment that respects clinical input, opinions and practice and that is more supported and validated by Employers

Recommendations and Strategies

Recommendations and strategies related to the clinical practice goal include:

- hiring of clerical, security and other specialists to support and free staff for clinical responsibilities
- designated education staff to provide appropriate on-site in-services
- making education a priority and mandatory for all staff
- increased funding for education
- looking at statistics and outcome trends in the past five (5) years to illustrate how planning decisions have affected waitlists and security issues
- increased security with specialized education
- provision of education about non-violent interventions and code whites(response to aggressive behaviour) on a regular basis
- the appropriate assessment and placement of patients
- re-evaluation of the integration of addictions and mental health
- increased specialized resources and education to include drug and alcohol issues
- conjoint education of security and clinical staff
- security at all sites
- making inpatient units more secure with a separation of mental health and addiction patients
- evidence-based criteria for admissions predicated on risk assessments
- development of policies and procedures that are evidence-based
- identification of a person responsible for decision making
- availability of objective data for patient mix that takes into consideration the patient group, resources, environment and setting
- involvement of physicians in collaborative decision making
- increasing educational allowances to provide ongoing education
- making staff aware of educational opportunities and allowances
- provision of a business case for education

III   A CALL for ACTION

Recommendations and Strategies

- access to resource bases, the internet, agencies and ministries
- development of policies and procedures that involve the input of staff - front line and management, ensuring that the language that is used is appropriate to the situation and is workable in the real world
- onsite leadership from managers and supervisors
- building in time for mentoring, support and debriefing
- making Employers aware of the business benefits of attending to the stress and burnout issues of staff - taking a proactive approach
- employment of managers who are experienced and skilled in the program areas and who are available on site
- develop team building skills
- provide education to managers and staff about collaborative techniques
- decentralization of education to managers and staff on shifts and in various settings
- ensuring of confidentiality
- ensuring that staff are aware of resources that are available
- risk/skills assessment for new staff

Physical Environment

The following physical environment issues were identified as being the most significant ones impacting patient/client safety and quality practice environments.

- physical layout - spread out areas, hidden areas, lack of privacy, confined areas and lack of visibility
- equipment and materials - outdated, lack of, faulty, lack of infection control
- lack of security - inexperienced and poorly educated security staff
- lack of emergency response systems - patient call buttons, video units not being manned, personal alarms, faulty protection alarms
- unsafe areas in the community with staff working alone
- unsafe residences for patients/clients
- over crowded inpatient units

Goal

Promote a safe working environment that protects patients/clients and staff from physical harm

Recommendations and Strategies

Recommendations and strategies related to the physical environment goal include:

- a WCB and occupational health review of safety concerns

III   A CALL for ACTION

Recommendations and Strategies

- a timely response from administration to concerns
- increased education of security staff
- increased security available on site at all times
- ensuring that equipment and materials are in good working order
- increased staff awareness and education
- follow up by management on incident reports with a built in feedback loop and available data
- input from front line staff into safety policies and procedures
- provision of adequate clinical space

Communication

The following communication issues were identified as the most significant ones impacting patient/client safety and quality practice environments.

- lack of response and follow up to issues of safety
- lack of response to clinical and safety concerns'
- opinions not being valued or taken seriously
- advocacy not being recognized
- fear of reprisal for speaking out
- lack of communication between team members
- little or no collaboration with other health disciplines

Goal

Implement communication and reporting structures that support comprehensive, timely and appropriate information being disseminated to enhance safety and quality practice systems

Recommendations and Strategies

Recommendations and strategies related to the communication goal include:

- development of a communication plan in clinical settings
- making statistics and outcome information available
- simplification of incident reports and feedback loops
- ensuring transparency of decision making that allows for input from staff
- reinstatement of conferences and educational opportunities to network
- provision of a confidential service for staff to express concerns externally about internal systems
- provision of on site management
- development of professional practice committees that have binding recommendations

III   A CALL for ACTION

Recommendations and Strategies

- provision of policies and procedures that include a feedback loop and a timely response time for all concerns
- definition of nursing, non nursing and nurse management roles and responsibilities
- communication of available resources
- checking what information is required by management for decision making
- development of team building skills and education about collaborative techniques
- communication rather than reaction to crisis
- information dissemination
- provision of opportunities for two way communication between front line staff and managers
- development of policies and procedures that relate to communication and that are relevant to a specific site
- linking education and communication
- active communication of issues regarding safety
- simplification of communication resources and forms
- planning of communication ventures at the correct level

IV   CONCLUSION

The key findings, priority issues and recommendations have been compiled into this report for the Office of Nursing Policy, Health Canada. The report will also be shared with all Registered Psychiatric Nurses in Canada, Canadian Nursing Regulatory Bodies, Professional Regulatory Bodies for Registered Psychiatric Nurses, Employers, educational institutions, provincial ministries of health, other health care professionals, the Canadian Public Safety Institute and mental health advocates.

The preparation of the report was championed by the College of Registered Psychiatric Nurses of British Columbia, The College of Registered Psychiatric Nurses of Manitoba,The Registered Psychiatric Nurses Association of Saskatchewan and The College of Registered Psychiatric Nurses of Alberta.

Over two hundred and fifty (250) issues were initially identified that impacted patient/client safety and quality practice environments for Registered Psychiatric Nurses in diverse mental health settings in Alberta, British Columbia, Manitoba and Saskatchewan.

A drill down of the two hundred and fifty (250) issues determined many issues that were the same. Through a comprehensive process involving Registered Psychiatric Nurses, four (4) priority issues were established as being the most significant to be addressed.

- ❏ **Administration and Leadership**

IV   CONCLUSION

- ❑ **Clinical Practice**
- ❑ **Physical environment**
- ❑ **Communication**

The issues that were identified and how they were prioritized differed little between Registered Psychiatric Nurses in British Columbia and Registered Psychiatric Nurses in Alberta, Manitoba and Saskatchewan. Where differences did exist, they were minimal and were specific and unique to a particular unit or region.

The patient/safety project has presented an opportunity to find out first hand from Registered Psychiatric Nurses in practice, what the reality of life is that is faced every day in diverse practice settings. It has presented an opportunity to use mental health as a leader for the rest of the health care system to identify and to suggest how to address patient/client safety issues that are on the increase in mental health workplaces. It has stated a public awareness and acknowledgement that the patient/client safety issues that exist in mental health settings are real and have reached an unacceptable level and must be addressed.

The submission of the **Report on Patient/Client Safety in Mental Health Settings: Issues, Professional Practice Concerns and Recommendations** is **A Call for Action** to continue the important work and dialogue that will be critical to implement the recommendations that will result in improved patient/client safety in mental health settings and that will establish quality practice environments and systems for Registered Psychiatric Nurses.