

Empowering Inpatient Psychiatric Nursing Staff to Maintain Patient Safety During a Pandemic

Grace Florentin, MSN-Ed, PMHRN-BC, Bob Bencangey, MSN, PMHRN-BC, CEN, Leilanie Ayala, RN, MSN, PMHCNS-BC, PMHNP-BC, Eleanor Tomas-Lagmay, MSN-Ed, PMHRN-BC & Erika Lozano, MSN, PMHRN-BC

UCLA Resnick Neuropsychiatric Hospital



BACKGROUND

In alignment with the American Psychiatric Nurse Association's (APNA) Position Statement and identified essential competencies on suicide prevention, the UCLA Resnick Neuropsychiatric Hospital (RNPH) Nursing Education team annually launches updated education on the phenomenon of suicide and best nursing practice related to inpatient suicide prevention. The COVID-19 pandemic presented new challenges in delivering education to bedside nursing staff. The RNPH Nursing Education team responded by converting to a multifaceted, interactive virtual class format to prevent delays and counteract increases in suicide risk exacerbated by the COVID-19 pandemic.

SYNTHESIS OF LITERATURE

- In June 2020, the CDC validated concerns of increased suicide risk. Elevated levels of suicide ideation were reported by adults in the United States. Approximately twice as many respondents reported serious thoughts of suicide in comparison to a similar study in 2018. (Czeisler ME, Lane RI, Petrosky E, et al., 2020).
- Literature validates active learning strategies that involve case-based learning, dialogue with peers and clinical reasoning yield best educational outcomes. (Sharma, 2017).
- APNA's essential competencies states that at minimum, the psychiatric nurse must: formulate a risk assessment, develop an ongoing plan of care based on continuous assessment of individual and environment, and accurately and thoroughly document risk (APNA, 2020).
- "Secondary consequences of social distancing may increase the risk of suicide. It is important to consider changes in a variety of economic, psychosocial, and health-associated risk factors." (Reger, Stanley, & Joiner, 2020).

PURPOSE

The purpose of this project is to explore the impact of interactive, distanced education and utilization of a suicide prevention risk algorithm on psychiatric inpatient suicidal behavior rates.

INTERVENTIONS

- With the support of the education and performance improvement team's manager, the education team developed a multimodule education program to meet the needs of patients and staff as the pandemic broke out.
- A didactic video presentation outlining updates to policy on suicide risk assessment and new safety interventions was disseminated, engaging staff in a "flipped classroom" experience. This was emailed out and viewed by staff prior to live class.
- The second module included case scenarios which the team developed and rehearsed with the assistance of the UCLA standardized patient director and three standardized patient actors chosen for the roles.
- The case scenarios were developed to address the three main age populations served in the inpatient setting. Alongside the nurse educators, a psychiatric pediatric clinical specialist was recruited to assist in script building.
- Each case scenario referenced one of the three most common methods of suicide: firearm, suffocation, and poisoning
- The standardized patient actors studied the scripts and journal articles about the patient conditions which inspired the scenarios. After coaching and rehearsals, they created six videos which were used in breakout rooms during the Zoom class. Each video featured one ideal and one non-ideal scenario for each patient-clinician interaction.

INTERVENTIONS (Continued)

- A team analyst assisted in marketing and registering all nursing staff in this mandatory class with support of nursing leadership.
- During the live class, the new inpatient workflow which was originally addressed in the didactic video were referenced to guide and validate the critical thinking of nursing staff teams. This brought the "flipped classroom" experience full circle.
 - Inpatient Workflow
 - Hospital personal safety plan
 - Use of decision support algorithm to augment clinician critical thinking and decision making.
- Mental health practitioners, clinical care partners, and social workers were included in the class participants to bolster team collaboration and shared decision making when addressing these critical cases.

INTERVENTIONS (PHOTOS)

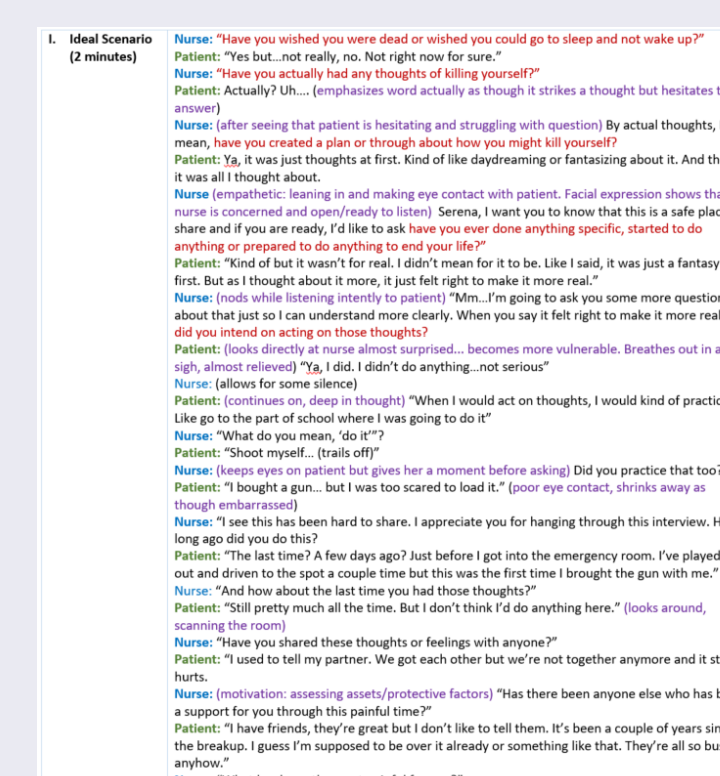


Photo 1. Script for Adult

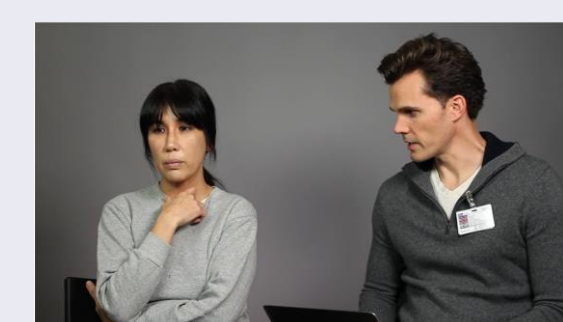


Photo 2. Snapshot from Adult Population Video

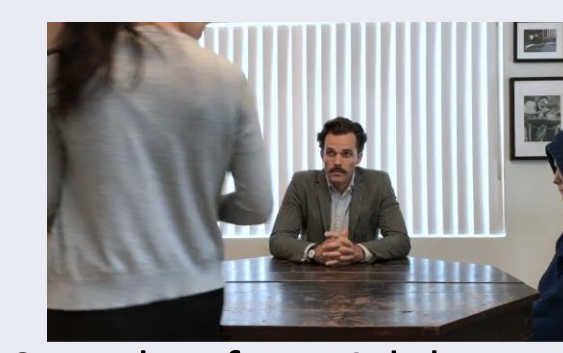


Photo 3. Snapshot from Adolescent Population Video (filmed in 2 separate locations then merged to maintain proper social distancing)

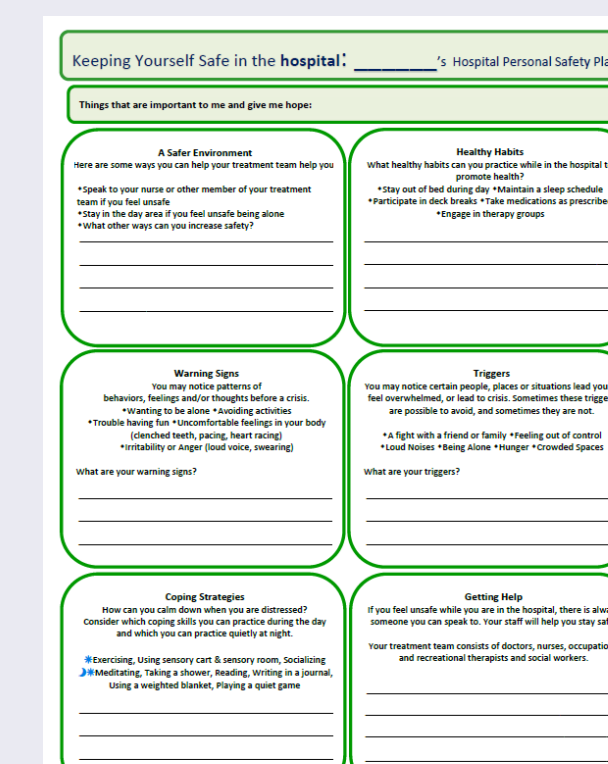
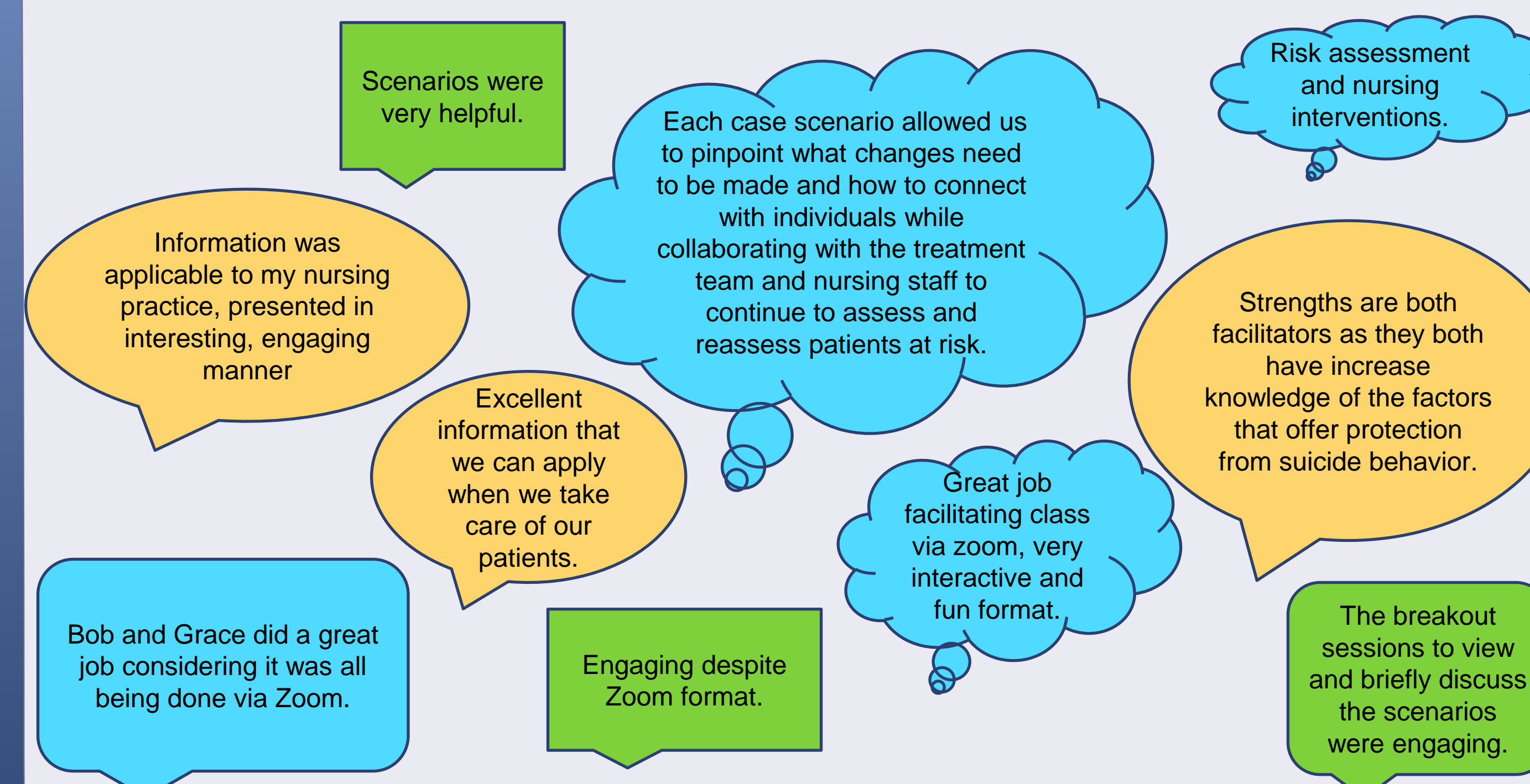


Photo 4. Hospital Personal Safety Plan

SUICIDE RISK ASSESSMENT AND PREVENTION WORKFLOW ALGORITHM			
Step	Question	Yes/No	Action
1	Is the patient suicidal?	Yes/No	Yes: Proceed to Step 2. No: Proceed to Step 3.
2	Is the patient suicidal ideation severe?	Yes/No	Yes: Proceed to Step 4. No: Proceed to Step 3.
3	Is the patient suicidal ideation mild?	Yes/No	Yes: Proceed to Step 5. No: Proceed to Step 6.
4	Is the patient suicidal ideation moderate?	Yes/No	Yes: Proceed to Step 7. No: Proceed to Step 3.
5	Is the patient suicidal ideation mild to moderate?	Yes/No	Yes: Proceed to Step 8. No: Proceed to Step 3.
6	Is the patient suicidal ideation mild to moderate?	Yes/No	Yes: Proceed to Step 9. No: Proceed to Step 3.
7	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 10. No: Proceed to Step 3.
8	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 11. No: Proceed to Step 3.
9	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 12. No: Proceed to Step 3.
10	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 13. No: Proceed to Step 3.
11	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 14. No: Proceed to Step 3.
12	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 15. No: Proceed to Step 3.
13	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 16. No: Proceed to Step 3.
14	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 17. No: Proceed to Step 3.
15	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 18. No: Proceed to Step 3.
16	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 19. No: Proceed to Step 3.
17	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 20. No: Proceed to Step 3.
18	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 21. No: Proceed to Step 3.
19	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 22. No: Proceed to Step 3.
20	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 23. No: Proceed to Step 3.
21	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 24. No: Proceed to Step 3.
22	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 25. No: Proceed to Step 3.
23	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 26. No: Proceed to Step 3.
24	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 27. No: Proceed to Step 3.
25	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 28. No: Proceed to Step 3.
26	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 29. No: Proceed to Step 3.
27	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 30. No: Proceed to Step 3.
28	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 31. No: Proceed to Step 3.
29	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 32. No: Proceed to Step 3.
30	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 33. No: Proceed to Step 3.
31	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 34. No: Proceed to Step 3.
32	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 35. No: Proceed to Step 3.
33	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 36. No: Proceed to Step 3.
34	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 37. No: Proceed to Step 3.
35	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 38. No: Proceed to Step 3.
36	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 39. No: Proceed to Step 3.
37	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 40. No: Proceed to Step 3.
38	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 41. No: Proceed to Step 3.
39	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 42. No: Proceed to Step 3.
40	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 43. No: Proceed to Step 3.
41	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 44. No: Proceed to Step 3.
42	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 45. No: Proceed to Step 3.
43	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 46. No: Proceed to Step 3.
44	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 47. No: Proceed to Step 3.
45	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 48. No: Proceed to Step 3.
46	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 49. No: Proceed to Step 3.
47	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 50. No: Proceed to Step 3.
48	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 51. No: Proceed to Step 3.
49	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 52. No: Proceed to Step 3.
50	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 53. No: Proceed to Step 3.
51	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 54. No: Proceed to Step 3.
52	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 55. No: Proceed to Step 3.
53	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 56. No: Proceed to Step 3.
54	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 57. No: Proceed to Step 3.
55	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 58. No: Proceed to Step 3.
56	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 59. No: Proceed to Step 3.
57	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 60. No: Proceed to Step 3.
58	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 61. No: Proceed to Step 3.
59	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 62. No: Proceed to Step 3.
60	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 63. No: Proceed to Step 3.
61	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 64. No: Proceed to Step 3.
62	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 65. No: Proceed to Step 3.
63	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 66. No: Proceed to Step 3.
64	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 67. No: Proceed to Step 3.
65	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 68. No: Proceed to Step 3.
66	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 69. No: Proceed to Step 3.
67	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 70. No: Proceed to Step 3.
68	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 71. No: Proceed to Step 3.
69	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 72. No: Proceed to Step 3.
70	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 73. No: Proceed to Step 3.
71	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 74. No: Proceed to Step 3.
72	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 75. No: Proceed to Step 3.
73	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 76. No: Proceed to Step 3.
74	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 77. No: Proceed to Step 3.
75	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 78. No: Proceed to Step 3.
76	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 79. No: Proceed to Step 3.
77	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 80. No: Proceed to Step 3.
78	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 81. No: Proceed to Step 3.
79	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 82. No: Proceed to Step 3.
80	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 83. No: Proceed to Step 3.
81	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 84. No: Proceed to Step 3.
82	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 85. No: Proceed to Step 3.
83	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 86. No: Proceed to Step 3.
84	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 87. No: Proceed to Step 3.
85	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 88. No: Proceed to Step 3.
86	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 89. No: Proceed to Step 3.
87	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 90. No: Proceed to Step 3.
88	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 91. No: Proceed to Step 3.
89	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 92. No: Proceed to Step 3.
90	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 93. No: Proceed to Step 3.
91	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 94. No: Proceed to Step 3.
92	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 95. No: Proceed to Step 3.
93	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 96. No: Proceed to Step 3.
94	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 97. No: Proceed to Step 3.
95	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 98. No: Proceed to Step 3.
96	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 99. No: Proceed to Step 3.
97	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 100. No: Proceed to Step 3.
98	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 101. No: Proceed to Step 3.
99	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 102. No: Proceed to Step 3.
100	Is the patient suicidal ideation moderate to severe?	Yes/No	Yes: Proceed to Step 103. No: Proceed to Step 3.

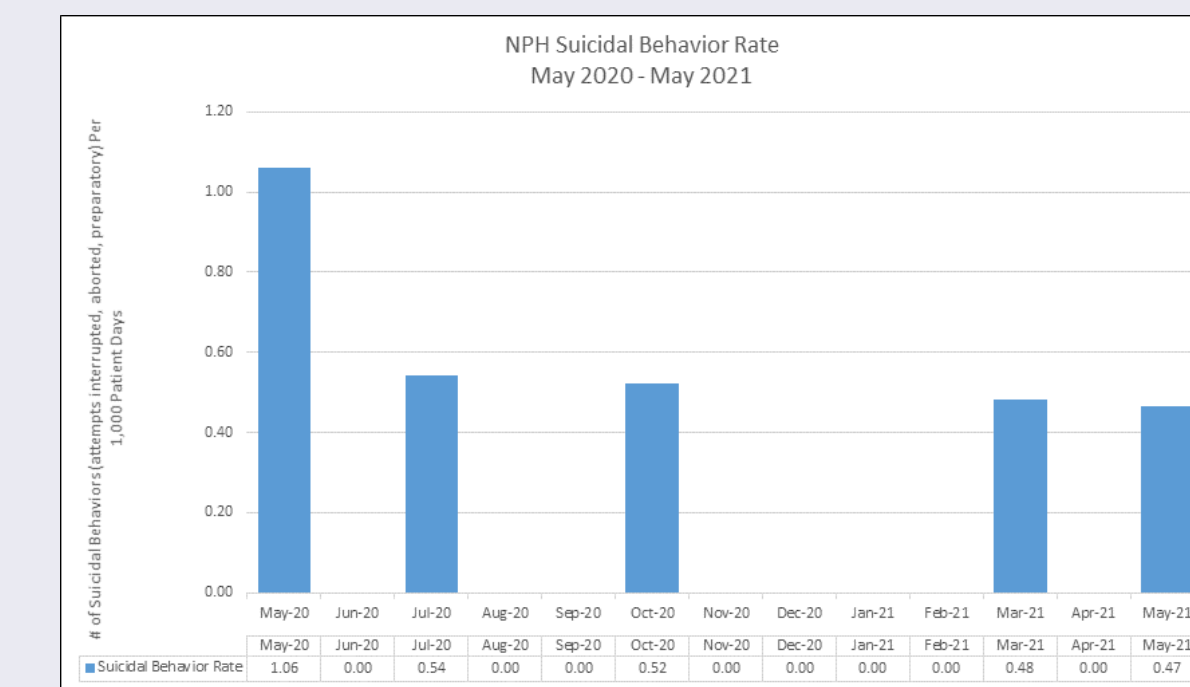
Photos 5 & 6. Suicide Risk Assessment and Prevention Workflow Algorithms

RECEPTION AND FEEDBACK



OUTCOMES

- A total of 257 participants were trained in this format with 70% of all facility registered nurses within a four-month period. For those who were unable to attend, a competency validation tool which included journal articles and a post-test was rolled out based on the Donna Wright competency model.



Graph 1. Suicidal Behavior Rate Before and After Intervention Launch

CONCLUSION

- The online format allowed staff to receive education vital to ensuring patient safety while maintaining CDC social distancing standards. By quickly mobilizing to redesign mandatory education, the nursing education team was able to meet regulatory requirements and help maintain patient safety while not seeing a decrease in participation numbers vs pre-pandemic attendance.

NEXT STEPS

- Psychiatric hospitals and academic settings should consider offering tele-education alongside regular classes during non-pandemic business operations to decrease costs and eliminate barriers to attendance such as traffic and scheduling. This novel approach to education will remain part of our teaching plan when normal hospital activities resume.
- Nurses play a vital role in suicide risk assessment and mitigation. Nurse educators must meet this need by adapting to the changing learning environment and learner needs. This nursing education team strives for zero harm practices and will continue to update and adapt suicide prevention education and interventions in alignment with the standards of professional organizations and regulatory bodies to ensure best patient outcomes.

REFERENCES

- American Psychiatric Nurses Association (2020). Psychiatric-Mental Health Nurse Essential Competencies for Assessment and Management of Individuals at Risk for Suicide [PDF File]. Retrieved from: [https://www.apna.org/files/public/Resources/Suicide%20Competencies%20for%20Psychiatric-Mental%20Health%20Nurses%20\(1\)\(1\).pdf](https://www.apna.org/files/public/Resources/Suicide%20Competencies%20for%20Psychiatric-Mental%20Health%20Nurses%20(1)(1).pdf)
- American Psychiatric Nurses Association (2020). APNA Position Statement: Competencies for Nurse-Assessment and Management of Inpatient Suicide Risk [PDF File]. Retrieved from: https://www.apna.org/files/public/APNA_Suicide_Prevention_Competencies_Position_Paper_12_20.pdf
- Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1external icon>
- Reger, M. A., Stanley, I. H., & Joiner, T. E. (2020). Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm? JAMA Psychiatry, 77(11), 1093. DOI: 10.1001/jamapsychiatry.2020.1060
- Sharma, R. K. (2017). Emerging Innovative Teaching Strategies in Nursing. JOJ Nursing & Health Care, 1(2). DOI:10.19080/jojnhc.2017.01.555558

ACKNOWLEDGEMENTS

We would like to acknowledge the following supporters and stakeholders in this project: Dr. Patricia Matos, Carmela Zaragoza, Chantal Hudak, Abby Chen, Sidney Lee and Shoni Taylor. We would also like to thank our standardized patient team: Sharon Grambo, Grace Junot, Jeremy Shranko, Markus Jorgensen for bringing our cases studies to life.

FOR QUESTIONS/CONTACT:

- GFlorentin@mednet.ucla.edu
- RBencangey@mednet.ucla.edu