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

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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 MÉ , 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 tree 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.
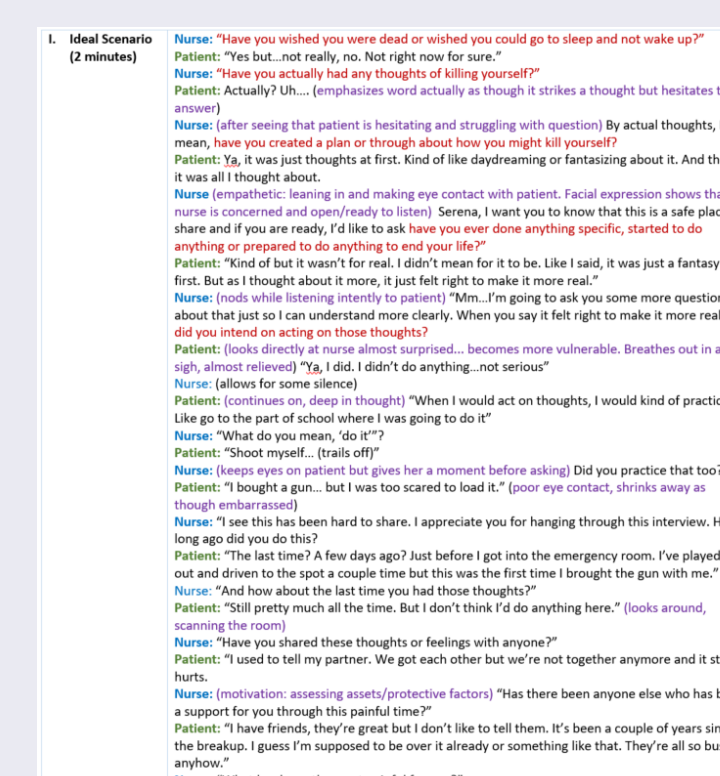
INTERVENTIONS (PHOTOS)
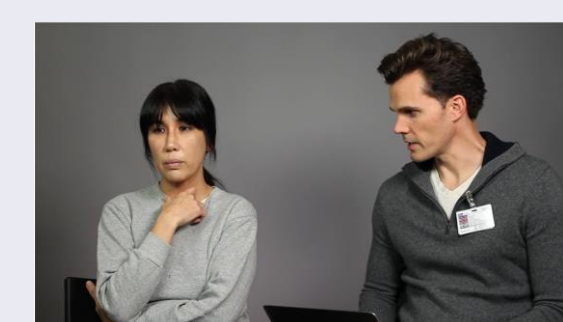

Photo 1. Script for Adult
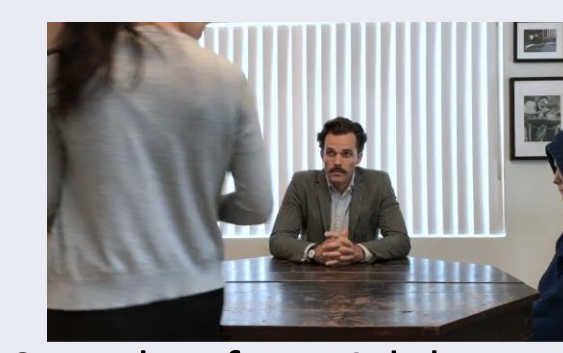
Photo 2. Snapshot from Adult Population Video

Photo 3. Snapshot from Adolescent Population Video (filmed in 2 separate locations then merged to maintain proper social distancing)
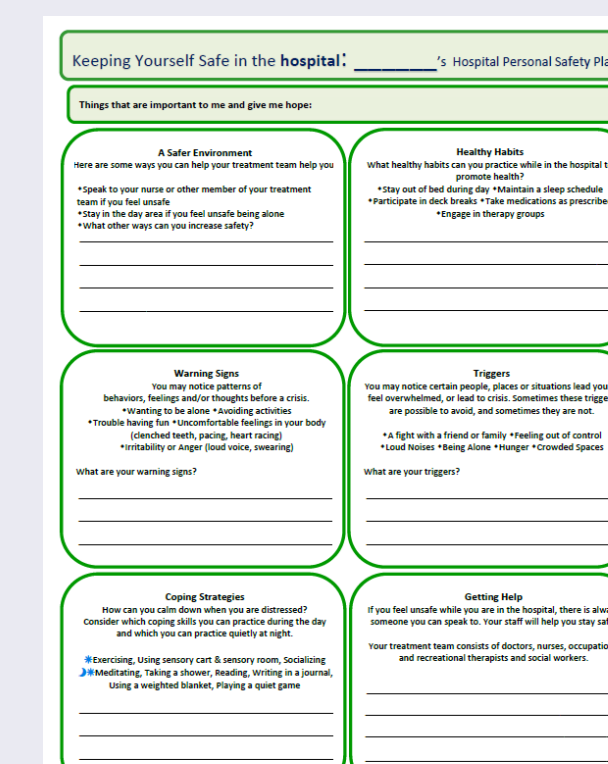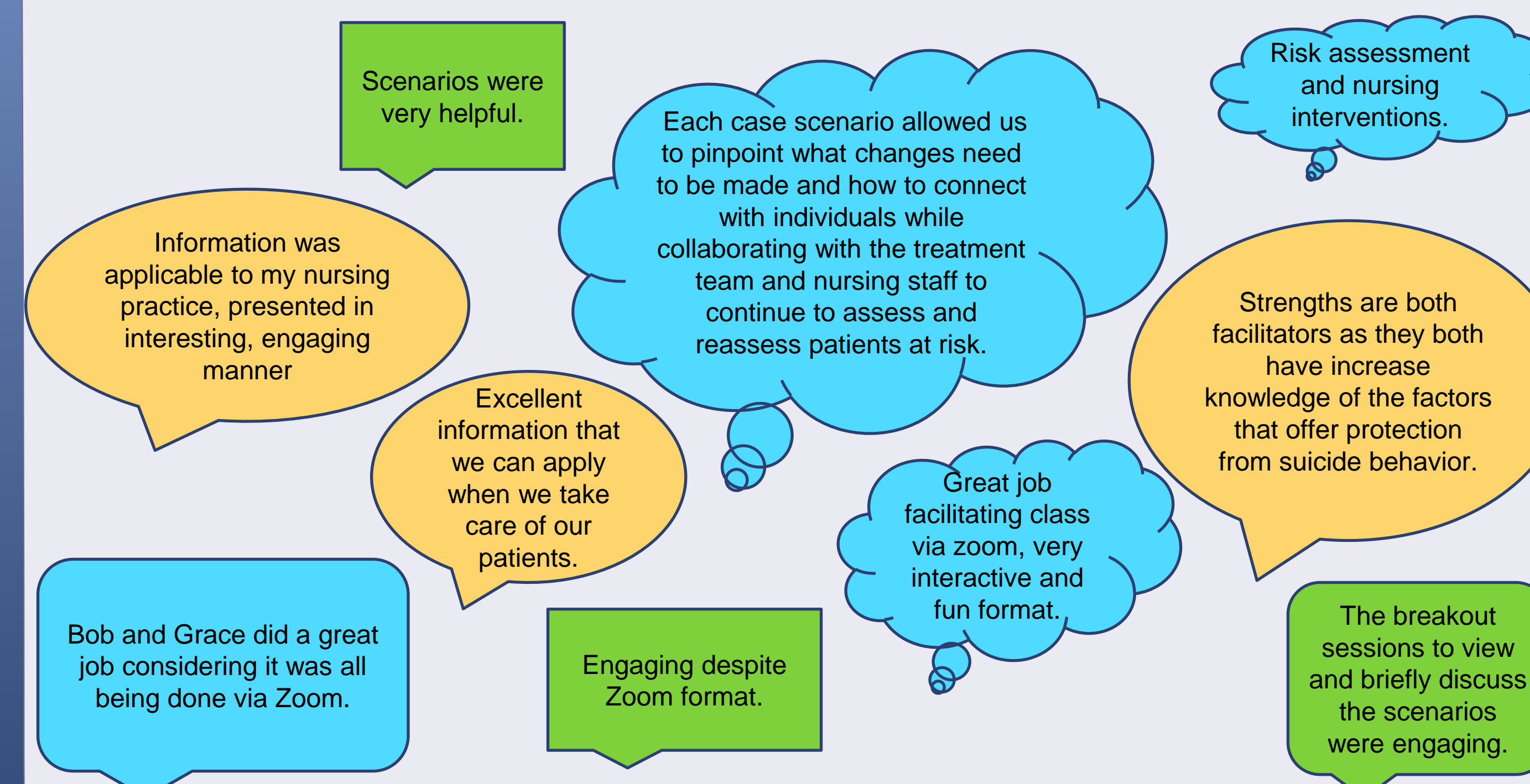
Photo 4. Hospital Personal Safety Plan

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

RECEPTION AND FEEDBACK

Scenarios were very helpful.

Each case scenario allowed us to pinpoint what changes need to be made and how to connect with individuals while collaborating with the treatment team and nursing staff to continue to assess and reassess patients at risk.

Risk assessment and nursing interventions.

Information was applicable to my nursing practice, presented in interesting, engaging manner

Excellent information that we can apply when we take care of our patients.

Strengths are both facilitators as they both have increase knowledge of the factors that offer protection from suicide behavior.

Bob and Grace did a great job considering it was all being done via Zoom.

Engaging despite Zoom format.

Great job facilitating class via zoom, very interactive and fun format.

The breakout sessions to view and briefly discuss the scenarios were engaging.

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.
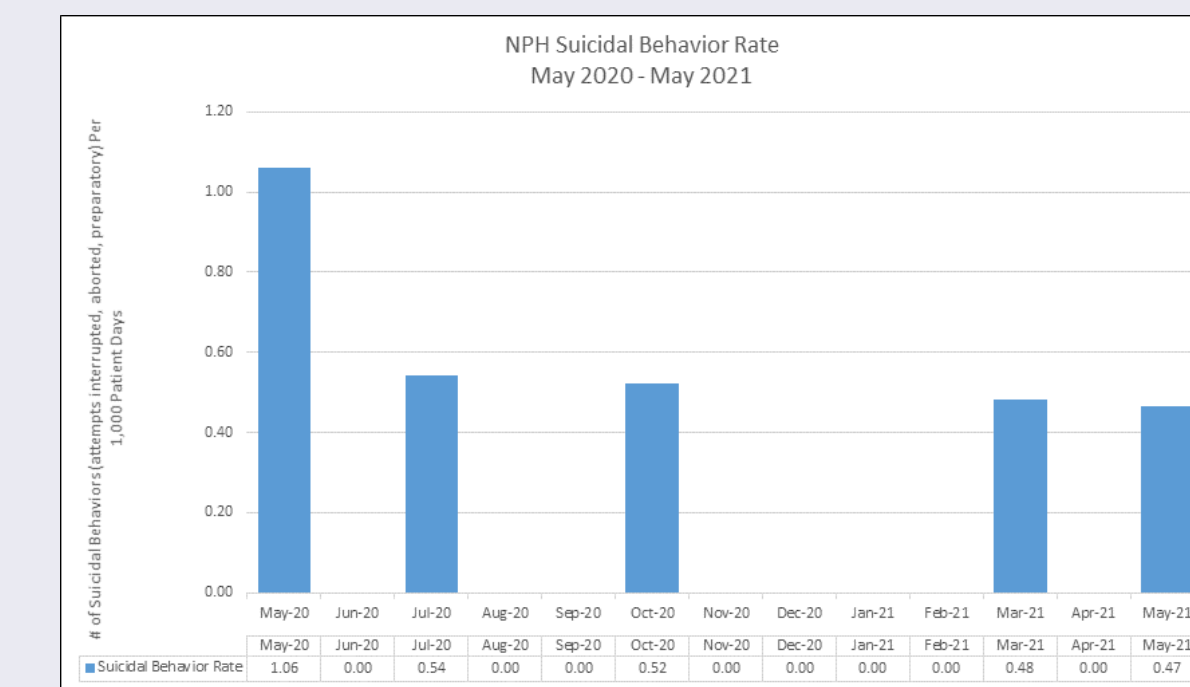
Graph 1. Suicidal Behavior Rate Before and After Intervention Launch

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.

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