

## Problem Statement

- A behavioral health unit (BHU) in a government-operated hospital saw a 30% increase in violent incidences (Code Orange) between 2022 and 2023.
- Psychiatric healthcare providers who experience or witness violence report elevated stress levels, which often leads to mental health issues and job dissatisfaction.
- Safety concerns in healthcare directly impact nurse performance, and the quality of patient care.
- Research demonstrates that acuity tools can be used to enhance safety.

## Purpose & Goals

The purpose of this quality improvement project was to implement the use of the Psychiatric Acuity Tool (PAT) on a Behavioral Health Unit (BHU) to decrease violent episodes

- **Structure Goal:** 100% BHU nurses trained on the use of the PAT for new admission.
- **Process Goal:** 100% of new admissions to the BHU with a completed Ps Acuity Tool on arrival.
- **Outcome Goal:** 30% reduction in code orange incidences.

## Methods

- **Setting:** 15-week intervention period in the Fall of 2024 on a 23-bed adult inpatient BHU.

### Strategies and Intervention:

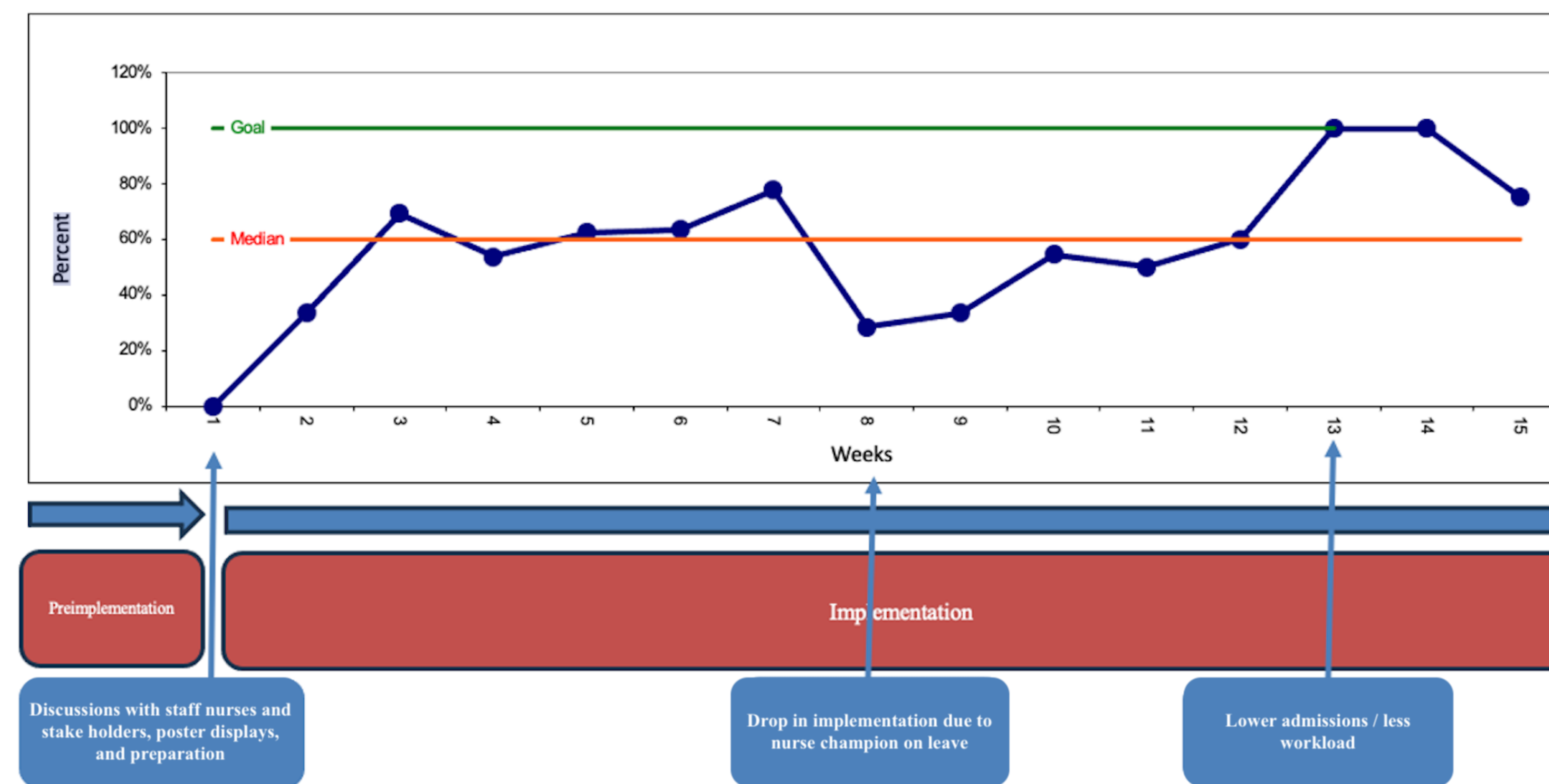
- Nurses trained to receive admission report using the PAT before newly admitted patients arrive on the BHU from the emergency department. The acuity scores allow for early determination of violence risk and the development of individualized care plans and coordination of resources to mitigate violent incidents.
- Sustained collaboration and communication through emails with leadership, weekly site visits, and direct staff engagement to promote PAT usage, monitor progress, and refine plans as needed.
- Shift nurse champions encouraged PAT use.

### Data Collection:

- Nurse Education Attestation Tool to track training completion.
- Weekly chart audits to track new admissions with a completed PAT.
- Code Orange incidence report retrieved from the Disruptive Behavior Reporting System and analyzed on the Code Orange Audit Tool to analyze PAT impact

## Results

Percentage of patients newly admitted to the BHU with completed Psychiatric Acuity Tools (PAT)



The PAT was integrated into the BHU admission report over a 15-week period, with weekly assessments of new admissions. Usage increased from 33% in Week 1 to 70% in Week 2, stabilizing between 54% and 80% during Weeks 4-6. A decline occurred in Weeks 8-9 due to the absence of a nurse champion, followed by a steady increase in Weeks 10-12, with a median usage rate of 60%. Consistent PAT use from Weeks 13-15 led to a peak of 100% during the holiday period, attributed to a reduced nurse workload

## Discussion

- The results align with broader workplace safety strategies recommended by existing literature on the effectiveness of acuity-based interventions in managing patient care.
- Individualized care plans can mitigate the risks associated with high-acuity patients leading to enhanced safety.
- Nurse engagement and education success.
- Over 15 weeks, users demonstrated consistency in applying the PAT shown in the chart to decrease the rate of violence incidence

### Limitations:

- Nurse champions played a crucial role in implementation, but their limited numbers affected support and oversight.
- Workload and time constraint.

## Conclusions

- The PAT was successfully integrated into the admission process of the BHU.
- BHU leadership supports sustaining PAT use by incorporating PAT training into mandatory new hire orientation.
- To ensure long-term sustainability, it is recommended to: recruit additional nurse champions, provide ongoing education, establish a feedback loop to evaluate the effectiveness of implementation strategies and address staff concerns.
- Due to limitations in collecting Code Orange data, the available data was insufficient to draw a valid conclusion about the PAT's impact on Code Orange incidents. A well-informed assessment will require comprehensive details on Code Orange events.
- Future projects should focus on identifying gaps in data collection, as improving data accuracy and consistency will be essential for evaluating intervention effectiveness.

## References



## Acknowledgements

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