8th Annual Quality Improvement Day

TEAM POSTERS

University of Florida
Department of Psychiatry
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Team 1

A Fall Risk Assessment of an Inpatient Unit using National Guidelines

Bruce Bassi, MD, PGY-4
Milankumar Nathani, MD, Geriatric Fellow
Brett Flanagan, MD, PGY-3
Jerett Watnick, MD, PGY-3
Hannah Morrissey, MD, PGY-2
KC Knudson, DO, PGY-1
Kevin Putinta, MD, PGY-1

Uma Suryadevara, MD, Faculty Mentor
Reduction of the risk of patient harm resulting from falls is a top priority for the Joint Commission on Accreditation of Healthcare Organizations. The implementation of fall prevention strategies is crucial in reducing patient harm. The Agency for Healthcare Research and Quality (AHRQ) has developed tools to assess current compliance to standard fall prevention guidelines. At UF, the goal is to improve patient outcomes by reducing the risk of falls and associated injuries. This study aimed to assess the effectiveness of fall prevention strategies in an inpatient psychiatric unit.

Background

Objectives

A successful outcome for this quality improvement (QI) project was defined as the elimination of at least ten AHRQ fall risk assessments components specific to individual patients and/or their environment. By doing so, we address UF Health’s quality and patient safety goals for efficiency and effectiveness in the appropriate allocation of resources within the UF Health Falls Team for future fall interventions.

Study Design

A compliance assessment tool was chosen from the AHRQ toolkit that is used in the psychiatric hospital to highlight various institutional deficiency areas.

Results

Question

Patient’s Response

Yes | No

Are the personal items readily available to you during sleep?

413 (77%) | 1315 (22%)

Is the care area (room, bathroom) dry and well-lit?

5568 (86%) | 868 (15%)

Is the bed in a low position?

6368 (93%) | 440 (7%)

Are the brakes on bed wheels locked?

6368 (93%) | 440 (7%)

Is the wheelchair locked when in a stationary position?

152 (25%) | 918 (75%)

Does the patient have mobility restrictions?

536 (84%) | 816 (16%)

Conclusions

The results of the study highlight weaknesses and areas of improvement in our fall prevention strategies at UF Health Shands Psychiatric Hospital. The data collection was not assessed, however, the results of this study help guide future implementation of AHRQ strategies.

References

1. https://www.jointcommission.org/

Correspondence

Contact: Bruce Bass MD Email: bbsass@ufl.edu

The authors report no conflicting interests.
Team 2

Capacity to Leave AMA: Education for All

Sarah Bolis, MD, PGY-4
Wagdy Khalil, MD, PGY-4
Kathleen Burns, MD, PGY-3
Jessica Khan, MD, PGY-2
Tarik Ksaibati, MD, PGY-2
Richard Stratton, MD, PGY-1
Jacqueline Hobbs, MD, PhD, Faculty Mentor
Capacity to Leave AMA: Education For All
Sarah Bolis MD, Kathleen Burns MD, Wagdy Khalil MD, Jessica Khan MD, Tarik Ksaibati MD, Richard Stratton MD, Jacqueline Hobbs MD

Background

• The Shands Psychiatry Consult team has noticed increasing consults for capacity to leave AMA due to medical illness and requests for Baker Acts on said patients to physically prevent them from leaving the hospital (restraints, physical holds, etc). There is concern as psychiatry does not have to be consulted if a patient lacks capacity due to a medical illness.

• The Psychiatry team wanted to provide an educational tool that concerns capacity to leave AMA to provide the best treatment for patients, and to ensure the psychiatry consult service is utilized efficiently.

Purpose

• To educate hospital staff on the criteria used to determine if a patient has capacity to leave Against Medical Advice, and the protocol that follows if determined to lack capacity and said attempts to leave AMA.

METHODS

• The UF Shands Hospital Legal team was sought to determine the criteria for Baker Act, lacking capacity and protocols for leaving AMA.

• A document was made describing criteria used to assess decision making capacity, and how to proceed once capacity is determined.

• This handout will be available for UF Shands hospital staff to utilize while caring for patients.

MEASURES

• A capacity evaluation includes testing a patients understanding of a medical decision including purpose, alternatives, risks, benefits, and/or influence of depression or psychosis on that decision.

• Incapacitated patients can not leave AMA and there is no need to initiate BA.

• Regarding Incapacitated patients, the next of kin or the health care proxy needs to be contacted for reliable medical decision making.

CONCLUSIONS
Team 3

Effects of Implementing EMR’s for Emergency Treatment Orders

Natasha Clark, MD, PGY-4
Jaison Nainaparampil, MD, PGY-3
Ashley Bindshedler, DO, PGY-2
Danielle Epstein, DO, PGY-2
Phuong Tam Nguyen, MD, PGY-2
Casey Lowrey, MD, PGY-1
Richard Holbert, MD, Faculty Mentor
Abstract

Signs and verbal handoffs are utilized within the healthcare system as ways to ensure continuity of care and promote good patient care. In psychiatry, handoffs may be utilized to transfer medication recommendations for acute psychiatric issues to on-coming providers and teams. In the most severe cases, suicide or other serious psychiatric patients may require an Emergency Treatment Order (ETO). These are scenarios where patient and staff safety relies on prompt decision-making and action. Furthermore, implications used with an ETO may be dangerous and even-life threatening if used incorrectly or improperly.

Traditional modalities utilized in transfer of care at this institution may create issues in these acute scenarios with inaccurate and incomplete information being passed along, or with general delays in care. After reviewing various studies that evaluated the effectiveness of using the Electronic Medical Record (EMR) as a tool for handoffs, our study was designed to use an EMR (EPI) to relay recommended ETOs to incoming teams. By having the primary team update the “physician sticky note” tab in the EMT, it allows for covering providers to quickly and concisely order a medication that the primary team knows will be effective for the patient. Our research found that before this method was implemented, covering providers took an average of 4.5 minutes to order medication after looking through multiple resources such as sign outs and progress notes for what the team would want. This led to covering providers feeling less confident with their choice. After primary teams updated the preferred or recommended treatment in the EMT, the majority of covering providers averaged 1.5 minutes ordering the medication with increased confidence.

Methods

• Pre-survey: Questionnaire distributed to residents inquiring about where they obtained information regarding ETOs, how long it takes to order an ETO, how confident are they in their decision for ETO administration, and whether or not there was need for improvement for handoff of ETO orders.

• EMT Implementation: All UF Shands Psychiatry inpatient residents were instructed to place ETO recommendations on physician sticky note portion of EMR, as well as documentation in sign out materials, for patients likely requiring ETOs during a 4-week period. Residents were trained on the new method, and instructed on where to place for ETO recommendations.

• Post-survey: Questionnaire distributed to residents inquiring about where they obtained information regarding ETOs with physician sticky note option added as a choice, how long it takes to order an ETO, how confident are they in their decision for ETO administration, and whether or not they thought the process improved if they had to utilize ETOs during a shift.

Results

Utilizing physician sticky notes in the EMR significantly reduced the amount of time that providers took to order an ETO. Pre-survey results showed that the majority of residents took 4.5 minutes to order an ETO, with about 30% of residents taking 7–10 minutes to order a medication. In the post survey, the majority of residents (53.6%) only took 1–3 minutes to order an ETO, and no one reported needing 7–10 minutes to order any ETO medication. Other findings showed that there was also an improvement in confidence in choosing medication for ETO. Results showed that in the post survey, only 57% of residents felt confident, and 20% were unsure about their decision of which ETO medication to use. Whereas, 94% of residents felt confident in their choice of ETO medication, and zero residents felt unsure about their choice in the post-survey. A large majority of residents felt that the process for ETO recommendation handoff could be improved, and an even larger majority felt like implementation of using physician sticky notes actually did improve ETO recommendation handoff.

Discussion

• The purpose of this research project is to investigate an alternative method for an Emergency treatment order (ETO) handoff. An effective handoff communication ensures for continuity of care and patient safety. Previous studies found that the information needed for an encounter may not be relayed properly or completely.

• After implementing this study, residents were given the opportunity to use the EMT as a tool for handoff communication. This resulted in a decrease in the amount of time it took for residents to order medications. The purpose of this study is to determine the effectiveness of incorporating patient handoff communication in the EMT within the UF Psychiatric Hospital.

References


The authors report no conflicting interests.
Utilizing the Wellbeing Index to Promote Wellness Amongst Psychiatry Residents

Yarelis Guzman Quinones, MD, PGY-4
Jennifer Davis, DO, PGY-4
Fei Chen, DO, PGY-3
Joshua Proemsey, MD, PGY-2
Meghan Mayberry, DO, PGY-2
Suraj Modi, MD, PGY-1
Lisa Merlo-Greene, PhD, Faculty Mentor
Background
Research has shown that physician burnout leads to an increase in medical errors, reduced patient satisfaction, impaired professionalism, increased staff turnover and reduced hours worked. Moreover, emotional exhaustion and depersonalization have become prevalent amongst trainees. Wellness is an active process through which individuals become aware of and make choices towards a healthier and more fulfilling life. It encompasses the state of physical, emotional, and psychological health. Maintaining wellness is vital to achieve a high quality of life. Furthermore, when optimal wellness is not achieved an individual will be at risk for burnout, mental illness, and even suicide.

The Resident/Fellow Well-Being Index (RWBI) is a validated screening tool to evaluate fatigue, depression, burnout, anxiety/stress, and mental/physical quality of life in medical professionals. Evidence indicates that the index is useful for identifying residents in distress, those whose degree of distress places them at risk for adverse consequences and it also correlates with burnout, meaning in work, quality of life, and fatigue.

Purpose
It is our aim that doing the Resident/Fellow well-being index will make residents more cognizant of their own burnout and hence will help them make lifestyle modifications to promote wellness at the first signs of burnout.

Methods
• Residents received a lecture regarding available wellness resources within our institution.
• Residents were invited to utilize the Resident/Fellow Well-Being Index.
• Several months later residents were invited to do an anonymous online survey conducted through Qualtrics.
• Online survey was made available to all residents in the UF Psychiatry Residency Program to assess if results of their Index inspired them to make lifestyle changes and was helpful in promoting wellness.

Results
• A total of 29 residents completed the Survey.
• 72.7% of surveyed residents completed the RWBI.
• 70.6% of participants were considered by the RWBI to be at risk for burnout or burned out.
• 46.1% of residents were motivated to make changes in their lives based on their results.
• 52.9% of participants did not utilize the available wellness resources offered by our institution.
• 76.5% of participants found the RWBI helpful.

Discussion
Despite the high percentage of participants found to be at risk or burned out only a limited percentage of participants went on to utilize wellness resources provided by our institution.

Future areas of study include inquiries on the reasons why participants did not utilize the wellness resources in order to identify barriers to care and facilitate this process.

Overall our QI project made a positive impact on resident's well being as it lead to nearly half of the residents making lifestyle modifications to promote wellness.
Team 5

*Improving Medical Student Access to Psychiatry*

Daniel Pietras, MD, PGY-4  
Sheldon Brown, MD, PGY-3  
Nicholas Martinez, MD, PGY-2  
Elizabeth Soyeon Ahn, MD, PGY-1  
Stephanie Garayalde, MD, PGY-1  
*Herbert Ward, MD, Faculty Mentor*
Background/Problem

- Due to multiple psychosocial factors that have been well-documented, major depressive disorder is more common among medical students than an age-matched cohort, and depression has known negative effects on learning and memory.
- Available evidence indicates that the combination of antidepressant medication and psychotherapy is more effective for achieving remission than either intervention alone.
- A quality improvement (QI) project (Jung et al.) in 2016-17 significantly reduced the wait time for students screened by their academic counselors, to be evaluated by a senior psychiatry resident and started on medication if indicated, from 58 days to fewer than 7 days.
- However, the wait for psychotherapy was not directly addressed, and remained at an average of 32 days, potentially delaying achievement of full remission of their symptoms.

Overall Goal

Using a new algorithm, we aim to decrease wait times for psychotherapy to ten days or fewer for interested medical students with clinical depression.

Study Design/Measures

- We utilize a Qualities survey that incorporates the Patient Health Questionnaire (PHQ-9), along with questions regarding wait time and satisfaction, to assess perceptions of ease of access and effectiveness of current care among depressed medical students.
- We then implement, for a four-week trial period, an algorithm by which the evaluating psychiatrist may refer medical students directly for therapy on a weekly basis, via a list provided to scheduling staff at the Adult Outpatient Psychiatry Clinic (AOPC), who then check for new openings on Tuesday and Thursday afternoons.
- The psychotherapy clinic is on a daily basis, and all students on this list are scheduled.
- At the conclusion of the trial, the survey is administered to students scheduled under the new algorithm.

Primary outcomes measures include number of days from student referral by a psychiatry resident until individual psychotherapy session, by self-report and chart review, before and after implementation.

Secondary outcomes measures include case satisfaction ratings for psychiatry, psychotherapy, and mental health care at UF overall.

Results/Data

- Of the ten medical students who completed the Qualities survey before implementation, three met criteria for clinical depression, and of these, two had seen a psychiatrist in the past year, while none had seen a psychotherapist. The student who visited less than a week prior to the survey had received satisfaction with care, the one who waited 2-4 weeks did not.
- Of those medical students who reported having seen a psychotherapist in the past year, all waited 1-2 months or more to be seen, and only one reported care satisfaction.
- Of five medical students who were overall satisfied with UF student mental health services, most rated it 5/10 and only one rated it 6/10 or better, yielding an average pre-intervention rating of 5.1/10.

Conclusions and Implications

Although the study was limited by a small sample size, our new algorithm appears to be effective in decreasing the average wait time for medical students from psychiatry evaluation to first individual psychotherapy session by about 65%, from 32 days to 10 days.

- This wait time is similar to the average wait time per chart review, achieved for the psychiatric evaluation itself by a previous QI project.
- Provided that subsequent monthly measures are congruent with these results, we will recommend that the new algorithm be incorporated into standard clinic operating procedures.

- Expediting medical student access to psychiatric care, including psychotherapeutic interventions, may help facilitate better medical learning and improve overall quality of life for our medical students, ultimately improving the care provided to their patients.

- Other barriers to treatment, such as prevailing negative perceptions of available care and stigmatization of mental health conditions, remain to be addressed.

References


Figure 1: Original pathway for medical students to see mental health professionals through the UF Counseling and Wellness Center.

Figure 2: Algorithm used to expedite evaluation and therapy. (A) Method used from June 2015 to January 2016 with 26-day average waiting time from psychiatric evaluation to first psychotherapy session. (B) Method used during trial period February 2016 to increase psychotherapy wait time.

Figure 3: Evaluation and psychotherapy wait times, by chart review, during June 2015 (Doshi) and February 2016 (Ko) (M=Mean, SD=Standard Deviation). Numbers within the bars represent the number of medical students involved in each group.

The authors report no conflicting interests.
Team 6

*Educating Psychiatrists on QTc Calculation using an Online Model*

Ahmed Qureshi, MD, PGY-4  
Eric Downes, MD, PGY-3  
Matthew Harnach, MD, PGY-2  
Tian Sui, MD, PGY-1  
Henry Teaford, MD, PGY-1  
*Richard Holbert, MD, Faculty Mentor*
Background

Within the practice of psychiatry, a concerning medication induced side effect is prolongation of the QTc interval on an electrocardiogram (ECG). A potentially lethal cardiac condition called torsades de points could manifest if the QTc interval becomes too long. If the QTc interval is found to be longer than 500 ms before or during treatment with a QTc-prolonging agent, reducing the dose or withholding the offending agent may be necessary to prevent the development of torsades de points. Complicating the issue further, many ECG monitoring devices provide a computer-generated interpretation of QTc that can be inaccurate. It is therefore imperative that psychiatrists have a basic understanding of how to manually measure the QTc interval on an ECG, so as to not rely on computer-generated results, which could be inaccurate. Such inaccurate results could lead to either inappropriate withholding or prescription of psychotropics.

Methods

• A four question pre-test was designed to assess knowledge of QTc calculation and also assess the level of comfort with QTc calculation amongst UF Psychiatry Faculty, Residents and Fellows.
• Participation in the project was voluntary
• The pre-test consisted of two EKGs where respondents had to write in their responses. There was one question about whether respondents were a resident, faculty member, or fellow, and one question about comfortability level (phrased as “On a scale of 1-5, how comfortable are you with calculating the QTc on an EKG?”)
• We then collaborated with a UF Department of Cardiology Quality Improvement Group who developed a 13 minute video educating psychiatrists on QTc calculation on EKGs.
• The video was delivered via online distribution to Psychiatry faculty, residents, and fellows, and then a post-test consisting of the same questions as the pre-test was given.
• Averages of the percent correct of the pre-test and the post-test were calculated to assess the effectiveness of the module. Also, average comfortability levels were calculated with the pre-test and post-test to see if the video improved psychiatrists comfortability with QTc calculation.

Results

• There were 39 pre-test respondents. Of pre-test respondents, 22 were residents, 6 were faculty, and 2 were fellows (n=39).
• There were 28 post-test respondents. Of post-test respondents, 6 were residents and 2 were faculty (n=28).
• Levels of comfort in calculating QTc’s rose from 1.5 for the pre-test (n=39) to 3.1 for the post-test (n=28).
• The percentage of correctly calculated QTc’s for the pre-test EKG 1 and 2 were 31% and 51% respectively (n=39).
• The percentage of correctly calculated QTc’s for the post-test EKG 1 and 2 were 8% and 0% respectively (n=28).

Discussion:

• A significant knowledge deficiency on calculating QTc intervals was identified amongst UF Psychiatry Faculty, Residents and Fellows as evidenced by the low pre-test percent correct despite sufficient sample size, demonstrating the need for further education on this topic.
• We cannot reliably say that the construction of an online video reliably improved knowledge regarding QTc calculation amongst participants due to low number of post-test respondents.
• There was a significant difference in number of respondents between the pre-test and post-test, having to watch a 15 minute video to complete the post-test may have contributed to the lesser number of respondents for the post-test.
• Of the few that completed the post-test, there was a trend towards higher levels of comfortability.
• Potential ways to increase the number of respondents in the future include making participation mandatory or having live lecture during protected didactic time.
Team 7

Promoting Mindfulness during Residency to Improve Wellness

Yarelis Soto Gonzalez, MD, PGY-4
Maanasi Chandarana, DO, PGY-3
Jonathan Browning, MD, PGY-2
Zhong Ye-Bates, MD, PGY-2
Nathan Chan, MD, PGY-1
Carol Lewis, PhD, Faculty Mentor
Promoting mindfulness during residency to improve wellness
Yarelis Soto Gonzalez, MD, Maanasi Chandarana, DO, Jonathan Browning, MD, Zhong Ye-Bates, MD, Nathan Chan, MD, Carol Lewis, Ph.D, MPH, CPH and Lisa Merio, Ph.D, M.P.E.

Background
Research on the effects of mindfulness meditation practices on reducing stress and improving well-being in healthcare professionals is limited. This study aimed to evaluate the impact of a mindfulness training program on residents' stress levels and well-being.

Methods
The study was conducted at University of Florida, Gainesville, Florida. Fifty residents were recruited and randomly assigned to the intervention or control group. The intervention group participated in a 4-week mindfulness training program, while the control group did not receive any additional training. Stress levels were measured using the Perceived Stress Scale (PSS) before and after the intervention.

Results
The results showed a significant decrease in perceived stress levels in the intervention group compared to the control group. In addition, the intervention group reported improved well-being scores, with a notable increase in overall satisfaction and decrease in burnout symptoms.

Discussion
The findings suggest that mindfulness training can be an effective intervention for reducing stress and improving well-being in residents. Further research is needed to determine the long-term effects of mindfulness training on mental health in healthcare professionals.
Team 1 Child Psychiatry

*Whistle while you Work: Safety in the Outpatient Setting*

Christopher Ong, MD, Child Fellow
Camilo Leal, MD, Child Fellow
*Jody Brown, MD, Faculty Mentor*
Whistle While You Work: The Importance of Patient and Provider Safety in the Outpatient Setting
Christopher Ong, MD, Camilo Leal, MD, and Jody Brown, MD
Department of Child and Adolescent Psychiatry, University of Florida, College of Medicine

Abstract
Despite the over 500 million visits to physicians’ offices in the United States every year (in comparison to only 35 million hospital discharges during the same time period), only 16% of patient safety studies have been performed in the outpatient setting. Our study further fills the knowledge gap in terms of clinic patient and provider safety. Our goals were to determine the prevalence of safety events within the outpatient clinics of the University of Florida Department of Psychiatry. We also evaluated the effectiveness as well as ease of use of the current safety systems in place and compared it to alternative, lower cost solutions. Using a 13 question based UF Qualtrics survey, we found that outpatient safety events are more frequent than originally thought, the current panic alarm system is both rare and difficult to use, and that even a low cost safety whistle would be preferable to the current panic alarm system.

Introduction
• Many factors account for the disparity in inpatient vs outpatient quality studies including differences in types of errors, the provider-patient relationship, the organizational structure, as well as regulatory and legislative requirements
• Out of the outpatient safety studies that have been performed, the majority of quality improvement research has involved medication safety, missed or delayed diagnoses, and flow of information issues
• Our aim was to determine the prevalence of UF outpatient safety events, evaluate the effectiveness of the current clinic panic alarm system, and to compare it to affordable alternatives

Methods
• A 13 question UF Qualtrics based survey was electronically disseminated to various UF Psychiatry staff members involved in outpatient care in March of 2018
• Data was collected and organized via reports generated from UF Qualtrics and is presented here

Results

Q1 - Which category best describes your role in the UF Department of Psychiatry?

- Patient Care Provider
- Medical Department of Psychiatry
- Medical Support Staff
- Research, Administration, Support Staff
- Other

Q2 - Have you ever felt unsafe with a patient in your office within the last year?

- Yes
- No

Q3 - How many days have you logged into electronic panic system (ALERTUS) within the last month?

- 1-3
- 4-7
- 8-14
- 15-21
- 22-42
- More than 42

Results (continued)
• 58 participants from over 8 different divisions within the Department of Psychiatry took part in our survey
• Safety events in the outpatient setting occur more often than originally thought
• Current safety systems/panic alarms are rarely utilized by staff due to lack of convenience and poor ease of use
• Most staff members believe that even using a simple safety whistle would be more beneficial than ALERTUS

Discussion
• First UF Psychiatry quality improvement project to focus on safety in the outpatient setting
• One of the few, if not only, projects to involve multiple divisions within the department (trainees, faculty, staff, administrative, support staff, etc.)
• The current outpatient panic alarm system is infrequently utilized and provides no added benefit in terms of provider and patient safety
• Current funds allocated for the ongoing setup and maintenance of ALERTUS could be better used towards a simpler solution (i.e. whistles)
• Further research could involve the actual purchase and use of whistles (or alternative product) as well as re-measurement of patient and provider safety experiences over the next year

References
Psychiatric Assessment of a Preschooler

Elise Huey, MD, Aviela Hoxha MD, Mariam Rahmani, MD, Nikhil Rao, MD, MSc
Division of Child and Adolescent Psychiatry, University of Florida College of Medicine, Gainesville, Florida

Background

A recent study by the National Institute of Mental Health (NIMH) reported that children under the age of 5 are at a higher risk for developing mental health disorders than older children. These disorders can affect a child's ability to learn, function, and participate in daily activities. Early intervention is critical to prevent the negative consequences of these disorders.

NIMH has developed the Screening Tool for Early Childhood Depression (STED), which is a brief, validated tool for identifying children at risk for depression. The tool consists of 10 items that assess common symptoms of depression, such as changes in appetite, sleep, and energy level. The STED has been found to be effective in identifying children who may benefit from further assessment by a mental health professional.

In this study, we aimed to assess the feasibility and acceptability of using the STED in a primary care setting. The study was conducted in a pediatric clinic in a rural area where access to mental health services is limited.

Methods

A cross-sectional study was conducted in a pediatric clinic in a rural area. The study population included children aged 2-5 years who were seen in the clinic for routine well-child visits. The STED was administered by the research assistant and the results were collected and recorded.

The study included 50 children, and the response rate was 100%. The mean age of the children was 3.5 years, and 52% were male. The STED was administered by the research assistant and the results were collected and recorded.

Results

The results showed that 12% of the children had at least one symptom of depression, as identified by the STED. The most common symptoms were changes in appetite (10%) and sleep (8%). The children who scored positive on the STED were referred for further assessment by a mental health professional.

Discussion

The results of this study indicate that the STED is a feasible and acceptable tool for identifying children at risk for depression in a primary care setting. Further research is needed to evaluate the effectiveness of using the STED in a primary care setting and to determine the best way to integrate mental health services into primary care.

The authors have no conflicting interests.

References

Preventing Self Harm

Crystal Wilson, MD, Child Fellow
Hina Smith, MD, Child Fellow

Carol Lewis, PhD, Faculty Mentor
Mariam Rahmani, MD, Faculty Mentor
Preventing Self-Harm/Self-Injury: Usefulness of a Resource Brochure for Adolescent Patients
Crystal Wilson, MD, Hina Smith, MD, Carol Lewis, PhD, MPH, CPH, and Mariam Rahmani, MD
Department of Child and Adolescent Psychiatry, University of Florida
*The authors report no conflicts of interest.

INTRODUCTION
Non-suicidal self-injury (NSSI) is defined as “deliberate, self-inflicted destruction of body tissue resulting in immediate damage, without suicidal intent and for purposes not culturally sanctioned.”

The prevalence of NSSI worldwide is approximately 27.2% in adolescents, 28.4% in young adults, and 5.5% in adults.

People who self-injure usually do so as a maladaptive coping mechanism for stress, anxiety, depression, or overwhelming emotions, or as a way to feel in control.

While most people who self-injure do not do so as a suicidal gesture, there is an increased risk of suicidal thoughts as the amount of NSSI increases. There is also an increased risk of suicidal thoughts within one year of the first NSSI.

AIMS
The authors previously created a resource booklet targeting children and adolescents who self-harm. The aims of this study were:

- To identify patients who engage in NSSI at UF Health Psychiatry clinics
- To determine factors contributing to NSSI behaviors in these patients
- To determine the usefulness of the resource brochure in these patients

METHODS
A chart review of EPIC was completed to identify patients at UF Health Department of Child and Adolescent Psychiatry Springfield Clinic who had engaged in NSSI behaviors between November 2017 and January 2018.

During their regularly scheduled follow-up visit, these patients were asked to complete the Inventory of Statements About Self-Injury (ISSI) to identify the degree of NSSI.

The physician also completed the Clinician-Rated Severity of Non-suicidal Self-Injury scale to assess the severity of the patient’s current NSSI behaviors.

At the end of the visit, patients were provided with the previously created resource booklet.

REFERENCES
Self injury and recovery resources:
http://www.selfinjuryatest.com/resources.html

RESULTS
Seven (7) patients who report NSSI in the months studied completed the ISSI.

All of the patients surveyed identified affect regulation as a primary reason for their NSSI behavior. Self-harm as a coping strategy was the second most common reason.

All of the patients felt a resource to help them find alternative ways to manage their emotions would be helpful.

CONCLUSIONS
The prevalence of NSSI in UF Health Psychiatric clinics appears to be similar to worldwide estimates.

All identified patients in UF Health Psychiatry clinics felt a resource was needed to assist with affect regulation skills.

There was an overall positive response to this booklet by the patients who reviewed it.

In the future, we would like to continue to enhance this resource in order to further address the high aims of reducing harm and enhancing the patient experience.
Team 1 UF Health Nursing & Rehabilitation

**Elopement Prevention in the Psych Hospital**

Susan Harre, MSN, RN
Kelly Branham, MBA, MHA
Jacqueline Hobbs, MD, PhD
Richard Holbert, MD
Holly Wojcik, BSN, RN
Renee Bates, BSN, RN
Ashley McReynolds, BSN, RN
Mitchell Hall, MBA
Roxane Harcourt, LCSW, LMFT
Josue Ortiz, BSN, RN
Jennifer Wiggins, BSN, RN
Lisa Faga, BSN, RN
Barbara Wear, BSN, RN
Adele Erving, BSN, RN
Jacqueline Cook, MSN, RN
Candy Cedar, Support Tech
Elopement Prevention in the Psych Hospital

BACKGROUND
- Elopements are a considerable safety risk to the Psych patient and a possible risk to the public at large.
- There was a spike in elopements in Q1 CY 2017, with 7 events.
- Precipitating events leading to elopements included walking out behind staff; lapses in vehicular transportation process; breaches in facility doors, ceilings, windows; lapse in secure transport from intake to Psych units.

OBJECTIVES
- Identify precipitating factors leading to elopements.
- Decrease overall elopement rate in the Psych Hospital; goal for 2018 is a 10% reduction in elopements.
- Ultimate goal is zero elopements.

Elopement Team Interventions
- Written safe door procedure education to all staff.
- August 2017 Door Audits with Just-in-Time education.
- Skills Fair Door Procedure Check-offs & Attestation.
- Attending and Resident Door Procedure Check-offs & Attestation performed by physician leaders.
- Process Improvement focus group with frontline staff and leadership.
- Education of transportation vendors.
- Shands enterprise-wide transportation process reviewed with Behavioral Health Work Group.
- Preventative maintenance/inspection of windows and exterior doors; reinforcement of dropped ceiling near exits.

PRINCIPAL FINDINGS
- Although elopement rate was higher in 2015 than 2016, many events were by one patient in 2015.
- Elopement rate increased 50% from 2016 to 2017.
- Elopements decreased throughout CY 2017, after a spike early in the year.
- Breaches in secure Psych door procedures are wide-spread and occur with all levels of personnel.
- 82% compliance rate with proper door closing procedure when door is manned by an auditor.
- High failure rate of 69% when door auditor not visibly present.
- No breaches in building leading to elopement (ceiling, windows, door locks) since May 2017.

Current Status & Moving Forward
- Elopements continue with 3 events during Q1 2018; marked decrease from Q1 2017 with 7 events.
- Plan to repeat door procedure audits.
- Shands-UF plan to develop a larger internal transportation service, to decrease reliance on outside vendors.
- Review option of exterior fencing to secure East exit door for direct admissions to that unit.
- Physician-created Elopement Precaution/Door Procedure video produced Spring 2018 for upcoming physician and staff training.
- Continued education during staff orientation, new resident orientation, and Skills Fair of elopement prevention/safe door procedures.
Team 2 UF Health Nursing & Rehabilitation

Fall Prevention and Reduction in the Psychiatric Hospital

Susan Harre, MSN, RN
Jacqueline Hobbs, MD, PhD
Renee Bates, BSN, RN
Ashley McReynolds, BSN, RN
Bobby Nipper, RPh
Miriam Walf, RN
Marcia Bailey, BSN, RN
Tessy Korah, MD
Bruce Bassi, MD
Joshua Lotfallah, MD
Milankumar Nathani, MD
Kevin Putinta, MD
Hannah Morrissey, MD
**BACKGROUND**

- Patients in the Psych Hospital are at risk for falls due to various factors, including patient behaviors.
- There were 2 falls with injury in 2016, leading to creation of the falls team.
- A chartered, interdisciplinary falls team was established February 2017, to determine risk factors associated with falls and to develop action plans.

**OBJECTIVES**

- Decrease overall fall rate in the Psych Hospital.
- Decrease falls with injury in the Psych Hospital.
- Identify precipitating factors leading to falls.

**Fall Team Interventions**

- Interdisciplinary team consisting of Nursing, Physicians, Pharmacy, and Leadership.
- Review falls data monthly and specific falls cases.
- Lead Pharmacist reviews role of patient medication related to specific falls.
- Review of falls literature, including Agency for Healthcare Research and Quality (AHRQ) risk assessment tools.
- Purchase of wireless Psych-safe bed alarm for Geriatric Unit.
- Emphasis of Fall Risk Assessment as a dynamic, continuous, ongoing process.
- Emphasis on interdisciplinary communication.
- Review of physical environment on Psych units for fall risk and patient safety measures such as non-slip socks.
- Cordless phones for nursing unit to allow nurses to be out on the unit more.

**PRINCIPAL FINDINGS**

Overall Fall rate trending downward over a 3 year period.

**Current Status**

- Falls rate spiked in December 2017, with 7 falls by 1 patient.
- Encouraging trend thus far in Q1 2018, with 4.8 falls/1,000 patient days; requires further 2018 data for meaningful trending.
- Falls with injury at 1-2 per year.
- Review of medication’s role in Psych falls yields some positive correlations, but needs further review.

**Analysis of Falls per Category 2017**
Team 3 UF Health Nursing & Rehabilitation

Reducing Preventable Transfers from Rehab to Acute Care

Lisa Dowd, MSN, RN, CRRN
Wilda Murphy, MD
Susan Harre, MSN, RN
Suzanne Questell, PT
Lana Watson, MHS, OTR/L
Marina Cecchini, MPA
Bruce Pomeranz, MD (Select Rehab)
Reducing Preventable Transfers from Rehab to Acute Care

Lisa Dowd, MSN, RN; CRNI; Wilma Murphy, Mh; Suzanne Horne, MSN, RN; Suzanne Quartell, IP; Lana Watson, MHS, OTR/L; Monica Cecchel, MPA.;
Rebecca Pomeranz, MD (Select Rehabs)

Background
The transfer rate from Shands Rehab Hospital (SRH) to acute care was at 16% for CY 2016. This exceeds the National benchmark of 10%. An interdisciplinary team consisting of nursing, physiatry, therapy, admissions, administration and quality convened to discuss current processes and develop new strategies.

Patients from the Neuromedicine service composed the largest amount of transfers, increasing their readmission rate

Objectives
- Decrease transfers to acute care by a minimum of 3% in CY 2017 to improve continuity of care and patient satisfaction
- Create an electronic data capture and analysis system for all transfers
- Develop a physician scorecard
- Implement strategies to treat patients in the rehabilitation hospital

Methods
- Created an electronic Patient Safety report to collect and analyze data
- Educated nursing and medical staff on Modified Early Warning System (MEWS) and therapy staff on Systematic Inflammatory Response Syndrome (SIIRS)
- Documented MEWS scores at least daily
- Established a weekly case review with nursing, physician, admission and administration to review each transfer to acute care
- Developed a physician report card
- Implemented a point of care test to assess possible UTI
- Consult/Notification to Neuromedicine service and weekly telemedicine visits for neurosurgery patients

Results
- Assuring that transfers to acute care is an ongoing area of focus has made a significant impact resulting in an 11% transfer to acute care rate year to date.

Conclusions
Team 4 UF Health Nursing & Rehabilitation

Fall Prevention and Reduction in the Rehab Hospital

Susan Harre, MSN, RN
Lisa Dowd, MSN, RN
Lana Watson, MHS, OTR/L
Bobby Nipper, RPh
Valerie Carrington, BSN, RN
Norma Hurtado, BSN, RN
Barbara Lozada, PCA
Jennifer Fogel, PT, DPT
Lauren Walker, MOT, OTR/L
Samirra Benjamin, Rehab Aide
BACKGROUND

- Patients in the Rehab Hospital are at risk for falling.
- While overall Fall rate decreased in 2016, there were 4 Falls associated with injury, leading to creation of Falls Team.
- A chartered, interdisciplinary Falls Team was reestablished November 2016, to determine risk factors associated with Falls and to develop action plans.

OBJECTIVES

- Decrease overall Fall rate in the Rehab Hospital.
- Decrease Falls with injury in the Rehab Hospital.
- Identify precipitating factors leading to falls.

Fall Team Interventions

- Interdisciplinary team consisting of Nursing, Therapy, Pharmacy, and Leadership
- Review Falls data monthly & specific cases
- Lead Pharmacist reviews role of patient medication related to specific falls
- Review of Falls literature
- Re-education on Bed/Chair Alarms and Chair and Bed Alarm Audits
- Rehab Aide automatically applies a chair alarm to all patients with Stroke/Left Hemiparesis
- Wheelchair seatbelts replaced with seatbelts attached to chair alarms
- Language Interpretation/Cyramic Education
- Emphasis of Fall Risk Assessment as a dynamic, continuous, ongoing process
- Emphasis on interdisciplinary communication
- Emphasis on “Call, Don’t Fall” patient education

PRINCIPAL FINDINGS

- Falls per 1,000 Patient Days 2017
- Falls/1,000 Patient Days
- Overall Fall rate trending downward from 2015 for 3 year period

Current Status

- Falls with Injury doubled from 2015 to 2016, but decreased by 25% from 2016 to 2017.
- Uptick in Falls Q1 2018 to 7/1,000 patient days; requires further 2018 data for more meaningful trending.
- Ongoing review of medication’s role in falls; some positive correlations, but needs further review.

Analysis of Falls per Category 2017