Security now responsible for watching suicidal patients

UCH Moves to Protect Patient Care Providers – from Patients

By Tyler Smith

The hospital this month moved responsibility for monitoring suicidal inpatients from certified nursing assistants to "at-risk patient watch officers" from AlliedBarton, the firm that handles security services for UCH.

The policy aims to protect the certified nursing assistants (CNAs) on inpatient units from the occasional violence that surrounded the monitoring of these patients until they could be stabilized or discharged from the hospital. The duty not only put CNAs at risk of harm, it pulled them away from their other patient care duties and increased costs on the units, says Kaycee Shiskowsky, RN, nurse manager of the 6 East Medical Sub-Specialties Unit at UCH.

Shiskowsky was part of a task force of representatives from various departments *(see box)* that helped draft and implement the new policy, which went into effect January 2. The effort is part of a national initiative, Transforming Care at the Bedside, led by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement, that encourages hospitals to make their work environments safer.

The task force is now at work on a policy to assign AlliedBarton officers to watch not only suicidal patients but also those who commit or threaten violence. The pilot program will be launched on 6 East, as well as the 7 East Internal Medicine, 7 West Neurosciences and 12 West Medicine units, perhaps within the next two months, Shiskowsky says.

Safety first. *Ensuring providers' safety is of paramount importance, says Shiskowsky, who has frequently had to assign CNAs to watch suicidal patients. "We had had CNAs at the bedside, in harm's way," she says. "Now that has changed. Suicide watch will always be handled by a security officer."*

Noting that threats of suicide can come from patients throughout the hospital, Director of Patient Services Deb DeVine, RN, MS,

Violence against health care workers is on the rise at UCH and around the nation.

adds, "As an organization, we have a duty to protect our employees and keep patients safe…We don't know how suicidal patients are going to act out."

To justify the move financially, the task force argued it could help control the workers compensation and overtime costs incurred when units needed additional staff to cover the shift of a CNA assigned to watch a suicidal patient.

Shiskowsky says costs on her unit "went through the roof" when she had to bring in additional staff to cover for CNAs watching patients. In April and May 2010 alone, CNAs on 6 East racked up around 250 hours on suicide watch. Her workers compensation costs also increased, Shiskowsky says.

"We have also had to cover the cost of replacing employees," says Jamie Le-Lazar, clinical data analyst for Clinical Excellence and Patient Safety, adding that one employee recently had to be taken off the schedule for an extended period of time to recover from injuries caused by a patient. Another is on permanent disability because of injuries suffered in a patient attack.

ED model. The hospital modeled the inpatient watch program after one already in place in the Emergency Department, which has for many months used trained security officers to sit with and monitor the activity of suicidal and violent patients, says UCH Security Program Manager Gary Melnick.

"We wanted to expand what we were doing in the ED to the inpatient units," he explains. "The rationale is that using CNAs to watch these patients takes away from their principal function of providing medical care."

When a patient threatens suicide, the unit charge nurse is to call the hospital manager, who gathers the information and contacts the on-duty AlliedBarton supervisor to order an at-risk patient assist, Melnick explains.

The company, in turn, maintains a list of on-call officers, who have two hours to report to the security office and then to the unit. There, they are briefed on the situation.

The officer then stays with the patient for all or part of a 12-hour shift, sitting in the room and documenting at regular intervals what the patient does. AlliedBarton will continue to assign watch officers as long as necessary. The company also provides patrols on potentially troublesome units on a regular basis, Melnick says.

"We can be extra vigilant if we need to respond quickly," he explains.

Trained to respond. AlliedBarton has about a dozen at-risk security officers on call, Melnick notes. They have completed a basic security training program as well as instruction in health care security and crisis intervention techniques.

"They learn personal safety techniques, such as how to protect themselves non-violently and protect the patient," Melnick says. Officers can use restraint techniques so long as they are approved by a physician or nurse.

The officers are also trained to de-escalate potentially violent situations.

Their very physical appearance – khaki slacks and polo shirts – is calculated to settle emotions. "Uniforms can escalate [aggressive] behavior," Melnick explains. "We don't have officers wear them because they can be a contributing factor to the problem. Our officers' demeanor and how they interact with patients is important."

Quick use. It didn't take long for the inpatient units to use the new program, Shiskowsky notes. "On day one, we had four

patients on suicide watch throughout the hospital," she reports. Without the watch officers, she says, "We would have had to work short on our shifts or called in additional resources. Patient care was sometimes less than optimal because we didn't always have those extra resources."

Shiskowsky says she's seen her share of violent and suicidal patients on her unit, particularly since UCH's Inpatient Psych Unit closed in January 2009, creating an influx of patients with both medical needs and psychiatric issues that can be complicated by medications, encephalopathy, alcohol withdrawal and more. "We have lots of confused and aggressive patients," she says.

Asked to recount some of the acts of violence she's aware of or has seen directed toward nurses and other health care workers, she quickly reels off examples that included verbal threats, kicking, spitting, punching, charging at nurses, an attempted stabbing, a full can of soda hurled at a provider's head, and a patient barricading himself in another patient's room.

None of that should be in the line of duty for health care workers, Shiskowsky says.

Danger zone. *"We're not psychiatrically trained," she points out. "We don't have the education to know what we're dealing with. It makes people [on my unit] feel unsure of what they're walking into when they go into a room. CNAs were making an especially huge sacrifice."*

DeVine says the problem may actually be worse than the numbers indicate at UCH and at hospitals around the country, a belief supported by the U.S. Department of Justice and the Federal Bureau of Investigation, among others.

"Violence against health care workers is underreported," she maintains. She says staff may feel they just need to get on with their jobs after an incident, although their co-workers are well aware of what has occurred.

That reticence is something Shiskowsky wants to see changed. "Reporting incidents of violence is very important," she asserts. "We have to report in order to understand the full scale of the problem. It should be something that is addressed just like violence against police officers. We're vulnerable as nurses, and we need to take some of that back."

Shiskowsky says she hopes the new policy will help bolster her staff's morale. "We want to give staff a sense of security, that we heard your concerns and we want to protect you."

At-risk Patient Task Force

» Deb Devine, Patient Services Director

» Cathy Ehrenfeucht, Critical Care and Dialysis Director

» Mame Fuhrman, HR Services and Business Processes Director

» Rob Leeret, Emergency/Trauma Services and Capacity Management Director

» Steve Suter, Support Services Director

» Tom Davis, Safety Officer

» Shelly Limon, Nurse Manager

» Jan Hagman, Nurse Manager

» April Koehler, Nurse Manager

» Kaycee Shiskowsky, Nurse Manager

» Nora Cavelli, Psychiatric Consult Nurse Liaison

» Heidi Monroe, Clinical Nurse Specialist/Educator

» Jamie Le-Lazar, Clinical Data Analyst