

# The Daunting Challenges of Psychiatric Hospitals and Other Behavioral Health Settings

July 13, 2023

 **CHARTIS** | CLINICAL QUALITY SOLUTIONS  
FORMERLY KNOWN AS THE GREELY COMPANY



The webinar will start at the top of the hour.

1

---

---

---

---

---

---

---

---

---

---

 **CHARTIS** | CLINICAL QUALITY SOLUTIONS  
FORMERLY KNOWN AS THE GREELY COMPANY

MONTHLY CLINICAL QUALITY INSIGHTS

## Webinar Schedule & Topics

THE 3RD THURSDAY OF EVERY MONTH:  
**10AM Pacific, 1PM Eastern**

**JULY**  
Daunting Challenges Facing Psychiatric Hospitals and Units

**AUGUST**  
QAPI Solutions: Overcoming Challenges in New CMS Guidelines



2

---

---

---

---

---

---


---

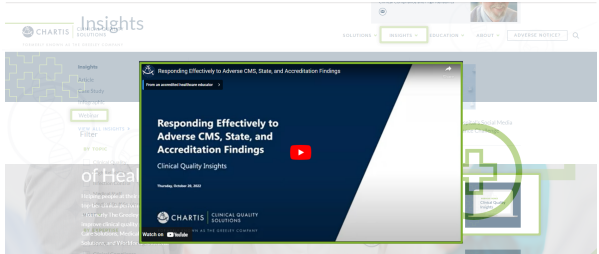
---

---

---

### Past Webinars Available for Streaming

 [CHARTISQUALITY.COM](https://chartisquality.com)



3

---

---

---

---

---

---

---

---

---

---

**AVAILABLE FOR STREAMING**

- EMTALA Made Simple
- Protecting Suicidal Patients
- Responding Effectively to CMS, State, and Accreditation Findings
- Avoiding Infection Prevention Survey Catastrophes
- Survey Smarts: Looking Forward to 2023
- Increasing Nurse Efficiency: Documentation Simplification
- Better Meetings Better Results
- Overcoming Persistent Challenges in the Physical Environment
- TJC's Emerging Model for New Standards
- New CMS Interpretive Guidelines for QAPI
- Putting Your Best Foot Forward During Survey

**TODAY: Compliance and Safety Challenges for Psychiatric Hospitals and Units**

**FUTURE**

- Solving Your QAPI Problems
- More ...



4

---

---

---

---

---

---

---

---

---

---



## 9

- 

## 10

- The impact of EMTALA on psychiatric intake and stabilization units.
- Compliance with The Joint Commission's suicide prevention requirements.
- Identification and treatment of medical issues in psychiatric patients.
- Reducing the incidence of assaults and other adverse events/incidents.
- Providing active treatment for the forensic psychiatric population.
- Developing effective, streamlined interdisciplinary care plans that meet CMS expectations.

Questions should be posted in the webinar interface throughout the presentation.  
We will respond to any unanswered questions in writing following the webinar.

© 2023 Chartis Clinical Quality Solutions. All Rights Reserved.

2

## 11

1

## 12

© 2023 Chartis Clinical Quality Solutions. All Rights Reserved.

## 13

## 14

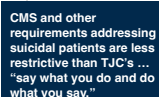
## 15

## 16

## 17

17

## 18

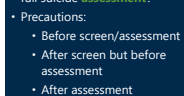


## 19

- Follow up Care at Discharge (EP06)
- Quality Monitoring (EP07)

© 2023 Chartis Clinical Quality Solutions. All Rights Reserved

## 20



© 2023 Chartis Clinical Quality Solutions. All Rights Reserved.

## Suicide Precautions

- Ligature Resistance ... unit construction
  - Required for locked units and locations used exclusively for behavioral health patients.
  - Evaluation of the environment lacks specificity (e.g., each room or space)
- Orders for medical beds for high risk patients (implied, not specifically required)
- Room sweep / ongoing surveillance of the environment
- 1:1 only required by TJC for high-risk patients in a non-ligature-resistant environment.
- Documentation of general surveillance (e.g., 15-minute checks)
- General Lack of Clarity

21

---

---

---

---

---

---

---

---

## Common Issues: The Care of Behavioral Health Patients

22

---

---

---

---

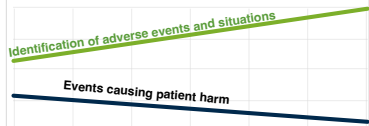
---

---

---

---

## Most CMS termination actions are triggered by one or more adverse clinical event involving patient harm



Harm events ... paying attention to the drip, drip, drip ...

- Assaults should not happen
- Restraint should not be needed
- Staff members and patients should feel safe

23



**An effective patient safety program is essential to avoid adverse actions by CMS/State Agencies**

---

---

---

---

---

---

---

---

## Aggression and Patient/Staff Safety

- The patient's psychiatric condition is not recognized as an underlying cause of their behavior (e.g., lack of self control)
- The fight/challenge dynamic for uncontrolled patients excites some staff members
- Some staff members are fearful of mentally ill patients so control is the "go-to" method
- Many staff members have a poor basic knowledge and understanding of mental illness diagnoses and treatment
- How to de-escalate patients according to diagnosis type is not taught ... just general de-escalation techniques
- De-escalation is not taught putting the patient first (again, treating them as a sick patient who can be well again)
- Nurses/clinical staff are not managing aggressive patients (situational fear) but allow "controllers" to take over such as mental health technicians and security staff
- Hospitals allow the least educated staff to manage patient aggression (e.g., technicians, security, sitters)
- Staffing based on the acuity of the patient requires continual review with changes made to the number or attributes of assigned staff modified as indicated (e.g., gender, experience, training, use of social workers).

24

---

---

---

---

---

---

---

---

## Paying Attention to the Whole Patient

- Many patients do not only have severe mental illness, but untreated medical illnesses
- Nurses need to be prepared to medically manage compromised patients
- Medical conditions must be quickly assessed, escalated, and treated when identified
- Regulatory agencies expect the same quality care be provided no matter the type of patient care setting
- A patient's medical problems must be assessed, treated, managed and documented ... not just they psychiatric issues

Pay Attention to the patient's general medical condition

Assess / Diagnose  
**Plan**  
Treat  
Repeat

25

25

## Critical Thinking is a Skill



### Changing Vital Signs Considerations

#### Elevated

**Heart rate:** Hypovolemia, Pain, Elevated  
**Temperature:** Sepsis, Anxiety, DTs  
**Respiratory Rate:** Respiratory Distress, Pain, Anxiety, Sepsis, DTs  
**Blood Pressure:** Cardiac Etiology, Pain, Anxiety, DTs  
**Temperature:** Infection, Neurological, DTs

#### Decreased

**Heart rate:** Heart Block, Hypothermia, Sedation  
**Respiratory Rate:** Sedation, Neurological, Overdose  
**Blood Pressure:** Hypovolemia, Sedation, Sepsis  
**Temperature:** Infection, Metabolic  
**Oxygen Saturation:** Respiratory Distress, Cardiac Etiology, Sedation

26

26

## Interdisciplinary Care Planning and Active Treatment

- Object, observable long term and short term goals.
- Active treatment needs to target the reason the patient was admitted and their acute psychiatric symptoms.
  - Those symptoms are treated through medication management, education, group therapy and individual therapy.
- Active treatment for those with **chronic mental illness** and **long-term forensic hospitalization** (not guilty by reason of insanity or guilty but insane) primarily needs to focus on managing symptoms to improve activities of daily living.
- Restoration treatment is active treatment for those found incompetent to proceed with the legal process. This type of treatment focuses on learning and understanding the basic concepts of the legal system with the goal of becoming competent to proceed.

27

27

## Discussion / Questions

28

28

**Thank you for joining us for:**

**The Daunting Challenges of Psychiatric Hospitals and Other Behavioral Health Settings**

*Let us know how we might serve you and your organization.*



**CHARTIS** | CLINICAL QUALITY  
SOLUTIONS  
FORMERLY KNOWN AS THE GREELLY COMPANY

---

---

---

---

---

---

---

---