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Agitation Transformation

Improving Behavioral Documentation on an Inpatient Psychiatric Unit

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Background

- 5C is a 23 bed acute psychiatric unit at the Portland VA
  - Population of Veterans
    - Average age of 51, but ranges from early 20s to 90s
    - Receive treatment for variety of mental health needs:
      - Depression and suicidality, substance abuse and withdrawal, major mental illness like schizophrenia or bipolar disorder
  - Primary focus is crisis management and stabilization

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Background cont.

- This project was initially about introducing sensory based care on 5C
  - Evidence based with solid research
  - Supported by nurses and administration

However…

The Problem

- **Our current nursing documentation would make it almost impossible to systematically evaluate the efficacy of any new intervention**

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Nursing documentation consists of a short template done every shift, and relies heavily on a narrative summary

- This allows a nurse to document in detail the course of a patient's day

- Inconsistent from nurse to nurse

- No standardized tracking of patient behavior, and little quantifiable data in shift charting

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For Example: Mr. B

“Pt mildly agitated. Recv’d PRN olanzapine with moderate effect at 1950. Denies SI/HI, petc. 4 hr sleep.”

“ 0730: Pt resting in room when author assumed care at 0730. Pt appears groggy and unsteady on feet at beginning of shift at 0730. Pt awake and pacing room by 0800 but remained in room until 0900. At 0900, pt walked down to nursing station requesting cowboy boots- pt on a hospital hold so policy does not permit him to have his own cowboy boots. When request was declined, pt yelling stating "do you need me to raise my voice!" and returned to room. Pt then came back up to nursing station yelling "call the police! Call the police now!" and throwing items and linen on the ground. Pt agreeable to PRN Olanzapine 10mg PO.

1000: Pt later apologetic for cursing and behaviors stating "I'm sorry, I never meant to be so grumpy".

1100: Pt awake in room. Pt pleasant and complimenting staff (“Thank you, you girls take good care of me”) after receiving PRN Olanzapine 10mg (appears effective), although pt intermittently noted to be cursing quietly.

1200: Pt continues to talk softly and in whispered tones, difficult to understand at times. Pt appears less groggy. Pt visible in large day room.”

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The Problem, continued

- Nurses also lack confidence in the quality of current documentation
  - In a survey given to 5C nurses, only 30% of responders reported that 5C nurses usually document all interventions performed for patients
  - Only 35% felt that current documentation accurate reflects what nurses do
  - 70% felt that documentation was regularly inconsistent, and 50% found the nursing progress note to be “uninformative.”

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The Pittsburgh Agitation Scale

- Based on a review of available tools, the Pittsburgh Agitation Scale (PAS) was found to be the most appropriate for our population
- Developed in 1994, validated in a variety of settings, high inter-rater reliability
- Takes 1 minute or less to complete per patient
- Easy and intuitive to learn

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The PAS

- Measures 4 dimensions of agitated behavior
- Each dimension is rated from 0-4
  - 0 represents normal or absent behavior, 4 represents extreme example of agitated behavior

➡ Score is added for a total of 16 possible points

- Aberrant Vocalization
  - Crying, shouting, inappropriate communication
- Motor Agitation
  - Pacing, rate of movement, exit seeking
- Aggression
  - Threats, physical violence
- Resistance to Care
  - Procrastination, refusal, striking out during care

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The PAS

- The PAS also has requires the nurse to list what interventions were used to manage behavior
  - Non pharmacological intervention
    - Redirection, reassurance, lower stimulation, behavior plan, distraction
  - Medication
    - Was it by mouth or injectable? Did the patient willingly take the med?
  - Restraint or seclusion

Implementation

- Plan to pilot the PAS as an addition to shift documentation from May 1st – July 31st
- Worked with IT to convert the PAS into a template
- Template went “live” early April
- Began education in-services in April
  - 20-30 minute sessions with time to practice the PAS on hypothetical patients

Time: to

Hours of sleep this rating period:

Choose the highest intensity score for each behavior group that you observed during this rating period. Use the anchor points as a guide to choose a suitable level of severity. (Not all anchor points need be present. Choose the more severe level when in doubt.)

Behavior Intensity During Rating Period

Aberrant Vocalization:
(incl. repetitive requests or complaints, nonverbal vocalizations, e.g., moaning, screaming)
*

- 0. Not present
- 1. Low volume, not disruptive in milieu, including crying
- 2. Louder than conversational, midly disruptive
- 3. Loud, disruptive, difficult to redirect, profanity towards staff/peers without threats
- 4. Extremely loud screaming or yelling, highly disruptive

Motor Agitation: (pacing, wandering, moving in chair, picking at objects, disrobing, banging on furniture or walls, taking others' possessions. Rate "intrusiveness" by normal social standards, not by effect on other patients in milieu. If "intrusive" or "disruptive" due to noise, rate under "Vocalization.") *

- 0. Not present
- 1. Pacing or moving about in chair at normal rate
- 2. Increased rate of movements, mildly intrusive, easily re-directable
- 3. Rapid movements, moderately intrusive or disruptive, difficult to redirect
- 4. Intense movements, extremely intrusive or disruptive, not re-directable verbally

Aggressiveness: (score "0" if aggressive only when resisting care) *

- 0. Not present
- 1. Verbal threats
- 2. Threatening gestures; no attempt to strike
- 3. Physical toward property
- 4. Physical toward self or others

Resisting Care: (choose all that apply)

- Meds
- Washing
- Dressing
- Eating
- Other:

*

- 0. Not present
- 1. Procrastination or avoidance
- 2. Verbal/gesture of refusal
- 3. Pushing away to avoid task, cheeking medications
- 4. Striking out at caregiver during care

Total Score: * / 16

Were any of the following interventions used during this rating period because of behavior problems? (Choose interventions used.)

PRN Meds (specify meds used for behavior management, including anxiety)

IM Meds:
Patient took meds: *
Voluntarily
Involuntarily

PO Meds:
Patient took meds: *
Voluntarily
Involuntarily

- Redirection and reassurance
- Distraction
- Lower Stimulation Environment
- Behavior plan or single point of contact
- Restrict to West Side
- 1:1 care
- Direct observation
- Police standby
- Seclusion
- Restraint
- Other interventions (describe): *

Were the interventions successful: * Yes No

All | None | * Indicates a Required Field | Preview | OK | Cancel

Training Example

- Ms. J spent about 45 minutes in the day area this morning, crying softly. She was redirected back to her room, where she was noted to pace for about an hour. She refused lunch and afternoon meds, but later took her afternoon medications with her dinner time meds, as well as a PO PRN for anxiety. She appeared less tearful in the evening and was present in the milieu, but minimally interactive with staff and peers.
  - Scores for Vocalization: 1, Motor Agitation: 2, Aggressiveness: 0, Resisting Care: 2
  - Total Score: 5
  - Nurse interventions performed: redirection, medication for anxiety

Results

- Initial goal was to have a completed PAS on 90% of nursing shift notes by May 1st
  - As of May 1st , 71% of nursing shift notes had a completed PAS; 79% by June 12th
  - Continuing to encourage compliance
    - Friendly competition with prizes
    - Ongoing education and reinforcement
    - Nursing peer support

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Data

- Average of all scores for April 1.4
- Average of all scores for May 1.4
- Most common admission diagnosis for all patients in April was substance abuse (34%)
- Most common admission diagnosis for all patients in May was tied between depressive disorder and substance abuse disorder with 21% each

Data

- Veterans divided into two groups, sub-acute and acute
  - Acute group are the veterans that have a single score of 6 or greater during admission
    - Why 6? Represents at minimum 1 episode of moderate agitation in two categories, and at least mild agitation in two others

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Acute Group in May

- 15 patients out of 59 (25% of total admissions)
- Most common diagnosis for the acute group is schizophrenia/schizoaffective/psychotic disorders.
- Average length of stay is 11. 2 days, compared to 3.7 of the sub acute group
- Majority of these patients are involuntarily admitted
- 27% carry a neurocognitive disorder diagnosis compared to 7% of the sub acute group.

Next Steps

- Pilot until July 31st, then evaluate if the tool is useful.
- Use the data!
  - Sensory care
  - Staffing methodology
  - Look at improving practice and safety for staff and patients

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Acknowledgements and References

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