Patient Search Procedure Revisions to Increase Safety on Adolescent Inpatient Psychiatric Units

Pamela Plucinski, MS, PMHNP, PMHCNS-BC; Rose Vick, PhD, PMHNP-BC
Vanderbilt University School of Nursing

SCHOOL OF NURSING
VANDERBILT UNIVERSITY

Introduction

- Suicide is the second leading cause of death among individuals between the ages of 10-14yrs (NIH, 2022). In 2018 Polanin et. al., found that 18% of 64,000 teens sampled reported purposely injuring themselves.
- The setting for this project was the inpatient adolescent units at a non-profit psychiatric hospital located in Towson Maryland. All the patients admitted are a danger to themselves or others and safety is the highest priority for all patients and staff.
- Safety of all team members is compromised when contraband enters a locked psychiatric unit. Creating standardized evidenced based trauma informed procedures decreases risk and increases safety while providing high quality care to high-risk adolescents.
- Without a well-defined policy and procedure by which staff search patients, unsafe contraband items can easily enter the inpatient units

Problem
1. Increase in contraband
2. Inconsistency in current personal search procedure
3. Increased in episodes of self injury-increased incident reported over a 6month span
4. Last procedural revision over a year ago

AIM
- To revise the current procedure and make it an evidence- based trauma informed personal patient search policy that increases safety and reduces the incidents of contraband on inpatient adolescent psychiatric units.

Objective
1. Increase safety and reduce contraband
2. Apply standardized HrPAT tool
3. Solicit feedback and inform revisions to the procedure.

Methods

HrPAT- Health Related Policy Analysis Tool
- The tool was used to assess the procedural changes based on the domain criteria. During a Mtg- PPT was presented outlining procedure revisions followed by an open discussion session.
- The 8 participants were 1 staff nurse, 1 nurse practitioner, 1 nurse informaticists, the nursing director for quality & safety, the associate director of adol inpatient, 1 nurse educator, the director of nursing education and the director of risk and regulatory.
- The HrPAT domain score percentages were 81.3% for domain one (context), 72.9% for domain two (process), 84.0% for domain three (content), 66.7% for domain four (stakeholder consultation), 70.8% for domain five (implementation), and 62.5% for domain six (evaluation). Goal was 100%.

PDSA Cycle
Plan: Identify self injury safety concerns, directly observe current personal search procedure, interview staff, review iSight events
Do: Revise procedure, call mtg to present proposed procedure changes, provide HrPAT tool and demographic questionnaire
Study: Evaluate HrPAT scores, evaluate demographic information, share results
Act: Adopt, adapt or abandon policy/procedure revisions

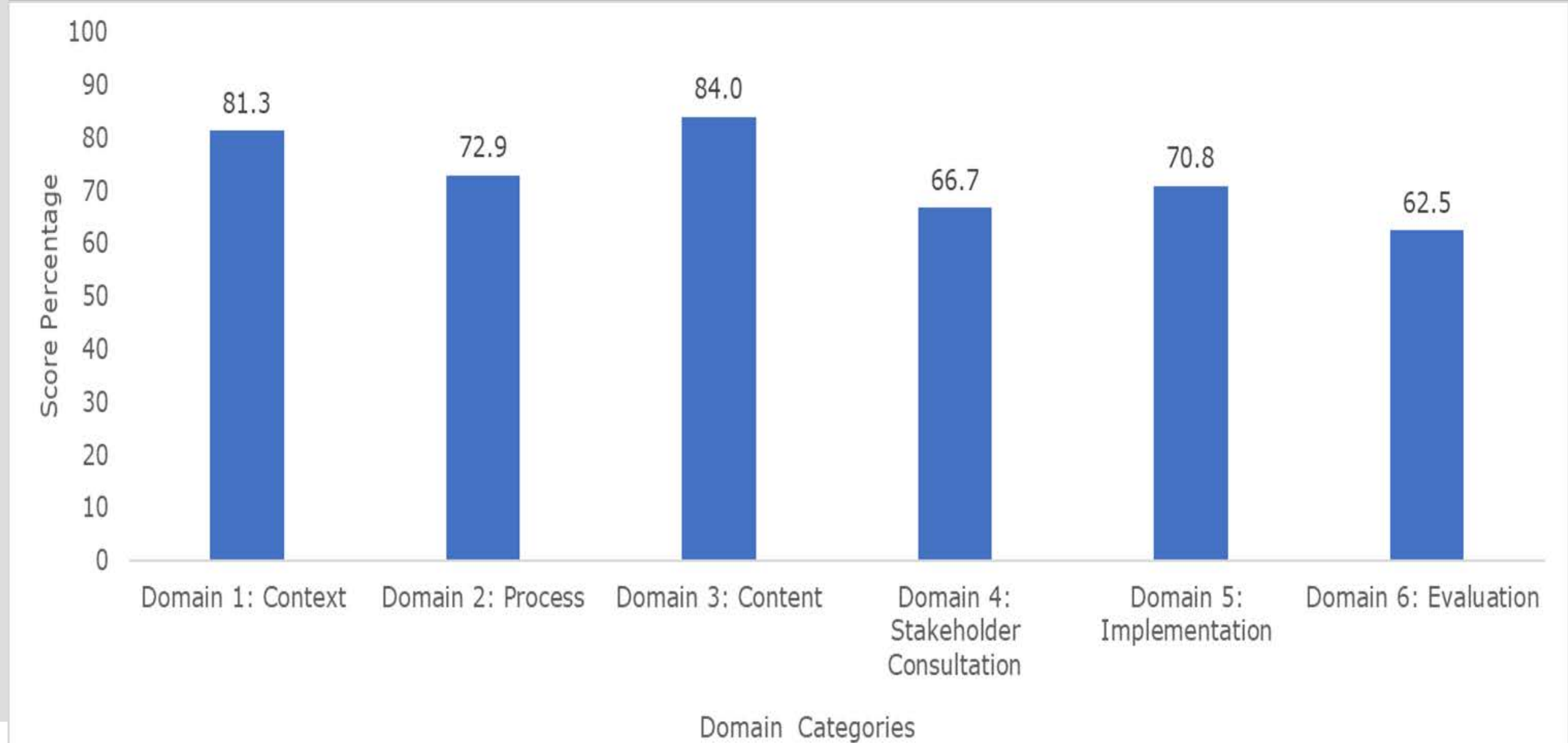|	Absent	Recognition	Minor	Moderate	Comprehensive	Complete	High Quality
	1	2	3	4	5	6	7
Domain 1: Context National Policy Influence							
The drivers for change are clearly articulated							
Domain 2: Process-leadership, comm, consult, plan							
Transparency and guidance on policy development							
Domain 3: Content							
There is clarity of structure/language							
The content is relevant to the overall purpose of the policy							
Justification of Policy							
Domain 4: Stakeholder Consultation							
Needs assessment -evidence of consideration of the needs of stakeholders							
Consultation and views of the various stakeholders are represented							
Domain 5: Implementation							
Acceptability and feasibility of the implementation plan is considered.							
Leadership and governance of an implementation plan is identified.							
Domain 6: Evaluation							
Shared governance of evaluation and monitoring							
Account is taken of immediate and longer-term impact hospital wide with measures							

Table 1

Sociodemographic Characteristics of Participants at Baseline

Baseline characteristic	n	%
Gender		
Female	5	62.5%
Male	3	37.5%
Age		
21-30 years old	1	12.5%
31-40 years old	3	37.5%
41-50 years old	2	25.0%
51-60 years old	1	12.5%
61+ years old	1	12.5%
Years of Service		
1-5 years	1	12.5%
6-10 years	2	25.0%
11-15 years	2	25.0%
15+ years	3	37.5%

Figure 1

HrPAT Results

Results

The leadership team chose to Adapt the procedure for personal patient searches on the psychiatric adolescent inpatient program

Implications for Practice

Strengths: Current research supports a personal search procedure, standardization of procedures increases safety. Evidenced based research supports the risks of contraband and the risks of self injury and self harm

Limitations: An increased need for research on adolescent inpatient programs focus populations that are trauma informed, evaluating personal patient search research

Practice implications: Standardized procedures decrease risk and increase safety for all stakeholders. Reduction of contraband and self injury. Care delivery that is trauma informed. Requires procedure training training and ongoing yearly learning modules

References

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Polanin, M., Seymour, M., Cooper, R., Self injury is increasing in teenage girls: what can parents do? 2018. National Center for Health Research.