



Improving Staff Knowledge about Admissions Procedures to Increase Safety on Meyer 4

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Background

Research about safety procedures on inpatient psychiatric units is sparse. Most research about inpatient safety excludes patients with psychiatric diagnoses. This has slowed progress related to patient safety in the inpatient psychiatric setting. One area where safety issues often arise is during the admissions process. Patients may bring contraband onto the unit or may present with wounds suggesting self-injury. Careful staff assessment during admission is crucial to prevent safety events.

Aim of the Project

This team sought to evaluate the current level of staff knowledge amongst staff about admissions procedures, to implement educational interventions, and to improve our admissions process, with a goal of enhancing unit safety.

Description of the Intervention

The group employed the Plan-Do-Study-Act (PDSA) model to address concerns about self-injurious behaviors and contraband on an inpatient psychiatric unit. An improved admission checklist was created for all staff to utilize when new admissions arrive. This included a thorough skin assessment and search of all patient belongings, both in luggage and on their person. All procedures were required to be conducted by two licensed staff members. The skin assessment was conducted with the patient in a hospital gown to better visualize all body areas. Additional interventions included an updated list of contraband items given to all staff members and a revised protocol for nightly skin assessments to assess patients for self-injurious behavior.

Description of Data Collection and Analysis

Using a Likert scale, staff (N = 44) on an inpatient psychiatric unit received a pre-survey with questions to assess how they currently approached many safety procedures on the unit. Also, staff were given a list of assorted items and asked to indicate which items they considered contraband. After three months of implementing the intervention (improved admission checklist, skin assessment protocols, and updated contraband list), staff were given an identical post-survey to assess learning.

Outcomes Measures or Results

Changes made after pre-survey findings:

- new admissions packet with instructions
- in-service education
- improved skin assessment procedure
- use of LDA avatar to document self-injury sites

Based on pre- and post-intervention Likert scale survey, there was a significant improvement in staff knowledge of admissions requirements and staff comfort with procedures

View our full results at this link:



Lessons Learned

Since implementing an improved admission process, safety has improved on this inpatient unit. Staff knowledge has increased, and there is a greater awareness surrounding protocols that emphasize both patient and staff safety.

This project had difficulties: in-person education was difficult due to varied hospital personnel shifts. Some employees either left or started on the unit between pre- to post-survey. As the survey was anonymous, employee changes yielded some error. Lastly, there was resistance to change amongst staff. In the future, this project should also involve physicians, social workers, and other members of the multidisciplinary team.

View our new admissions documents:

