

Decreasing Assaults on a Locked Mental Health Unit through the Creation of a Sensory Modulation Room

Identified as a Best Practice during 2011 Office of Inspector General Combined Assessment Review

Introduction

VA Pittsburgh Healthcare System (VAPHS) is a three-division, integrated healthcare system that proudly serves the Veteran population throughout Pennsylvania, Ohio and West Virginia. University Drive serves as the acute care facility and has 146 operating beds distributed among medicine, surgery, neurology and critical care. This also includes a large primary care outpatient clinic. VAPHS is affiliated with the University of Pittsburgh Schools of Medicine, Dental Medicine, and various allied health programs. The Highland Drive division houses 79 inpatient behavioral health beds. The H. John Heinz Division is home to a 262-bed community living center, has a complete adult day health care center and offers a variety of outpatient services. Heinz also has a 65-bed Veterans recovery center and 31 psychiatric residential rehabilitation treatment beds.

Abstract

The Assault Aggregate Root Cause Analysis Team at VA Pittsburgh completes a yearly review of assaultive patient behavior in the Acute Care, Long Term Care, and Behavioral Health Divisions. The team recognized that the largest percentage of assaults (77%) occurred on the extended psychiatric unit treating Veterans for resistant psychiatric diagnoses. A creative opportunity for improvement was recognized following review of the environment. Escalating and aggressive patient behavior was handled without privacy and in full view of other Veterans. A Sensory Modulation Room based on the concept of daycare timeout stations was designed to provide privacy, decrease stimuli and promote relaxation using aromatherapy, message pillows, weighted blankets, clay, squeeze balls, reading materials and a variety of audio/visual relaxation items. After initiation of this room, the assault rate on the extended psychiatric unit dropped dramatically by 50%.

Objectives

1. The participant will define what a sensory modulation room is and the rationale behind its utilization.
2. The participant will describe the design, costs, and benefits of a sensory modulation room on a locked inpatient mental health unit

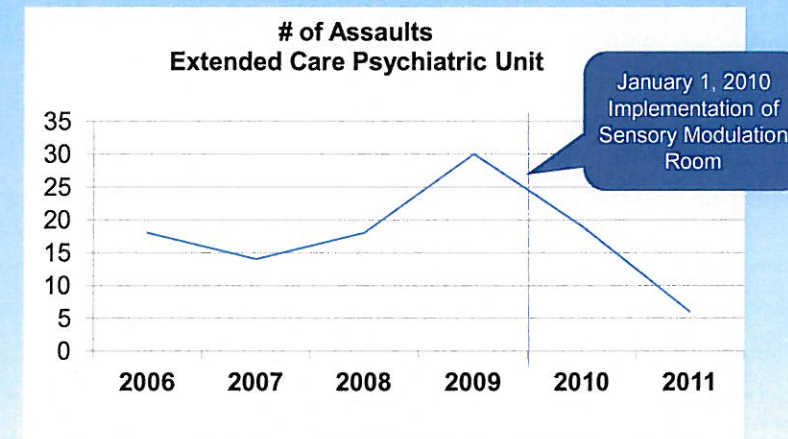
Plan

In January 2010 a Sensory Modulation Room (SMR) was opened on 3 East. It has shown to be a significant intervention with a decrease of assaults on that unit. Research has shown that psychosis and excessive sensory stimulation have been major precipitants in assaultive behavior on psychiatric units. Many of the Veterans on 3 East have treatment resistant illness in which medications have not effectively treated their delusions and hallucinations. Sensory modulation rooms have been shown to decrease anxiety and agitation in dementia and the pervasive developmental disorder population. Elderly patients present special problems. There are factors that complicate the assessment and treatment especially those with psychiatric symptoms. Cognitive impairment increases with age and can also be a major impediment to assessment or treatment (Liptzin 1987). Ambulatory demented patients who are combative may victimize other non-ambulatory patients. This may elicit combative responses in return by behaving in an intrusive, bothersome manner-for example by pulling at blankets, singing, or yelling loudly, or simply entering another patient's room (Mayers 1994). Although such rooms have been successfully implemented in various psychiatric facilities throughout the United States, very little research regarding their effectiveness in psychiatry has been documented.

Do

This pro-active intervention can decrease stimuli and promote relaxation in an anxious or agitated patient. "Nurturing therapeutic environments and sensory based treatments are effective as prevention strategies in avoiding the use of restrictive interventions and in promoting recovery oriented mental health treatment environments." It was visualized that staff and eventually the patient would recognize escalation in aggressive or agitated behaviors, placing the patient in the room for de-escalation. Tools such as a weighted blanket, stuffed animals, massage pillows, squeeze balls can be chosen by the patient. Also a variety of audio/visual calming DVD such as the sound of ocean waves breaking on the shore line or birds singing in the rain forest can be utilized by the patient. A debriefing session with the Veteran was to be conducted once the intervention was complete. The debriefing would include whether the intervention was early enough, lasted long enough, what item was most beneficial, during the intervention and would the patient use this intervention again. It was also anticipated that the Veteran would rate their levels of stress before and after the use of the room along with any suggestions for relaxation items that could be considered for future use.

Check



Act

It became apparent early on that the anticipated outcome measures were not able to be collected on this unit due to the Veteran population. The Veterans quickly recognized the value of the sensory motor activities available in the Sensory Modulation Room and the calming effects. Within weeks, patients began to self-refer to the SMR room. The room is open for use 24/7 and patients have unrestricted access. Activities such as the audio/visual relaxation DVDs are regulated by staff at the patient request. This can occur as often as 4 times in a shift.

A debriefing note is completed after an assault on every unit. The post assault note in the patient electronic record is intended to standardize documentation of the assault along with identifying the date, time, location, description of the assault, precipitating factors, type of assault, team intervention post assault (including consult to Psychiatry, 302 commitment, redirection), provider notification, staff debriefing and treatment plan updates after the assault. The RCA Assault Aggregate team completes an evaluation during the annual review regarding the use of the post assault note to see if it improves documentation of care and communication of assaultive behaviors between providers.

Conclusion

Currently under construction at VAPHS is a state of the art Consolidation Building that will house three inpatient mental health units that will allow for a safe, calm, private, therapeutic atmosphere for recovery. Each new unit will contain a SMR to continue to provide a retreat for individuals with aggressive behaviors or those who require sensory distractions on the extended psychiatric unit.

References

1. Champagne, Tina "Sensory Approaches in Inpatient Psychiatric Settings: Innovative Alternatives to Seclusion & Restraint" *Journal of Psychology Nursing & Mental Health Services*; Sep 2004; 42, 9; ProQuest Journals 34-43
2. Staal, Jason "The Effects of Snoezelen (Multisensory Behavior Therapy) and Psychiatric Care on Agitation, Apathy, and Activities of Daily Living in Dementia Patients on a Short Term Psychiatric Inpatient Unit" *Int'l. J. Psychiatry In Medicine*, Vol. 37(4) 357-370, 2007
3. Quanbeck, Cameron David, MD. "Categorization of Aggressive Acts Committed by Chronically Assaultive State Hospital Patients" *Psychiatric Services*, Vol 58 No. 4, April 2007
4. Liptzin Benjamin. *The Geriatric Patient and General Hospital Psychiatry*. General Hospital Psychiatry 9:198-202, 1987
5. Mayers Kathleen. *Managing the Combative Demented Resident*,
6. www.thefreelibrary.com 1994. Medquest Communications, LLC

Author

Lynda Brettschneider, RN, MSN
Patient Safety Manager

Please contact:
lynda.brettschneider@va.gov

