The Early Utilization Of Safety Plans On The Child And Adolescent Psychiatric Inpatient Unit, A Quality Improvement Project

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Disclosure Statement
There are no conflicting financial interests reported by the authors.

Purpose

To improve implementation of safety planning on the child psychiatry inpatient unit at The Johns Hopkins Hospital.

Case

15 year-old female with history of cutting, depressive and anxiety disorders, and psychiatric hospitalization one week prior presentation and readmission. She was readmitted with passive death wishes and superficial cutting. When asked why she did not use her safety plan after discharge, including her healthy coping strategies, she indicates that she forgot them, never practiced them, and misplaced it.

Epidemiology

Self-Harm

- **10% of adolescents have self-harm**
- **5:1 ratio (females to males)**
- **1/8th who self-harm present to hospitals**
- **> 50% report repetitive self-injury**
- Suicide 10x risk for those with self-harm and hospitalization

- Methods: s**elf-cutting (most common), jumping from heights, self-injury, non-recreational risk taking**

Suicide

- 90% of youth who completed suicide met psychiatric diagnosis
- 2nd common cause of death (age 10-24)
- 3rd common cause of death in male adolescents
- Adolescent boys 3x higher suicide than girls; but adolescent girls attempt 2x

- High Schoolers
  - 16% seriously contemplate suicide
  - 13% make suicide plan
  - 8% make attempt
  - 2% seek medical attention

Introduction and Goals

1. Problem Description

- Most patients review their safety plans only near discharge.

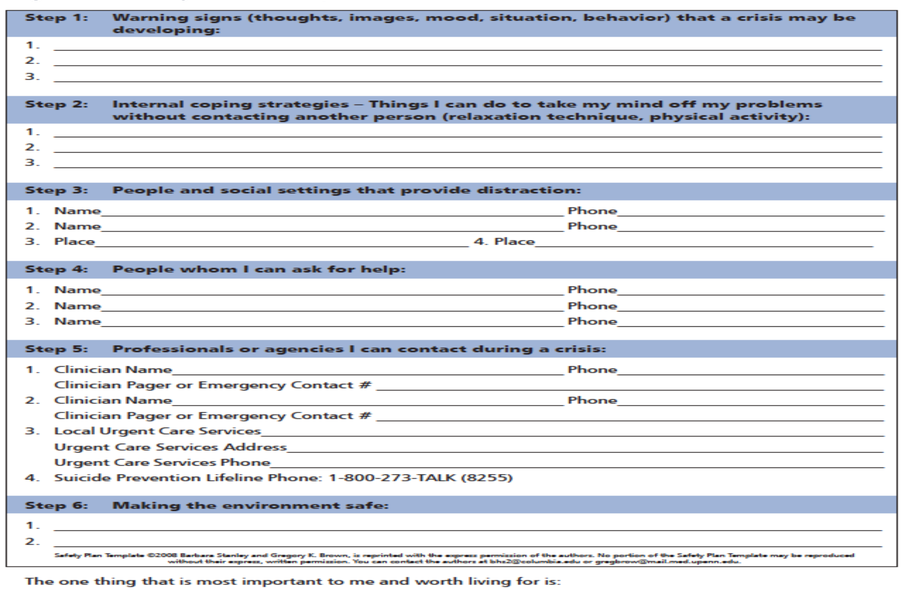
- Joint commission requires each patient to have a inpatient safety plan upon admission.
- On our inpatient unit, nurses are asked to complete the inpatient safety plan within 24 hours after admission.
- Safety planning may mitigate risk for suicide, self-harm, or aggression.

- Although coping strategies are discussed during the patient's stay, discharge safety plans are only presented close to discharge
- 40% had a safety plan in their chart at discharge (Nov 2015).

2. Goals of Project

- To review the evidence regarding the benefits of safety plans
- To summarize and present the benefits of safety plans to staff
- To put a plan in place to discuss safety plans earlier during the hospital stay and to improve completion rates of safety plans at discharge.

Figure 1: Safety Plan on Inpatient Unit



Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

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The one thing that is most important to me and worth living for is:
_____

Methods

1. Location: Bloomberg Children's Hospital, Child and Adolescent Psychiatric Inpatient Unit (12 beds)

2. Interventions

- Use presentations, emails, and flyers to disseminate the benefits of safety plans to multidisciplinary staff
- Encourage the completion of safety plans during the first day
- Attach safety plans to patient's "passport" (a booklet that the child uses to receive stamps for good behavior)
- Discussion of safety plans with patients routinely by doctors
- Work with multidisciplinary team to optimize techniques to improve completion of safety plans early during the child's stay

3. Outcome Measures

- Compare safety plan completion rates post intervention
- Use staff questionnaire to inquire about when safety plans are incorporated during the patient's stay

Conclusion

- We hope that this intervention reduces aggression, self-harm, and suicidality and improves coping practices for patients recently discharged from our unit.
- Future research should compare post-discharge behavior of those patients who referred to their safety plan and those that did not during their hospitalization.
- Limitations: Some may have short stays or be cognitively impaired to refer to their safety plans routinely during their hospitalization.

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