Documentation of the Psychiatric Safety Assessment

-How to CYA in Psychiatric Emergencies-

2023 OAAPN Conference

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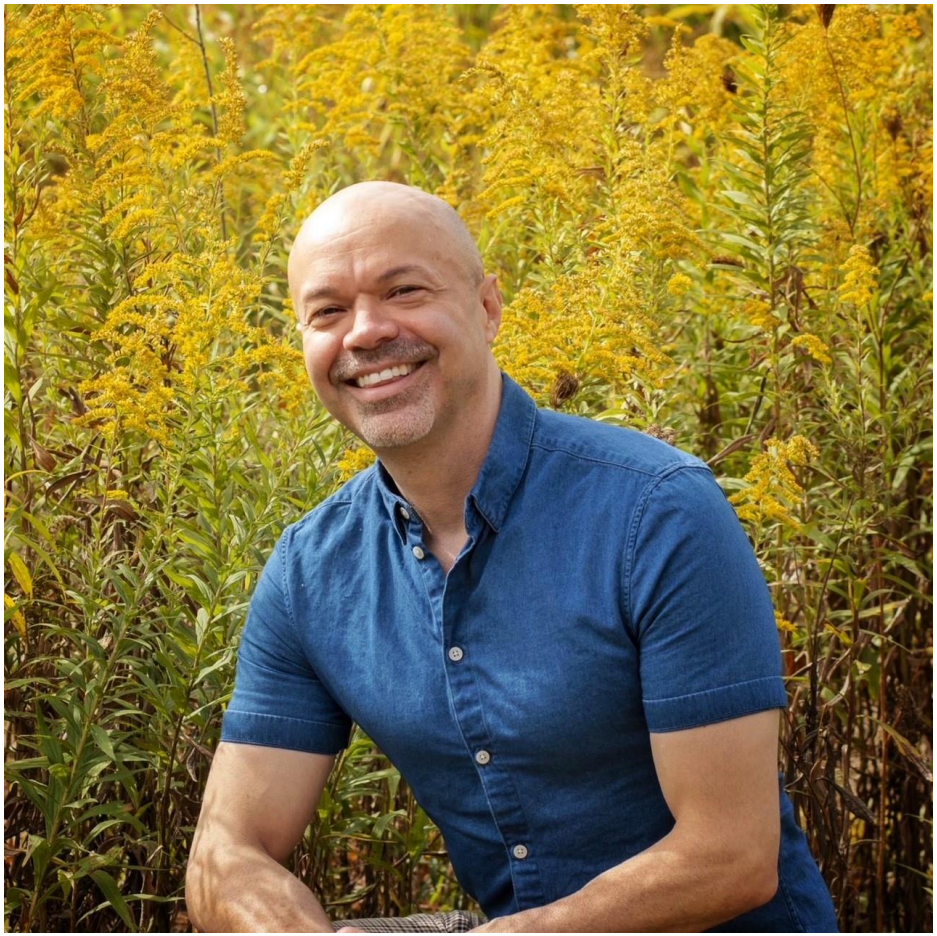

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Presenter Disclosure Statement:

Nothing to Disclose
&
No Conflicts

Learning Objectives:

- Identify the foremost reasons NPs managing psychiatric emergencies face subsequent litigation.

- Discuss evolving evidence-based strategies of documenting psychiatric safety assessments to maximize the NP's self-protection, their institution's safeguard, and the comprehensive value of the risk assessment.

- Demonstrate an initial aptitude in effectually documenting psychiatric safety assessments that are rooted in current literature to enhance patient safety and mitigate preventable litigation.

Today, we will cover what the literature suggests is an evidence-based documentation of…

The Psychiatric Safety Assessment

Legal Examination

In 2018 a large Cincinnati-based law firm specializing in medical malpractice informally examined around 1,800 reported adverse incidents & claims involving nurse practitioners across the nation.

- The average indemnity for those closed claims was $221,852

Legal Examination

- 63% of the claims involved primary care
- 17% in community-based OP clinics
- 11% in skilled nursing facilities
- 9% in NP private practice settings

Legal Examination

- **6%** of the claims involved **Behavioral Health** (PMHNP's & average indemnity payment: $203,365)

- Of the 6% which involved behavioral health…

  - **24% related to PMHNP's** who were faulted for inappropriately releasing persons from their charge & which persons ultimately suicided or attempted suicide or harmed another as a consequence.

    - closely followed by 22% related to irregular psychopharmacological prescribing practices

Legal Examination

Therefore, the leading cause of malpractice suits against PMHNP's involves poor documentation in cases whereby patients are deemed safe to be released during a psychiatric emergency, but critical injury or death occurred upon release.

Practical: CYA

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How to effectively document a psychiatric safety assessment when there exists some level of risk…

BUT…

you choose NOT to admit the patient.

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This is about…

Maximizing your self-protection, your institution's protection & the comprehensive value of your risk assessment by doing the following…

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1) **ALWAYS <u>ACKNOWLEDGE</u> THE <u>RISK</u> & ASSOCIATED <u>RISK FACTORS</u>**

Example:

"This patient does have <u>risk factors</u> elevating their risk of harm to self (or others)."

These include???

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Risk Factors

- Active thoughts of death or ideation
- Past attempts
- Substance Use Disorder
- Mood Disorder
- Anxiety Disorder
- Psychosis
- Static Factors: *Gender, Age, Marital Status, Sexual Orientation, Traumatic history*

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2) MANAGE THE RISK PRESENTED BY PAST ATTEMPTS BY COMMENTING ON THE RISK to RESCUE RATIO

For example???

Risk to Rescue Ratio

Every past attempt has a certain amount of RISK associated with it…

- Gunshot/Hanging/Jumping—**HIGH**
- Overdose on 5 tabs of **BENADRYL—LOW**.

Risk to Rescue Ratio

- Every past attempt also has a certain capacity for "RESCUE"

Examples:

- Attempt done in presence of another or immediately called 911—**HIGH RESCUE**
- Isolated self w/o intent to be found—**LOW RESCUE**

Risk to Rescue Ratio

Low Risk to Rescue Ratio implies…

- That the overall severity or risk of lethality was low probability especially in relation to other protective or "rescue" factors.
- This qualifier will help to manage the risk associated with past attempts.

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3) COMMENT ON PROTECTIVE FACTORS

For example???

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Protective Factors

- Patient repeatedly denies intent or motivation to act
- Patient has no access to lethal weapons
- Patient is help-seeking & motivated for treatment
- Stable Support Person expresses understanding of risks & feels they have appropriate services to manage the situation & follow through with plan.
- Other Factors: Religion, Family, etc…

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4) CONTRACTING FOR SAFETY AS A TOOL & NOT A CONTRACT ITSELF

What's this mean???

Contracting as an Assessment Tool

Safety contracts are rifled with criticism for their actual benefit, but remain a standard of care.

- (The literature suggests that verbal contracts & safety contracts are not efficacious)

OUR JOB: Balance the situation by performing contracts as a chance to assess for ambivalence.

- *Example: "Patient was asked to contract for safety in order to assess for ambivalence. Patient contracted for safety w/o any signs of ambivalence."*

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5) COMMENT ON THE MOST IMMINENT OF RISK FACTORS

Examples:

- The patient does not assess to be highly agitated or in an acutely anxious, psychotic state.

- The patient does not assess to be in EXISTENTIAL CRISIS.

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6) COMMENT ON WHAT YOU CAN RESPONSIBLY SAY

Example:

- Given the above assessment, the patient does not currently assess to be an imminent risk to self or others.

Putting It All Together…

- Acknowledge the risk & associated risk factors
- Manage the risk presented by past attempts by commenting on the risk to rescue ratio
- Comment on the protective factors
- Contracting for safety as an assessment tool & not a contract itself
- Comment on the most imminent of risk factors
- Comment on what you can responsibly say

Exemplar

"This patient does have risk factors for suicide. These include chronic risk factors such as his male gender, age> 65 and widowed status. He also reports struggling with alcohol use and has active depressive symptoms. He does have past attempts. However, they can be best described as low risk to rescue ratio, as there were only two attempts that included taking Benadryl or partial bottles of home meds, and they were always done in the presence of others, and he himself immediately called 911. In addition, although the patient endorses passive ideation, he adamantly denies intent or motivation. He denies access to guns and was able to contact our office upon having this most recent worsening of symptoms. The patient was asked to contract for safety to assess for ambivalence. Patient contracted for safety without any signs of ambivalence. The patient does not assess to be in existential crisis. Given the above, the patient does not assess to be an imminent risk to self or others at this time."

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- ****** Regarding the referenced Cincinnati law firm, formal permission was <u>not</u> given to this presenter to reveal their identify, citing "legal barriers." However, the data was freely assessable to this presenter given his relationship with one of the lead attorneys. Consequently, such data (though considered reliable by this expert) must be, for our purposes, deemed anecdotal in its level of scientific qualify.***

Questions?