

Background

Emergency departments (EDs) are widely used across the country as a point of access for those in need of psychiatric services (Roennfeldt et al., 2024). When a patient is considered a risk to themselves or others, they are placed under constant one-to-one supervision, which is called a *psychiatric hold*. The Salinas Valley Health Medical Center ED cares for approximately four to eight patients per month requiring a psychiatric hold. Although there is a policy for care of suicidal patients, no policy exists to guide the care for psychiatric holds. Without a clear process in place for managing psychiatric holds and resulting variations in practice, care is affected, such as delays in transferring patients, limited provider access to tele-psychiatrist (tele-psych) recommendations in Meditech® leading to missed medication recommendations, missed assessment charting, and misplacement of belongings. Also, there is a risk for incomplete or unaccounted environmental safety checks which may increase the potential of patient self-harm or harm to staff (Navas et al., 2022). Checklists are a potential intervention to improve management of psychiatric holds because they provide a standardized approach to role responsibilities and structured processes (Elmezzi & Deering, 2019). This quality improvement project explored the following question: For ED patients on psychiatric holds, would implementing a care checklist improve patient outcomes?

Table 1

Psychiatric Hold Survey	
Topic	Survey Question
Suicidal Policy	Are you familiar with the 5150-patient policy?
Nurse Handoff	When receiving handoff report, are you made aware of who is the patient's current physician?
Physician Handoff	When the off going physician leaves, do you know who received handoff of the patient's care?
Reviewing Tele-psych Recommendations	Do you review the tele-psych recommendations?
Facility Transfer Requirements	Do you know what labs and diagnostic tests are needed for facility transfers?
Restraint Policy	How confident are you in your knowledge of the restraint use policy?
Facilitating ADLs	Do you know what the process is to facilitate the ADLs of the patient (shower, personal hygiene)?
Sitter Documentation	Do you know what documentation the sitter is responsible for?

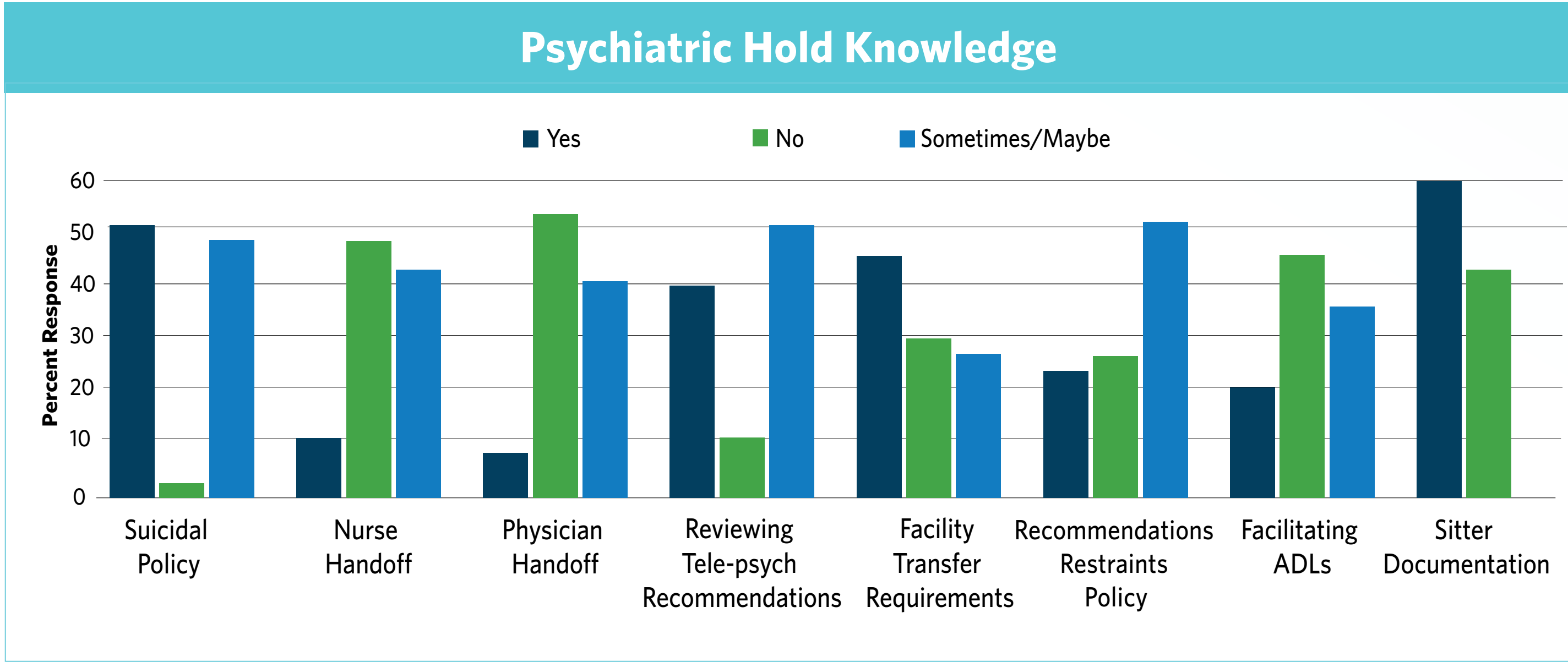
Note. activities of daily living (ADLs)

Methods

A literature search was conducted via CINAHL® and EBSCOhost® to explore our question. Our search used the following search terms: “checklists,” “electronic vs. paper,” “mental health,” “psychiatric holds,” “improved charting,” and “charting compliance.” Out of the eight articles reviewed, three were relevant to our proposed initiative of implementing checklists to improve management of our psychiatric holds. The literature synthesis supported checklist implementation to standardize care (Elmezzi & Deering, 2019). Another study investigated interventions like checklists to improve safety at their facility (Liberatore, 2019).

To better understand ED staff knowledge of our current practice surrounding patients on psychiatric holds, a survey was created and administered (see Table 1). Survey questions were created to clarify the tasks and processes associated with patients placed on psychiatric holds. Questions in the survey assessed knowledge of the suicidal patient policy, nurse and physician handoff, review of tele-psych recommendations, facility transfer requirements, restraints policy, facilitating activities of daily living (ADLs), and required sitter documentation. It was sent to all 144 ED staff members, which included nurses, case managers, and clinical assistants. From this survey, we received a total of 74 responses representing an approximate 51% response rate. The survey findings revealed a knowledge deficit about managing patients on psychiatric holds for nurses, case managers, clinical assistants, and staff assigned as sitters (see Figure 1).

Figure 1



Note. Survey results included 74 responses. Each question asked if staff were familiar with a specific aspect of our psychiatric hold management process.

We then developed a checklist informed by the suicidal patient policy, literature review findings, and survey results (see Figure 2). The aim of the checklist is to guide ED staff through care management of a patient on a psychiatric hold. The checklist contains tasks and responsibilities for the nurse assigned to the patient on a psychiatric hold and will be available on Meditech in collaboration with informatics. There was debate on whether to have the checklist on paper or electronic, but our literature search showed there was higher compliance with checklist use when implemented in an electronic format (Kulp et al., 2019). In October 2024, implementation of the checklist began with educating ED staff at a departmental staff meeting. We will collect information on previous psychiatric hold patients through quarterly chart audits. Audits will include the medical clearance completion, length of time between physician tele-psych order in Meditech and request placed into our online tele-psych system, nurse handoff, and required charting completion (e.g., risk/environmental assessments).

Figure 2

Electronic Psychiatric Hold Checklist
<ul style="list-style-type: none">Initial room safety check-Primary RN and sitter to do their own checksPrimary RN to call Security to wand pt and store belongings (belongings stored in a secure area in the back supply room)Charge nurse to enter Psych eval into Telemed IQ in Quick Links and order an inpatient bed.Primary RN to ensure Tele psych cart placed in the roomPrimary RN to add the Suicide Enviroment Safety Checklist assesement to the work listSitter assignment responsibilities (sitters to order meals [must have safety tray], VS q1hr until medically cleared or otherwise ordered, order hygiene materials, continued room safety checks, behavior notes as indicated, q15min. Rounds up to date)Lab review (Utox, HCG, COVID, CBC, CMP, Tyl and ASA). If labs not ordered, please consult with MDQ2hr nursing assessments-Behavior notes as needed and indicatedAssess the 5150 paper for completeness-SW can also reviewProvider handoff as follows: Noc shift MD →0600 MD →1600 MD →Noc MDDaily MD note to be done by 0600 MD, make sure a daily note is done prior to transferShowers are arranged by Charge Nurse/Resource and the Nurse Supervisor (security and sitter must go with patient)

Results

This initiative is a work in progress. We will continue to use huddles to inform staff of the checklist through the end of December 2024. The medical center is planning to transition from Meditech to Epic® in November 2025. We are working with informatics and have been given options for the format of the proposed checklist to be added onto the worklist nurses see in Meditech. These options will be discussed at our ED Unit Practice Council meeting. Outcomes will be measured by sending out the initial survey again at the 3-month and 6-month marks. Quarterly chart audits will be completed from November 2024 to June 2025.

Conclusions

The goal of this quality improvement initiative is to improve staff understanding of our process for psychiatric holds with the use of a checklist to standardize management of psychiatric holds. A limitation for this project was identifying outcomes to adequately measure the effect of using a checklist. In the future, we hope to measure improvements in patient transfer times, compliance with medications recommended by tele-psychiatrists, and appropriate tracking of patients’ belongings.

References

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