Implementation of a Protocol to Improve Quality and Use of Existing Crisis Safety Plan

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Abstract

Crisis safety plans are an important tool for decreasing suicide attempts if a crisis situation arises. Pre-implementation data found that only approximately 20% of clients with schizophrenia/schizoaffective disorder in medication services only had a up to date crisis safety plan in place. The purpose of this quality improvement project is to implement and evaluate a protocol to increase the use of an already established crisis safety plan in the outpatient setting within the electronic medical record. The aim of this project is to increase imitating and updating crisis safety plans for clients with schizophrenia/schizoaffective disorder. Participants include clerical staff, licensed practical nurse and nurse practitioners. The target population are patients diagnosed with schizophrenia/schizoaffective disorder with appointments in medication services clinic. Clerical staff will identify those in the target population who do not have updated safety plan. Those without an updated plan will meet with the LPN and/or nurse practitioner who will document it in the electronic medical record. Outcome goal of 75% or more would be completed by the end of the 12 week implementation period, with approximately 45 of 60 safety plans will be up to date by the end of the implementation period. Preliminary findings include an increase in recognition of absent safety plans, as well as more awareness about the importance of crisis safety plans among staff.

Purpose Statement

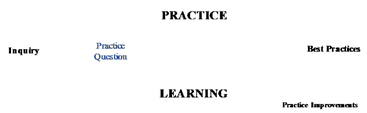
The purpose of this project is to implement and evaluate a protocol to increase the use in the outpatient setting of an already established crisis safety plan in the electronic medical record (EMR).

Aims:

- Increase the number of crisis safety plans in the EMR
- Designate responsibility for updating crisis safety plans for those in medication services only

Translational Framework

The Johns Hopkins Nursing Evidence-based Practice Model



Background

Schizophrenia is a psychotic disorder that is a worldwide problem, affecting 20 million people across the globe (World Health Organization, 2021).

According to the American Psychiatric Association (APA), schizophrenia is a complex neurological brain disorder that affects less than one percent of America's population (2020).

In 2020, the *American Journal of Managed Care* discussed the annual cost of schizophrenia is approximately $155 billion in the United States.

Patients with schizophrenia are a challenging population to treat due to a lack of insight, lack of support and high-risk behaviors, such as not taking prescribed medication as directed, suicidal ideation, suicide attempts and self-injurious behaviors (El-Mallakh & Findlay, 2015; Potkins et al., 2013).

Individuals with schizophrenia are also considered a vulnerable population as they are at high risk for being unemployed/homeless, have medical comorbidities and die at a younger age compared to the general population (Wander, 2020).

Methods

Plan

List of clients identified as meds only by MIS- specifically those with ICD diagnosis of schizophrenia/schizoaffective

CSR will do a weekly review and identify clients who are meds only and note on providers' daily census

HIPPA approved email will be sent when an identified client checks into the clinic, standard communication at this site

Safety plan will be updated or initiated by either nurse practitioner or LPN

Safety plan will be printed fo provide a copy for client

Excel spreadsheet of list will be updated daily by DNP student

Run charts for visualization

Track progress every 2 weeks & display on bulletin boards

Confidence questionnaire for staff about conducting safety plans

Follow 3 month implementation period and determine the percentage of change in safety plan use

Goal of 75%

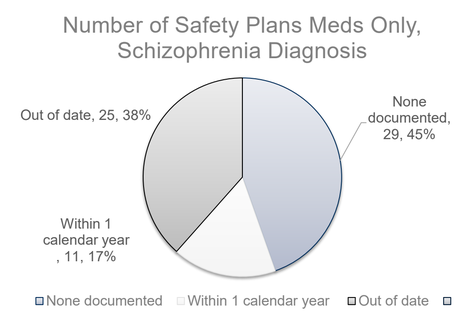
Human Subject Protection

IRB expedited review was completed and determined the project is non-human subject research.

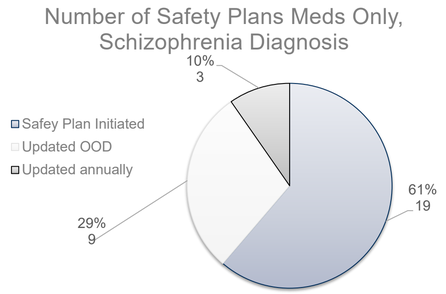
Preliminary Results

At the conclusion of week 10 of the 12 week implementation phase 48% of safety plans had been updated or initiated for clients with a diagnosis of schizophrenia in medication services only.

Pre-Implementation Data



Post-Implementation Data



Employee Education

- Anonymous 5 question web-based survey prior to education sessions
- Two separate education sessions completed via zoom due to COVID-19 precautions

Conclusion

Implementing a new protocol and designating responsibility to a specific part of the treatment team increased the use of crisis safety plans in the current EMR

A simple change can impact the process in a big way

Evidence shows that crisis safety plans are a positive tool to decrease suicidal behaviors and the risk of suicide, notably in patients with schizophrenia

Evidence shows developing an individualized crisis safety plan by both the patient and clinician can improve the use of the plan if a time of crisis arises. It is imperative the clinician is skilled in asking intense question when developing a crisis safety plan.

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