Department of Health
Division of Behavioral Health Services
Annual Patient Safety Act Report
January 1, 2022, through December 31, 2022

Implementation

The Division of Behavioral Health Services (DBHS/Division) Patient Safety Act (PSA) advisory committee continues to receive and review the Root Cause Analyses (RCAs) submitted under the Patient Safety Act by the three regional NJ state psychiatric hospitals and one forensic psychiatric center. A log of PSA related events is maintained by the Division to monitor the timely submission and review of submitted RCA's.

The review committee, which consists of members of various disciplines including psychiatry, psychology, nursing, and rehabilitation services, assesses the Root Cause Analyses for timeliness, thoroughness, and credibility. Questions or concerns of the committee are shared with the RCA team/facilitator as well as the Director of Quality Assurance and Risk Manager of the facility where the event occurred. Facility staff review and provide responses to these questions/concerns and may be asked to reconvene the RCA committee as needed. If necessary, a revision to the RCA is requested.

During 2022, system initiatives/improvements that are expected to decrease the number of incidents reportable under the PSA in the hospitals included the following:

- The Division continued implementing various programs across the system that promote violence prevention through using active treatment and behavioral management skills.
- The Division staff is invited to attend the RCA meetings to assist and provide feedback during the process to decrease the needed to revise once completed and submitted.
- The team at Ancora Psychiatric Hospital is doing excellent work on the Electronic Health Record "EHR" project and have developed a functioning order entry system for medications and ancillary orders. Other elements of the EHR and associated projects are well underway.
- Each facility has systematically improved safety conditions while adhering to CDC guidelines for COVID-19 precautions
- Each facility actively recruits qualified medical staff to fill any vacant positions and maintain the established standardized ratios.
- Each facility monitors possible risks and to improve the environment of care for patients by systematically assessing and mitigating ligature risks, making environmental improvements, installing hardware upgrades, and completing room renovations.
- Each facility requires that the patients it serves are receiving clinical care that reflects the latest, evidence-based behavioral healthcare.
- Each facility has reengineered its psychology services to increase the clinical treatment

Overall Reporting Patterns

From January 1, 2022, through December 31, 2022, a total of fourteen events were reported and reviewed. The fourteen events were between three facilities and zero events occurred at the forensic center. The events consisted of; eight Suicide Attempts, one Patient-to-Patient Assault with Major Injury, two Falls with Major Injury, three Unexpected Deaths.

Focus on Specific Events

a. Attempted Suicides

There was a total of eight suicide attempts in 2022 a 38% decrease from year 2021. The mean age of the patients was 44 years old.

Five suicide attempts occurred at one facility and the remaining three were at another facility. The five suicide attempts were by four different patients at one facility, three suicide attempts were by two different patients at the other facility in 2022.

Root causes

- Team Factors: Failure in communication among staff members regarding identifying necessary suicide risk precaution interventions and objectives (long-term and short-term goals) for suicide or self-injurious behavior as evidenced by lack of documentation on the comprehensive individualized treatment in the medical record.
- Team Factors: Failure in communication among staff members of previous suicide attempt by the patient as evidenced by lack of documentation on the 24-hour report and medical record.
- Team Factors: Failure to request a Clinical Review (CRT) for a comprehensive review of the patient and alternative recommendation in the plan of care as evidenced by lack of documentation in the medical record.
- Other (Environmental) Factors: Failure to remove an easily breakable ceiling florescent light bulb that was identified as an environmental risk, as evidenced by a patient using the object for self-harm and/or suicide attempt.

Prevention strategies

- Remediation by the Treatment Planning Administrator to the Program Coordinators and Treatment Team members regarding appropriate planning for suicidal patient.
- In-service Treatment Teams on the revised Clinical Review Process Policy emphasizing the requirement of requesting a Clinical Review for a patient who had been on precautions for more than 10 days.
- Provide ongoing annual and after an event training and assess competency of staff implementation of observation of patient at an increased risk of suicide.

b. Assault with Major Injury

There was one Patient-to-Patient Assault with major injury in 2022. The patient assaulted was a 38-year-old male sustained a fracture of the mandible and surgery was required to repair the fracture as per the medical record.

Root causes:

- Team Factor: Failure to request a clinical review for a comprehensive review of the patient and alternative recommendation in the plan of care as evidenced by lack of documentation in the medical record.
- Task Factor: Failure in the proper de-escalation techniques and application of patient's safety plan as evidenced by lack of documentation on comprehensive individualized treatment in the medical record.
- Task Factor: Failure to implement Behavioral Support Plan regarding engaging in programming patient as evidenced by lack of documentation in the medical record, including and on the comprehensive individualized treatment plan.
- Task Factor: Failure in the patients' history of violent/aggressive as evidenced by lack of documentation on comprehensive individualized treatment in the medical record.
- Other (Environmental) Factor: Failure to the design of the Patient Information Center (PIC) counter height facilitated patient jumping over the PIC. This resulted in patient physically assaulting staff. The design of the PIC also appeared to be a barrier in preventing the staff from quickly exiting the area.

Prevention strategies:

- Remediation of the Assessment/Reassessment Policy to ensure the patient is thoroughly assessed when the patient is highly assaultive, refusing programming and/or exhibiting behaviors that are high for assaultive behavior.
- In-service Treatment Teams on the revised Clinical Review Process Policy emphasizing the requirement of requesting a Clinical Review for a patient who had been on precautions for more than 10 days.
- Implementation of including review of Patient Safety Plan (PSP) in the interim updates to identify triggers and assess availability and effectiveness of coping skills used during the incident.
- Provide ongoing annual and after an event training and assess competency of staff implementation of observation of patient at an increased risk of assault.
- Re-education of staff on policies/procedures and develop competencies involving identifying triggers and using proper de-escalation techniques with a of patient at an increased risk of assault.
- Re-education of staff on mock code drills and assess competency of staff response and actions taken.

c. Fall with Major Injury

There were falls resulting in a left ankle fracture in 2022. The median age for the patients (a male and a female) was 40 years old with no previous falls recorded with a low risk for falls as per the medical record.

Root causes:

- Team Factor: A patient was reluctant to leave the porch area due to a previous experience of being locked out of the cottage. This was a failure of communication amongst staff and evidenced by a lack of documentation in the medical record. The comprehensive individualized treatment plan was also incomplete.
- Team Factor: Communication inadequacies among staff indicating that the Treatment Team failed to communicate with the patients about the steps that they should take to get back into the building, should they become locked out. Determinations needed to be set as to when the door should remain unlocked while patients are on the porch.
- Other Environmental Factor: Alternate flooring options on patient units such as rubber composite to decrease the risk of injury.
- Other Environmental Factor: Areas cleared of snow/ice.
- Other Environmental Factor: Have designated areas to drop off patients during snow/ice weather conditions.

Prevention strategies:

- Re-education of staff on policies/procedures and develop competencies involving safety concerns with morning briefings, for handoffs at shift change, and updates of environmental safety issues.
- Re-educate nursing staff on the policy and fall scale as part of the annual fall assessment.
- Provide further training to staff on the Workplace Violence policy and fall prevention factors, specifically targeting those in direct patient care areas and programming.
- Training will be provided on proper patient footwear to prevent falls.
- Re-education of Engineering staff and the Safety Department the policy on pre-construction risk assessment (PCRA) to be conducted prior to all necessary construction projects. Relevant information is communicated to pertinent staff as needed.
- Establishing specific drop-off/pick-up areas that are routinely cleared by the Maintenance Department during snow/ice weather conditions.
- Training of drivers on the specific patient locations designated as drop-off/pick-up areas. These areas will be cleared and maintained during snow/ice conditions.

d. Unexpected Death

There were three unexpected deaths in 2022 at the same facility. The median age for the patients (two males and a female) was 62 years old. Two of the unexpected deaths were determined to be cardiac arrhythmia. The other unexpected death was a male patient who eloped from a facility and the cause is currently unknown.

Root causes:

- Medication Factor: Failure to adhere to the "Treatment" policy; medication refusals and interventions implemented as evidenced by lack of documentation in the medical record.
- Task Factor: Failure to adhere to the "Vital Signs" policy; vital signs refusals and notification to the treating physician as evidenced by lack of documentation in the medical record.
- Team Factor: Failure in communication amongst staff of the deterioration of the patient's condition was not clearly communicated between the nurses and the internists. This was evidenced by the lack of documentation in the medical record within the hour prior to the Code Blue being called.
- Team Factor: Communication failures amongst staff regarding the patient's constant refusal of medical treatment were not communicated from the nurses to the internists. This was evidenced by the lack of documentation in the medical record, and comprehensive individualized treatment plan.
- Team Factor: Communication failures amongst staff of the patient's metabolic syndrome diagnosis were evidenced by lack of documentation in the medical record, and the comprehensive individualized treatment plan.
- Task Factor: Failure to adhere to the "Code Blue" policy and respond to change in patient condition. This was noted by a lack of documentation in the medical record.
- Task Factor: Lack of clear guidelines for ongoing patient identification, appropriate monitoring, documentation in the medical record, and communication among staff members for high-risk patients.

Prevention strategies:

- Re-education of staff on policies/procedures and develop competencies involving code blue medical emergencies and responding to changes in patients' condition.
- Ongoing education for physicians regarding required documentation of all medical diagnoses and ensure documented on proper forms and noncompliance will trigger a Focused Professional Practice Evaluation (FPPE).
- The facility installed programmable magnetic lock doors with card reader entry/egress capabilities in the Cottages.
- Collaborated with contract vendor Delaware Electric to update rapid alert/panic button device with plain language codes indicated for ease of staff use.
- Hired staff for 24- hour Security presence at the entry and egress gates.