



Collaborating to Empower Front Line Primary Care Staff to **Effectively** and **Compassionately** Respond to Patients in Crisis

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A bit about us...

Tracy Meeker RN MN CPMHN(C)

- 27 years as an RN
- 12 years in Mental Health
- Passions:
 - ✓ Decreasing stigma
 - ✓ Increasing capacity among health care providers
 - ✓ Increasing access to mental health services and support



Loanna Maidment RN

- 18 years as an RN
- 17 years in Mental Health
- Passions:
 - ✓ Empowering clients to work towards and achieve recovery
 - ✓ Validating the client's feelings, their experiences
 - ✓ Providing a safe and compassionate space to facilitate recovery



Loanna and Tracy have nothing to disclose



Objectives

- To explore opportunities for collaboration between different organizations who have aligned goals around patient and staff support related to mental health
- To share resources that were developed to support front-line primary care staff in responding effectively to patients/families in distress
- To review outcome data from staff evaluation



A bit about the Family Health Teams (FHTs)

Ottawa Hospital Academic FHT

- Affiliated with the University of Ottawa
- 2 sites
- ~ 17,000 patients
- Inter-professional team
- 21 Nurses (RNs/RPNs/NPs)
- 14 clerks
- Average calls taken by clerks per month: **5227**
- Average calls taken by RNs per month: **1877**



Bruyere Academic FHT

- Affiliated with the University of Ottawa
- 2 sites
- ~ 17,000 patients
- Inter-professional team
- 15 Nurses (RNs/NPs)
- 16 Clerks
- Average calls taken by clerks per month: **5610**
- Average calls taken by RN's per month: N/A





Our Shared Mental Health Care Team

Who we are

- Inter-professional team: psychiatry, social workers, RNs, and an administrative coordinator

What we hope to achieve

- Increased access
- **Collaboration with FHT staff and physicians** to increase quality of care received by patients
- **Increase capacity** among FHT staff and physicians



How it started





Resources

- Initial focus: Clerks → RN's
 - Team In-services
 - Scripted Responses Tool
 - Suicide Assessment Algorithm
 - Documentation tool and guide
- As project expanded, various components were shared with allied health, residents and physicians



In-service #1



How to Handle Challenging Phone Encounters

- A review of personality traits that can come out for any of us during times of stress → anxious, demanding, angry, distraught, talkative....
- The importance of validating
- Stressing that problem solving will **not** work until the patient is ready for this
- The impact of mirror neurons in high intensity interactions





The Scripted Responses Tool

What is it?

Samples of responses and effective approaches to take when dealing with patients exhibiting various emotional states and behaviours

Goals of the tool

1. To provide samples of proven communication techniques and approaches that can de-escalate a situation and help move the patient towards problem solving
2. To decrease the chance of getting triggered yourself
3. To minimize “on the spot thinking” which might result in inadvertently making a situation worse
4. Provide respectful and effective approaches with patients in distress so that the dignity of everyone remains intact
5. Provide staff with a starting point as they come up with their own responses



Scripted Responses Tool – Con't

Types of scenarios covered

1. Talkative or over-inclusive patients
2. Depressed or upset patients
3. Anxious patients
4. Patients expressing delusional beliefs
5. Angry/frustrated/demanding patients

What's Included

- Samples of statements that can help break a pattern of communication or bring the patient to a problem - solving frame of mind
- Suggested approaches to enhance the effectiveness of the suggested statements



Scripted Responses Tool – Con't

Sample content using an over-inclusive patient scenario

- *Possible statement:* “I’m sorry to interrupt you- but I’m concerned about leaving other patients waiting. Let’s focus on what you need from me right now.”
- *Approaches:* Do not encourage by asking questions

Amazing RN:

Liz



Clerk extraordinaire:

Suzanne





In-service #2

Suicide Assessment and Response

- A review of the Suicide Assessment Algorithm Tool and how to use it
- How to assess for suicide risk with a patient on the phone
- Role playing to provide sample interactions with a patient expressing suicidality and how to respond
- Clarification of next steps depending on severity of crisis

Remember

- Introduce yourself and let them know you are an RN
- Take all threats seriously
- Stay calm and non-judgmental
- Use active listening skills
- Validate their distress and the stressors they are facing
- Don't swear secrecy
- Foster hope; try to elicit conversation on future plans
- Assist with distress tolerance skills i.e. deep breathing, ice
- Invite to problem solving

Suicide Assessment Algorithm

Patient calls in acute distress

Clerks/RPN's to transfer call to RN

Has the person already made a suicide attempt?

NO

Assess for suicide ideation
Have you had any thoughts of killing yourself?

YES

YES

NO

- I've asked ___ to call 911 for us OK? Someone will be there with you soon (ensure you know location of pt. prior to informing them you've called 911)
- I'm worried about you; I'd like to stay with you on the phone.
- I'm sure there are other people worried about you; who can we call to come be with you?
- Can you share with me what you've done to try and end your life?
- **If pills can you** tell me what kind of pills and how many you've taken?
- Have you thrown up since taking the pills?
- **If cutting**, where did you cut yourself? Are you still bleeding?
- **If so**, I'm going to stay on the phone while you go and get a towel to put pressure on the cuts OK?

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- **Have you thought about how you would you kill yourself?**
If yes, **Can you tell me more about that?** -- things of note: stockpiling medication, purchasing something, like rope for example, access to a gun, writing suicide notes, giving away belongings, taking care of personal business
- **Do you have what you need to carry out your plan?** ie means. The more detailed the plans, the higher the risk
- Use SADPERSONS to assist in gauging risk: **see sidebar
- Assess intent eg. **Do you have a time, or a day, you plan to do this? eg. Have you written letters? Have you practiced? Have you tried to kill yourself in the past?**
- Try and identify Protective factors -- **What has stopped you when you've had these thoughts before?**
- If appropriate, ask them to work on a **safety plan** with you--ask them what they've done before when very down to help them get through a crisis. Look for 4-5 activities from them, cue when necessary eg. Listening to music, watching a TV show or movie, calling someone, taking a shower or bath, going for a walk, cuddling with a pet etc. Negotiate with them to add "call the crisis line" and "go to emergency." Engage them in this process: ask them to write the steps down and read back to you periodically
- Schedule a follow up app't -- if known to Shared Care inform them or refer
- Consider a referral to Mobile Crisis Team
- If you feel the person is unable to express being safe: **call 911**

SADPERSONS Scale

- S** sex— females more likely to attempt, males more likely to use lethal means
- A** age: 15-24, and men >75
- D** depression
- P** previous attempt
- E** ethanol or other drug use
- R** rational thinking loss
- S** social supports lacking
- O** organized plan-- the more specific, the greater the risk
- N** no spouse
- S** sickness

- Use strategies for pt's in distress, validation, distress tolerance skills, empathic listening, assist with problem solving .
- Offer a follow up app't as needed.



Documentation Guide and Tool

What it includes:

1. Assistance assessing differentiation of risk:
 - Suicidal thoughts without a plan
 - Suicidal thoughts with a plan
 - Suicidal thoughts with a plan and intent
2. What to include when you chart:
 - plan, intent, previous attempts, protective factors, safety plans, whether they are future oriented, resources provided, plans for follow up
3. Documentation examples
4. Important resources to guide next steps

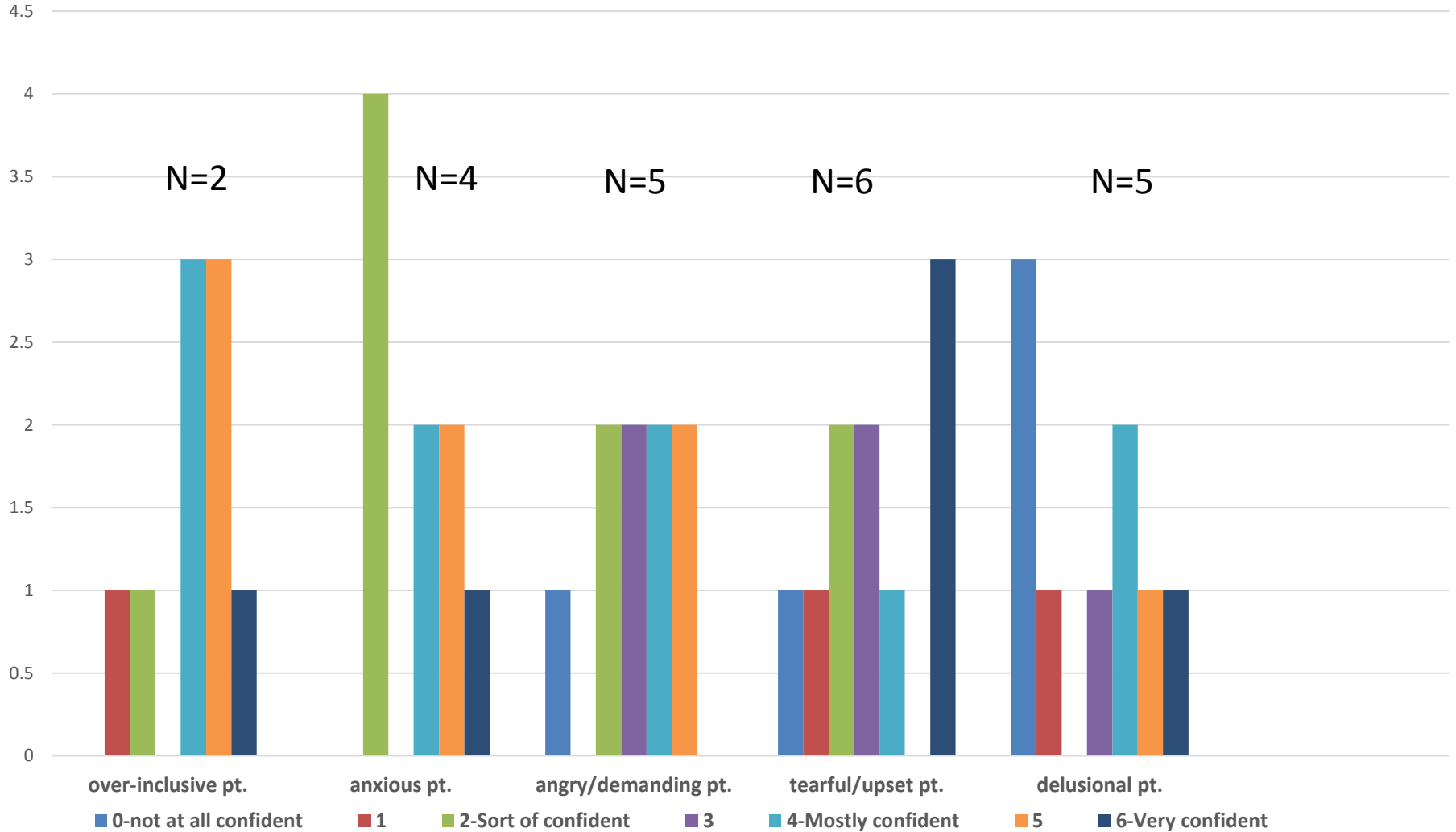


Evaluation

- Front Desk Clerks- Pre-questionnaire/Post Questionnaire
 - In-services
 - Scripted Response Tool
- RNs / RPNs / Allied Health / Residents / Family doctors - Post-questionnaire
 - In-services
 - Scripted Response Tool
 - Suicide Algorithm
 - Documentation Tool

Pre-Survey: 9 Clerks

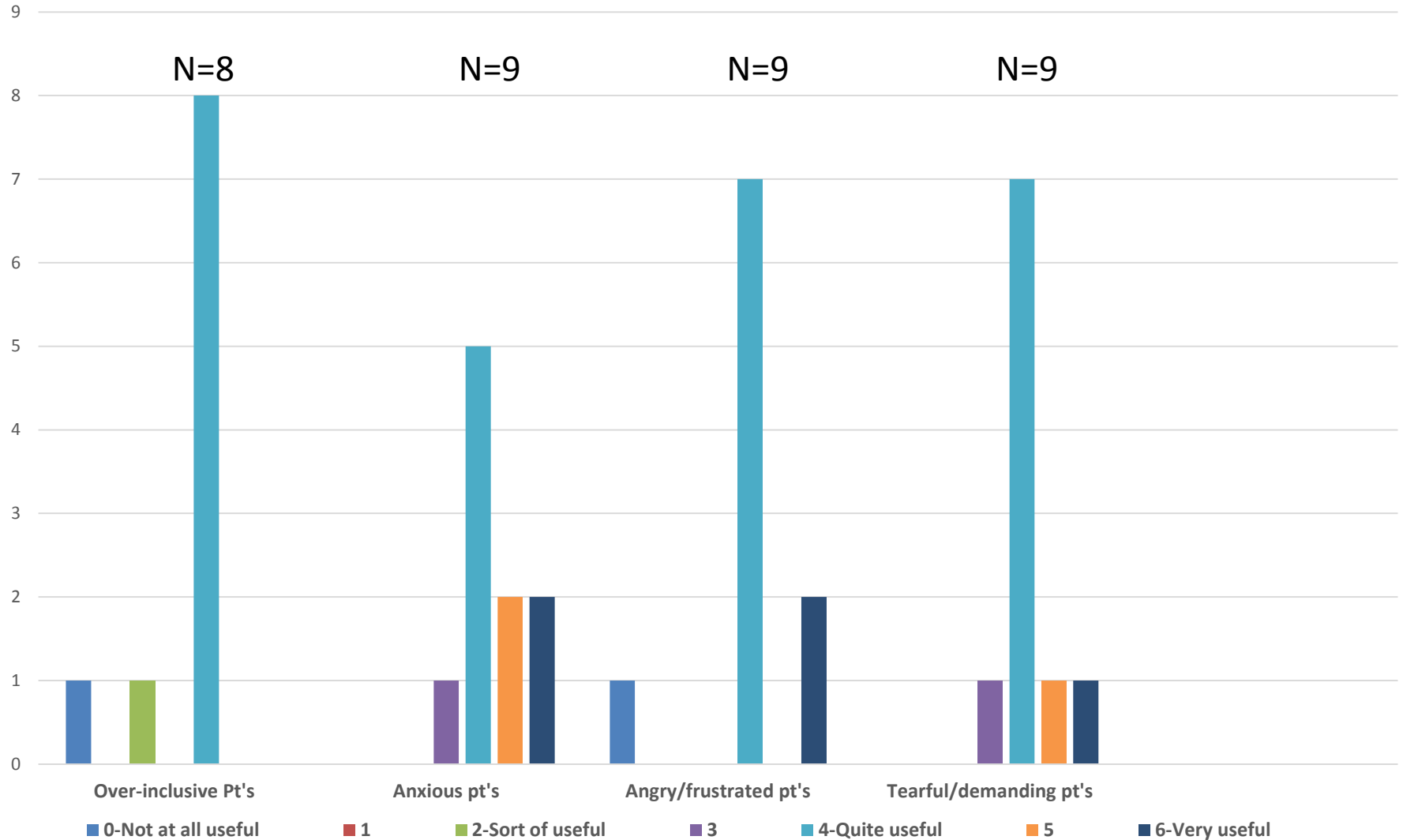
How confident are you in handling...



N= those expressing low confidence levels

Post Survey: Clerks N=10

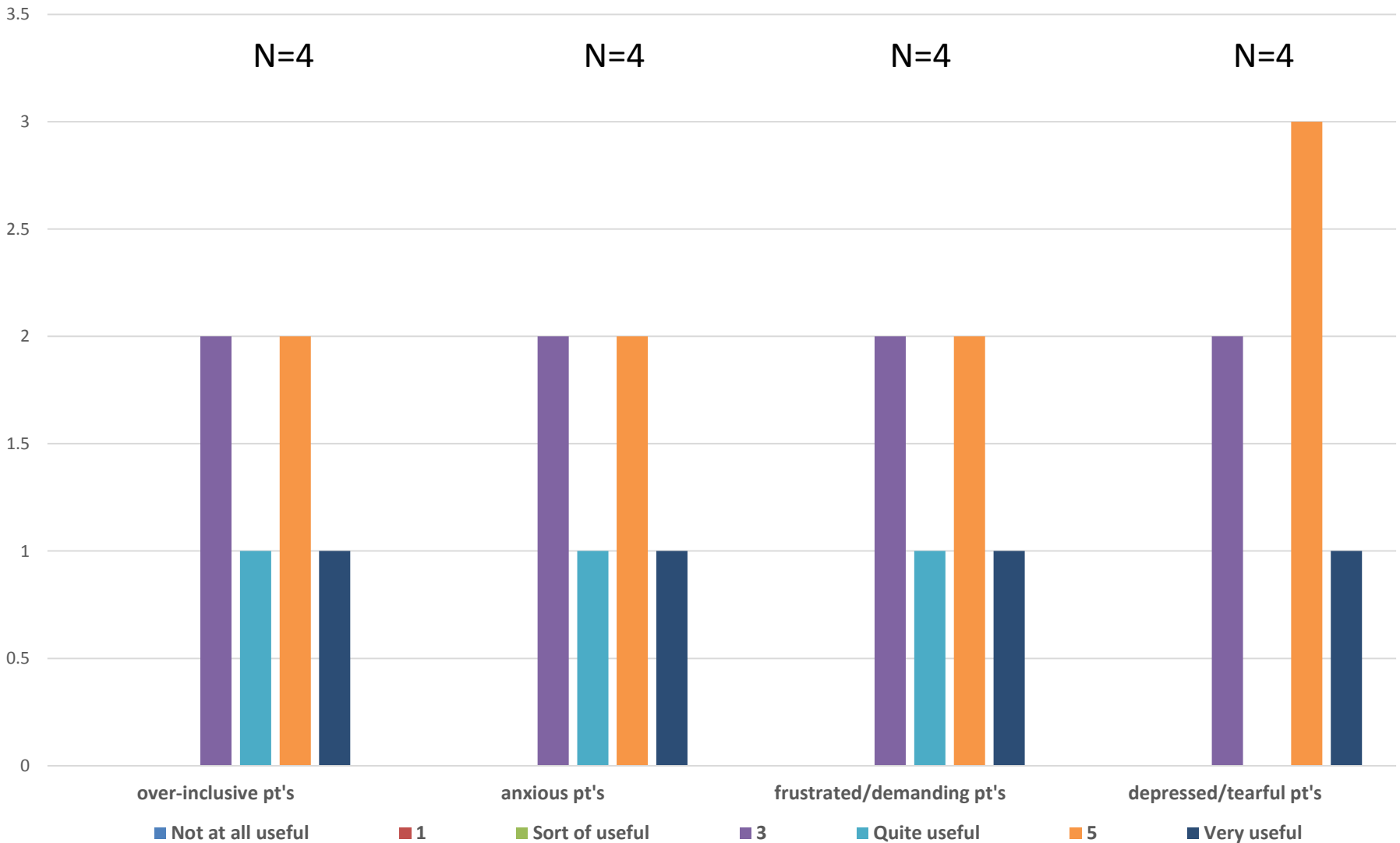
How useful did you find the “Scripted Responses” tool?



N=clerks who found the tool quite to very useful

RN's -- Post Survey N=6

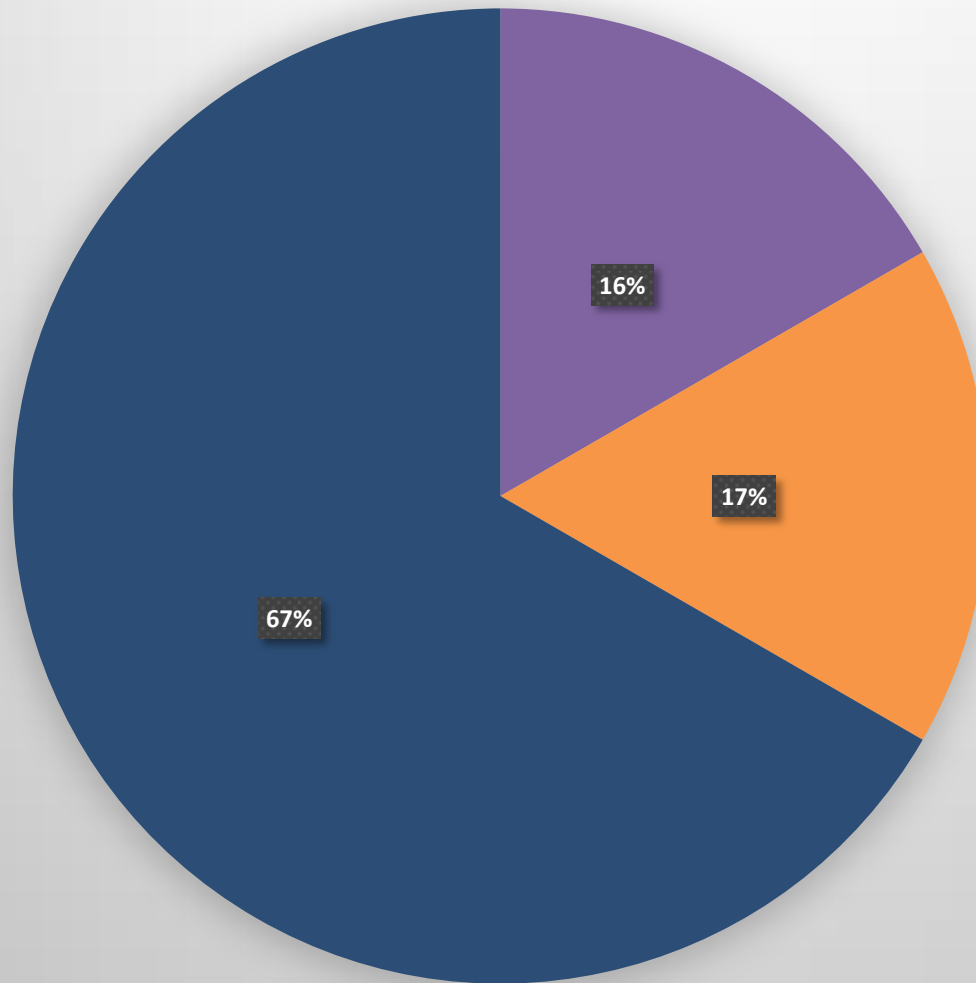
How useful did you find the Scripted Responses tool...



N=RN's who found the tool quite to very useful

Post survey : Clerks

Usefulness of In-service: How to Work with Challenging Patients



■ 0-Not at all useful

■ 1

■ 2-Sort of useful

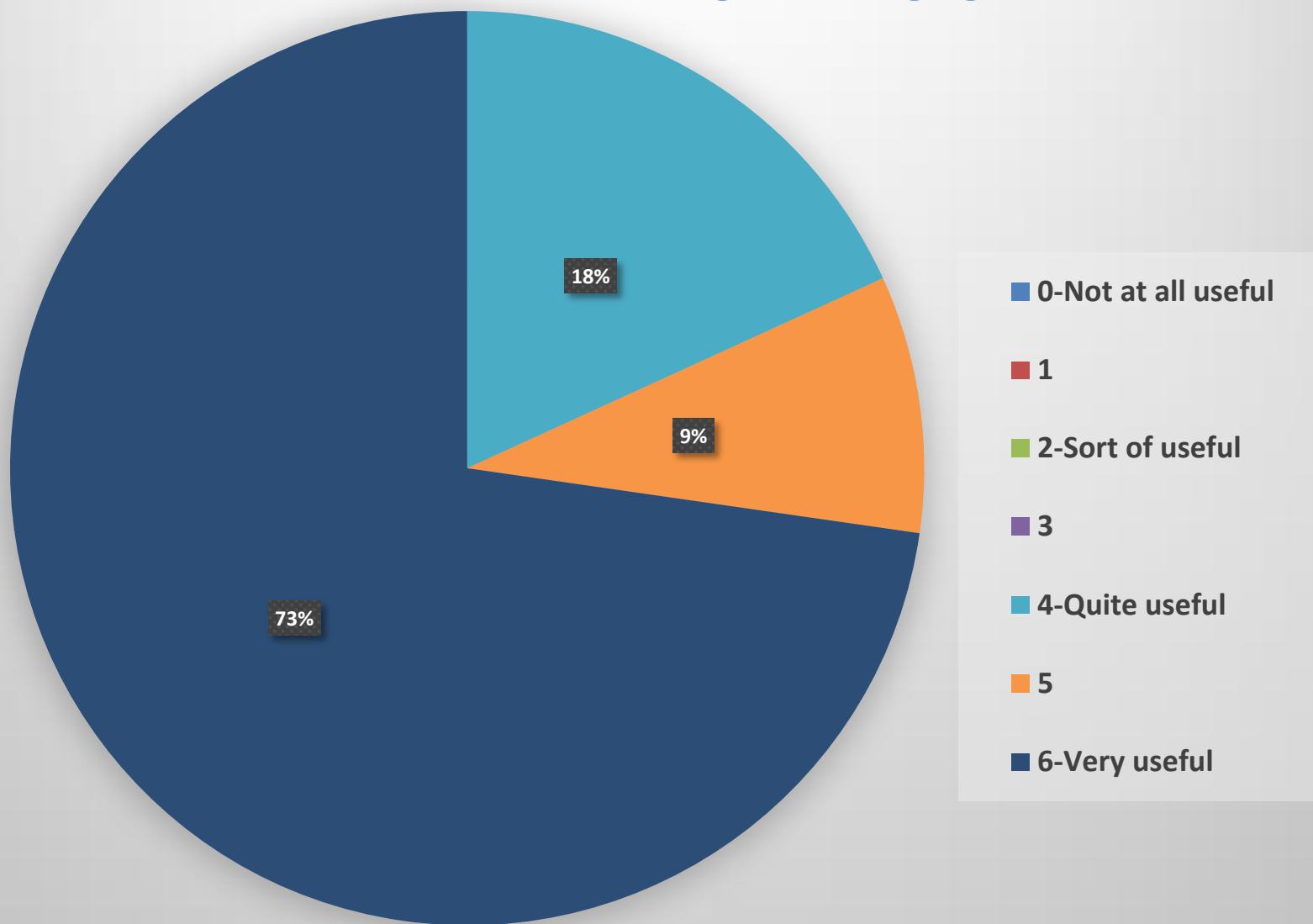
■ 3

■ 4-Quite useful

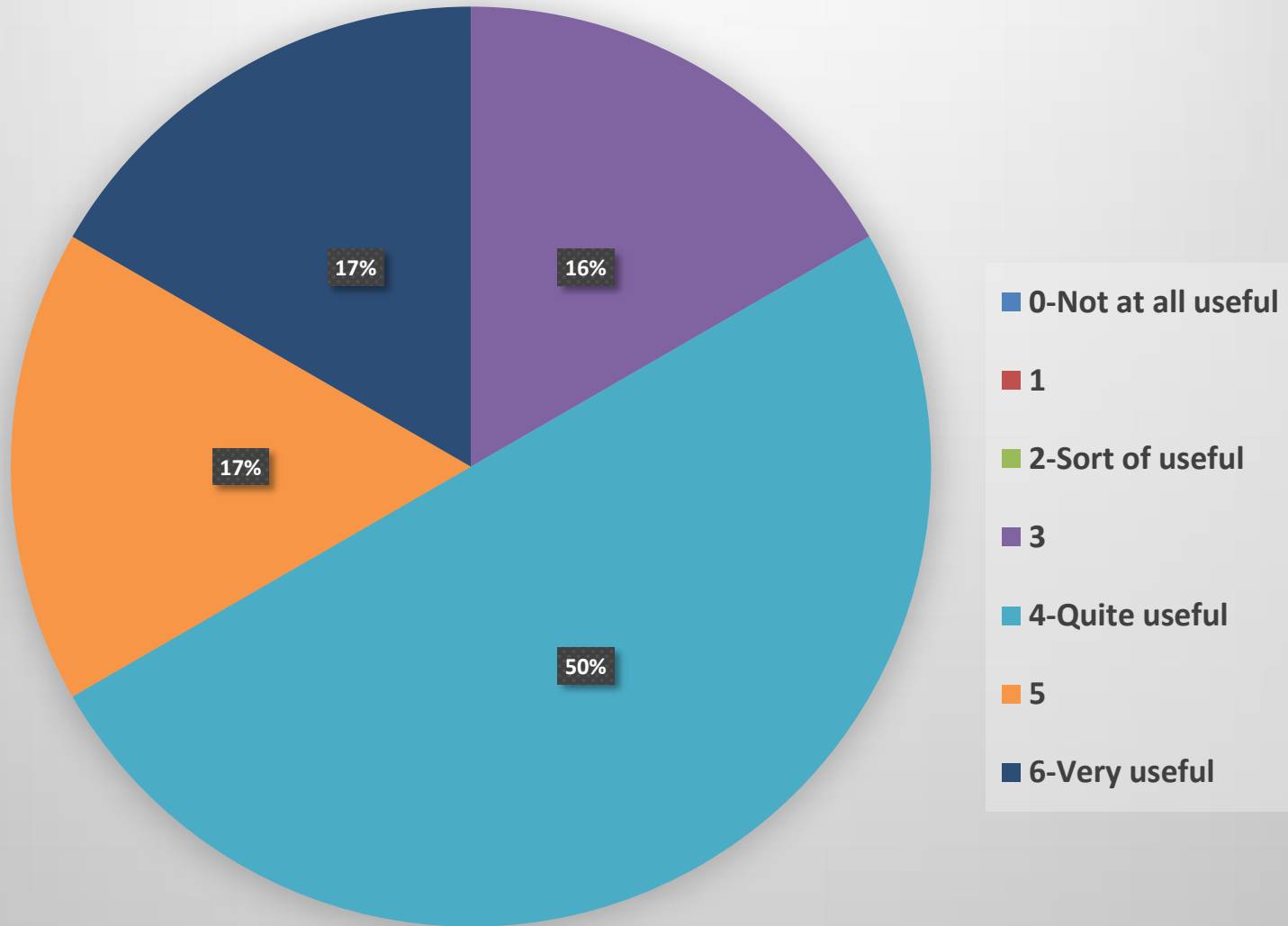
■ 5

■ 6-Very useful

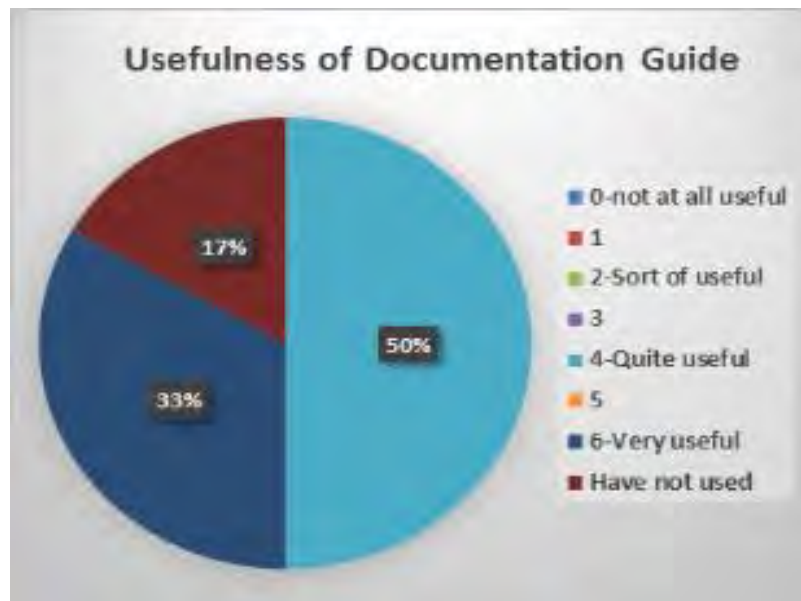
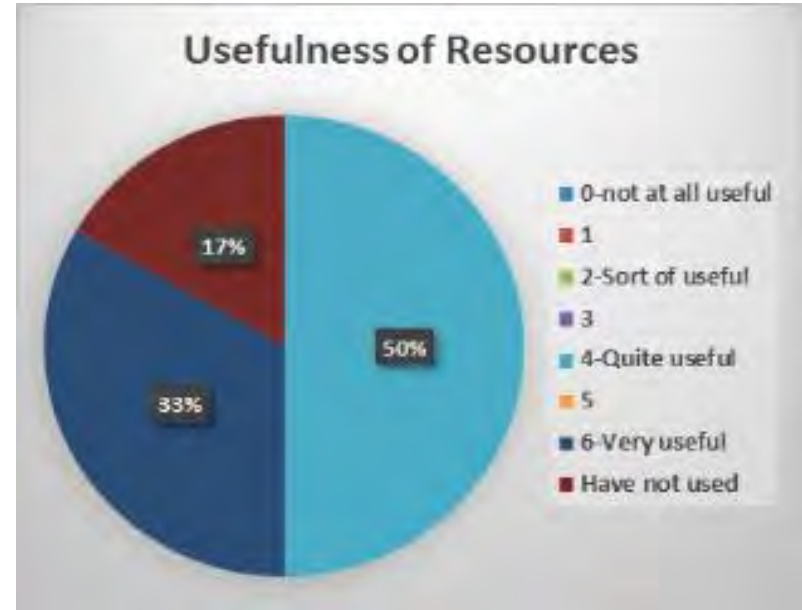
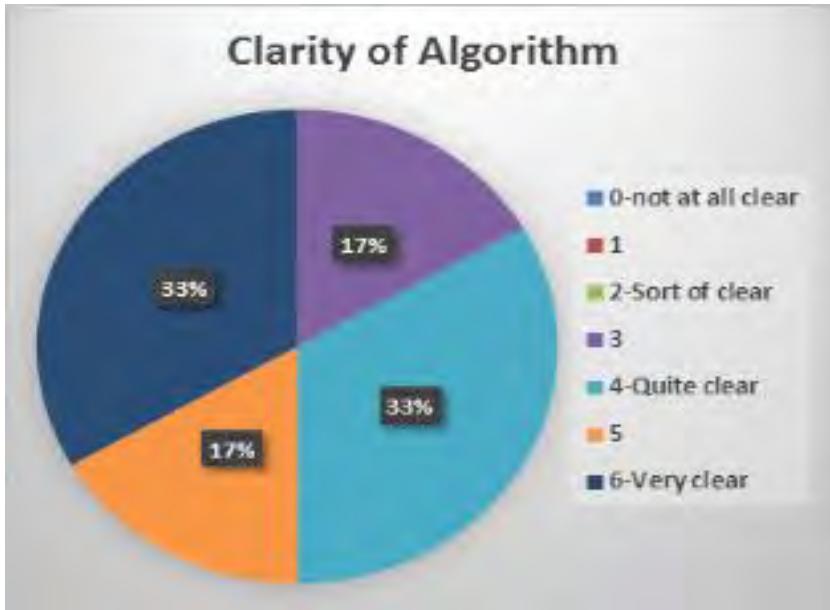
Post survey: RN's/Social Workers/Family Physicians N=16
Usefulness of In-service: How to Manage Challenging Patients



Post survey: RN's N=6
How Useful did you find the In-service:
Suicide Assessment



The Suicide Assessment Algorithm/Documentation Tool N=6



Comments about the Suicide Assessment Algorithm

“The resources provided are clear and practical.”

“it’s a bit wordy so in an intense encounter when you are trying to listen/obtain info. From pt. it can be difficult to follow.”

“The documentation guide is quite useful because it gives direction on what and how to document info. obtained/shared with pt.”

Comments about the Scripted Responses Tool

“This has been a wonderful tool for telephone calls/assessments. And it works! I use it regularly. I have shared it with physicians and residents as well. I keep it by the phone.”

“It is a good tool, however, it is not going to work 100% of the time which is why I rated it a 3. Some pt’s unfortunately have an agenda when they call and there is no stopping them. With pt’s only too willing to complain, sometimes there is always concern about their interpretation of the dialogue.”

“The tool is really good.”

“I have no suggestions to improve the tool but I do recommend this become part of the training for new staff of all kinds. Even if it is not referred to, it provides confidence in knowing how we should (and can) react. It’s a great tool for life in general?? Thank you so much.”

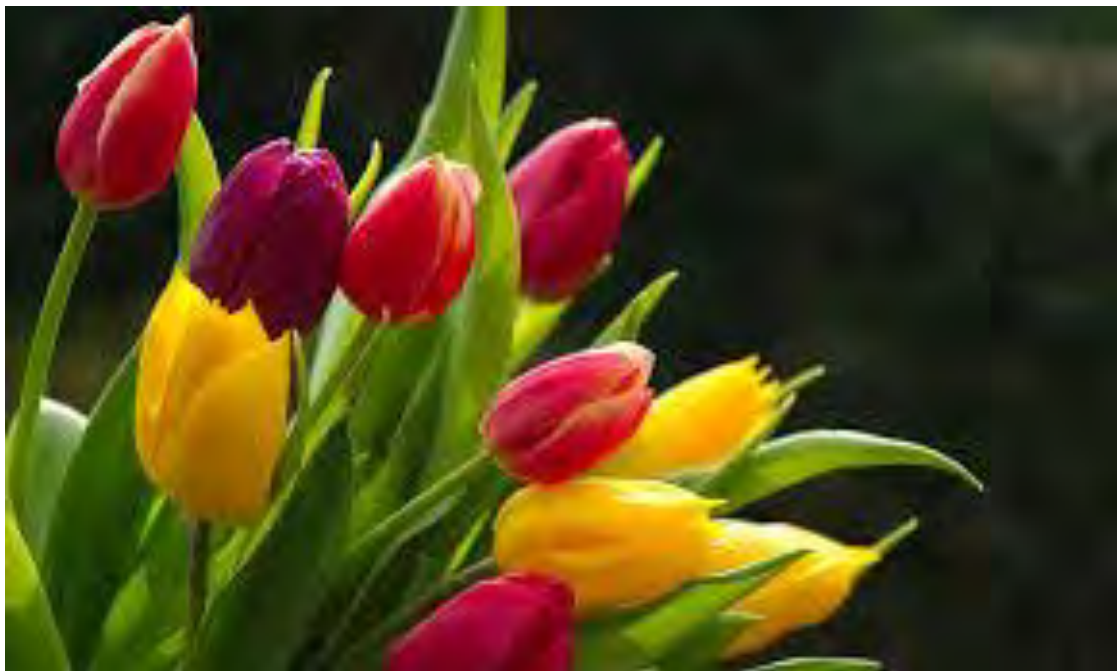


Questions





Thank You



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