

ABSTRACT TITLE: Implementing a standardized agitation assessment on an acute inpatient psychiatric unit.

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Background: This project grew through the Veterans Affairs- Oregon Health and Science University Evidence Based Practice Fellowship, after a gap was identified in current documentation practices at the Portland VA inpatient psychiatric unit. Nursing documentation relied heavily on highly variable narrative summaries, which provided little quantifiable data on patient behavior. This made measuring quality and process improvement difficult since there were limited ways to track patient behavior and outcomes.

Purpose: To describe the implementation of a standardized agitation measure in an acute inpatient psychiatric unit, and describe how this created meaningful and useable data regarding variations in behavior, hospital course, and patient outcomes.

Methods: After a literature search and assessment of staff's needs, the Pittsburgh Agitation Scale was selected as the most appropriate for our unit. This tool measures four dimensions of agitated behavior, including verbalization, motor agitation, aggression, and resistance to care. Once nursing staff began using the tool, the resulting information was collected. Patients were divided into "acute" and "sub-acute" behavior groups based on scores. Patient demographics and significant events during hospitalization (such as restraint use or falls) were also tracked.

Results: Nursing compliance with scale use was 93% 3 months post implementation; after 6 months compliance was 98%. In reviewing the resulting data, patients whose scores place them in the "acute group" made up about 25% of the total patient population, but account for a disproportionate number of falls compared to the sub-acute group. The acute group also has longer length of stay and increased restraint usage.

Conclusion: Implementing this scale provides a wealth of new data about our patients and their hospital course. Gaining more insight into the most acute patients has helped identify areas for future practice improvement. The data informs staffing methodology, fall reduction efforts, and tracking restraint and seclusion use.