

Analysis and Countermeasures for the Causes of Adverse Events in Psychiatric Nursing

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Abstract: To analyze the causes of adverse events in psychiatric department and put forward the preventive measures. **Method:** The nursing adverse events occurred in the psychiatric hospital from 2014-2016 were investigated and analyzed. **Results:** The frequency of psychiatric nursing adverse events ranging in the top three being 21 cases of patients fallen from bed, 15 cases of patients hurting others and 11 cases of patients wandering away. These adverse events result in different degree of damages caused to the patients ranging from mild to moderate injury. The main causes of the adverse events could be due to the lack of responsibility and professional knowledge of the nursing staff or the nursing staff did not abide by the rules and regulations of the department. **Conclusion:** The most effective way to prevent the occurrence of nursing adverse events is to enhance the safety management of wards and the technical training of nursing staff.

Keywords: psychiatric department; nursing adverse events

Introduction

Adverse care events mainly refer to unanticipated events that are not planned in the course of nursing due to technical failure of the nursing staff and poor services provided. With the development of our country, the demand for psychological aspects in life are increasing and thus nursing staffs need to be more cautious at work to prevent the occurrence of adverse events. This study made a regression analysis on the adverse events of the hospital psychiatric care unit, timely detected some problems and has put an end to those incidents to ensure the safety of life in the hospital patients.

1. Data and Methods

1.1. General Information

The hospital clinical departments reported a total of 73 cases adverse care events that included 46 males and 27 females. Age ranged from 19 to 66 years old from year 2014 - 2016. Situation of nursing staff - adverse care events related to the nursing staff: 33 males, 40 females. Age ranged from 24 to 53 years old.

1.2. Statistical analysis

The SPSS12.0 statistical software was used for statistical analysis.

2. The Results

2.1. Causes of Adverse Events and Patients' Injury

Adverse events in nursing care were 21 cases of fallen from bed, 15 cases of inflicted injury, 11 cases of patients wandering off, 9 cases of self-inflicted injury/suicide, 6 cases of needle injury, 3 cases of fallen down, and the other

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9 uncategorized cases.

The root causes of adverse events included the lack of responsibility and experience of the nursing staff, not conforming to rules and regulations in the hospital, and lack of communication between doctors and patients.

3. Discussions

3.1. Assessment of the patients' condition

Psychiatric patients during hospitalization often experienced disorder in words and deeds, emotional instability and poor self-care ability. At the same time, patients are taking a large quantity of psychiatric medications that can easily lead to extrapyramidal, dizziness, fatigue and other reactions. Due to the particularity of mental illness, most of the inpatients experienced obvious psychiatric symptoms, those frequently encountered being self-inflicted wound/suicide and other impulsive behavior. In the early stages of illness, most patients lack self-knowledge, refuse to admit their illness, unable to stay in the hospital with a peace of mind, refuse to coordinate with the treatment, and even inflicted injury on other people, running away from hospital and other actions. Therefore, the nursing staffs need to assess the risk of the patients daily, arrange the patients with relatively large mood swing in one room and if necessary, assess the patient's condition by his bedside to prevent the occurrence of adverse events.

3.2. Analysis of causes of adverse events in nursing

The results of this study found that the occurrence of adverse events were due to nursing staff not highly equipped with professional knowledge, the environmental safety management and work system were not in good order, the conditions of anti-suicide, anti-run and anti-injury were not adequately assessed, and the lack of environmental safety management could also be the cause of adverse events. Nursing Department should thoroughly check on the nursing core system, work routine and psychiatric work processes to control of the situation by requiring departments to conduct a monthly professional study and operational examination, to strengthen the responsibility of nursing education. New nurse recruits to undergo a systematic training exercise, seek to improve the awareness of nursing risk management, to guide and strengthen the training content in practice and to improve the overall level of nursing management that will further reduce the occurrence of adverse care events.

3.3. Construct a safe working environment

To standby the first aid facilities in all departments and all the nursing staff have to be familiar with the emergency plan and to properly display all kinds of safety warning signs to improve anti-skid and anti-fall measures. The commonly used medical equipment such as ECG, sphygmomanometer and oxygen facilities needs to be regularly maintained. Adverse events usually occur during the peak hours between 7: 00 - 10: 00 and 16: 00 - 18: 00 when hand-over of day and night shift staff took place, where the patients were overlooked due to insufficient staff. Newly admitted patients and patients should be taken care to reduce the occurrence of adverse events.

4. Conclusions

In conclusion, psychiatric care services are complex and come with heavy responsibility. The factors that lead to the occurrence of adverse events are diverse, both human and environmental. Therefore, it is necessary to improve the safety management consciousness of psychiatric nursing staff, master the nursing management standardization process, strengthen the professional quality and risk assessment ability of nursing staff to reduce and prevent the occurrence of adverse events which will ultimately improve the quality of care services and the security of the ward.