Manitoba Health

Manitoba Health supports reporting and learning from patient safety events. The focus of a patient safety review is to closely look at the health care system that surrounds and interacts with those giving and receiving care. The goal is to identify risks to patient safety and recommend the most effective ways to minimize risk and improve the delivery of healthcare.

Patient Safety Learning Advisory

Patient Requiring Resuscitation following a Code White

Summary: A patient was admitted from an emergency department to a medical unit with underlying mental health concerns awaiting a mental health liason nurse (MHLN) consult. The patient presentation and admission occurred on a weekend where there is consistent reduced staffing. Thirty-six hours after admission the patient became extremely agitated and physically assaulted two health care providers. The emergency plan for activating a Code White (Violence) was initiated. During the Code White the patient became unresponsive and a Code Blue (Cardiac/ Respiratory Arrest) was initiated. Resuscitative efforts were successful and the patient was then transferred to a higher level of care.

Keywords: Code White/Code Blue

This review is based on a single event.

Findings of the Review:

The patient had a known history of mental illness (schizophrenia) was brought to an emergency department (E.D.) by his/her next of kin (NOK) regarding concerns surrounding their behavior and potentially not taking his/her prescribed medications.

There were no beds available at the time for admission to an acute mental health care facility and there was no MHLN available for an assessment.

There is no standardized process within the Service Delivery Organization (SDO) for assessing MH patients, and accessing a psychiatric consultation.

The patient was admitted to a medical unit to await the MHLN consultation. The medical unit was not equipped to support the acute mental health needs of this patient. The patient was in a mental health crisis and was decompensating from not taking his/her prescribed medications which went untreated.

During the patient's escalated event when staff were attempting to redirect the patient out of another patient's room, he/she began to physically assault (choking) multiple health care providers.

The patient became unresponsive during the Code White event and a Code Blue was initiated.

There is currently one security guard on shift 24/7 in the facility, but it is a "hands-off" security service where physical intervention is not within their job description. The security guard was unfamiliar with their role during a Code White.

There was a delay in the overhead paging of the Code White due to a paging malfunction (approximately 10 minutes) which impacted an immediate response in a timely manner.

Recommendations:

Increase Mental Health (MH) resources to develop better pathways for MH patients waiting on an acute MH bed to include but not limited to:

- **Investigate a "Regional Code White De-escalation team".**
- **Implement a seclusion room at the facility.**
- **Provide education on access to telepsychiatry and provincial MH bed coordinator.**

Re-educate 80% of E.D. staff at the 3 regional centers on the "Transfer of Custody of an Apprehended Involuntary Patient under the Mental Health Act from Law Enforcement/Peace Officer" policy (CLI.5110.PL.008) which supports holding acute MH patients in the E.D. where patient/staffing ratios are higher and closer observation is available.

Explore the EDIS "Psychiatric Assessment and Emergency Nursing" to be utilized at all sites with ED's.

Dependant on above, implement EDIS "Psychiatric Assessment and Emergency Nursing" to be utilized at all sites with ED's.

Assess the current paging process in the facility and identify/rectify any issues with malfunctions (ie pages not going through).

Investigate admission standard orders for acutely decompensating MH patients.

Suggestions:

Pursue the opportunity for the bed utilization coordinator to assist with collaborating with Eden Mental Health Center (EMHC) in transferring stable MH

patient's close to their discharge to a medical unit, allowing an acute MH bed to open up for acute MH patients admission.

Pursue security services that can assist with de-escalation and the ability to provide physical intervention when needed.

***NOTE SUGGESTIONS DO NOT GET REPORTED TO MHSAL**