Survey of factors influencing nurses managing mental state in acute hospital settings

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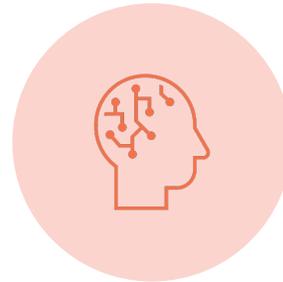
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Background

Increasing mental state deterioration (MSD) rates in medical wards, 183 rapid responses Jan-Jun '23

Staff feel unskilled in mental health, with current strategies being reactive rather than proactive

Early identification and management of MSD is inconsistent

Find innovative solutions to improve practice model and outcomes

DIvERT Realist Evaluation
Theory Testing Using Survey

The survey is part of qualitative and quantitative methods to test, support, and refine program theories including interviews, field observations, and audit of MSD records.

Explore factors influencing nurses' ability to assess, escalate, manage, and report MSD. If we can address gaps, we can increase the probability of DIvERT effectiveness.

The survey instrument aimed to test theories on training, confidence levels, communication, assessment of MSD, documentation, and reporting.

We wanted to explore what is true at a foundational base and ensure theories are grounded in empirical evidence.

DIvERT pilot on trauma and burns unit at Alfred Hospital, Melbourne.

Key Survey Demographic Results

- **Total Survey Response Rate: 50%** (60 out of 120 total staff).

- **Primary Role: 88%** are Registered Nurses.

- **Main Educational Qualification: 78%** hold a BSc. Nursing Degree.

- **Healthcare Experience Level: 48%** have 1-5 years in healthcare.

- **Organisation Tenure: 53%** have been with the organisation for 1-5 years.

Nurses Knowledge and Confidence Levels
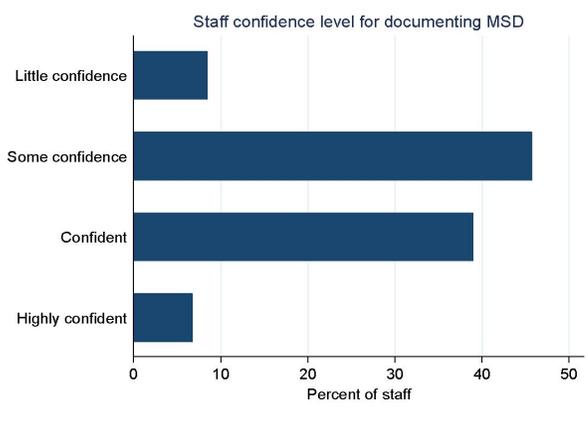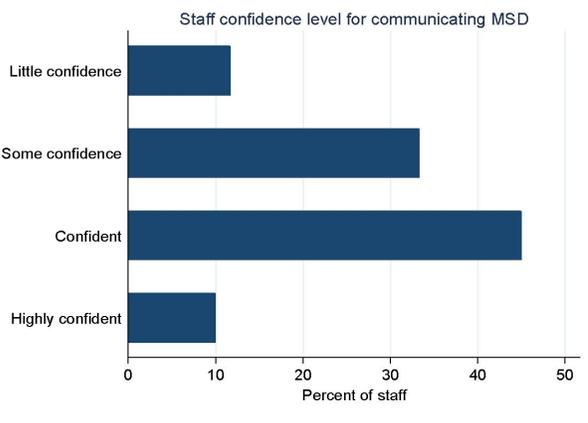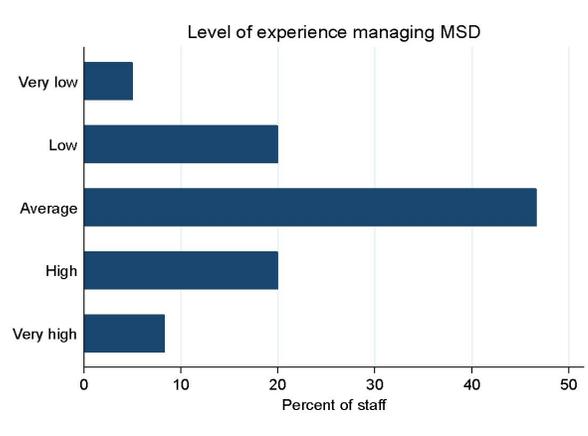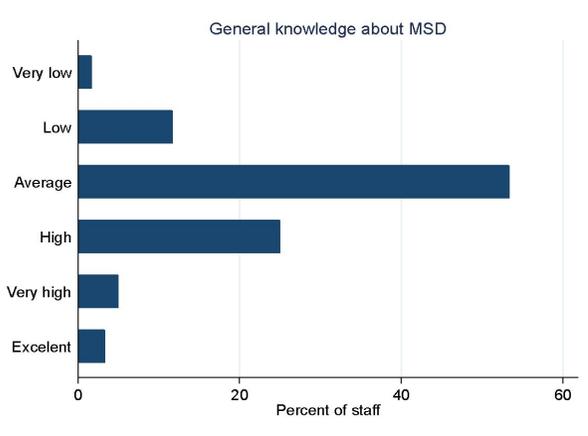
53% of staff rated their general knowledge of MSD as average, 47% report average experience in managing MSD, 45% feel confident communicating about MSD with the team, and 47% express some confidence in managing MSD with 37% feeling confident.

Training and Clinical Skills of Staff

Training and Skills Rating
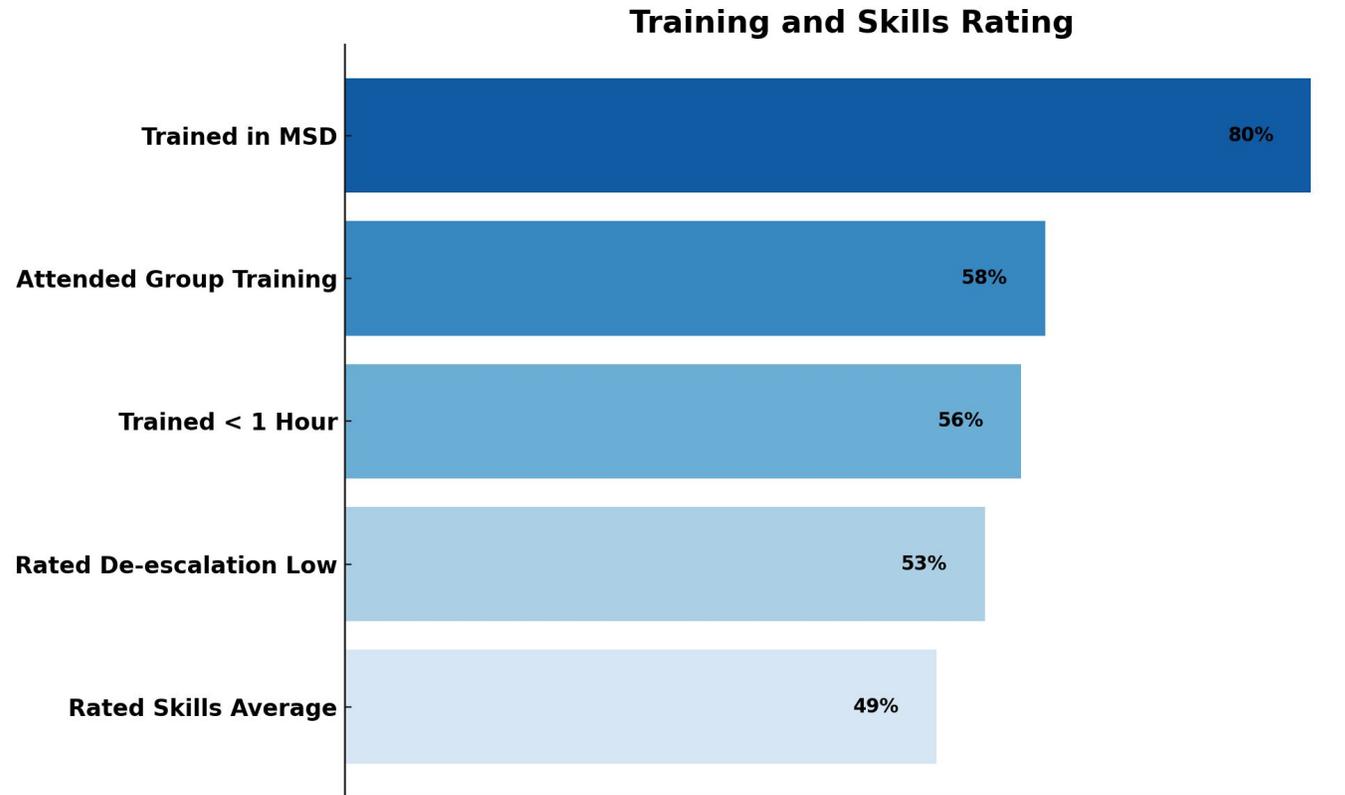
- **80%** of the staff had training in MSD and **58%** attended some type of group setting training.
- **56%** reported the training was less than an hour long.
- **53%** rated de-escalation skills as low.
- **49%** rated their clinical skills for assessing EWS of MSD as average.

Responses for MSD-related activities in the preceding 4 weeks

Completed MSD Assessment	40	60
Completed MSD RiskMan	16	84
Activated Code Grey	29	71
Activated DIVERT	31	69
Managed MSD Patient	62	38

Yes %   No %

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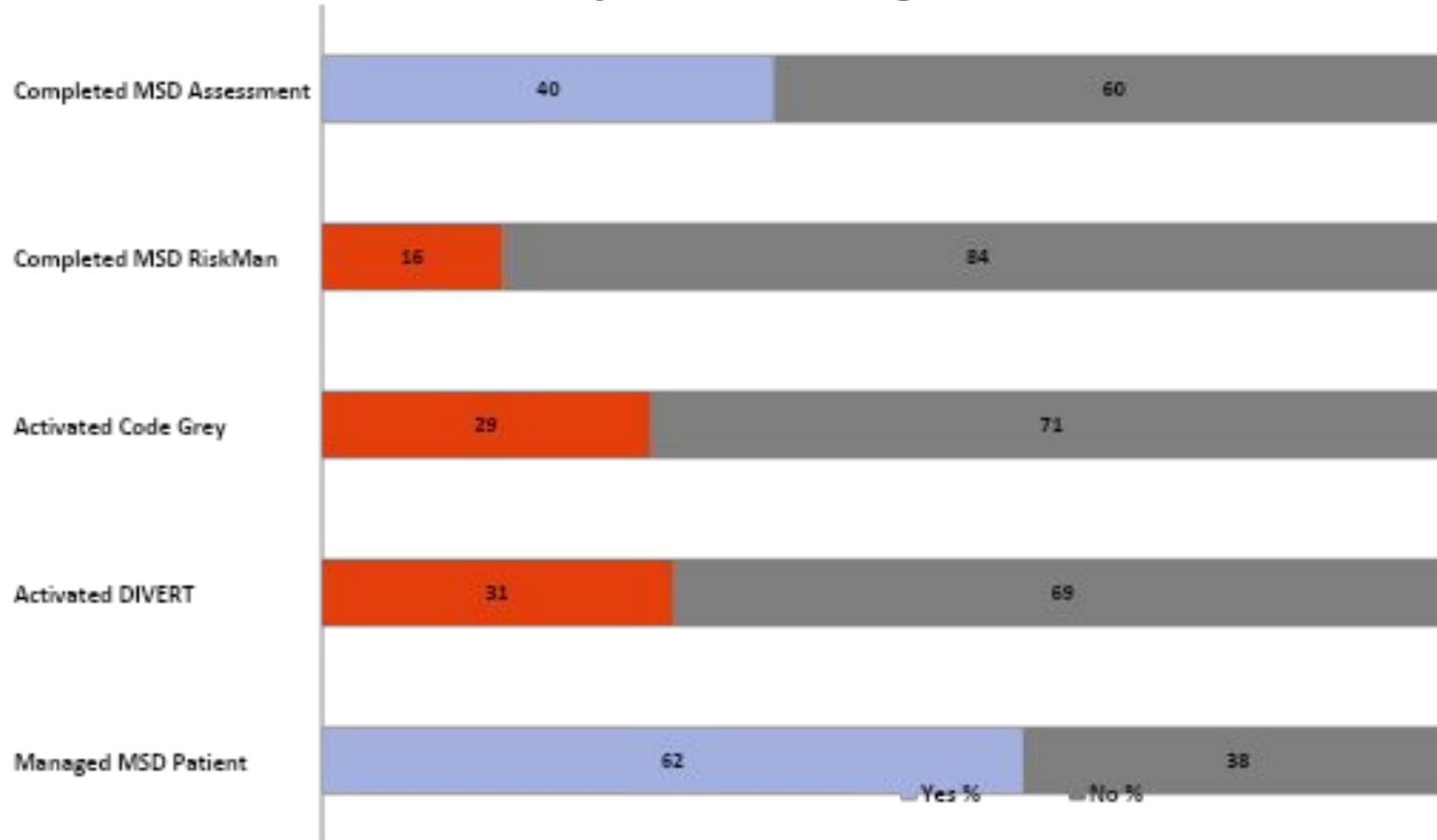
Quotes from free text responses

DIvERT intervention

"I have found that when calling a DIvERT, not everyone will respond and sometimes no one will show up besides the nursing staff".

"MSM and DIvERT should be started in ED or recognised in ED. I would rather a plan in place from ED, then have a Code Grey or an escalating patient which triggers a DIVERT".

Assessment of MDS

"An appropriate assessment cannot be done due to acute condition that has higher priority over the mental health".
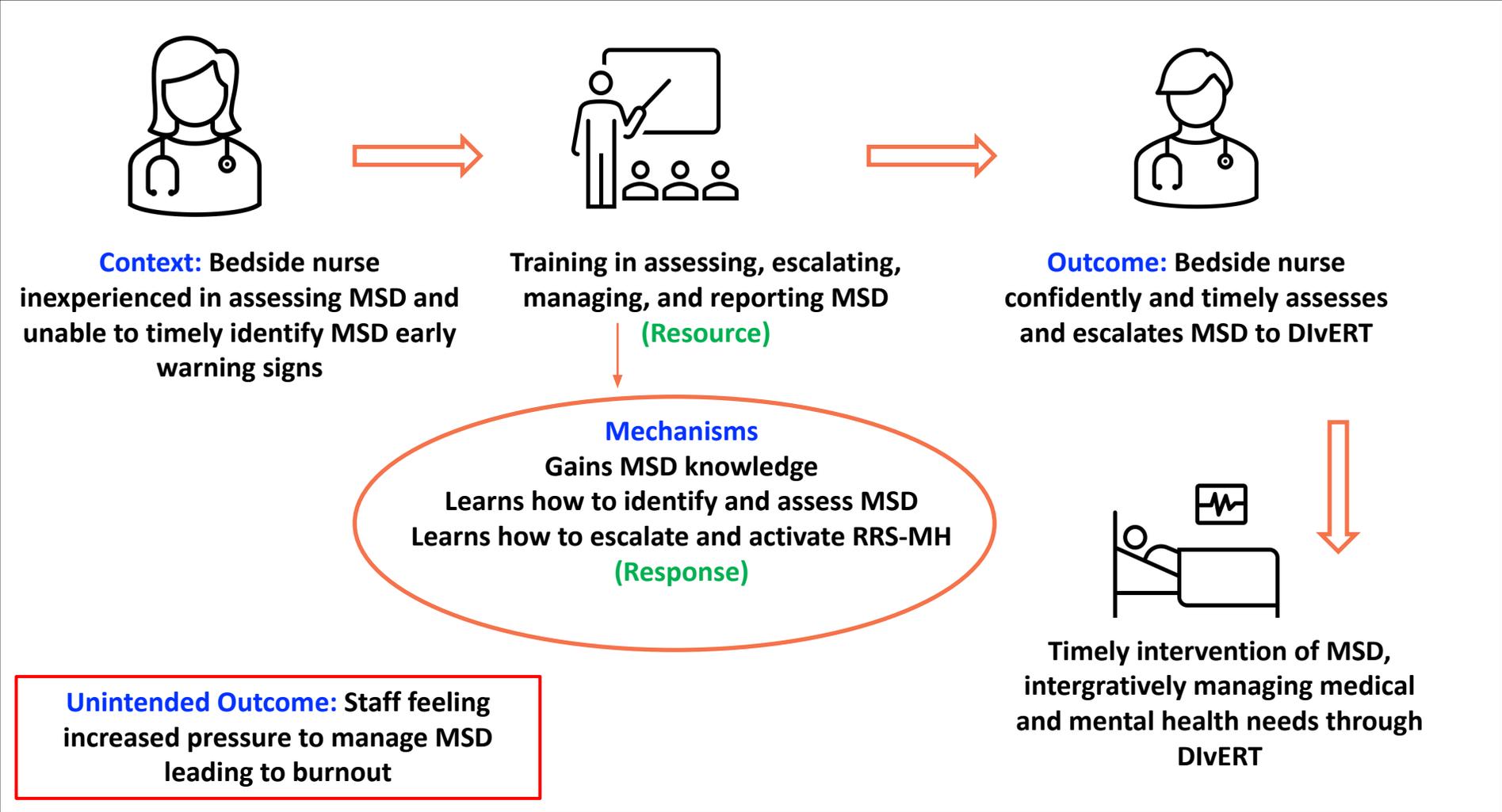
Work acuity

"Time is a factor, we do not have the time to talk to people so that they feel that we are listening, we cannot sit and spend time as our ward is so busy. A counsellor being available to sit, and chat would make a huge difference. People just want someone to listen sometimes, and while we try with multiple high acuity patients that time is scarce".

Analysing Quotes: Uncovering Key Themes

Theme	Insight: What should be, what needs to be in place
Training	**Structured Training Programs:** Implementation of comprehensive graduate nurse program to provide MSD training for newly qualified nurses joining the workforce. Annual mandatory MSD training and assessment for all staff to ensure continuous development and consolidation of knowledge and skills.
Mental state assessments and monitoring	**EMR Assessment Tools:** Implementing or improving existing EMR assessment forms to include, for example a daily mood and behaviour assessment to better monitor and respond to patients' MSD.
Improving DIvERT responses	**Response to DIvERT Calls:** Addressing the DIvERT attendance inconsistencies by standardising the process through policies and guidelines. Supporting the importance of the active participation in DIvERT meetings.

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Refined Program Theory: Clinical Skills

Context: Bedside nurse inexperienced in assessing MSD and unable to timely identify MSD early warning signs

Training in assessing, escalating, managing, and reporting MSD
(Resource)

Outcome: Bedside nurse confidently and timely assesses and escalates MSD to DIvERT

Mechanisms
Gains MSD knowledge
Learns how to identify and assess MSD
Learns how to escalate and activate RRS-MH
(Response)

Unintended Outcome: Staff feeling increased pressure to manage MSD leading to burnout

Timely intervention of MSD, intergratively managing medical and mental health needs through DIvERT

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Refined Program Theory: MSD Reporting

Context: Staff to consistently report and document MSD incidents

Integration with EMR, training, and referral pathways
(Resource)

Mechanisms
Simplified reporting, efficient time management
(Response)

Outcome: Accurate data for governance, better MSD documentation, and higher incident reporting rates

Patient care based on data high quality data driven decision, and a culture of reporting MSD

Unintended Outcome: New reporting systems may increase workload and time for staff to learn

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Survey Highlights: Key Insights For Considerations

- Improving MSD knowledge and confidence of staff through tailored and regular training that focusses on identifying, managing, and escalating MSD.

- Evaluating the short and long-term impact of staff training on clinical skills.

- Raising awareness of DIvERT among staff in clinical settings.

- Standardising the DIvERT processes through guidelines to ensure timely response by allocated members and consistency in clinical practice.

- Improving organisational systems such as risk assessment, reporting, and documentation processes.

- Ensure systems are user friendly and don't increase work acuity.

- Providing resources and support to ward teams to meet the needs of patients presenting with MSD.

DIvERT Related Articles

International Journal of Mental Health Nursing

ORIGINAL ARTICLE | 🔒 Open Access | CC ① ⑤

Realist synthesis of a rapid response system in managing mental state deterioration in acute hospital settings

Tendayi Bruce Dziruni ✉, Alison M. Hutchinson, Jack Coomer, Sandra Keppich-Arnold, Tracey Bucknall

First published: 09 May 2024 | https://doi.org/10.1111/inm.13347

Open access | Protocol

BMJ Open **Realist synthesis protocol on the effectiveness of a rapid response system in managing mental state deterioration in acute hospital settings**

Tendayi Bruce Dziruni ⓘ,[1,2] Alison M Hutchinson ⓘ,[1] Sandra Keppich-Arnold,[1] Tracey Bucknall ⓘ [1,2]

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frontiers

STUDY PROTOCOL article

Front. Health Serv., 15 July 2024

Sec. Implementation Science

Volume 4 - 2024 | https://doi.org/10.3389/frhs.2024.1400060

A realist evaluation protocol: assessing the effectiveness of a rapid response team model for mental state deterioration in acute hospitals

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