The Problem
Access to sharp and other restricted items is a serious concern on psychiatric inpatient units, since patients who are suicidal or self-destructive might use such items to harm themselves. Access to these items is reviewed and sometimes restricted by treatment teams.

- After QI Review of a particularly concerning incident of self-injurious behavior by a patient in 9/21/2014 in which a patient cut herself with nail clippers, the existing Sharps policy was re-written and strengthened.
- This new Sharps policy was implemented December 2014 and required assessment of a patient's sharps status at time of admission.
- Sharps Status could be identified by the color of the wrist band patients were wearing.
- Staff were responsible for confirming a patient's status by checking the wrist band before allowing access to sharps or restricted items or activities that involved them.
- Restricted sharps status meant patients who were at high risk could not attend group activities where sharp objects like knitting needles would be used. Patients on restricted status would have to have staff monitoring when using a razor to shave.
- This QI Project is linked to the IOM Dimension: Patient Safety.

Aim/Goal
We now have a ‘full year’ of practice under the ‘New Sharps Policy’. The question for this QI study is has it made a difference?

The Team
Inpatient Nursing/Psychiatry Team:
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The Interventions
Methodology employed in this study is a 5-year retrospective examination of Self-Injurious Incidents which occurred on Deaconess 4.

- Excel-Spreadsheet was developed including all Self-Injurious Incidents from 2011 through 2015
- This included one full year Post-New Sharps Policy and 4 full year Pre [before]
- For each Incident: Date, Type, Pt Involved; Brief Description, Level of Estimated Harm, Risk, & Preventability was recorded

The Results/Progress to Date

![Number of 'Self-Injurious' Incidents](image)

Self-Injurious Acts are a low frequency occurrence (occurring in 0.8% of admissions).

Lessons Learned
- Year 2015 [after the change] and the three years [2011-2013] prior to the change averaged 5 incidents per year or 0.7% of admissions
- The Year that the Sharps Policy was changed appears to be an anomaly
- That year 2014, there were 17 incidents involving 2.5% of admissions
- Year 2014 high rate driven by a contagion of object swallowers

Next Steps/What Should Happen Next
- Consider possible interventions for Swallowers, a high-risk population.
- Identify which objects are most frequently use for self-harm.
- Analyze which diagnostic groups are associated with self-injury on the unit.

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