

## **The Benefits of Utilizing Acuity-based Nursing Assignments: Strengthening Care, Safety, and Engagement on an Inpatient Psychiatric Unit**

Danielle Michalak, MSN, RN, PMH-BC; Jessica Gaydos, MSN, RN, PMH-BC;  
Kristin Phillips-Marcum, MSN, RN, PMH-BC; and Theresa Phillips, BSN, RN, PMH-BC  
University of Maryland Upper Chesapeake Health Behavioral Health Unit

### **References**

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- Kucera, P., Kingston, E., Ferguson, T., Jenkins, K., Fogarty, M., Sayles, H., & Cohen, M. Z. (2022). Effects of implementing an acuity tool on a psychiatric intensive care unit. *Journal of Nursing Care Quality, 37(4)*, 313–318.

### **Acuity Ranking for UM UCH Behavioral Health Unit Shift Assignments**

#### **5:**

current restraint/seclusion;  
high medical acuity including: total care (bathing/feeding/toileting), minimal mobility (q2 turns), specialized medical equipment (Hover mat), bladder scans with straight catheter;

#### **4:**

restraint/seclusion within 24 hours;  
active psychosis with severe symptoms requiring support/redirection and/or PRN medications for agitation;  
behaviors that require frequent support/reassurance or are impulsive in nature;  
requires management of multiple personal needs (ex – interpreter, special phone privileges);  
declining medications or medication paneled.

#### **3:**

history of recent violence, disruptive or impulsive behavior  
moderate psychosis/AH/VH/delusions that requires some support/redirection;  
1:1 or CVO (charge nurse discretion to increase to 4);  
medical acuity including: high fall risk without 1:1, diabetic with recent critical H/L, requires extensive wound care, routine IV fluids;  
requires activity schedule;  
requires moderate to full ADL supports;

\*UM UCH Behavioral Health Senior Clinical Nurse Group – D. Michalak, J. Gaydos, T. Phillips, and K. Phillips-Marcum

active withdrawal symptoms;  
new admission.

**2:**

geriatric but not requiring multiple supports;  
SI/HI without plan and willing to contract for safety;  
mild AH/VH/delusions without potential to harm;  
mobility issues requiring use of walker;  
medical issues (fingersticks/insulin, foley, I&O)  
requires some re-direction for behaviors/tasks.

**1:**

calm/cooperative;  
preparing for discharge;  
taking medications;  
well-managed medical issues,  
limited psychotic symptoms – preoccupied but engageable.

**Please direct questions to Danielle Michalak: [dmichalak@umm.edu](mailto:dmichalak@umm.edu)**