ABSTRACT: 2019 ELAM Institutional Action Project

Project Title: Creating a Behavioral De-Escalation Response Team for a Medical/Surgical Hospital

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Topic Category: Clinical

Background, Significance of project: Assaults on staff in the acute healthcare setting due to behavioral agitation are increasing, leading to fear and job dissatisfaction. Nationally, 7.8 cases of serious workplace violence occurred per 10,000 full-time health-care employees in 2013, 4 times higher than other industries. Best practices to mitigate workplace violence include staff education, mental health first aid training, a crisis emergency response team training program and workplace violence prevention training. Assaults at Penn State Health Milton S. Hershey Medical Center have followed the national trend, scoring in the 83rd percentile in the National Database for Nursing Quality Indicators. An institution-wide safety assessment identified that proactive steps were needed to reduce assaults on clinical staff.

Purpose/Objectives: Reduce the number of assaults on staff by patients by creating an interdisciplinary Behavioral De-scalation Response Team (BDRT) comprised of a nurse manager, chaplain, and security officer, trained to intervene proactively and in real-time with agitated patients.

Methods/Approach/Evaluation Strategy: The BDRT was designed to provide support to primary caregivers when a patient is becoming agitated by creating an individualized behavioral action plan to prevent physical and verbal outbursts or assault. Stakeholders in designing the team included nursing and medical staff, security and chaplaincy leadership. The leadership group modeled processes after regional psychiatric facilities. A medical staff policy was created to empower the BDRT. Team training with the Crisis Prevention Institute curriculum and a coordinated communication plan allowed for formal launch of the BDRT on January 29, 2019. Evaluation includes review of after-action reports in a continuous quality improvement cycle.

Outcomes/Results: Since inception, the BDRT has been activated nearly daily. Monthly reviews of after-action reports were conducted to identify opportunities for process improvements. Improved standardized reporting and ongoing educational needs assessment were identified. The process highlighted focused Medical Center areas that would benefit from increased behavioral health resources.

Discussion/Conclusion with Statement of Impact/Potential Impact: By improving the knowledge of behavioral de-escalation techniques throughout the clinical care system and providing a trained team to assist the care team with behavioral interventions at the time of patient crisis, we anticipate preventing assaults on providers. The training process resulted in team members focusing on not only reducing staff assaults but also improving patient care for behaviorally agitated patients. We anticipate that longer-term effects will include reduction in the use of physical restraints, improvement in workplace satisfaction, and ultimately improvement of behavioral health care and outcomes of patients in our medical/surgical setting.

Creating a Behavioral De-Escalation Response Team for a Medical/Surgical Hospital

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Penn State Health Milton S. Hershey Medical Center and Penn State College of Medicine

PennState Health
Milton S. Hershey Medical Center

PennState
College of Medicine

ELAM

Background

- Assaults on staff by agitated patients increasing nationwide in healthcare settings
- Assaults at Penn State Health Milton S. Hershey Medical Center in the 83rd percentile in the National Database for Nursing Quality Indicators
- Institution-wide safety assessment conducted

Objective

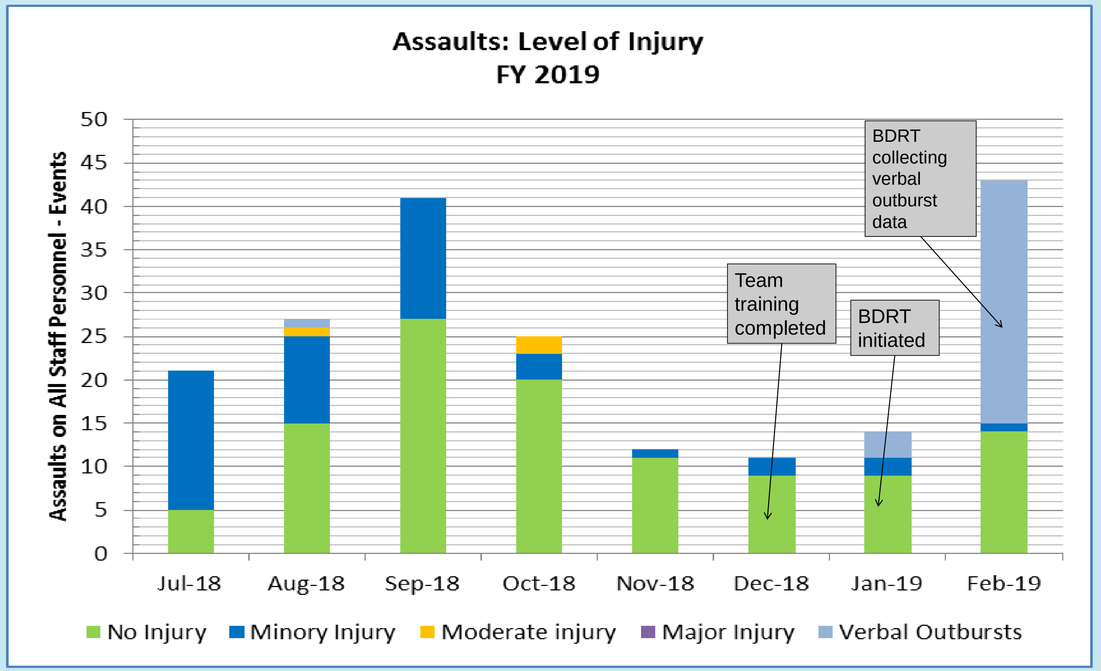
- To prevent assaults on staff by patients by developing a real-time, patient-centered behavioral action plan to prevent disruptive behavior

Methods

- Interdisciplinary Behavioral De-escalation Response Team (BDRT) developed and trained to intervene proactively and in real-time with agitated patients
- **Team members: nursing unit manager, nursing resource manager, security, pastoral care**
- Leadership stakeholders: nursing and medical staff, security and chaplaincy leadership

Methods, cont.

- Best practice researched
- Medical staff policy created
- Team training online and in person with the Crisis Prevention Institute curriculum
- Coordinated communication plan
- Launch 1/29/19
- Evaluation includes review of after-action reports in a continuous quality improvement cycle



Outcomes

- BDRT has been activated nearly daily
- Staff satisfaction high
- Monthly reviews of after-action reports were conducted
- Reports of verbal outbursts increased
- CQI: standardized reporting and ongoing educational needs assessment were identified

Discussion/Conclusions

- Created a trained team to assist the bedside care team with behavioral interventions for agitated patients
- Team members focused on not only reducing staff assaults but also improving patient care for behaviorally agitated patients.
- We anticipate that longer-term effects will include reduction of staff assaults, improvement in workplace satisfaction for staff, improvement of behavioral health care and reduced use of physical restraints for patients in the medical/surgical setting.
- Members of the team now teaching de-escalation to PA State Police Cadets

References

1. National Database for Nursing Quality Indicators, Press Ganey Associates, Inc., 2019
2. The Joint Commission [Emerging Health Care Concern: Preventing Workplace Violence 8/18/16, Sentinel Event Alert issue 59, 4/17/18]
3. The National Association of Mental Health Program Directors (NASMHPD) [Six Core Strategies for Reducing Seclusion and Restraint Use, revised 11/20/06]
4. The Occupational Safety and Health Administration (OSHA) [Preventing Workplace Violence: A Roadmap for Healthcare Facilities, 12/15]
5. The Substance Abuse and Mental Health Service Administration (SAMHSA) [Promoting Alternatives to the Use of Seclusion and Restraint March 2010]