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Behavioral Emergency Response Team: Implementing a Performance Improvement Strategy to Address Workplace Violence

Constance Noll, MA, MSN, RN-BC; Karen Doyle MBA, MS, RN, NEA-BC
University of Maryland Medical Center

Background

UMMC
• Located in the west side, metropolitan Baltimore area

• Brief overview- Fiscal Year 2015 statistics

Licensed beds	770
Employees	8,200
Attending physicians	1,200
Resident physicians	900
Admissions	30,500
Emergency visits	73,300
Outpatient visits	333,000
Surgical cases	22,100
Maryland Express Care	10,400

Unique clinical and community challenges in an urban, academic medical center
• Baltimore City is in the top 10 cities, reported by the FBI (2010), with the highest crime rates per 100,000 residents

• Baltimore also has the highest rate of heroin addiction in the United States (U.S.) with one in ten individuals affected, according to the U.S. Drug Enforcement Agency (2014)

Workplace Violence
• More assaults occur in healthcare and social services industries than in any other industry.

• There are1.7 million injuries each year due to workplace assaults.

• From 1997 – 2009: 8,127 occupational homicides occurred, of which:
73 were in health services settings, of which:
20 were in hospitals, of which:
12 were physicians and 15 were nurses

• In 2011, the American Nurses Association (ANA) reported that acute and chronic stress, and feeling overworked were the primary concerns for 74% of nurses.

UMMC Workplace Violence Prevention: BERT antecedents
• 2011 Formation of interdepartmental/multidisciplinary teams:
Patient/Public Conflict
Workplace Civility

• 2011 to present- Security assessment; increased instillation of cameras; staff training- gang violence, physical management of aggression techniques, self defense techniques; increased panic buttons; align mission of employees at entrances; revision of Workplace Violence policy

• 2012 Based on Senior Executive workplace environmental assessment, design group established to review best practices, explore and analyze operational feasibility, and launch a pilot for a workplace violence prevention performance improvement project

Purpose

1. **To create a Behavioral Emergency Response Team (BERT) for immediate, 24/7 responses to volatile and potentially volatile situations in clinical areas,**

2. **To provide: a) a crisis de-escalation adjunctive service for patients, families and significant others in order to mitigate and/or prevent workplace violence situations**
b) role model- informal and formal staff education to enhance skills

3. **To form an interdepartmental, specialized team with the unique skill set and competencies to communicate and safely intervene in possibly explosive scenarios**

4. **To accomplish BERT goals with the fiscal constraint of no new resources**

5. **To evaluate BERT efficacy and other associated outcome measures**

Methodology

1) Defining BERT at UMMC
A team consisting of a psychiatric nurse, a pastoral care staff , and a security officer providing immediate response, with 24/7 availability to a patient or visitor displaying disruptive behaviors that are not life-threatening

2) BERT Goals
- Identify patients that would benefit from a specialized adjunctive support to maximize treatment outcomes and maintain safety
- Provide a coordinated response for difficult and complex patients with disruptive behaviors
- Promote workplace safety, minimizing violent patient events
- Enhance the plan of care for patients with disruptive or threatening behaviors that compromise safety to themselves, other patients, visitors and staff
- Role model communication strategies for de-escalation

3) Development of Behavioral Triggers Initiating BERT Response, Operational Algorithm,
- Staff perception of endangered safety and need for assistance
- Angry facial expressions with- screaming, cursing, words that threaten staff or others, indirectly or directly*
- Angry gestures, attempting to slap, kick or bite*
- Destruction of property or tampering with medical apparatus
- Belligerence- hostility, defiance without the ability to be redirected or calmed*
- Failure to accept medical/nursing recommendations with verbalized intent to harm others or self, deliberately undermining treatment
- Patients who exhibit self destructive or self harming behaviors

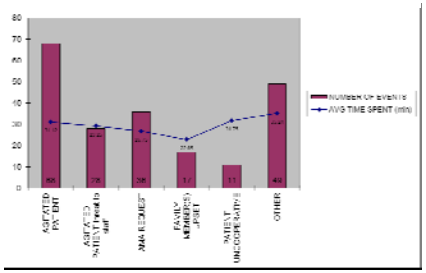
4) BERT Interventions Identified and Refined
- Immediate assessment for safety
- Develop rapport with patient to initiate de-escalation
- Communication with physicians and other members of patient's multidisciplinary team to discuss findings and recommendations
- Utilize expertise of ad hoc members as necessary (Psychiatric Consultation & Liaison, Social Work, Patient Advocate, Risk Management, Employee Assistance Program)
- Recommend behavioral management plan
- Post event huddle
- Documentation in the patient's medical record

Results

➢ **90 Day pilot with two units initiated 7/1/13, expanded to 22 units in 18 months, and total facility sequential rollout by 7/1/15**

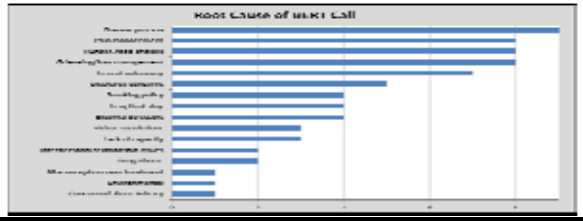
➢ **BERT Data FY 2014 & FY 2015**
❖ Total calls = 209 (FY 14 = 95, FY 15 = 114)
❖ No injuries occurred
❖ Reasons for call- top 3
- Patient agitation and threatening to staff
- Family member being upset
- AMA (Against Medical Advice) requests

❖ Average intervention time 30 minutes



➢ **Identified Staff Education Needs:**
- Capacity for decision making-multidisciplinary need
- Reinforcement of de-escalation, not personalizing negativity
- Restraints: use, policy requirements, application, removal

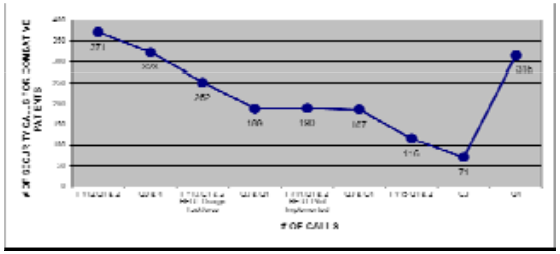
➢ **Response Themes identified:**
- Refusal of care and/or leave AMA
- Patient's perceptions of not being listened to or not being respected
- Multidisciplinary team needs, everyone knowing plans/roles/expectations
- Patient & visitor disruption



Results (Con't)

Security Data

Number of Security calls for Combative Patients



- 47% decrease from FY12 to FY14 ; 6% decrease from FY 13 to FY14
- 32% projected decrease FY14 to FY15 based on Q1 to Q3
- Q4 FY15 is 84% of entire FY14 - analysis ongoing

Implications for Practice/Next Steps

- BERT is a safe, effective program for de-escalation and prevention of violence in clinical settings, and is associated with increased staff competencies

- Further planning and enhancements includes:
  - Addition of Complementary Medicine techniques for staff support and stress management (Aromatherapy and Breathing)
  - Compare rates of staff injury/lost days worked
  - Review Employee Opinion Survey results
  - Continue to address root cause issues contributing to patient agitation systemically
  - System analysis of FY15 Security calls for Combative Patient data

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Contact Information: cnoll@umm.edu