IMPLEMENTATION OF A DE-ESCALATION EMERGENCY ASSIST TEAM (DEAT) TO IMPROVE PATIENT OUTCOMES

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The speakers have no conflicts of interest to disclose

Objectives
1. Attendees will be able to describe the utilization of shared governance to create a rapid response team which focuses on de-escalation and safety
2. Attendees will be able to describe the steps involved in creating and implementing a DEAT
3. Attendees will understand the importance of staff engagement and ownership in the implementation and success of a DEAT

Background
• Butler Hospital, a 190-bed free-standing not-for-profit psychiatric and substance abuse treatment facility in Providence, Rhode Island
• Nine inpatient units including: 3 General Adult, 1 Geriatric Psych, 1 Adolescent, 1 Alcohol and Detox, 1 Transitional Care Unit and 2 Intensive Treatment Units
• Inpatient units are staffed by 159 RNs and 213 support staff
• Front line staff are unionized

Clinical Safety Committee (CSC)
• Butler Hospital’s Clinical Safety Committee (CSC)
  • Is the hospital identified task force to evaluate safety concerns related to patient care
  • CSC membership comprises of 80% front line staff and 20% nursing leadership
• CSC identified practice concerns:
  • Episodes of restraint and seclusion exceeded national averages
  • Episodes of significant patient on staff violence prompted concerns from staff
  • CSC formed a subcommittee to address critical need for change
  • Shared governance is key to CSC’s successes

CSC Initiatives from 2009-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiative</th>
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<tbody>
<tr>
<td>2009</td>
<td>Sensory rooms on all inpatient units (began prior to 2009)</td>
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<td></td>
<td>Clinical Safety Committee (CSC) forms</td>
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<td></td>
<td>Art volunteers on the Intensive Treatment Unit (ITU)</td>
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<td>First annual hospital Safe Patient Handling fair</td>
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<td>2010</td>
<td>Breast Violence Checklist integrated into nursing progress notes</td>
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<td>De-escalation training group with line staff trainers</td>
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<td>Security rounding pilot is initiated</td>
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<tr>
<td>2011</td>
<td>De-escalation training updated and revised with input from line staff</td>
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<td></td>
<td>Practice change from prone to supine restraints</td>
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<td></td>
<td>ITU clinical staff initiated 2 hour order limits for all restraints and seclusions</td>
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<td>Moduflex furniture is placed in ITU quiet rooms</td>
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<td></td>
<td>Safety equipment implemented</td>
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<tr>
<td>2012</td>
<td>DEAT trial on evening shift Expanding DEAT to all three shifts</td>
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Response Teams In The Literature

- Effective team functioning means that the team's tasks are coordinated, and cooperation is inherent because the work cannot be successfully accomplished by individuals working in isolation.

- Where a well-functioning team operated, nurses didn't hesitate to activate it, and the team was described as supportive of the nurses.

- Effective administrative and clinical structures and processes must be in place to prevent behavioral emergencies and to support the implementation of alternatives.


DEAT Beginnings

- The change methodology employed by the CSC aligns with Kanter’s 6 components of structural empowerment theory:
  - Access to information
  - Access to support
  - Access to resources
  - Access to opportunities to learn and grow
  - Informal power
  - Formal power

- The DEAT was created as a subcommittee of the CSC tasked with developing a organized structure in response to crisis

DEAT Mission & Vision

- **Mission**
  - To provide assistance and support to patients in crisis in an atmosphere of dignity and respect while maintaining a therapeutic milieu
  - To collaborate with unit staff in implementing de-escalation strategies while maintaining the safest and least restrictive interventions
  - To continuously improve our strategies through education and research in an effort to reduce the occurrence of restraint and seclusion.

- **Vision**
  - DEAT's charge is to help a patient during a crisis and assist staff through a psychiatric emergency with understanding, support and compassion
  - Team name and significance to the mission and vision

DEAT Concept & Design

- **Goal** is to provide immediate and/or anticipatory support to assist in calming agitated patients through the safest and least restrictive means

- **Concept & design includes:**
  - A team that focuses on verbal de-escalation and collaboration
  - A team that provides individual and milieu support during a potential crisis
  - Shared governance is key to success
  - Team is mentored by Director of Nursing Operations
  - Members consist of peer nominated front line RNs, MHWs, Nursing Leaders, Occupational Therapists and Security Officers
  - Membership is voluntary after invitation

CSC Subcommittee Steps to Create DEAT

- Reviewed literature
- Formed mission and vision statements
- Identified ideal member qualities
- Elected nominations for membership
- Veted nominees per identified qualities
- Identified team members
- Hand-delivered invitation letters
- Formed initial team from those who accepted membership

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Team Development and Rollout

Team member steps:
- Designed training modules and operational protocols based upon hospital policy and literature review
- Held 8-hour round table training day
- Trained team on second shift
- Collected data and measured success
- Expanded team to 24-hour coverage

Team Design

Qualities for membership to the DEAT:

<table>
<thead>
<tr>
<th>KNOWLEDGE/EXPERIENCE:</th>
<th>SKILLS:</th>
<th>CHARACTER TRAITS:</th>
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<tbody>
<tr>
<td>Has 3-4 years psychiatric experience</td>
<td>Demonstrates de-escalation skills</td>
<td>Has proper attitude, adaptability, flexibility, humility</td>
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<td>Has been an instructor (helpful)</td>
<td>Demonstrates leadership skills</td>
<td>Is cooperative and committed to mission</td>
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<td>Has participated in numerous trainings in de-escalation</td>
<td>Can function as leader</td>
<td>Is a good communicator</td>
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<td>Demonstrates knowledge of hospital policies and procedures</td>
<td>Is able to take direction</td>
<td>Is able to remain cool, calm and collected in an emergency</td>
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<td>Demonstrates mastery of techniques and equipment</td>
<td>Is decisive and durable</td>
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DEAT Training

- Training developed by original team members
- Above and beyond annual de-escalation training for all clinical staff

Modules

- Psychology of aggression
- De-escalation
- Communication
- Safety equipment
- Providing leadership
- De-escalation and training
- Safety equipment
- Providing leadership
- Communications

Key Points for Success

- Staff resistance to change
- Successful interventions relieved initial fears
- DEAT members attended unit staff meetings and demonstrated success of early intervention
- As value of the DEAT became apparent, it became easier for units to allow members to respond
- “When to Consider Calling the DEAT” guidelines formulated with focus on early intervention
- Engaging and collaborating with staff to plan interventions; deterring after every intervention
- Educating staff regarding unit’s role when DEAT is called

Transformation of Practice

- Post DEAT reduction in key indicators from DEAT’s kickoff in Q1-2012 to Q3-2015
  - Overall episodes of restraint reduced by 56.9%
  - Overall episodes of seclusion reduced by 78.8%

Key Points for Success

- Post DEAT reduction in patient to staff assault
  - Overall episodes of patient to staff assaults while performing restraint/seclusion reduced by 71.5%
  - Overall episodes of Unprovoked Patient to Employee Assault reduced by 29.9%

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Transformation of Practice

• Change in culture favoring verbal de-escalation over restraint and seclusion as seen through staff surveys
• DEAT became the preferred first response intervention to escalated behaviors
• In-the-moment debriefing provided positive and constructive feedback which improved collaboration between staff members
• Safer interventions for patients and staff
• Adoption of DEAT afforded patients an opportunity to develop adaptive coping and communication skills

Improved Outcomes

Patients
Staff
Managers

DEAT became the preferred first response intervention to escalated behaviors

DEAT became part of the conversation on all hospital safety issues and initiatives.

Maintaining Integration

- Annual nominations for DEAT members
- Annual training for DEAT members
- Continued focus on staff as team leaders
- Monthly DEAT meetings
- DEAT bulletin boards on each unit provide continuing education to staff
- New Initiatives: Land Based Water Rescue
- DEAT consults provided to treatment teams for Unique Needs patients

Implications for Practice

- The CSC and DEAT are models of shared governance which leads to staff engagement, patient centered care, and staff safety which can be replicated
- The DEAT model of early, trauma informed response to patient crisis leads to reduced restraint and seclusion
- Staff empowerment, communication and a multidisciplinary approach to DEAT improves patient outcomes and a culture of safety
- DEAT continues to monitor and analyze quality and safety data to ensure the hospital is meeting staff and patient needs.
- DEAT reflects a clinical structure to support the implementation of treatment alternatives to restraint and seclusion as called for by the APNA's position statement on Seclusion and Restraint.

References

http://www.butler.org/about/index.cfm