Holistic & Nursing Scholarship Symposium   Presentations and Posters

9-2024

The Development of a Standardized, Multidisciplinary Approach to the Management of Patients with Escalating Agitational Behaviors: One Voice

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Background

- The rise of adolescent behavioral health disorders is rapidly outpacing psychiatric bed availability resulting in prolonged mental health "boarding" (Torio et al., 2015).
- Boarding patients have little access to counseling or medications resulting in high rates of acute agitation requiring physical or pharmacologic restraints (Enany et al., 2020, and Kuriakose et al., 2018).
- When staff do not know how to appropriately manage patients with escalating agitational behaviors, they activate a "Code Yellow".
- A standardized process is needed on the Pediatric Units of Baystate Children's Hospital to guide in addressing recognition, response, and communication to improve response to patient agitation and "Code Yellows."

Purpose

- The purpose of this project is to enhance staff safety perception and reduce Code Yellow activation on Pediatrics units by implementing standardized protocols, guidelines, and processes for early recognition of escalating behaviors, increasing team responsiveness, and fostering multidisciplinary collaboration among providers and nurses caring for patients with agitated behavior.

Goals/Objectives

1) Enhance Staff Safety Perception
- Develop and implement standardized protocols and guidelines for managing patients with agitated behaviors to provide clear, consistent actions for staff to follow.
- Conduct comprehensive training sessions for providers and nurses on new safety protocols, guidelines, and early recognition of escalating behaviors to increase confidence and competence in handling challenging situations.

2) Reduce the Need for Code Yellow Activations
- Establish a multidisciplinary team approach to monitor and manage early signs of escalating behaviors, facilitating prompt interventions that prevent escalation.
- Implement comprehensive decision-support guide to assist staff in identifying and responding to potential Code Yellow situations proactively.

Methodology

- This multi-phase quality improvement project was conducted between 2021 & 2024 on the Pediatric Units of Baystate Children's Hospital.
- A standardized team approach was developed, consisting of educational materials, a team response guide (One Voice), guidelines, medication order sets, protocols, and Badge cards.
- Training sessions were conducted for nursing staff, PCTs, residents & hospitalists.
- An anonymous survey measuring staff comfort was distributed to participants pre- and post-intervention to measure improvement.
- Descriptive analysis was performed on the data.

Outcomes

- All staff received education and training.
- 53 staff responded to the pre-intervention survey and 30 to the post-intervention.
- 100% participants (n=30) had comfort calling a Code Yellow post-intervention.
- 100% physicians (n=4) had comfort ordering medications post-intervention.
- 97% participants (n=29) had comfort with verbal de-escalation post-intervention.

Staff Reported Comfort with:	Strongly Agree/Agree		
	Pre-Intervention (%, N)	Post-Intervention (%, N)	% Change
Calling a Code Yellow	90.39% (49)	100% (30)	10.63% ↑
Verbal De-escalation	90.56% (48)	96.67% (29)	6.75% ↑
Applying Restraints (RN)*	63.63% (21)	83.34% (20)	30.98% ↑
Ordering Medicationss (MD)*	92.3% (12)	100% (4)	8.34% ↑
Safe During Code Yellow	67.93% (36)	83.34% (25)	22.69% ↑

Conclusions

- As children hospitalized for mental health concerns continue to rise, so do episodes of acute agitation that require prompt, coordinated emergency responses to prevent patient and staff harm.
- A clinical practice guideline established baseline high levels of comfort with verbal de-escalation and medication administration, but a resource guide to facilitate multidisciplinary coordination saw dramatic improvement in staff comfort, safety, response time, roles assignment, and satisfaction. Anecdotally, it was noted that "Code Yellow" activations and employee injuries decreased.
- Recommendations for next steps include monitoring the outcomes related to staff safety perception, and the frequency of "Code Yellow" activations and employee injuries. It is also recommended to adapt and spread this standardized, multidisciplinary model to other units.

References

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Acknowledgements