Presenters

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Our Discussion for Today

Explore and discuss:

- history of the Behavioral Rapid Response Team (BRRT)
- roles of the BRRT members
- criteria for the implementation of a BRRT
- BRRT Education and Training
Our Organization

- Southern New Hampshire Medical Center is a 188-bed acute care facility in Nashua, NH that includes a licensed 30-bed voluntary inpatient Behavioral Health Unit.
- Our medical staff includes nearly 500 primary and specialty care providers serving more than 100,000 patients each year from 32 towns within southern NH and northern MA.
Our IBHU Today

The Inpatient Behavioral Health Unit is a short-stay, crisis-stabilization unit, which provides 24-hour care, 7 days a week.

- 18-bed voluntary adult psychiatric unit
- Average length of stay: 7.5 days
- Physical layout consist of 3 hallways on the same level
- Staffing ratio
  - Day Shift: 3 RNs, 2 BHAs / RT, SW, MDs, security
  - Evening Shift: 3 RNs, 2 BHAs, security
  - Night Shift: 2 RNs, 2 BHAs, security
Our Philosophy of Care

- Promote a safe, restraint/seclusion-free environment
- Consistently support respectful behaviors by intervening early, using negotiation skills, and providing least restrictive interventions
- Facilitate a team approach that relies on excellent communication skills and consistent use of Management of Aggressive Behavior (MOAB)
Have you ever…

- been involved in a restraint and/or seclusion?
- had to deal with an aggressive patient?
- been the lead when dealing with an aggressive patient?
- wished your intervention was more organized?
Our Challenge

- Relocated unit
- Limited structure to manage patients’ agitation and disruptive behaviors
- Nursing staff felt unsafe
Our Starting Point

In 2008:
- IBHU was a 30 bed unit
- 7 cases of restraints
- 2 cases of locked door seclusion
- 9 cases of minor assaults to staff
- Adopted IHI Rapid Response Team approach
- Implemented BRRT in IBHU
Our Strategy

- Promote safety through early intervention
- Assure use of least restrictive measures
- Mitigate the use of restraints and seclusions
- Eliminate assaults and injuries
Our Solution: Behavioral Rapid Response Team

**Behavioral Emergencies:** any behavior which is escalating or potentially escalating and potentially harmful to self, others, and/or to property.

**Goal:** To initiate early interventions, promote safety, and prevent escalation in any given situation.

**Team:** The Behavioral Rapid Response Team is comprised of staff that bring critical assessment and intervention skills to the emergent situation.
Our Results

- Increase in:
  - staff satisfaction
  - unit safety
  - patient satisfaction with treatment team
  - BRRT Interventions

- Decrease in:
  - restraint and seclusion use
  - staffing requirements (1:1)
  - Number of assaults and injuries
BRRT Structure
Key Points

- All BHU staff are included as part of the BRRT
- Resource RN monitors and maintains safety for all
- Roles are based on individual staff strengths
- BRRT includes security and engages environmental and food services as needed
Where We Begin

Shift assignments on the white board

- Negotiation Team
- Medications
- Milieu Management
- Station Safety
- (Safety Team)
Negotiation Team

- Demonstrates strength in communication and negotiation
- Conducts front line interventions with patient
- Connects with patient – only one staff to speak at a time!
- Addresses physical/psychological needs
- Helps patient meet criteria for and recognizes the patient’s readiness for continuing independence in the milieu
- Offers/administers meds; obtains new med orders
Medication Team

- Works with the negotiator
- Offers/administer meds; obtain new orders
Milieu Management

- Conducts 15-minute safety checks
- Engages all other patients
- Monitors patient’s behavior from stable/calm to signs of anxiety/agitation
- Moves other patients away from the situation to decrease stimuli/audience and maintain area safety
- Engages other patients with “bag of group activities”
Station Safety

Serves as communication liaison

- Updates social workers, doctors, ancillary staff
- Directs visitors
- Coordinates with kitchen staff
- Pages “BRRT to BHU”
Safety Team

- Staff and Security – MUST BE MOAB TRAINED
- Visible presence
- Maintain safety
- Escort patient if required
Post BRRT Intervention

Shift Huddle
- Consistency
- Unit safety
- Treatment plan

De-escalation & Debrief
BRRT Guidelines
Behavioral Rapid Response Team (BRRT)

An Early “BeRRT” Keeps the Peace
Organizational Expectations

- Hospital-wide zero tolerance for violence
- Enhanced communication during shift handoff
- Recognize and respond to behaviors with potential for escalation
Activation

- Inter-shift report IPASS
- Shift handoff huddle
- Communication throughout the shift
- Verbal notification of BRRT in progress
- Individualized patient and milieu care
Education and Training
Education

- Online BRRT Education
- Simulation class
- Annual review

Education is the most powerful weapon which you can use to change the world.
- Nelson Mandela
Training

- Inter-professional mock codes
- Hospital-wide MOAB training
Thank You