IMPLEMENTING TEAM RESPONSE TRAINING FOR THE MANAGEMENT OF AGGRESSIVE AND RESPONSIVE BEHAVIOURS

Presented by

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BACKGROUND

- St. Joseph's Healthcare Hamilton (SJHH) implemented new staff training sessions in 2016
- Sessions were in the format of monthly mock "code" drills
- Recommendation from an external peer review[1] and strategic decision from leadership[2]
- To promote a safe workplace and therapeutic environment

External Peer Review Recommendations & Actions

Updated Status: March 27, 2017

EXTERNAL PEER REVIEW

Approaches & Supports to Staff & Client Safety in the Mental Health In-Patient & Psychiatric Emergency Services

St. Joseph's Healthcare Hamilton

April 20 – 23, 2016

Final Report

August 8, 2016

Reviewers

Ian Dawe, MHSc, MD, FRCP(C)

Barbara Mildon, PhD, RN

Ann Pottinger, RN, MN

MOCK DRILLS

- Also known as *simulation-based learning*[3]
- Refers to the addition of *realism* such as sights and sounds that occur in the *live* event
- A *method* of team response training[4,5,6]
- Involves the application of prior knowledge[7]

CODE WHITE:
SJHH West 5th Campus

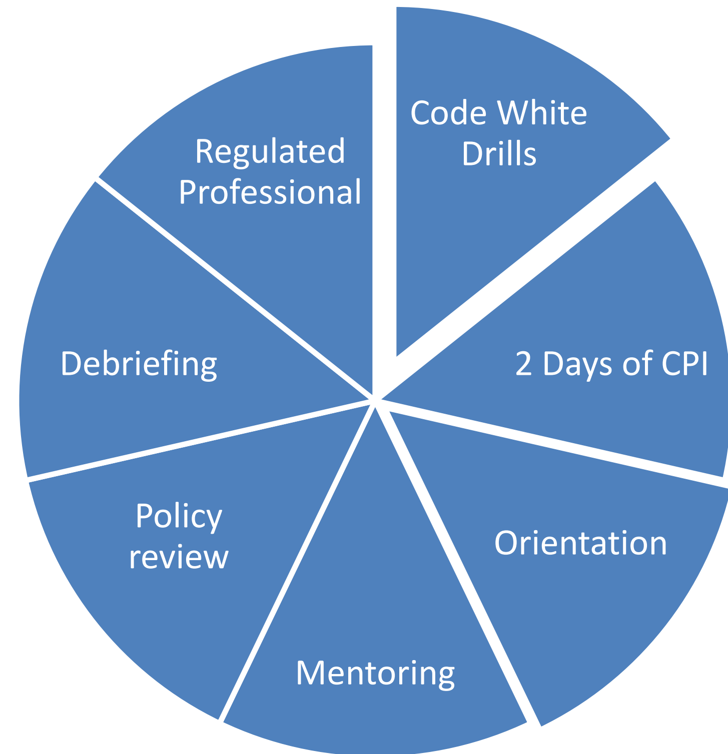
- Refers to the emergency response that occurs when staff require assistance to manage a violent situation
- When activated, pre-assigned clinical staff from each unit respond to the code location along with security and management

CODE WHITE SKILLS

- De-escalation techniques
- Team communication
- Safe application of restraints (physical/chemical/mechanical/environmental)
- Crisis Prevention Institute (CPI)[8] training

CODE WHITE DRILLS

- Simulated experiences where by participants apply previously learned skills needed to safely manage aggressive and responsive behaviours exhibited by *mock clients*
- Includes elements of hospital policy and previous staff training

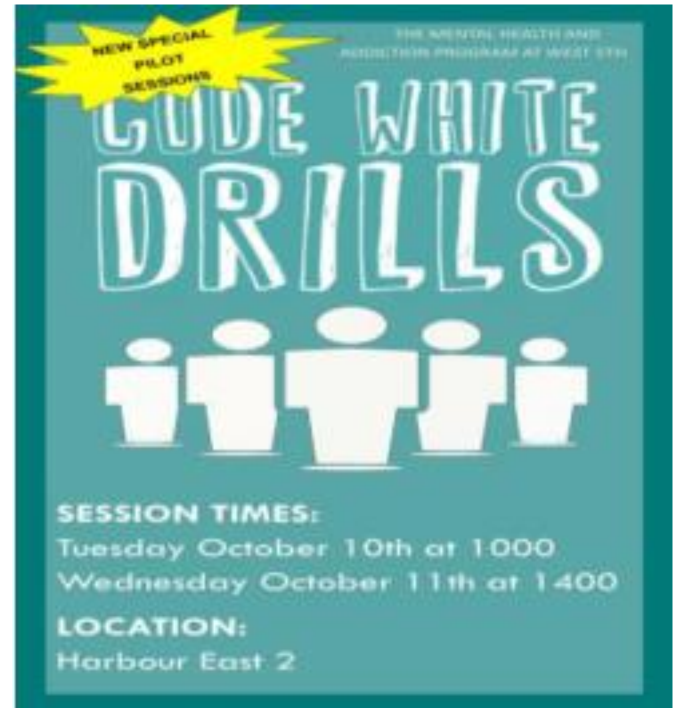


HOW IT ALL STARTED

- Working group tasked with the design and implementation of the drill
- Working group members included important stakeholders:
  - Management
  - Joint health and safety committee
  - Nursing education
  - Charge nurse
  - Clinical nurse specialists
  - Security

SESSION FRAMEWORK

- 30-minute session length
- Up to 14 participants
- Delivery of bad news to a client
- Hands-on practice
- Realistic environment



SESSION FORMAT

- Briefing the team
- Engaging the client
- Planning a physical intervention
- Physically intervening with the client
- Debrief
- Evaluation

EARLY ROADBLOCKS

- Who plays the role of the mock client?
- How to define de-escalation skills?
- How will the staff determine what interventions to do?

EARLY ROADBLOCKS: The mock client

- Who plays the role? Professionally paid actor, volunteer, drama student, staff?
- Scripted or improvised?
- Realistic performer?
- Comfort and ability with hands-on techniques?

EARLY ROADBLOCKS: What is De-escalation?

EMDABS (English modified De-Escalating Aggressive Behaviour Scale)[9]	Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup[10]
1. Valuing the client 2. Reducing fear for the client (empathy/positive outlook) 3. Inquiring about client's concerns 4. Guiding the client 5. Working out agreements 6. Remain calm 7. Manage risk (maintain safe distance)	1. Respect Personal Space 2. Do not be provocative 3. Establish verbal contact 4. Be concise 5. Identify wants and feelings/validate 6. Listen closely to what the patient is saying 7. Agree or agree to disagree 8. Lay down the law and set clear limits 9. Offer choices and optimism 10. Debrief the patient and staff

EARLY ROADBLOCKS: What interventions are possible?

- Are the staff interventions predetermined?
- If predetermined, who makes the decision?
- Should staff practice specific skills during the drill?

SJHH CODE WHITE DRILL EXAMPLE

STAFF RESPONSE*

- Time Frame: October 2016 – October 2017
- Participant Total: 220+
- Total number of sessions: 24
- Evaluation Response Rate: *90%*

*excludes numbers from Charlton Campus

HOW DID THE STAFF RESPOND?

Evaluation can be broken down as follows:

- Did staff feel the scenario mimicked real life events?
- What did staff suggest for future drills?
- Did the scenario improve staff confidence in their ability to manage unpredictable aggressive situations?
- What made the experience valuable?

HOW DID THE STAFF RESPOND?

Evaluation can be broken down as follows:

- Did staff feel the scenario mimicked real life events? 100% said yes
- What did staff suggest for future drills?
- Did the scenario improve staff confidence in their ability to manage unpredictable aggressive situations? 92% said yes
- What made the experience valuable?

HOW DID THE STAFF RESPOND?

What did staff suggest for future drills?

- Increased intensity of the situation
- Increased aggression
- Increased threat of harm (e.g. weapons)
- New techniques/protocols

HOW DID THE STAFF RESPOND?

What made the experience valuable?

- Realistic
- Debriefing
- Practicing verbal de-escalation
- Practicing physical interventions
- Observing for the first time

WHAT MADE THE EXPERIENCE VALUABLE?

(Written comments from staff)

“It felt very real and authentic and the ambiguity helped. The debrief was very helpful to sort out thoughts.”

“Collaboration between more experienced staff and new staff – clear concise direction”

“Valuable experience with the Pinels as this doesn't always happen in our day to day duties. Great refresher!”

“Having the patient be as realistic as possible in scenario”

IMPORTANT LESSONS

- Session planning, rehearsals, getting feedback, more rehearsals and consistency paid off
- Prepare to test the limits of your organization's training and policies
- Establish ground rules for facilitators
- The mock client and mock nurse are also supervising the safety of the situation

FUTURE DIRECTION

- Ensure all new staff/code responders go through these scenarios
- Metrics to determine impact of training (rates of restraint use, patient injury, staff engagement, staff injury, staff burnout)
- Explore having a large pool of facilitators
- Have different services design and lead the drill

CONCLUSIONS

- Drills fit into a larger repertoire of staff training for the safe management of aggressive and responsive behaviours
- Drills appear to be well received and highly regarded by the staff members

SPECIAL THANKS TO THE FOLLOWING CONTRIBUTING STAFF MEMBERS

- Jennifer Olarte-Godoy, RN
- Carly Whitmore, RN
- Bradley Labuguen, RN
- Ruth Sahr, RN
- Anthony Wright, RN
- Larisa Volman, RN
- Derek Stokke, RN
- Security

Citations

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