

SIMpacting Patient Safety:

Simulation programs making a difference



Atrium Health Behavioral Health of Charlotte: De-Escalation Project

The use of restraints in psychiatric facilities has always been a point of contention in psychiatric care management and has, in fact, been proven to be harmful to both patients and healthcare professionals. Seclusion and restraint use has been shown to be influenced by the organizational culture, therefore reduction in restraint use and seclusion practices requires preventive interventions at both the individual teammate and management levels. Culture changes within a behavioral health unit and an organization can reduce the use of seclusion and restraints. In addition, effective administrative and clinical processes may help prevent behavioral emergencies and can support the implementation of alternative methods.

Working Toward a Shift in Mindset and Clinical Processes

In the spring of 2019, the leadership team for Atrium Health Behavioral Health Charlotte, a facility of Carolinas Medical Center joined forces with Atrium Health Carolinas Simulation Center (CSC) to create an interdisciplinary educational session featuring two common behavioral health situations requiring de-escalation. The intent of the project was to create scenario-based simulations that focused on verbal de-escalation techniques. The goal was to decrease the use of restraints and ultimately introduce a culture change within the Behavioral Health Department.

The in-situ sessions allowed Atrium Health teammates to work together in their typical surroundings to increase realism and team buy-in. Leadership, a physician champion and nurse managers were involved in the development of the curriculum and facilitation of the sessions.



Setup of the Experience

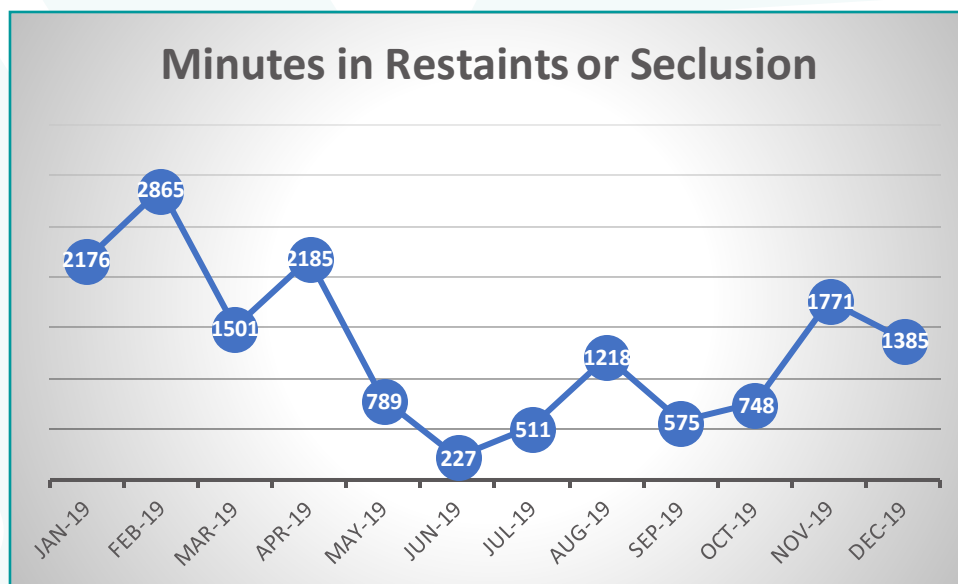
Twelve sessions – each lasting 1.5 hours – were scheduled in the Observation Unit at Atrium Health Behavioral Health Charlotte. Groups were kept to 10 or less to assist with small group learning. Each day, prior to the sessions, the unit was closed, and patients were moved to another unit in the center. This allowed for teammates to learn in a clinical environment without disrupting patient care. Each session started with a briefing that included session objectives, psychological safety, confidentiality and learner expectations. Learners were also given a pre- and post-test to assess current and gained knowledge.



The group was split into 2 teams, and each team had a chance to interact with the simulated participant, as well as to observe the other group during their interactions. Department leadership and a physician champion were present for every session, and teams provided constructive feedback to their teammates. Debriefs were focused on therapeutic communication, teamwork, trauma-informed care, de-escalation techniques and uncovering of barriers to de-escalation in the clinical environment.

Training Session Outcomes

More than 100 learners attended sessions, including 49 psychiatric technicians, 37 nurses, 8 physicians, 4 advanced practice providers, 3 medical students and 3 social workers. Overall, comments about the learning sessions were positive, and the participants seemed to appreciate the experience and the chance to work as a team to provide care for patients. Surveys showed a slight increase in content knowledge after the sessions. The units had a decrease in the minutes spent in restraints and seclusion in the months after the education, thus meeting the overall goal of the project.



Below are comments from session participants:

“The experience was amazing. It allowed us to sharpen our skills, together as a team”
“Practicing verbal de-escalation and getting pointers on how and what to improve on really helped me feel more confident to be successful in my daily practice”

Looking to the Future

Organizational characteristics have substantial influence on individual patient and teammate safety. Shared ownership among leaders and teammates can create a work culture that supports minimal seclusion and restraint use and will enable the vision of elimination to be realized. This de-escalation project was the first step toward this goal. In collaboration with the educators, de-escalation simulation has become part of the monthly onboarding education required for new hires. This training has also expanded into the curriculum for medical students and Advanced Practice Providers during their behavioral health rotations.

The leadership team, in partnership with CSC, is currently offering additional sessions, which include 2 adolescent scenarios. The logistics and set-up have remained the same. This round includes the Emergency Department team and the inpatient pediatric unit's team. This project is ongoing, so there is no restrictive intervention data yet, but the learner feedback has been positive, and we are already receiving ideas for additional diagnoses that would be helpful to review.