

A Novel Approach to Promoting a Safe Environment and Collaborative Care Model for Children and Adolescents with Behavioral Health Needs on an Inpatient Medical Unit



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Background

With the current global mental health crisis, hospitals have experienced an exponential increase in children and adolescents with behavioral health needs being cared for on inpatient, non-psychiatric units. Hospitals are challenged with adapting existing infrastructure to deliver safe high-quality care to this patient population. This poster describes a novel nurse led effort to improve safety and quality care experiences for children and adolescents with behavioral health needs as well as staff providing care

Purpose

The overarching goals of this project were to provide a safer care environment, improve patient and family experiences and improve staff self-efficacy providing care to this patient population.

Description of Project

Boston Children's Hospital nurse leaders from 9 East, a 32-bed medical unit, and the Behavioral Response Team, developed and implemented a proactive, nurse-led, collaborative care model for managing the needs of children and adolescents experiencing behavioral health crises awaiting higher level of psychiatric care. Hospital leadership provisioned resources to address key infrastructure needs including the renovation of the physical environment and implementation of a collaborative nursing model of care focused on patient and staff safety.

ROLE DELINEATION FOR COHORTED PATIENTS	BRT RN	BRT MC	9E RN	9E CA
X – Primary XX – Secondary	Oversees behavioral health care		Responsible for overall car of the patient, assists with behavioral health needs	
Medication Administration	XX	-	X	
Attend Team/Systems Meetings	Χ	X	X	-
MOAS Completion	XX	=	X	T#C
Nursing Progress Note/Care Plans	-	-	X	-
Admit/Discharge	2	-	X	X
Patient Check-in (documented hourly)	X	X	X	X
Behavior Planning (All care teams involved)	Χ	XX	X	-
Behavior Recommendations/All About Me	Χ	Х	-	-
Coping Tool Facilitation	Χ	X	X	Х
Patient Engagement	Χ	Х	XX	
Ensure BH Orders are placed	Χ	-		
De-escalation & Restraints	X	X	X	XX
Restraint Monitoring/Documentation	XX	-	Х	-
Communication with physician (page, phone, etc.)	XX	-	X	
Sign-Off/Carry-out Orders	=	-	X	-
Constant Observer Staffing Request (Charge)		-	X	
Patient Walks	X	Х	X	X
Patient Transport	X	Х	X	X
Coordination of Daily Schedule & Therapeutic Time	X	X	X	XX



Key Points & Program Highlights

This nurse-led project relied on alignment and input from key stakeholders. Weekly project meetings addressing budget, collaborative model of care, and construction updates occurred from January 2022 through the project launch in June 2022. Project leaders elicited feedback from 9 East and BRT staff at monthly unit staff meetings. Bedside staff were empowered to provide input. The Synergy Model was at the core of socializing staff to collaborative nursing team efforts. Emphasis was placed on integrating 9 East medical nursing and BRT psychiatric nursing knowledge, skills, and expertise to meet the holistic needs of children and adolescents admitted to the 9 East Behavioral Health cohort.

Next Steps & Lessons Learned

Implementing the expectation of daily team communication proved essential for promoting safety by supporting socialization, enculturation, and transitioning to the collaborative nursing team patient care model. A six-month post implementation staff survey on nurses on 9 East captured their perspectives and project success. Data revealed improved nurse self-efficacy managing children and adolescents experiencing behavioral health crises.

Next steps include providing additional enrichment and therapeutic patient activities. Developing competencies targeting both BRT and 9 East care teams. Collect data to assess impact on staff and patient outcomes. Refine the process for assessing patient agitation using the Modified Overt Aggression Scale. Continuing to identify improvement opportunities.

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