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Combating Workplace Violence: The Implementation of a Behavioral Emergency Response Team

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Henry Ford Health

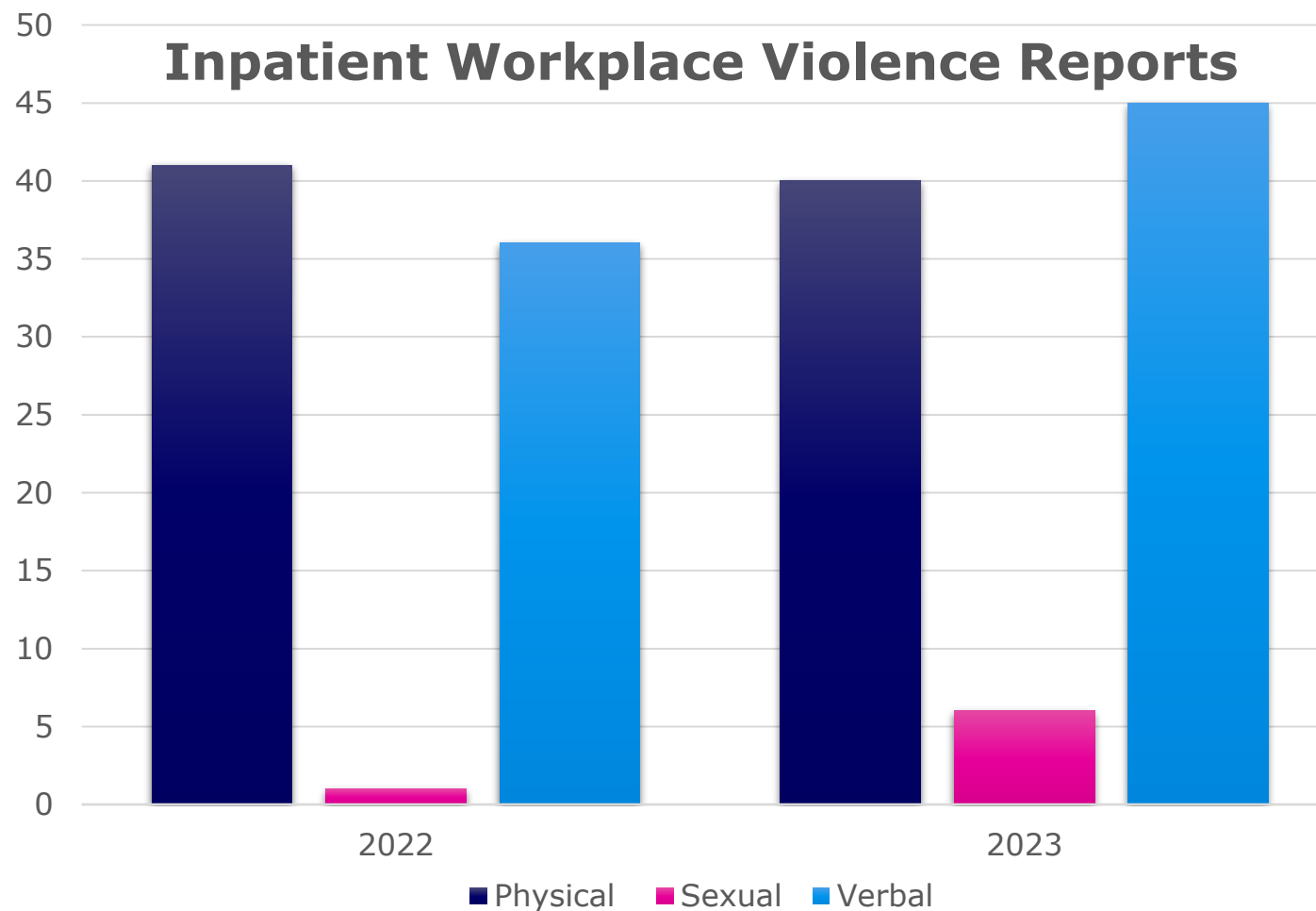
Jackson, Michigan

Background

- Workplace violence, patient, and staff safety continue to be a top priority and concern for Henry Ford Jackson Health (HFJH)
- Sentinel event June 2019
- Root cause analysis concluded current process was not sufficient
- The process was that staff were able to call a “Security Assistance” alert for security personnel response to situations involving an actual or potential physical threat to patients, staff, visitors, or property. Evaluation of this process concluded there was a lack of support for clinical staff to maintain patient and staff safety during or immediately preceding acute behavioral health crises on medical inpatient units

Reported Workplace Violence at HFJH: Inpatient Only

- 2022 (78)
 - Physical – 41
 - Sexual – 1
 - Verbal – 36
- 2023 (91)
 - Physical – 40
 - Sexual – 6
 - Verbal – 45



Significance

- Violence against healthcare workers is 20% higher than violence amongst other professions and is estimated to be exceptionally underreported
- The Joint Commission and OSHA recommend the development of policies, programs, and response teams to decrease these potential violent acts
- It is estimated that at least 50% of healthcare workers have experienced verbal abuse from patients and up to 25% of health care workers have been exposed to physical violence
- Workplace violence leads to decrease in staff morale and increases burnout

Synthesis of Evidence

- Based on level I through level VI evidence, it is recommended to implement activation criteria, de-escalation techniques, debriefing, and evaluation strategies with defined response personnel to promote workplace safety and decrease adverse events
- It is predicted that the implementation of a behavioral emergency response team (BERT) will maintain patient and staff safety by applying evidence-based techniques and interventions to appropriately de-escalate patients
- A BERT is a response team that activates clinical experts from various disciplines to respond when a patient exhibits signs of escalating behaviors or when the clinical staff feel threatened by a situation
- Through de-escalation, a BERT can decrease workplace violence, decrease security intervention, decrease restraint use, increase staff perception of workplace safety, and ease in caring for behavioral health patients on medical units

Aim

- To improve patient and staff safety through the implementation of an evidence-based BERT, with dedicated, trained team members on medical inpatient units through rapid assistance to clinical staff during acute behavioral escalating situations

Theoretical Framework

Plan, Do, Check, Act

- Led by a clinical nurse specialist (CNS), collaborating with interprofessional key stakeholders, the project encompassed selecting metrics to track, identifying activation criteria, de-escalation techniques, members of the team, creating a policy and flowchart, a debriefing form, a BERT tracking tool, education for the clinical staff, electronic health record (EHR) integration, and an evaluation and sustainability plan
- The BERT activation team members consist of a House Shift Manager or CNS, Security Officer, unit specific Clinical Unit Leader, and Behavioral Health RN with the primary RN caring for the patient
- CNS collaborated with behavioral health physicians, pharmacists and EHR liaisons to add a BERT medication order set for streamlined medication prescribing and administration

Methods

Plan, **Do**, Check, Act

- Literature search, synthesis, and proposal for a BERT process completed
- Key stakeholder buy-in obtained from Nursing Executive Leadership
- Meetings included Nursing Executive Leadership, Psychiatry, Emergency Medicine, Hospitalists, Employee Safety, Risk Management, Emergency Services, IT Communication Center, Pharmacy, Clinical Nurse Educators, Epic Liaisons
- BERT team members identified, policy, education, debriefing form, and tracking tool created
- Tier 2 policy presented & approved
- Electronic health record (EHR) implementation for BERT medications and provider education
- Education provided to all clinical staff members for BERT process go-live 10/1/23



Last Approved 9/26/2023
Effective 10/1/2023
Next Review 9/4/2026

Owner Nelson, Joieinn:
Nursing
Administrator-
Pt Care
Area Patient Care
Services
Applicability Henry Ford
Jackson
Hospital
Document Type Policy and
Procedure

Tier 2: Inpatient Behavioral Emergency Response Team

Applicability

Henry Ford Jackson Hospital (HFJH).

Try It Out


1. Go to **Manage Orders**.
2. Enter **BERT**.
3. Select **Behavioral Emergency Response Team (BERT) for Aggressive Patients**.
4. Select one of the following based on the patient's current behavior:
 - a. **Sedative**
 - b. **Agitated or Disruptive**
 - c. **Dangerous, Destructive**
5. Each behavioral category has descriptions of the behaviors.
6. **Select** one of the pre-populated medication therapies from the behavioral category chosen.
7. **Sign** order set.

☒ Dangerous, Destructive, or threat of lethal behaviors

Dangerous, Destructive or Threat of Lethal Behaviors

- Slamming door/phone
- Property destruction
- Swinging Fists
- Kicking or hitting objects or others
- Pulling hair
- Biting/spitting
- Self-harm
- Threatening suicide or homicide

☐ Olanzapine + 2nd agent (lorazepam or diphenhydramine)

☒  Haloperidol + lorazepam

☐ Haloperidol (ORAL) + lorazepam (ORAL)
☐ haloperidol INJECTION + lorazepam INJECTION

☐ Fluphenazine + lorazepam

When to call a BERT: Escalating Behaviors

The Lalemand Red Behavior Scale



Agitated



Disruptive



Destructive




Dangerous



Threat of
Lethal

How to call a BERT

Dialing extension 7000 from any hospital phone, the Communication Center will initiate the paging process



State the patient's name and location and the individuals name calling the BERT



The Communication Center will page the BERT to appropriate team members



Following the BERT activation and response, the RN will notify the patient's primary treating physician

BERT Procedure

- The BERT will respond to the patient's location after receiving the symplr page
- The BERT will collaborate with primary RN and determine the appropriate interactions and interventions to properly de-escalate the situation
- The BERT will appropriately flag the patient in EHR with "Aggressive behavior", if necessary
- Appropriate documentation in EHR regarding the behavior observed and interventions completed
 - **"Individual was** *(level of behavior)* **as evidence by** *(description of behavior)* **and staff** *(response by team members)"*
- A verbal debriefing and completion of a debriefing form regarding the behavioral emergency response should be completed by the primary nurse and the BERT members
- In the event the situation further escalates, the BERT will activate a **"Security Assistance"**

Methods

Plan, Do, **Check**, Act

- Mock activations trialed prior to process go-live 10/1/23
- Debriefing forms and internal reporting processes reviewed
- Tracking form includes date, time, and location of the activation, if medications or restraints were utilized, if further security assistance was required, incidence of staff were harm, and opportunities for improvement

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N |
|---|------|--------------|-----|------|----------------|--------------|-----------------|-------------|------------|---------------------|----------|----|----------|-----|
| 1 | Date | Patient Name | MRN | Unit | Time Activated | Time to Room | Debriefing Form | Medications | Restraints | Security Assistance | EHR Flag | RL | EHR Note | OFI |
| 2 | | | | | | | | | | | | | | |

BERT Debriefing Form

| | |
|------------------------------------|-----------------------------|
| Date: | Time BERT activated: |
| BERT Response Members: | Time at the bedside: |
| Room/Location: | |
| Patient MRN #: | |
| Reason for activating BERT: | |
| Admitting Diagnosis: | |
| Psychiatric history: | |
| Interventions: | |
| Environmental changes: | |
| De-escalation attempts: | |
| Medications given: | |
| Other: | |

Outcome(s):

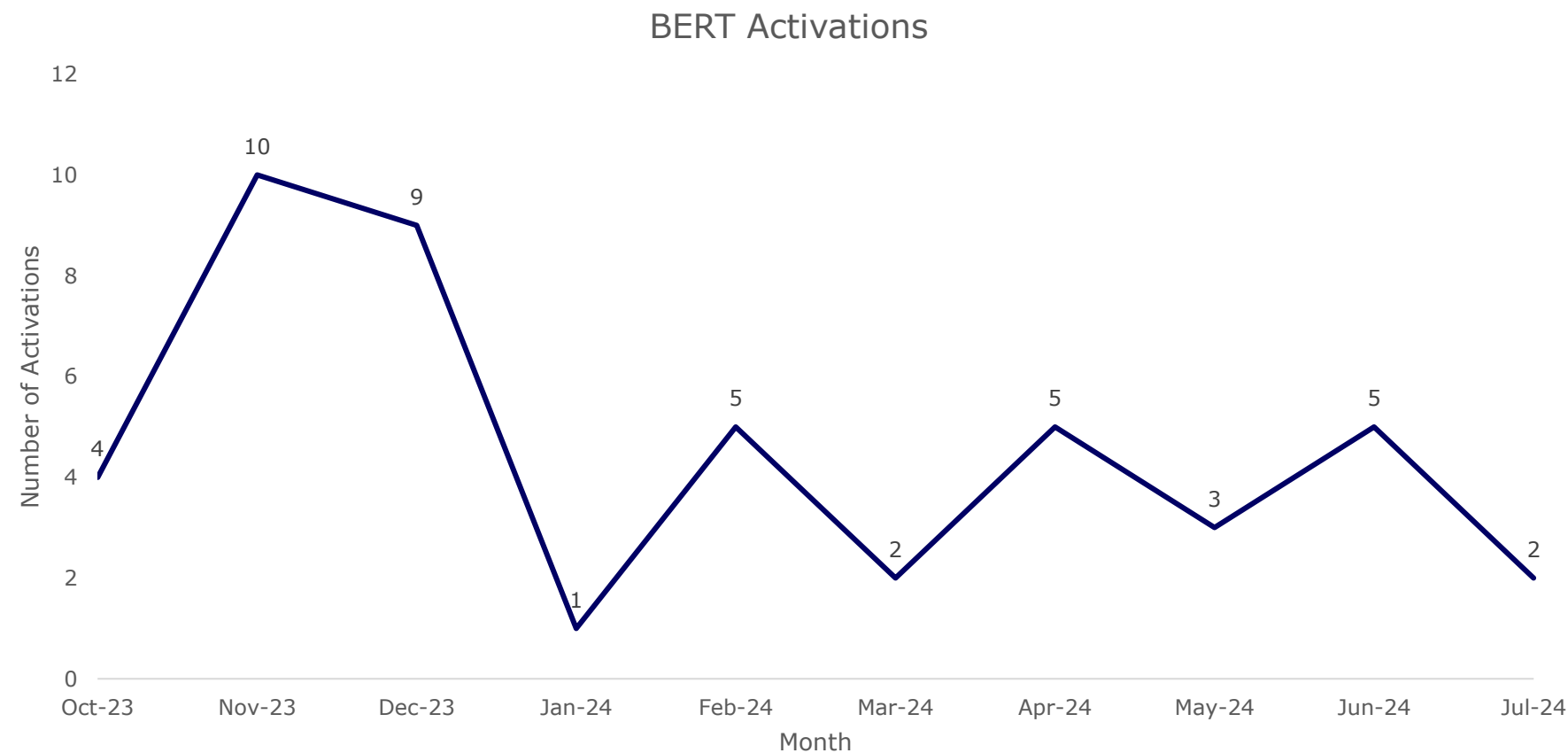
- ☐ Patient remained in current room
- ☐ Patient transferred to alternate level of care
- ☐ De-Escalation successful
- ☐ 1:1 patient sitter ordered
- ☐ Patient restrained
- ☐ "Security Assistance" activated

Methods

Plan, Do, Check, **Act**

- Opportunities for improvement included streamlining the activation process with internal paging
- Ongoing improvement monitored through activation debriefing forms, internal reporting processes, and an anonymous survey sent to the clinical staff members who activated the BERT

Activations



Data Analysis

- From the optional post activation survey, 85.7% (n=7) of respondents selected that they “agreed” or “strongly agreed” that the BERT members supported their patients’ needs, they felt personally supported by the BERT members during the activation, and based on their experience they would activate a BERT again
- Workplace violence incidents have not decreased, increased staff awareness of reporting incidents
- To date, no staff have been harmed during a BERT activation

Implications for Nursing

- A BERT process will improve the quality of care provided to patients by preserving patient and staff safety during behavioral health crisis events, while meeting the needs of the patient
- Staff have voiced their appreciation and support they have received from the BERT members
- Strengths to this program include the ease of integration by utilizing current resources, creating a process when no formal procedure was in place, and supporting clinical staff in real time, at the bedside
- Limitations include no physician oversight for the program
- The BERT process will be continued at HFJH and operationalization at additional Henry Ford sites is being explored

Dissemination of Findings

- Henry Ford Jackson 2024 Annual Research Symposium Presentation
- 2024 Iowa National Evidence Based Practice Poster Presentation
- Henry Ford Health Nursing Research Symposium
- Submitted:
 - National Teaching Institute 2025 Conference
 - National Association of Clinical Nurse Specialists 2025 Conference

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Questions?

Thank you!

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Jessica Schmidt MSN, RN, AGCNS-BC, PCCN
Henry Ford Health, Jackson, Michigan

Background & Significance

- Workplace violence, patient, and staff safety continue to be a top priority and concern for Henry Ford Jackson Health (HFJH).
- Evaluating the current process at HFJH, there was no formal process to support clinical staff members to maintain patient and staff safety during acute behavioral health crises on medical inpatient units prior to the activation of a "Security Assistance", or security personnel response to situations involving an actual or potential physical threat to patients, staff, visitors, or property.
- Violence against health care workers is 20% higher than violence amongst other professions and is estimated to be exceptionally underreported.^{3, 7}
- It is estimated that at least 50% of healthcare workers have experienced verbal abuse from patients and up to 25% of health care workers have been exposed to physical violence.^{3, 7}
- The Joint Commission and OSHA recommend the development of policies, programs, and response teams to decrease these potential violent acts.^{3, 7}

Synthesis of Evidence

- Based on level I through level VI evidence, it is recommended to implement activation criteria, de-escalation techniques, debriefing, and evaluation strategies with defined response personnel to promote workplace safety and decrease adverse events.^{1,2,3,4,7,8,9}
- It is predicted that the implementation of a behavioral emergency response team (BERT) will maintain patient and staff safety by applying evidence-based techniques and interventions to appropriately de-escalate patients.^{1,2,3,4,7,8,9}
- Through de-escalation, a BERT can decrease workplace violence, decrease security intervention, decrease restraint use, increase staff perception of workplace safety, and ease in caring for behavioral health patients on medical units.^{1,2,3,4,7,8,9}

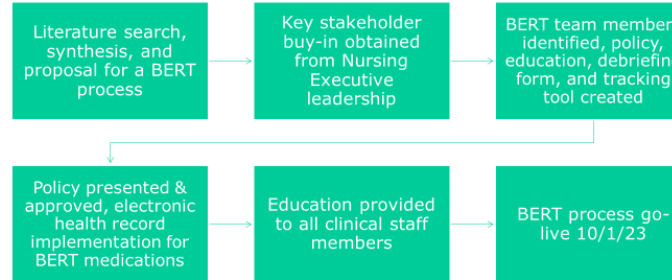
Aim

- To improve patient and staff safety through the implementation of an evidence-based BERT, with dedicated and trained team members, on medical inpatient units, through rapid assistance to clinical staff during acute behavioral escalating situations.

Plan

- Led by a clinical nurse specialist (CNS), collaborating with interprofessional key stakeholders, the project encompassed selecting metrics to track, identifying activation criteria, de-escalation techniques, members of the team, creating a policy and flowchart, a debriefing form, a BERT tracking tool, education for the clinical staff, electronic health record (EHR) integration, and an evaluation and sustainability plan.
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- The CNS collaborated with behavioral health physicians, pharmacists and EHR liaisons to add a BERT medication order set for streamlined medication prescribing and administration.

Do



Check

- Mock activations trialed prior to process go-live 10/1/23.
- Debriefing forms and internal reporting processes reviewed.
- BERT tracking tool included date, time, and location of the activation, if medications or restraints were utilized, if further security assistance was required, incidence of staff harm, and opportunities for improvement.

2023 BERT Activations

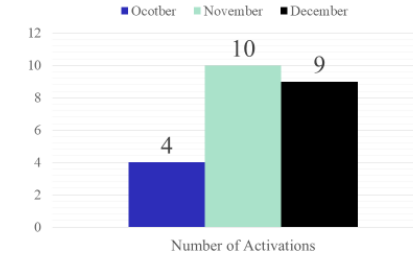


Figure 1. BERT go-live at HFJH was 10/1/2023. From 10/1/23-12/31/23 there were a total of 23 BERT activations.

Act

- Opportunities for improvement included streamlining the activation process with internal paging.
- Ongoing improvement monitored through activation debriefing forms, internal reporting processes, and an anonymous survey sent to the clinical staff members who activated the BERT.

Implications for Nursing

- A BERT process will improve the quality of care provided to patients by preserving patient and staff safety during behavioral health crisis events, while meeting the needs of the patient.
- To date, no staff have been harmed during a BERT activation.
- Staff have voiced their appreciation for the support they have received from the BERT members.
- Strengths to this program include the ease of integration by utilizing current resources, creating a process when no formal process was in place, and supporting clinical staff in real time, at the bedside.
- Limitations include no physician oversight for the program.
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References

