Reducing Restraint Use with Education and De-Escalation Training in the Emergency Department Setting

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Background

- The number of individuals who present to the emergency department has been rising annually, with as many as 131 million ER visits in 2011 (1).
- There has also been an annual increase in patients presenting to emergency rooms for acute care of psychiatric and mental health crises (2).
- At the turn of the century: the number of pediatric patients presenting to ERs increasing for psychiatric and mental health crises (2).

Materials and methods

To keep in line with national standards of safety, behavioral health and psychiatric patients presenting to ERs increasing for psychiatric and mental health crises (2).

Results and Conclusions

- 1. Improved triage protocols: Previously, when a patient presented to the HED with a chief complaint that related to behavioral health (i.e. suicidal ideation, homicidal ideation, aggression, self-injury), after being transferred into disposable scrubs, and having their belongings safely secured, frequently that individual would be required to wait in the waiting room next to the nurses’ desk, while accompanied by a guard. It was not uncommon for these patients to experience long wait times, sometimes as many as eight hours.
- 2. The HED leadership partnered with colleagues at Bradley Hospital and QBS, Inc. A collaborative quality initiative was begun in May of 2014 whereby registered nurses, physicians, certified nursing assistants, unit assistants, child life specialists, and family assistants from both institutions better documented episodes of restraint use.

Interventions

- 1. Improved triage protocols: Previously, when a patient presented to the HED with a chief complaint that related to behavioral health (i.e. suicidal ideation, homicidal ideation, aggression, self-injury), after being transferred into disposable scrubs, and having their belongings safely secured, frequently that individual would be required to wait in the waiting room next to the nurses’ desk, while accompanied by a guard. It was not uncommon for these patients to experience long wait times, sometimes as many as eight hours.
- 2. The HED leadership partnered with colleagues at Bradley Hospital and QBS, Inc. A collaborative quality initiative was begun in May of 2014 whereby registered nurses, physicians, certified nursing assistants, unit assistants, child life specialists, and family assistants from both institutions better documented episodes of restraint use.

Interventions continued

- 3. To best apply the Safety Care training, nurse and physician leadership partnered together to develop standardized policies for mitigation of patient escalation within the department (Figure 2).

Implications for Practice

- Rhode Island Hospital, including Hasbro Children’s Hospital, transitioned from a combination EMAR and paper documentation to an updated EMAR system, in April 2015. This transition had many implications on the data collection utilized for this quality study:
  - With increased staff education (both for EMAR training and also hospital education regarding documentation requirements), and heightened awareness regarding the initiatives focused on decreased restraint use, staff members better document restraint use in cases that it was still necessary to ensure the patient’s safety.
  - Obtaining accurate and detailed information regarding patient demographics; behavioral restraint use; annual overall patient census; and also annual number of behavioral health visits, was more accessible.
  - Due to improved documentation by staff, and enhanced system reporting, after the transition to EMAR, there was an up-tick in the number of incidences of recorded restraint use. Despite these drastic changes, there was still a net reduction of 0.1% of behavioral health patients requiring restraints between May and February of fiscal year 2013 and 2015.

Data will continue to be collected to track further progress in decreasing the use of restraints within the HED.

Staff will continue to be required to maintain their Safety Care certification, and also continue uphold the hospital’s policies and procedures.

Nursing leadership will remain certified as Safety Care instructors, to foster ease of staff education.

1. The need for an updated triage process for behavioral health and psychiatric patients presenting to the ED.
2. Increased staff education and specialized training
3. Implementation of standardized de-escalation policies
- 2. The HED leadership partnered with colleagues at Bradley Hospital and QBS, Inc. A collaborative quality initiative was begun in May of 2014 whereby registered nurses, physicians, certified nursing assistants, unit assistants, child life specialists, and family assistants from the HED were required to attend a two-day Safety Care Behavioral Safety Training Course. The staff was further required to maintain an annual re-training. Since the inclusion of Safety Care training, staff have been educated and empowered to utilize de-escalation techniques and redirection with patients and their families.

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3. To best apply the Safety Care training, nurse and physician leadership partnered together to develop standardized policies for mitigation of patient escalation within the department (Figure 2).

Additionally, a secure space in the behavioral health waiting room was also added to the department.

Results

- Episodes of documented restraint use in the HED, annually, during the months May through February
  - SafeTriage Process Implemented September 2013
  - Safety Care Training Implemented May 2014

These findings support the premise that when staff is given evidence-based tools and education to assist them in their care of patients with potentially challenging or dangerous behaviors, staff are more likely to maintain a safe environment with the use of de-escalation techniques and are more likely to advocate for the respect of patient rights. Ultimately, restraint use is often avoided, resulting in safer patient and staff outcomes.