Supporting Clinicians to Care for Patients with Behavioral Issues in the ED

Our Approach and Possibilities for Adaptation to Your Setting

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Presenter Disclosure

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Overview

• Setting
• Our Opportunity and Goals
• Planning
• Workshop
• Demonstration of Standardized Patient Cases
• Feedback and Lessons Learned
• Ideas of How to Adapt for Your Site
Safe Patients / Safe Staff™ – A 4-Pronged Approach

**PROACTIVE**
- Behavioural Rapid Response Service ~BOOST
- Daily Safety Screening (IT flags, rounds huddles, GEM flags)
- Proactive Policy for High Risk/High Needs Patients/Situations
- Anti-Stigma Support

**STANDARDIZED**

- Standardized Best Practices & Process Re-Engineering
  - Tool-kit development
  - Care plan algorithms
  - Order sets
  - Safety dashboard
  - Behavioural Discharge Summary

**COLLABORATIVE**

- Linkages with:
  - Occupational Health & Safety
  - Human Rights/Health Equity
  - Geriatrics
  - HR/Organizational Development

**MULTI-MODAL**

- e-learning module
- Interactive Workshops
- Debriefing Algorithms to harvest learning
- Simulation Training
- Broad Dissemination and Scholarship

**SKILL-BUILDING**
Setting the stage…
The people in our neighborhoods

- Ms. H:
  - 89 year old woman living in a shelter-like setting for 15 yrs. with no supports
  - Unknown medical/psychiatric history and no contact with MDs or any health care professionals; no OHIP #
  - Admitted to MSH ED after fall sustaining a non-operable fracture
  - Overnight in ED patient is agitated, attempting to leave hospital and placed on Form 1
The people in our neighborhoods

• Ms. T:
  • 82 year old woman living at home with her sister. Both have a diagnosis of dementia.
  • Limited supports at home
  • Well known to police as she frequently wanders away from home & becomes lost
  • Brought in by police for same
The people in our neighborhoods

- Ms S:
- 94 year old living in a retirement home
- Diabetes
- Fell at bingo and now cannot walk
- While being worked up for a hip fracture, starts to scream and wants to get out of bed
More about who we are...

- Mount Sinai Hospital, Toronto
- 472 Beds
- Academic Teaching Hospital
- Serves an urban multicultural population
- Over past 5-10 years, explicit strategic shift towards increasing and improving response to growing elderly population
- Longstanding GEM nurse presence
- 3 General Acute Medical Units (80 beds), including Acute Care for Elders Unit (ACE)
- ED volumes of ~60,000 visits per year, 20% over age 60
Our Emergency Department

• 95 RNs with a primary care nursing model
• GEM nurse support weekdays 0800-2000hrs
• Allied health support of SW, OT/PT, TCLHIN home care
• Has geriatric supports, but no specialized physical environment
BSO Opportunity for Education for ED Staff

• BSO wanted to fund education/training for ED staff on patients with behavioral issues
• Caveat: ‘develop’ and provide training by end of fiscal year (and it was December)
Key Principles: To optimize impact, buy-in and multiplier effect

- Alignment with hospital projects and priorities
  - Dementia QIP/HQO work
  - Safety and Security Initiatives
  - Occupational Health and Safety
  - Human Rights and Health Equity
- ED/MSH Education Initiatives
  - NVCI in the ED
  - Geri-EM e-Learning modules
Patients with Behaviors in the ED: **KEY TARGETS for INTERVENTIONS**

- Front-line Clinician Engagement
- Hospital Leadership Engagement
- Patients/Families
- Organization of Clinical Services
- Training
- Patient Care Environment
- Information Systems
- LHIN/Provincial/Dementia Organization Resources
- Transitions
Our Approach with Previous Work at MSH

• **Key Intervention Frameworks**
  • Proactive Clinical Engagement
  • Standardized Care
  • Clinician Resilience Focus
  • Multimodal Training
Planning

• Lead clinicians:
  • Audrey Brousseau, Fellow in Geriatric Emergency Medicine
  • Stephanie Saraga, Nurse Clinician in the ED
  • Carla Loftus, Clinical Nurse Specialist with Geriatric Psychiatry

• Contingencies: e-CTAS being implemented at the end of March and staff were going to be trained during their shifts
After a lot of deliberation… an idea that felt feasible!

• Optional Full-Day Workshop offered to ED Nurses
  • Focus: Managing responsive behaviours in the ED with a focus on the behaviours that nurses find the most challenging
  • Morning of content, afternoon of practice with standardized patients
  • BSO money to cover wages and standardized patient costs
Workshop Content

• Introduction
• Overview of Cognitive Impairment in the ED
• Strategies for the ED
• GPA primer
• Challenges and Resiliency
• Practice and discuss
• Debriefing
Responsive Behaviours We Focused On

• Aggression and resistance to care
• Elopement
• Getting up inappropriately
• Repeated questions

• For each we reviewed the definition, the common causes/triggers and strategies to try in the ED
GPA Primer --- Challenges and Resiliency

• Two purposes
  • What is coming to the ED like for patients?
  • Acknowledge the challenges of this work and look at how we support ourselves and our colleagues?
• GPA = Gentle Persuasive Approaches
  • GPA coach led staff through exercises that have staff experience a loss of control
• GPA coach is also a Compassion Fatigue facilitator
• Resilience
Standardized Patients

• An opportunity to practice the skills in a ‘safe’ environment
• Actors from the University of Toronto Standardized Patient Program
• We had previously developed and used 5 scenarios for the inpatient med/surg setting
• 3 scenarios adapted for ED
  • Patient trying to leave the ED
  • Patient with resistance to care
  • Resident being asked for medication for agitation/aggression
Case #1
Mr. Tony DeLuca

Tony DeLuca is a widowed 83 year old man who lives in a Retirement Home. He is a musician and taught music to children with special needs. Tony’s niece Helen visits regularly.

Tony was sent to the hospital yesterday today after other residents at the Retirement Home found him acting “bizarre” and “yelling at nothing”. Staff called 911 after Tony fell trying to open the door of an apartment that was not his. Earlier in his ED visit, Tony was verbally and physically aggressive requiring restraints and antipsychotic medications.

When you come on your night shift, Tony has been admitted to Medicine, but remains in the ED waiting for a bed. Tony is difficult to rouse. He is unable to provide you with any historical information and the day shift nurses are unable to provide you with much baseline details. At the beginning of your shift, Tony required full assist for movement within the stretcher. As your shift progresses Tony becomes more alert. As you go in to assess Tony, you find he is not in his room. Instead, Tony is in the hallway trying to open the door that takes him to the elevators.

Participant’s Task:

Re-direct Tony back to his chair. You have 5 minutes to complete task.
Case #2
Ms. Joan Smith

Joan Smith is an 87 year old female from home. She came to the ED because of falls and confusion. She has a past medical history of DM2, HTN, Arthritis, gout, and pneumonia in 2012. In the last three weeks, Joan has been sick with pneumonia and has had low oral intake, felt weak, and been “confused” for the last two days according to her daughter Lisa.

According to report, Joan has been drowsy and disoriented. Joan’s BP was low and a NS bolus will finish shortly. Her BP is to be reassessed to determine if additional fluids are needed.

Participant’s Task:

Your task is to take Joan’s BP.
What directions are the standardized patients given?

- Skills Tested
- Type of Patient Encounter/Location of Encounter
- Patient Demographics (age range, sex, socioeconomic status level, education background)
- Patient’s agenda (why has the patient come to see the doctor now? What does the patient (really) want?)
- Patient’s behavior
- Questions/Challenges
  - SP responses to staff’s actions
Feedback

• 5-point Likert Scale Feedback about workshop content, design, instructors, results and the standardized patients
  • All categories were rated positively (either “strongly agree” or “agree”)

• List of 3 things they learned
  • The most common things listed were the use of positive directions/avoiding negative directions AND the 7/8 A’s of dementia
  • Other general categories frequently mentioned were:
    • Documentation strategies
    • Communication and de-escalation strategies
    • Managing responsive behaviors
    • Dementia and delirium care
Feedback (continued)

- Suggested Improvements
  - Documentation (*added for second workshop)
  - More scenarios with less time/shorter time with standardized patients
  - Provide more information before the workshop (eg. reading materials to review)
  - Larger day, more activities
  - More participation for the slides portion of the day
Feedback (continued)

• What was the least valuable?
  • Shorten review of topic
  • Standardized patients

• What was the most valuable?
  • Applying work-related scenarios
  • Challenges and resilience discussion
  • Standardized patients
Lessons Learned

• Alter delivery to make didactic portion more interactive
• Resilience/challenges piece was key for several reasons
  • Getting over staff resistance to new ideas
  • Acknowledging negative feelings
  • Finding way to move forward
Ideas of How to Adapt for Your Site

• We are happy to share workshop content including standardized patient materials
• What if you do not have standardized patients (or they are too expensive)?
  • Instead you could use staff, community theatre, drama students…
Questions
Contact Information

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