



Brattleboro Retreat

Quality Improvement Initiatives 2008

Summary of the Juran Model of Performance Improvement (PI) and PI Initiatives:

The Juran Model of Performance Improvement was introduced to the Brattleboro Retreat in 2007 by Chief Executive Officer Robert E. Simpson, Jr. This model has the vision to evaluate and assess services within the hospital to ensure clinically excellent care that incorporates best practices in the field and also adapts itself well for strategic planning throughout the organization. This process supports strong customer focused (patient) satisfaction and outcomes while ensuring fiscal responsibility. The introduction of this model is a key component of the Brattleboro Retreat's commitment to improving patient safety and quality outcomes.

In 2008, the Brattleboro Retreat continued an organization wide performance improvement initiative begun in 2007 which required each clinical service and operations division to develop a strategic plan. These plans assessed each programs current core competencies and compared them with the best practices in the field. The following programs completed these core competency assessments: Adolescent Inpatient Program, Abigail Rockwell Children's Center, Child and Adolescent Partial Hospital Program, Meadows School, Bridges Program, Adult Inpatient Programs, Anna Marsh Behavioral Care Clinic, Starting Now: Intensive Outpatient Program, Adult Partial Hospital Program and the Social Services Department.

In 2008, the Brattleboro Retreat took these assessments and, from what was learned, developed a series of clinical performance improvement projects including:

- Critical Values: Improving Turn Around Times
- Medication Reconciliation
- Redesign of the Nursing Assessment
- Inpatient Adolescent Psychiatric Unit: Reducing Self-Harming Incidents
- Inpatient Adult Psychiatric Units: Improving Patient Safety
- Improving Communication with Outpatient providers
- Safety Management System
- Access and Evaluation Reorganization
- Infection Control: Managing Hepatitis and MDRO's
- Pharmacy Services: Improving Medication Safety, Preparation, Delivery and Financial Performance

This report details two of these projects. The first is a clinical quality improvement project designed to decrease self harming behaviors on the adolescent inpatient unit. The second is a patient safety project created with the goal of ensuring that patients were provided with the safest environment possible. The third project outlined in this report is the Retreat's ongoing efforts to reduce the use of seclusion and restraint in the hospital.

Clinical Quality Improvement:
Reducing Self-Harming Incidents on the Adolescent Inpatient Program

In 2008, the Brattleboro Retreat, through the process described above, data collection and comparison with Joint Commission's non-core measures, identified an increase in incidents of self harm on the inpatient adolescent program. A performance improvement team consisting of the clinical leadership of that program was formed to identify the causes, develop action plans and measure results. The goal of this team was to develop effective tools and strategies to decrease the number of self harming incidents. The team identified the following causes: objects readily accessible to patients and no sharps log sign out, no clear cut mechanism for staff to identify the safety levels of patients and poor organization of the unit.

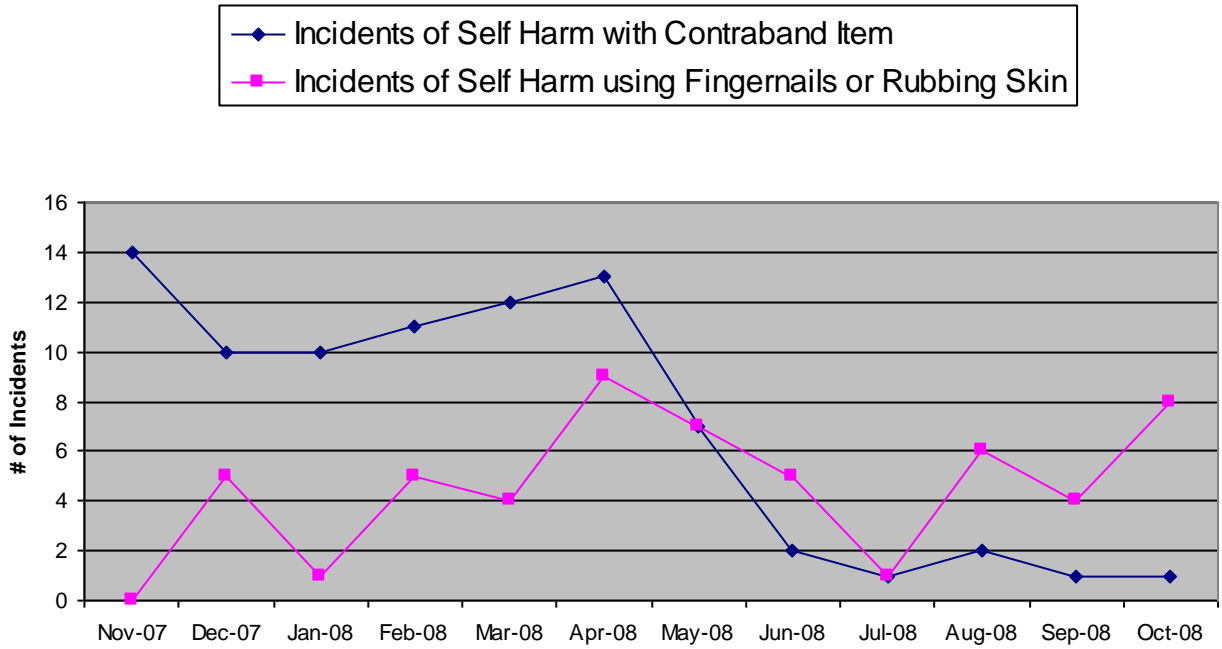
The team decided on a multi-factorial approach which involved increasing the physical safety of the unit, creating a new sharps list and eliminating many items from the units (including jewelry, piercings, curling irons and other items) implementing new systems for managing potentially dangerous items and increasing the sensory modulation techniques available to patients. This included giving patients stress balls, making satellite radio available, creating sensory carts and improving the available sensory rooms.

In both planning and measuring success, the team used the following data measurements:

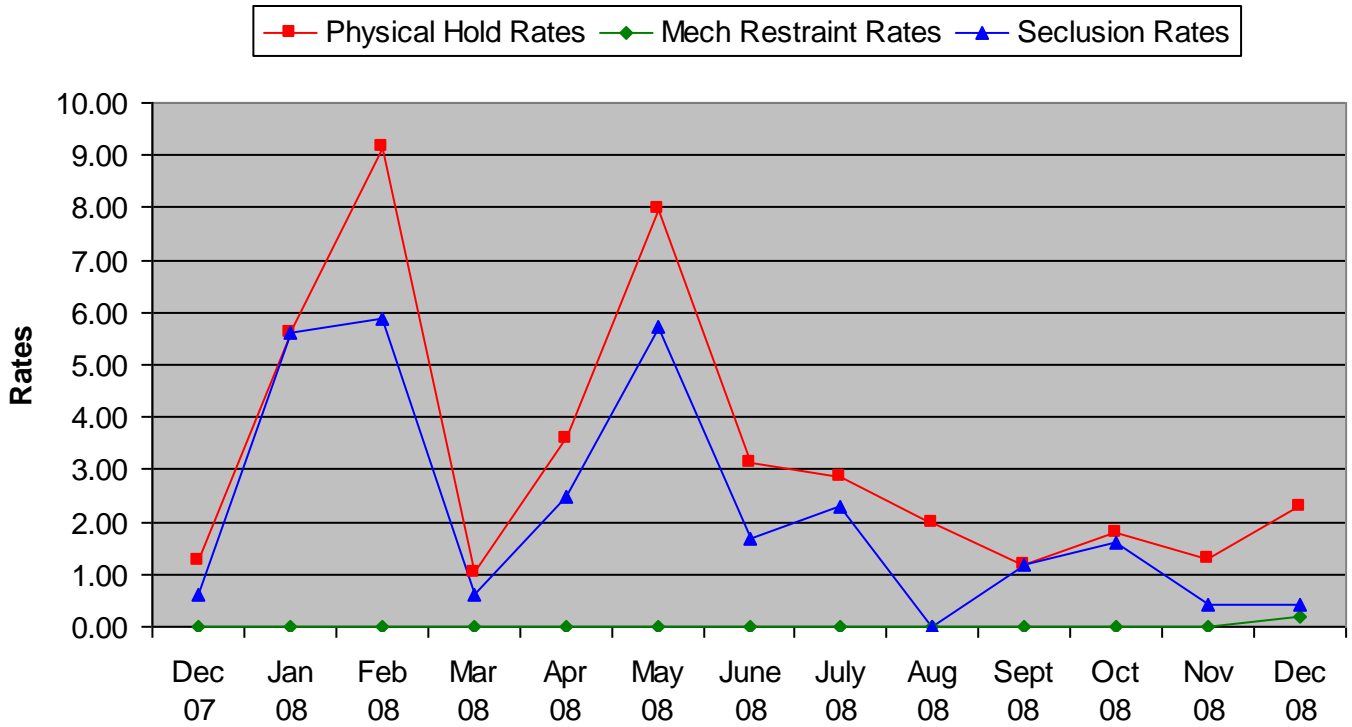
- Incidents of self harming with Contraband items (greater severity of injury)
- Incidents of self harming using fingernails or rubbing skin (mild severity of injury)
- Restraint and Seclusion episodes

The following graphs illustrate the frequency of self harm for the six months before and after the interventions began in April, 2008. Incidents of self harm, as well as the rates of seclusion and restraint, decreased significantly. The latter due to the decreased need for staff intervention to halt self harming behavior. Adolescents increasingly used fingernails or rubbed their skin to self harm. The chance of serious injury is therefore reduced. The PI team is now focused on enhancement of sensory integration and other techniques to help patients self soothe and manage the impulse to harm when it occurs.

Adolescent Inpatient Self Harm/ Cutting Behaviors



Adolescent Inpatient Restraint & Seclusion Rate



Patient Safety Project:
Increasing Patient Safety on the Adult Inpatient Units

Through ongoing performance improvement data collection and monitoring, this project was identified in September 2008. This project focused on improving performance in the area of patients' right to recover in a safe environment and creating a culture of safety as a priority. Prior to the start of this project, there was inconsistency in the understanding and implementation of patient safety policies and procedures. A PI team was formed and to identify causes, develop and implement action plans and measure results.

The following causes were identified: lack of understanding policies, lack of consistent on unit leadership, physical plant issues and lack of on-unit organization. The team began by addressing the leadership issue. A dedicated nurse manager and RN Clinical Leader were assigned to the co-occurring disorders unit and a new nurse manager was recruited for the general adult psychiatric unit. These changes created consistency in on-unit leadership. The team also worked with Facilities staff to address physical plant issues and improved staff awareness of and compliance with policies through:

- Environmental safety rounds conducted at the beginning of each shift
- Increased staff education (bulletin boards, training sessions, discussion in staff meetings and supervision)
- Document staff competency through safety quizzes
- Increase clinical staff involvement in performance improvement meetings

Throughout this process, the team is using the following measures to assess progress: rates of self injurious behavior, Perception of Care data and incidents related to not following policy. This important initiative is ongoing and will remain a priority throughout the first quarter of 2009. Results will continue to be monitored and will be available in 2009.

Seclusion and Restraint Reduction (Six Core Strategies) Performance Improvement Project

Overview: Anna Marsh founded the Brattleboro Retreat based on the philosophy of humane treatment, and principles of respect for each individual. While the Retreat has embraced these principals for 175 years, in 2005 we adopted the most progressive step forward in our history by applying a trauma-informed recovery and resiliency model of treatment (TIRRM). This approach seeks to partner with the people in our care throughout their recovery process, engaging them more fully in directing that process. This involves recognition of the role that a history of trauma plays in the lives of many of the people we serve, and doing everything possible to help them heal from and not to re-enact that experience. The TIRRM initiative has now evolved into the **Six Core Strategies Project** that uses the trauma informed recovery and resiliency model as a foundation for all six project workgroups (listed below).

In 2008 the Brattleboro Retreat and the Vermont State Hospital began a 3 year project funded by a SAMHSA grant to reduce restraint and seclusion. To accomplish the goal of reducing seclusion and restraint, the Retreat has adopted the Six Core Strategies and assembled teams and team leaders organized around the Six Core Strategies. These teams are listed below:

Leadership Core Team: Leadership Towards Organizational Change

The goal of this team is to reduce the use of seclusion and restraint by defining and articulating a mission, philosophy of care, guiding values, and assuring for the development of a strategic plan to

guide implementation of the project by the other teams.

Workforce Development Core Team

This team addresses the workforce development agenda and leads organizational changes in safe seclusion / restraint application training, and inclusion of technical and attitudinal competencies in job descriptions and performance evaluations.

Debriefing Core Team

This team, led by a mental health advocate, develops an immediate-post event debriefing that is done onsite after each event and is led by the senior on-site supervisor who immediately responds to the unit or area to support patients and staff. The team also develops a Formal Debriefing Review that occurs within 48 hours of the event or next business day and includes a rigorous analysis and problem solving procedure.

Consumer Core Team

The goal of this team is full and formal inclusion of consumers, family members and advocates in a variety of roles in the organization. It is co-led by a mental health consumer and the Retreat's Director of Social Service.

Data Use Core team

This team uses data in an empirical, non-punitive manner by identifying facility baseline, setting improvement goals, and comparatively monitoring use over time.

Tools for Reduction of Restraint and Seclusion Core Team

This team is developing the following policies and procedures as well as tools for the reduction of S/R: 1) Assessment of risk factors for aggression/violence; 2) Assessment of medical/physical risks for death or injury; 3) De-escalation/safety plans/crisis plans; and 4) Behavioral scales that assist in determining appropriate staff interventions that match level of behavior observed. This team is also focused on developing sensory modulation programs.

Advisory Council and Core Team members include Consumers, Vermont Psychiatric Survivors representative, Vermont Protection and Advocacy representatives, Family member(s), the Department of Mental Health, and Brattleboro Retreat Administrative and Clinical staff.

The Retreat's goal for these teams is to demonstrate reductions in seclusion and restraint over the three year period covered by the grant.

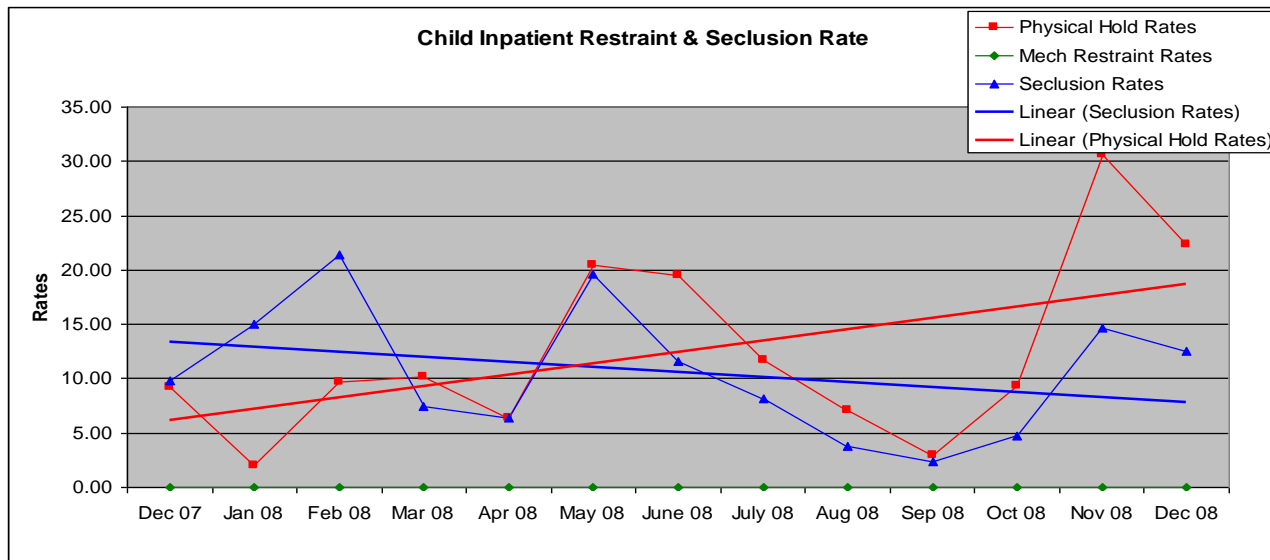
Restraint rates:

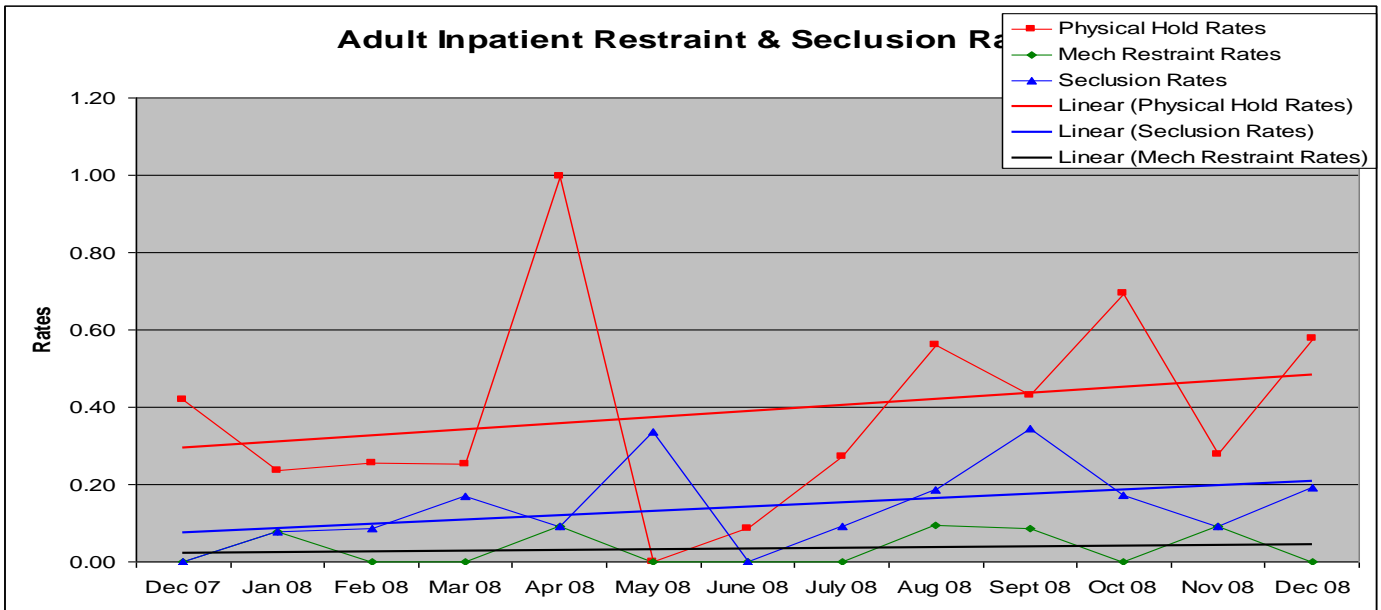
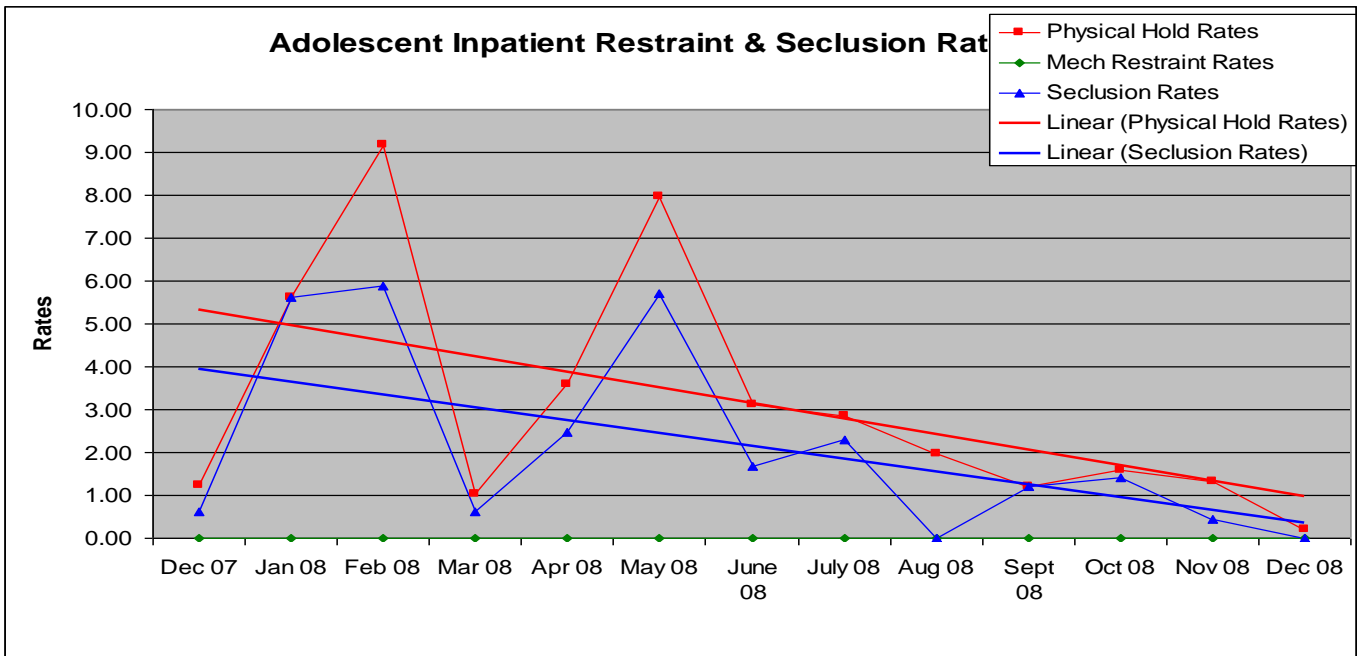
The Retreat experienced increased rates of seclusion and restraint on its adult and child unit in 2008. The adolescent unit saw a significant decrease in seclusion and restraint.

The increase on the children's unit in 2008 is related to a corresponding increase in the admissions of latency age patients having a dual diagnosis that includes mental health issues along with autism spectrum and other pervasive developmental disorders. These children tend to have a higher rate of restraint and seclusion because of the nature of their behavioral challenges. To minimize the use of seclusion and restraint, the Retreat implemented additional training for staff. This training included Autism Spectrum Disorders training for all Crisis Prevention Institute (CPI) instructors. This training occurred in the fall of 2008. Additionally, training for the latency unit staff with an autism spectrum disorders specialist occurred in the winter of 2008. A new unit is also planned for 2009 (see strategic initiatives report). The environment of care on this unit was specially designed to meet the needs of the changing child population.

The increase in seclusion and restraint on the adult units is believed to be due to the commitment of the Brattleboro Retreat to accept anyone in need. With this commitment comes an increase in the complexity and variety of patients in our care. This acuity can result in higher seclusion and restraint rates than would be experienced with a less acute population. The Six Core Strategies are being applied to the adult units in an attempt to decrease these rates.

The charts below show the overall rate of holds or seclusions that have occurred within the hospital from December 2007 through December 2008.





For more information on quality improvement initiatives at the Brattleboro Retreat please contact:

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