Promoting wellness and recovery

John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

Green Belt Six Sigma Project Report Out

Deborah Crockett and Ebony Robinson Street
Ohio Mental Health and Addiction Services

July 13th 2017

HEARTLAND BEHAVIORAL HOSPITAL CRISIS SITUATION DEBRIEFING EVALUATION

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MEET OUR TEAM

Ohio MHAS
Promoting wellness and recovery

David Colletti CEO
- Executive Sponsor

Thomas Bender
- Mental Health Administrator

Benjamin Burney
- Mental Health Administrator

Stephen Pessefall
- Psychiatric/DD Nurse Director

Arevenise Melton
- Psychiatric/DD Nurse Manager

Sharon Lawrence
- Psychiatric/DD Nurse Manager

Cathy Roma
- Program Administrator

Christine Freeman
- Administrative Professional

BACKGROUND

- It has been determined that after a crisis event a physical restraint or some other physical contact has occurred at Heartland Behavioral Healthcare Hospital the staff and personnel involved are required to complete a debriefing form to capture the events surrounding the incident.

SCOPE

First Step: Evaluate the current process/form to detect and address what are the underlining barriers in the process.

Last Step: Creation of an effective process/form that will be utilize once a crisis event that involves patient escalation and any event with potential trauma.

PROJECT GOALS

1. To present a user friendly debriefing form/process that is user friendly within the appropriate time frame after the incident occurs.
2. To educate, minimize/deescalate crisis, to facilitate growth and develop Trauma Informed Care.

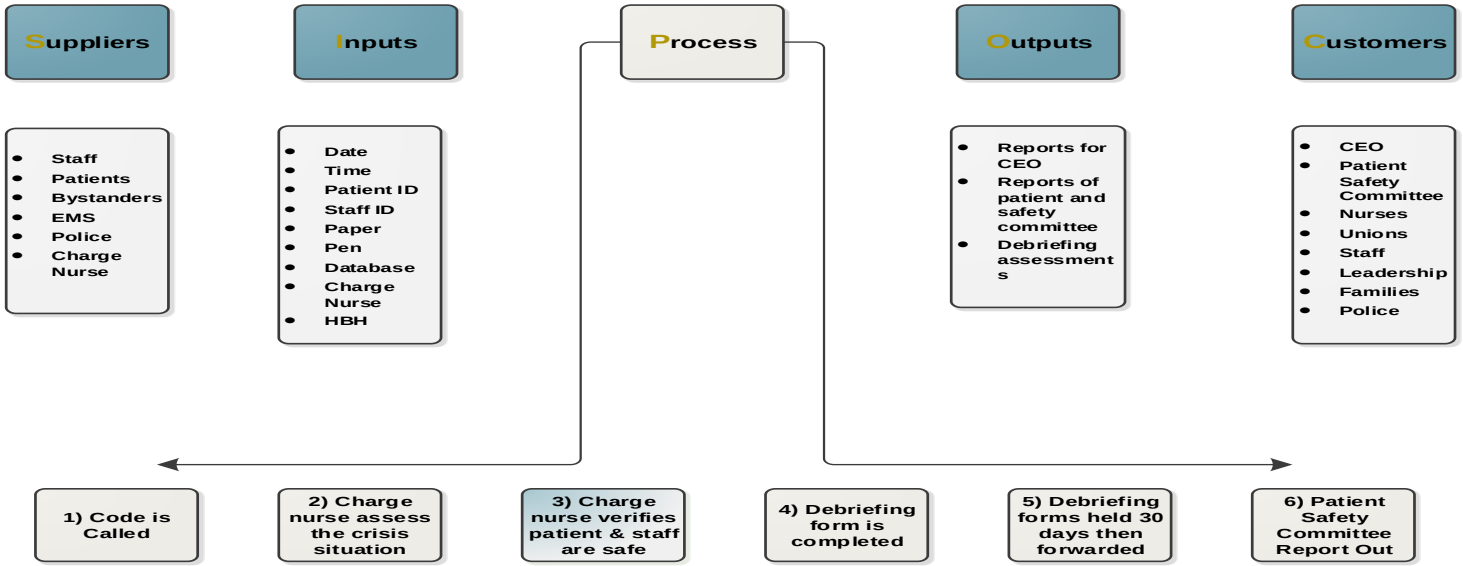
BASELINE DATA

- 2016 - 2017
- Monthly Incident Reports
- Monthly Debriefing Forms

DATA COLLECTION PLAN

- Document the number of Debriefing forms a month
- Document the number of Debriefing forms per unit
- Time of incidents
- Reason of the debriefing

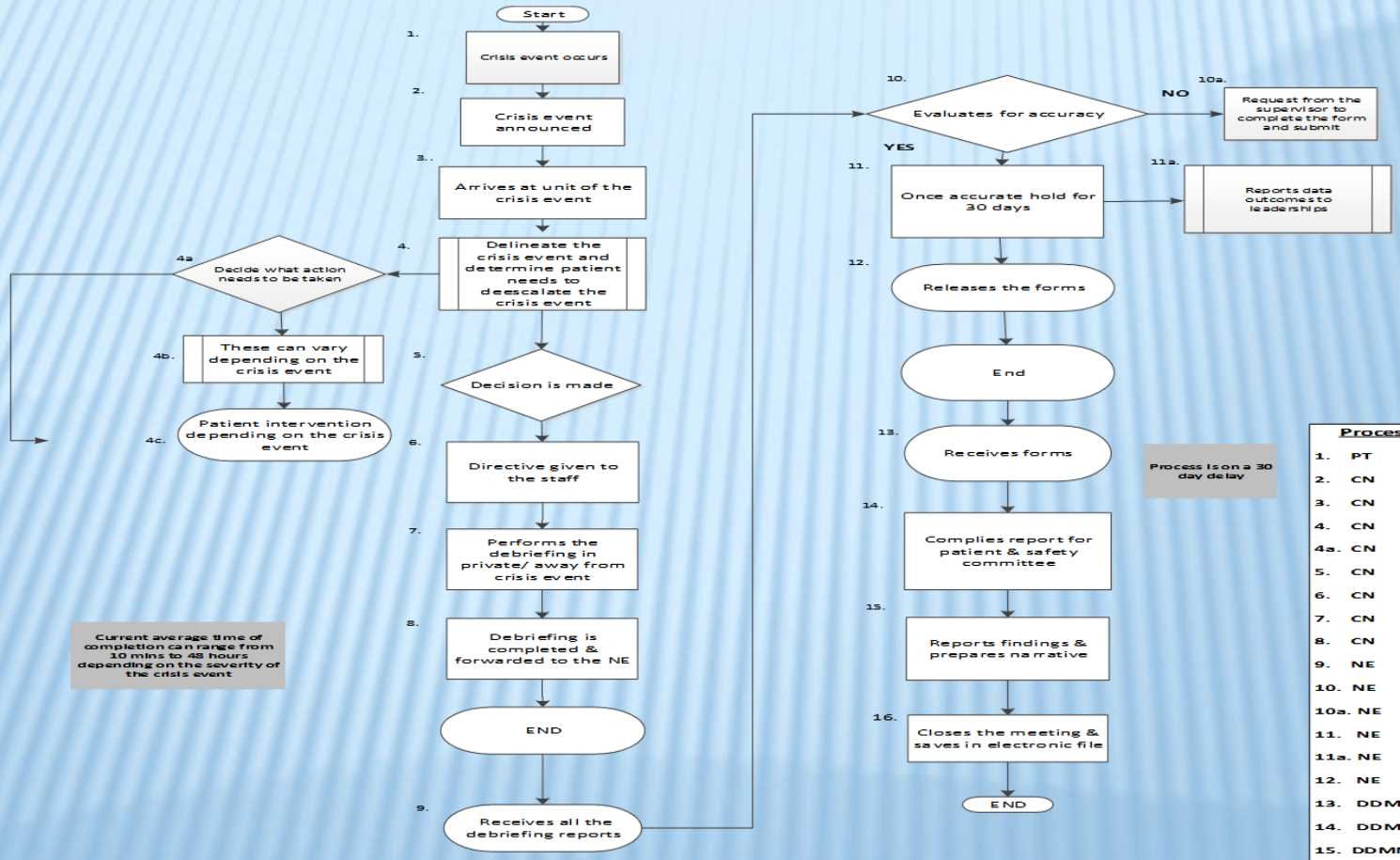
HIGH LEVEL PROCESS - SIPOC



DETAILED PROCESS MAP(BEGINNING OF PROJECT)

CN: Charge Nurse
PT: Patient
ST: Staff
BS: Bystander
NE: Nurse Executive
DDNM: Psychiatric/ Nurse DD Nurse Manager

HBH Current State Debriefing Process

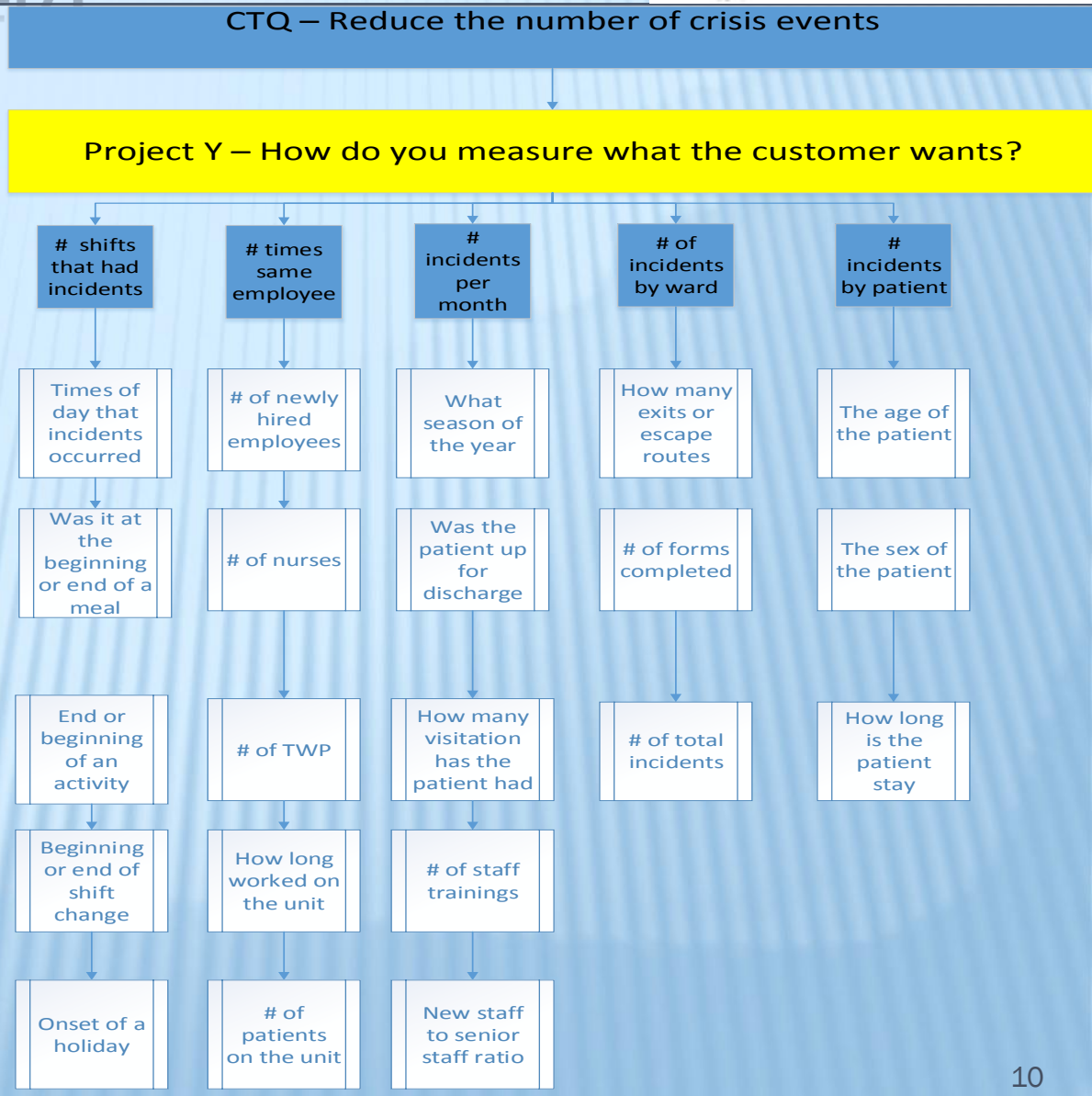


Process-Step Owners

1. PT
2. CN
3. CN
4. CN
4a. CN
5. CN
6. CN
7. CN
8. CN
9. NE
10. NE
10a. NE
11. NE
11a. NE
12. NE
13. DDMN
14. DDMN
15. DDMN
16. DDMN

TOOLS OF DISCOVERY

- Project Charter
- Control Charts
- Operational Definitions
- Brainstorming
- RACI
- Impact Matrix
- Fishbone
- CT



CRISIS SITUATION DEBRIEFING FORM

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File Tools View Crisis SDFU Form 5-19-2017.docx [Read-Only] [Compatibility Mode] - Word

Date of Incident: ____/____/____ (mm/dd/yy)	Incident Time:	Unit: B1 ☐ B2 ☐ C1 ☐ C2 ☐ D1 ☐ D2 ☐ Gym ☐
Patient Name/ID:	Staff:	

The Nurse Leader involved in the event (staff assault or seclusion/restraint episode) is to privately meet with the employee(s) and ask the following questions in a supportive manner:

1. What do you need from us right now? (e.g., break off the unit, etc.)

2. If you can, please describe what the patient was doing leading up to the event? Was anyone injured?

3. If possible, please identify one intervention that may have prevented/reduced the likelihood of this event from occurring?

Additional Review	Yes	No
1. Sufficient time elapsed before debriefing process initiated	☐	☐
2. Debriefing conducted in private, non-patient area	☐	☐
3. Employee(s) reassured that they are not being evaluated for fault	☐	☐
4. Employee(s) involved were offered time off the unit	☐	☐
5. Peer support (another staff person, same classification) opportunity offered	☐	☐
6. Was an H-team and/or code violet activated in connection with incident	☐	☐
7. Did the employee decline an offer to get off the unit for this debriefing	☐	☐
8. Does the patient have routine medication ordered; if so, are they accepting the medication?	☐	☐
9. Does the patient have any PRN medication ordered; if so, are they accepting the medication?	☐	☐
10. Were any stat PO and/or IM administered prior to this event	☐	☐

Signature of Charge Nurse and/or Supervisor:

Today's Date:____/____/____ (mm/dd/yy)	Current Time:

Completed forms are to be forwarded to the Nurse Executive

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Screen 1 of 1 140%

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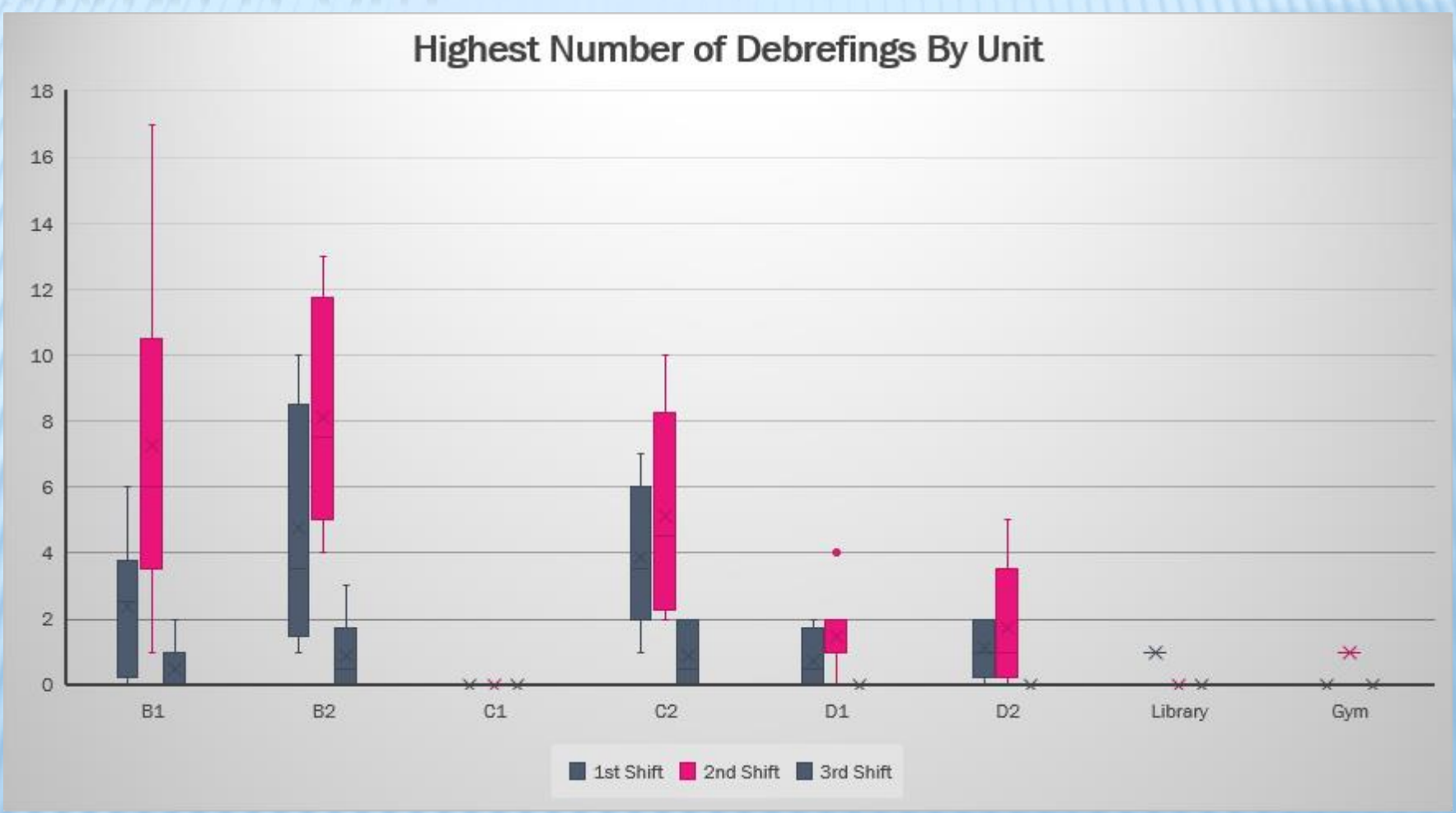
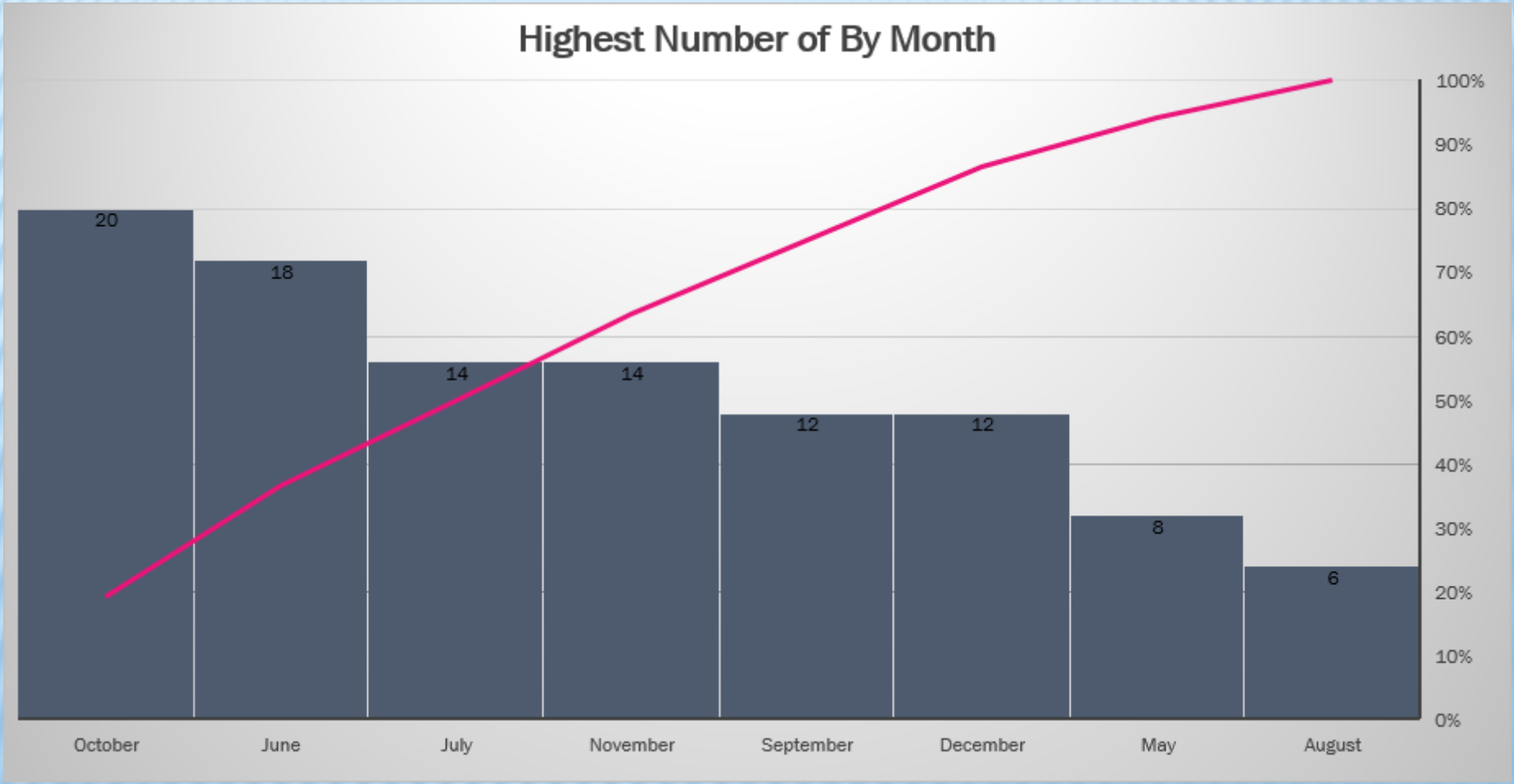
GRAPH IT OUT



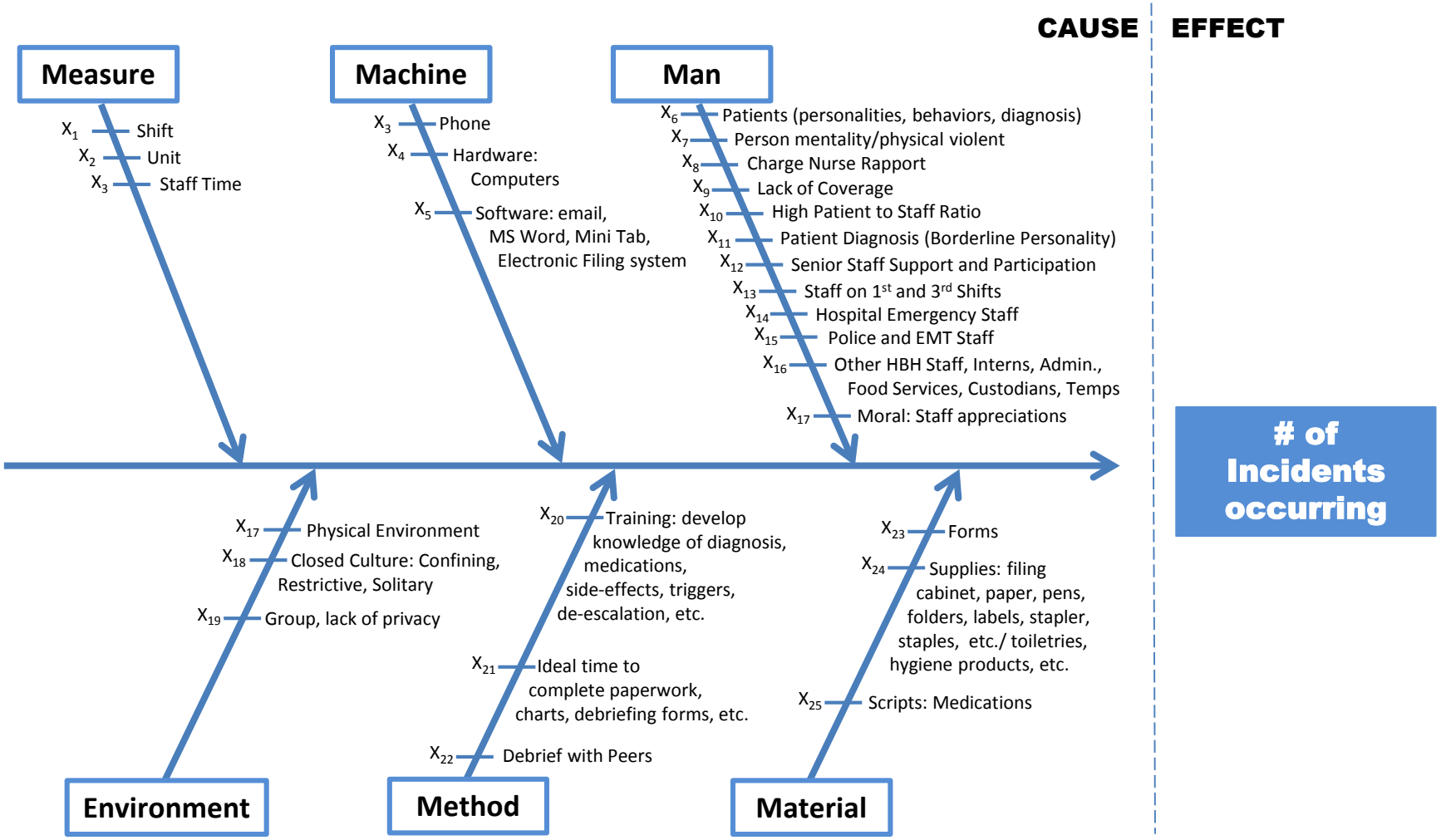
This graph shows the hospital needs to focus its attention on second shift units B1 and B2

ONE MORE GRAPH

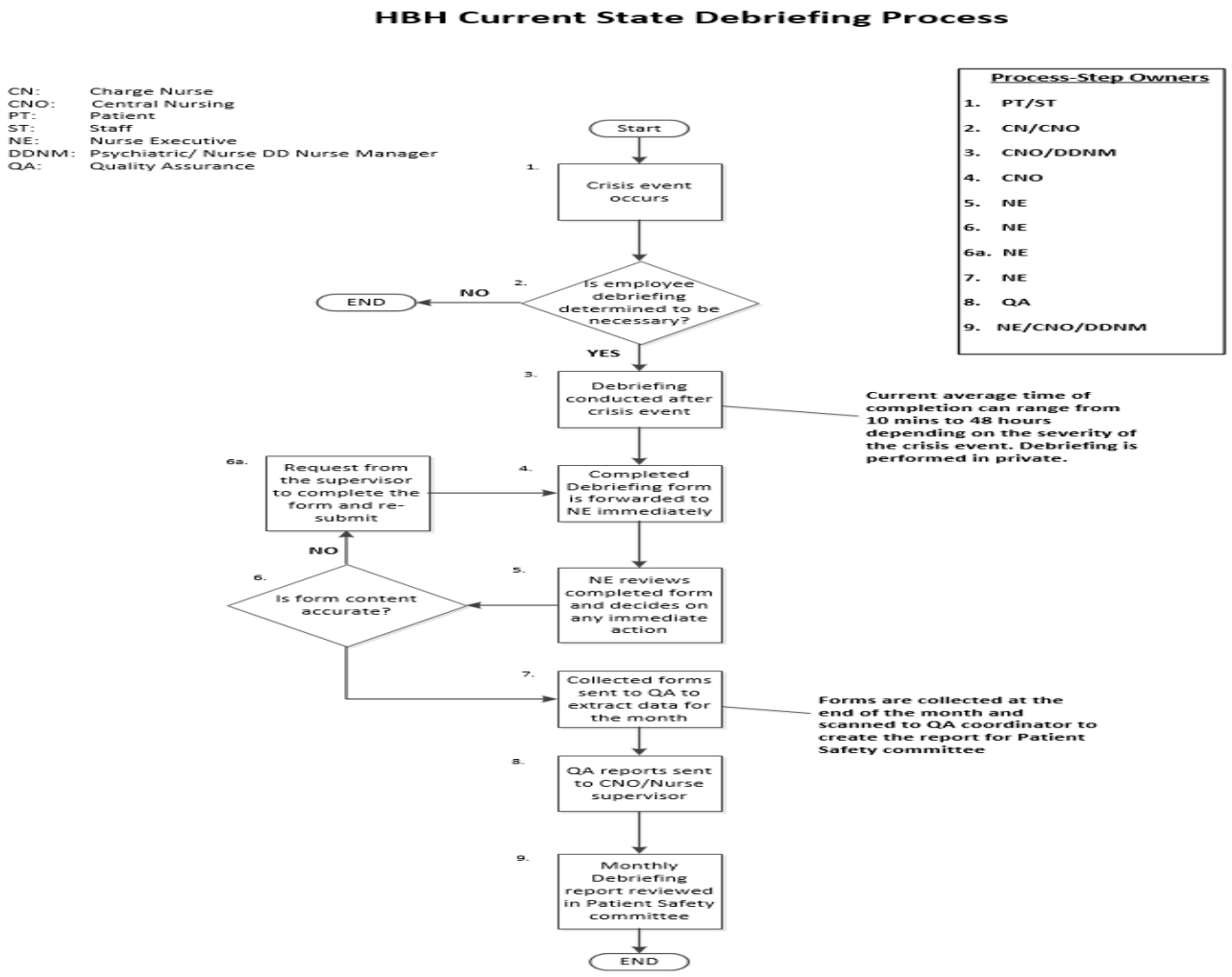


The highest debriefings accrue in Fall and Winter

Fishbone Diagram



FUTURE STATE PROCESS MAP



PROJECT METRICS

Outcomes Achieved			
Creation of a new debriefing form			
Increase of staff moral			
Decrease in operational process			
Measure	Before	After	Difference
Process Steps	16	9	7
Handoffs	2	1	1
Decisions	2	1	1

PROJECT BENEFITS - INTANGIBLE

- A form that is able to give an accurate description of how staff feel after a major incident has occurred
- Identify where the highest cases of incidents are occurring
- Opportunity to develop a plan of correction to decrease the volume
- Mirrors leadership values and respects staffs hard work

IMPROVEMENT SUMMARY

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Current Key Issues

- Debriefing form is outdated and has duplicates
- Senior staff have data but want to isolate that data
- Staff view form as a disciplinary tool

How We Improved

- Created a new form and reduced duplications
- Provided the "other" components for further research
- Have staff take part of the monthly debriefing tally process

IMPLEMENTATION PLAN

Task	Who	When	Status
Redesign the current form	Ebony/Deborah	After the initial kick off meeting	Complete
Data Collection	Ben	Meeting #1	Complete
Survey the new form to staff	Ebony/Deborah Ben	Meeting Number 2	Complete
Take survey of staff moral	Ebony/Deborah	Meeting Number 2	Complete
Data Mining	Ebony/Deborah Debora		Ongoing
Data Collection Analysis	Ebony/Deborah Ben	Meeting Number 2	Complete
Staff involvement	Arevenise/Ben	Meeting Number 3	In process

STAFF UNIT EVALUATION TOOL

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Number of Incidents Resulting in Employee Debriefing																					
Week of: (6/18/2017	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Shift	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd
B1																					
B2																					
C1																					
C2																					
D1																					
D2																					
Gym																					
TOTAL																					

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AS A RESULT

- We were able to provide a new form that was efficient
- We were able to determine which unit needed more attention to lessen the amount of debriefing forms
- We discovered a form isn't the issue it's the staff who have been exposed to traumatic situations
- Education and training of staff and review of reports aid in the more skilled staff and reduction in crisis
- The hospital staff **LOVE** their jobs and are willing to go above and beyond for the care of the patients

SPECIAL *THANKS* TO…

Senior Leadership:

Tracy J Plouck Director

Jody Lynch

Sponsor:

David Colletti CEO

Team Leader:

Benjamin Burney

LeanOhio Team

Subject Matter Experts:

Lalita Jambhale

Debora Mayle

Shreekanth Chutkay

Heartland Behavior Hospital Staff

QUESTIONS/COMMENTS