Quality and Standardized Safe Care for the Suicidal Pediatric Patient

March 22, 2017 8:00 – 9:15am
Objectives

• Identify safety needs to decrease safety errors and care inconsistencies.

• Identify standardized care delivery elements for achieving safety and quality outcomes.
Riley Hospital for Children
Care of Suicide Patient: Previous State

- Not highly reliable
- Varied practice
- Policy existed in 2004, not to current capacity
- National Patient Safety Goal - 2008
Reason for Action

- Create highly reliable, safe environment
- To prevent harm to patient and staff
- Maintain 100% of no patient harm events with increased prevalence of suicide patients
  - 116 patients in 2016, 105 patients in 2015
- Low volume, high risk population
Approach

• CNS with mental health background
• Error Prevention
• Interdisciplinary group developed toolkit involving frontline team members
• Bundle created
• Updated policy
• Dedicated units
• Competency
Suicide Bundle

- Physician Orders
  - Suicide precautions
  - Continuous Observer
  - Safe Tray
- Documentation
- Safety Letter
- Safe Room
- Continuous Observer responsibilities
Suicide Bundle: Order Set

Suicide Precautions (Planned Pending)

Order Sets
This order set to be used in conjunction with an admitting order set.
This may be used for Adults or Pediatrics

Patient Care
Precautions

- Suicide Precautions
- AHC Policy Link
- North Policy Link: See reference text on Suicide Precautions order above
- Suicide Toolkit Link:

Assessment

- Observe Patient
- Document per Nursing (Specify)

Nursing Procedures

- Sitter (one to one supervision) Planned Pending
  - Now, Nursing to prep room for suicide precautions
  - Nursing to reset room after suicide precautions and patient discharged
  - Once, Provide Safety Letter to Pt/Family

Nutrition Services

- Safe Tray Diet

Other Departments

- Child Psych Consult (Psych Child Consult)

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<table>
<thead>
<tr>
<th>Suicide Precautions, Sitter (one to one supervision) (Planned Pending)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Care</strong></td>
</tr>
<tr>
<td>Message to Nursing</td>
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<tr>
<td>Message to Nursing</td>
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<tr>
<td>Sitter at bedside</td>
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<td>Message to Nursing</td>
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</tbody>
</table>

3/3/2017

Riley Hospital for Children
Indiana University Health
Suicide Bundle: Order Set

Cerner Order entered: Suicide Precautions (Initial State = 56%)
Suicide Bundle: Continuous Observer

- Constant Observer of the patient
- Closed loop communication with healthcare team
**Suicide Bundle: Continuous Observer**

### Constant Observer (Sitter) Responsibilities:

- Charge or Primary RN to give report to Sitter/Continuous Observer and define documentation needs and establish meal breaks.
- Staff relieving Sitter/Continuous Observer for meal and other breaks must receive report from primary nurse or Sitter/Continuous Observer.
- Remain awake, alert, and observant during your time with the patient.
- Remain within close range, but at least one arm length away, and facing the patient at all times.
- Monitor the patient continuously, including in restroom or shower.
- Document patient location and activity every 15 minutes in Cerner as well as Sitter/Continuous Observer at bedside on I-Flow sheet.
- Maintain the room as secured room.
- Patient may not be out to Playroom or Child Life events when on Suicide Precautions.
- Report to the RN any significant mood changes or any indications that a suicide attempt might be imminent.
- Communicate to staff involved with patient the need for continuously monitoring patient.
- Communicate pertinent information obtained from patient to the RN assigned to the patient.
- Patient must wear hospital clothing – patient’s clothing kept outside of room.
- Patient may have visitors but continuous monitoring must continue with the visitors in the room.
Suicide Bundle: Continuous Observer

Cerner Order entered: Sitter (Initial State = 76%)

Riley Hospital for Children
Indiana University Health

3/3/2017
### Suicide Precautions

<table>
<thead>
<tr>
<th>Initial Checklist</th>
<th>Monitoring Irritated</th>
<th>Monitoring Discontinued</th>
</tr>
</thead>
</table>

#### Visual Observation Location
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Suicide Bundle: Documentation

Constant Observer Documentation Q15 min (Initial State = 64%)

- Constant Observer Documentation Q15 min (Initial State = 64%)
- Linear (Constant Observer Documentation Q15 min (Initial State = 64%))
## Suicide Bundle: Patient Plan of Care

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<thead>
<tr>
<th>ID</th>
<th>Description</th>
<th>Last Evaluated</th>
<th>Target</th>
<th>Status</th>
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<td>02/14/2017 05:21 EST</td>
<td>By Phase End</td>
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<td>Patient Education PPOC Eval</td>
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<td>Phase End</td>
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<td>3</td>
<td>Growth and Development: PPOC Eval</td>
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<td>Indicates understanding of injury prevention methods</td>
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<td>By Phase End</td>
<td>✔️</td>
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</tbody>
</table>
Suicide Bundle: Patient Plan of Care

RN Documentation: Safety SI PPOC (Initial State = 45%)
# Suicide Bundle: Room Safe

## Suicide Precautions Room Prep:

*Please place all items being removed from the room in a white Riley bag with the room number written on the outside. This bag can be placed in the Med Room of the appropriate pod in the suicide precaution drawer. Trashcans and laundry hamper are to be placed in the Equipment Room (7163). Brown paper bags (2) and zip ties (2-3) can be found in the Open Utility Room.

### Bathroom:
- Remove the trash can with the trash bag and replace with a brown paper bag.
- Remove the pull cords from the shower and by the toilet.
- Remove the shower curtain along with the hooks.

### Parent Area:
- Remove the trash can with the trash bag but do not replace with a brown paper bag.
- Remove the telephone.
- Remove the parent call light/TV remove (they will have to manually change the channel and volume of the TV).
- Check all cabinets for excess items such as baskets and telephones. These cabinets should be completely emptied aside from the safe which is non-removable.

### Patient Area:
- Remove the trash can with the trash bag. You may place the small trash can from the bathroom by the door, just be sure there is a brown paper bag in place of the plastic liner.
- Remove the laundry hamper with the plastic bag.
- Remove the patients call light (the TV will have to be manually controlled by the sitter).
- Remove the mirrors from the bedside table drawer.
- Check the linen cabinet and remove all excess linen from the room. The patient may have a pillow and blanket, the patient may have the standard bed set up (1 fitted sheet, 1 flat sheet, 1 thermal blanket, 1 pillow, 1 pillow case).
- Check the nurse’s cabinet above the sink for any access items such as pill crusher, blood pressure cuff, etc. This cabinet should be completely empty as well.
- Zip all of the cords in the room so they are not reachable to the patient. The only remaining cords should be the monitor and oxyscap. When restraining the monitor cords, leave just enough slack to reach the patient to grab vital signs.
- Be sure the bedside cart is locked at all times.

## Adult & Pediatric Items to secure and alert other staff of hazard

<table>
<thead>
<tr>
<th>Tubing</th>
<th>Cords</th>
<th>Sharps</th>
<th>Hanging</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV</td>
<td>TV</td>
<td>Boxes</td>
<td>Resuscitation bags</td>
</tr>
<tr>
<td>O2 and air regulators</td>
<td>Call light</td>
<td>Paper Clips</td>
<td>Bandage rolls</td>
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<tr>
<td></td>
<td>Emergency pull cord</td>
<td>Lancets</td>
<td>Bathroom bar</td>
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<tr>
<td></td>
<td>Telephone and cord charger</td>
<td>Metal soda cans</td>
<td>Shower curtain/hooks</td>
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<tr>
<td></td>
<td>Thermometer</td>
<td>Glass soda bottles</td>
<td>Shower curtain/hooks</td>
</tr>
<tr>
<td></td>
<td>BP cord/cuff</td>
<td>Metal utensils</td>
<td>Hangar rack in closet</td>
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<tr>
<td></td>
<td></td>
<td>Syringes &amp; needles</td>
<td>Bedside rails</td>
</tr>
</tbody>
</table>
- Door/door knobs
- Door stops
- Gait belts
- P/F/Gown with long ties
- Curtain pull back and secured

## Adult & Pediatric Items to remove from room if possible

- Trash cans with plastic liners (replace with paper if available)
- Plastic bags
- Remove telephone from room
- Remove extra supplies (IV tubing, rolls of bandages)
- Sharp boxes must be emptied and locked if left in room
- Place all medical supplies and home medicines in locked cabinet
- Secure all patient/family belongings (lighter, belts, razors) in a locked cabinet
- Food trays - remove metal silverware and replace with plastic. Pediatric Patients will not have eating utensils, but will use safe meal tray with finger food options

### Monitor High Risk Areas

- Stairwells and unsecured windows (jumping points)
- Bathrooms
Suicide Bundle: Room Safe
Suicide Bundle: Room Safe
Welcome to Riley Hospital for Children at Indiana University Health. You have told us that you may want to harm yourself or have taken actions to do so. Our top priority is to keep you safe in the hospital. In order to ensure your safety, we have removed items from your room that could be used for self-harm such as cell phones, electronic devices including those with internet access, personal medications, razors and hairdryer. You will only be permitted to wear hospital clothing.

When your parents or guardians visit, they will not allow you access to any of the above items. Anything they bring into the room will be locked in the patient room safe while they visit and removed when they leave. They will not be permitted to bring personal items, including food, for you to keep in the room. These measures are in no way intended as punishment, they are simply for your safety.

You will have a sitter with you at all times. The sitter is a Patient Care Assistant who has been trained as a continuous observer. Our sitters are used to help keep patients safe from harm during their hospital stay. This may feel overwhelming to you, but it is necessary for your safety and is not negotiable. You must be accompanied by a staff member at all times, including when using the bathroom or shower. You will not be permitted to go to the playroom or to CHILDLife events. This is so that we can ensure you are always in an environment that has been prepared for your safety. You may receive phone calls from 2-identified guardians. Phone calls will be supervised and limited to 5 minutes. Your nurse will provide you with the phone number for the designated people to call.

As part of your care, our Psychiatric Consult team will visit you. They will make recommendations regarding an appropriate treatment plan for any identified mental health concerns. We ask that you participate fully in this and all other medical evaluations.

We want to address any questions or concerns that you have. Please contact your nurse, the Unit Manager, the Clinical Nurse Specialist or your physician with any questions.

This letter has been reviewed with me. I understand and will abide by the information presented in the letter.

Patient signature: ____________________________ Date: ____________

[Adult and Pediatric Suicide Toolkit] Page 6
Suicide Bundle: Safe Tray

- No cutlery
- Styrofoam plate and cup
- Only finger foods available
- Specific menu
- No outside food
Suicide Bundle: Safe Tray

Safe Meal Tray Order & Safe Tray Present in Room

- Safe Meal Tray Order entered into Cerner (7W/Hospitalist Service)
- Meal Tray in Patient room is safe
- Linear (Safe Meal Tray Order entered into Cerner (7W/Hospitalist Service))
- Linear (Meal Tray in Patient room is safe)
Barriers

- Rotating interns/residents monthly
- Patients admitted on various medical services
- Team members floating to dedicated unit
- PPOC platform not conducive to nursing needs
- Hardwiring dietary process
- Room set-up/re-set process
- Patient transfers from other areas
Sustainment

• Education
  – Integrated into orientation
  – Non-Violent Crisis Prevention Intervention training
  – Ongoing competency

• Continuous Improvements
  – Letter revised 6 months ago due to family feedback
  – Sitter Cheat Sheet
  – Suicide Bins
  – Dietary Process
Wins

• Applicability – adult and pediatric patient populations
• Sustainability
• Accessibility
• Resiliency
Conclusion

- Standardized process for adult and pediatric patient populations
- Resources at team member’s fingertips
- Enhances patient safety and outcomes through standardization
Thank You for Attending

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Safe, Coordinated Care for Aggressive Patients in Non-Traditional Settings

Children’s National Health System
Katherine Worten, BS, Evan Hochberg, MBA, RN, CPN

March 22, 2017
Team

**Executive Sponsor:**
Chief Operating Officer- Kathy Gorman

**Leaders:**
Chief Quality Officer- Rahul Shah
Chief Nursing Officer- Linda Talley
Vice President Clinical Support Services- Martha Parra

**Emergency Department:**
Theresa Schultz
Theresa Wavra
Fareed Saleh

**Psychiatry:**
Paramjit Joshi
Finza Latif
Martine Solages
Reginald Bannerman
Brenda McNeely
Ram Oula
Mike Ruiz

**Acute Care:**
Padma Pavuluri
Maggie Finke
Claire Cliché

**Security:**
Paul Ruskowski
Timothy Hayden
Scott Davis

**Central Nursing:**
Jo Talley

**Case Management**
Kim Drissel

**Facilities**
Charles Weinstein
CNHS Facilities Team

**Performance Improvement:**
Lisbeth Fahey
May-Britt Sten
Michael Shaw
Children’s National – Washington, DC

- 313 licensed beds
- 26 bed Psychiatric Unit
  - 12 Child
  - 14 Adolescent
  - 4 ED Psych Rooms
- Two EDs: Main Campus & United Medical Center
  - Level 1 trauma center
  - 120,000+ annual visits
  - Pediatric-only trained flight teams
- Seven regional outpatient centers; ASC; & Seven primary care health centers
- 3 Primary Care Clinics in high schools
- DC School health nurses
- Mobile Health
  - 190,000+ ambulatory visits
'Designer' drugs are kids' latest craze

By AUBREY WHELAN • 8/22/12 12:00 AM

D.C. health officials say that about five months ago, District police representatives came to the department with stories of new, bizarre behavior they’d seen among schoolchildren.

Kids would come to school acting unusually hyperactive or agitated, said Saul Levin, a senior deputy director of D.C.'s Addiction Prevention and Recovery Administration. Some, he said, would become so psychotic they’d require an emergency room trip.

"[The kids] will come off the substance, and the police will ask, 'What are you on?'" Levin said. "And it's K2 or spice."

In other words, the kids had smoked synthetic marijuana, evidence of a trend that officials in the region say they're working hard to contain.
Demand + Community Resources = Pediatric Hospitals
Qualitative Assessments

Injuries aren’t the full story

Tolerance Thresholds

Actively encouraging incident reporting
“The patient was attacking his mother, ripping up hospital consents, yelling and highly agitated.”

“During physical hold, patient bit a security officer, punched and kicked and ER tech and spit at multiple staff members.”

“Patient bit a security officer, punched and kicked and ER tech and spit at multiple staff members.”

“She began to destroy the room by throwing her shoes, braces, soiled briefs and books at me and tried to put urine on me.”

“Patient slapped myself in the face, punched me in the jaw and kicked me multiple times”

“During physical hold, patient bit a security officer, punched and kicked and ER tech and spit at multiple staff members.”

“Patient continued to try to injure staff and then began to try to hit wall, move bed and chairs in room, etc.”

“Patient punched RN (2 times) and spit on RN.”

“Patient hugged the sitter, mom, his visitor and then punched the RN in the face”

“She began to destroy the room by throwing her shoes, braces, soiled briefs and books at me and tried to put urine on me.”

“Patient punched RN (2 times) and spit on RN.”

“Patient hit staff multiple times in chest.”

“Patient punched RN (2 times) and spit on RN.”
GLOBAL AIM

Improve the care of the disruptive behavioral health patient

SMART AIM

Decrease the number of events of aggression and violence related to the hospitalization of the disruptive behavioral health patient in alternative settings

KEY DRIVERS

Facilities

Care Delivery

Staff Education

INTERVENTIONS

Major inpatient psychiatry renovation
- Remodel ED to provide for ADLs
- Create Acute Care psych-safe rooms

- Create care coordination call process
- Behavioral health response team
- Create medication order sets
- Standardize admission criteria to APU/CPU
- Increase Child Psych Specialist role

- Spread CPI Training house wide
- Develop ongoing RN and MD competency
## Disruptive Behavior Health Taskforce Dashboard

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Not Started</th>
<th>Planning</th>
<th>Executing</th>
<th>Completed</th>
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<tr>
<td>APU/CPU Renovations</td>
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<td>7 East Safe Rooms</td>
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<td>ED Safe Rooms</td>
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<td><strong>Care Model</strong></td>
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<td>Medication Order Sets</td>
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<tr>
<td>- Implement order set of pharmacologic interventions for de-escalation and make medications available on units</td>
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<tr>
<td>Medication Order Sets - Education for Hospitalists/ Providers</td>
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<tr>
<td>Care Coordination</td>
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<tr>
<td>- Develop coordinated care delivery model for aggressive patients throughout the organization</td>
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<td>Behavior Emergency Response Team (Code BERT)</td>
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<td>- Develop a team to respond to a disruptive patient with the goal of de-escalation</td>
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<tr>
<td>ED Screening Tool</td>
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<tr>
<td>- Implementation of Screening and Assessment Tools in the ED</td>
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<tr>
<td>Inpatient Screening Tool</td>
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<tr>
<td>- Implementation of standardized Screening and Assessment Tools in Inpt</td>
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<tr>
<td>Child Psych Tech</td>
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<tr>
<td>- Recommendations on use and staffing model for child psych techs throughout organization</td>
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<tr>
<td>Custody Process</td>
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<tr>
<td>- Recommend policy changes needed to care for patients under police custody</td>
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<tr>
<td>Admission Criteria</td>
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<tr>
<td>- Formalize APU/CPU admission criteria algorithm</td>
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<tr>
<td><strong>Education</strong></td>
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<tr>
<td>Grand Rounds</td>
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<tr>
<td>- Assemble grand rounds on pediatric drug abuse and management of aggressive patient</td>
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<tr>
<td>CPI Training</td>
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<tr>
<td>- Provide CPI training to staff members in high risk locations and job roles</td>
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<tr>
<td>Updates to Med Exec, CEC and COO Town Hall</td>
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</tbody>
</table>
Disruptive Patient Taskforce

- Care Delivery Teams
- Staff Education Teams
- Facilities
Interventions
GLOBAL AIM

Improve the care of the disruptive behavioral health patient

SMART AIM

Decrease the number of events of aggression and violence related to the hospitalization of the disruptive behavioral health patient in alternative settings

KEY DRIVERS

Facilities

INTERVENTIONS

- Major inpatient psychiatry renovation
- Remodel ED to provide for ADLs
- Create Acute Care psych-safe rooms
- Create care coordination call process
- Behavioral health response team
- Create medication order sets
- Standardize admission criteria to APU/CPU
- Increase Child Psych Specialist role
- Spread CPI Training house wide
- Develop ongoing RN and MD competency on caring for behavior health patients
Facilities
KEY DRIVERS

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Staff Education
Ongoing Competency

De-escalation
- Crisis Prevention Intervention (CPI)
- Targeted ED, Acute Care, and Security
- Prioritized sitters, Child Psych Specialists, Security and RNs

Safe restraining
- Handle with Care for 100% of Security

Employees Trained in CPI
Community Outreach
GLOBAL AIM

Improve the care of the disruptive behavioral health patient

SMART AIM

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KEY DRIVERS

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Care Delivery
Care Coordination

Need for Psych Bed Identified for ED Patient

Psych Social Worker / Fellow notifies ED Attending

Psych Social Worker identifies bed

- CNMC IP Psych
- Outside Hospital
- No bed identified
Order Sets

<table>
<thead>
<tr>
<th>Component</th>
<th>Status</th>
<th>Details</th>
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<tbody>
<tr>
<td>Meds:</td>
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<tr>
<td>lorazepam</td>
<td></td>
<td>1 mg, PO, Once, STAT</td>
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<tr>
<td>haloperidol</td>
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<td>2 mg, PO, Once, STAT</td>
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<td></td>
<td></td>
<td>If using haloperidol, order diphenhydramine to reduce risk of extrapyramidal symptoms.</td>
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<tr>
<td>diphenhydramine</td>
<td></td>
<td>25 mg, PO, Once, STAT</td>
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</tbody>
</table>

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[Image of medication bottles]
Care Delivery – Behavioral Emergency Response Team

- Focused on emergency de-escalation
- Security, psychiatry, and nursing partnership
Data Results
Next Steps

- House-wide pilot and implementation of BERT team
- Daily implementation of ED boarder call
- Expansion of inpatient psych units
- Continued work with the city to enhance resources
Lessons Learned

Understanding messy data

Order of priorities

Leadership involvement and buy-in
Contact info

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Evan Hochberg: ehochber@childrensnational.org
References