

Time-out for Safety: Perianesthesia Nurse-led Bedside Huddle

Team Leader: Katherine Fay BSN RN

Team Members: Melissa Garvin BSN RN, Anne Gavigan MSN RN, Samantha Griffin BSN RN, Jenna Lahiff BSN RN, Kimberly Long BSN RN, Lindsay Reyes MSN RN
Massachusetts General Hospital, Boston, MA

Abstract Background Information: Electroconvulsive Therapy (ECT) nursing care providers have noted an increasing acuity of patients, including an increase in aggressive behaviors during procedural ECT appointments.

Objectives of Project: Implementation of a nurse-led, multidisciplinary, huddle and timeout procedure that includes a standardized assessment tool identifying patients at high risk for aggressive behaviors, contributing to a safer environment for the care team and patients before, during, and after ECT procedures.

Process of Implementation: A paper checklist and script was created for a nurse-led, multidisciplinary, bedside safety huddle and timeout for ECT. The checklist includes a standardized Aggressive Behavior Risk Assessment Tool (ABRAT) score for each patient. The ABRAT score is determined by the perianesthesia nurse during the pre-procedure assessment and uses a series of questions to assign points for behaviors that may identify a patient at increased risk for violent behaviors within 24 hours of the assessment. The score for the ABRAT puts a patient into a low, moderate, or high safety risk category. A moderate or high risk score signals the need for an additional safety plan which is then discussed between team members during a huddle before starting the treatment to improve the safety for the care team and the patient. The ECT nurses, anesthesia providers, and psychiatrists were provided with education about the checklist and timeout procedure.

Statement of Successful Practice: The ABRAT assessment allows for early identification of patients that are at an increased risk for safety issues during their visit. The assessment, checklist, script, huddle, and timeout allow for the multidisciplinary team to create an individualized plan that will improve the safety for the patient and the care team.

Implications for Advancing the Practice of Perianesthesia Nursing: Implementing a pre-procedure bedside safety huddle and timeout that includes a standardized behavioral risk assessment tool can improve nurse, provider, and patient safety during ECT treatments. The implications of this project may be applied throughout Perianesthesia procedural care units to facilitate a culture of patient safety, staff safety, and collaboration.