

Time-out for safety

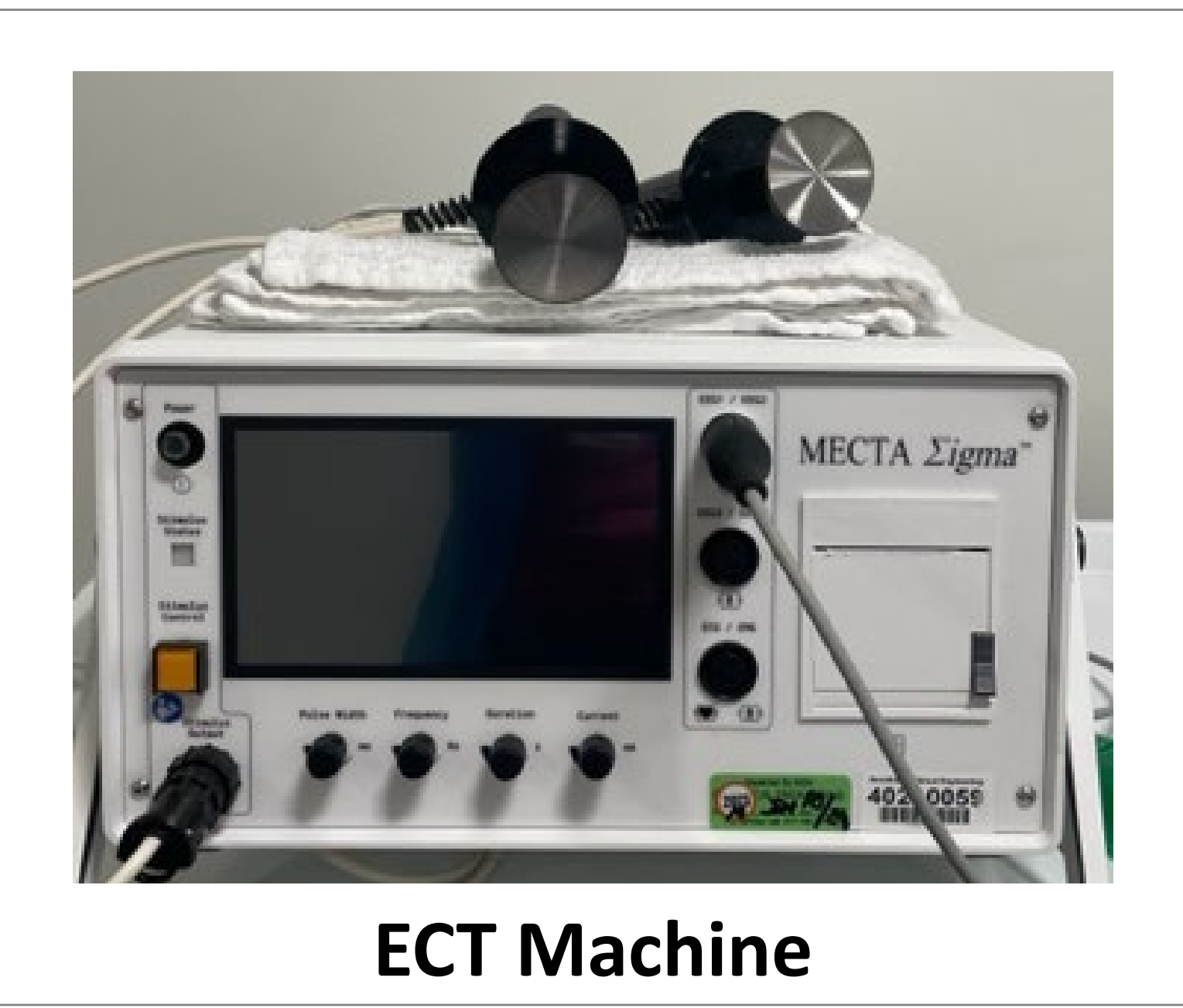
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Background/Significance

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

Objectives

Implementation of a nurse-led, multidisciplinary, 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.



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 nurse during the pre-procedure assessment, which 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 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.

ABRAT Assessment

ABRAT-Aggressive Behavior Risk Assessment Tool			
	Absent	Present	Notes
History of physical aggression	0	1	Has the person ever demonstrated physical aggression of any kind
History of signs or symptoms of mania	0	1	Irritable or volatile
Confusion/Cognitive Impairment	0	1	Any impairment
Anxiety	0	1	Flushed, rapid speech, grimacing, writhing, or hyperventilating
Physically aggressive or threatening	0	1	Pushing, hitting objects, staff, or others. Threatening to harm individuals, shaking their fists, significant verbal abuse.
Agitation	0	1	Demonstrating behaviors like pacing, disrobing, grabbing people, screaming, crying, repetitive mannerisms.
Mumbling	0	1	Talking under his/her breath, criticizing staff or repetition of the same question or request.
Staring, glaring, or avoiding eye contact	0	1	
Shouting/demanding	0	1	Loud behavior/shouting out
Threatening to leave	0	1	
Total:			
Score		Risk	
0		Low	
1 or 4		Moderate	
5 or greater		High	
Please note, patients that score 5 or greater are at a statistically significant risk for violence within 24 hours of assessment. A plan using the Workplace Toolkit should be in place to support staff safety.			

- Nursing assessment of 10 different behaviors based on Nurse observation during the pre-op assessment with documentation in the EMR
- Score puts patient into low, moderate or high risk category
- If moderate (1-4) or high (≥5) risk, should trigger safety plan for wakeup
- Report ABRAT risk level during huddle (low, moderate, high)

ECT Huddle

Patient Initials

Bay #

Treatment #

ABRAT score Aggressive Behavior Risk Assessment Tool	ABRAT _____ High ≥4 Moderate 1–3 Low score of 0	Moderate or High <i>Inform treating team of elevated risk Consider Police and Security presence</i>
Anesthesia consent signed/dated/timed*	*Valid for 6 months and must state, "serial for ECT" with date and signature of attending anesthesiologist	<input type="checkbox"/> Yes
ECT Procedure consent or court order signed/dated/timed**	**Valid for 6 months or 20 treatments whichever comes first	<input type="checkbox"/> Yes
H&P present & dated within 30 days of this treatment		<input type="checkbox"/> Yes
H&P 24-hour interval note documented & signed		<input type="checkbox"/> Yes <input type="checkbox"/> No
HCG result reviewed		<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Any new home medications or changes in patient's health?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Performance improvement outcome

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, 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 nursing practice

Implementing a pre-procedure bedside safety 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 procedural care units to facilitate a culture of patient safety, staff safety, and collaboration.

Time Out

Do not begin Time Out until all are present: RN leading Time Out, Anesthesia attending and resident, Psychiatrist, & NP

<input type="checkbox"/> "Are all team members present?" "Let's begin by having everyone introduce themselves."	<i>All clinicians involved in patient's ECT procedure are present and introduce themselves.</i>
<input type="checkbox"/> "Please tell us your name and date of birth."	<i>RN, MD, or NP confirms with patient's ID bracelet</i>
<input type="checkbox"/> Recite patient's MRN	<i>RN, MD, or NP confirms MRN with patient's ID bracelet</i>
<input type="checkbox"/> "We have an Anesthesia consent & it is signed, dated & timed."	<i>RN holds paper consents in hand & confirms signatures, date, & time are present. Consent is current</i>
<input type="checkbox"/> "We have an ECT consent & it is signed, dated & timed."	<i>RN holds paper consents in hand & confirms signatures, date, & time are present. Consent is current</i>
<input type="checkbox"/> "We have a current H&P."	<i>RN confirms H&P is within 30 days of today's treatment date</i>
<input type="checkbox"/> "Is the 24-hour H&P interval note signed?"	<i>Psychiatrist confirms it is entered in EPIC Do not proceed until confirmed</i>
<input type="checkbox"/> "This is treatment number _____"	
<input type="checkbox"/> "What type of ECT are we doing today?"	<i>Psychiatrist confirms type and laterality</i>
<input type="checkbox"/> "Are there any changes with the patient's health, test results or medications since last treatment?"	
<input type="checkbox"/> "Please state the patient's allergies?"	<i>Attending Anesthesiologist states allergies (May exclude environmental & those not related to ECT procedure)</i>
<input type="checkbox"/> "What medications will the patient receive today?"	<i>Attending Anesthesiologist states the medications to be administered</i>
<input type="checkbox"/> "ABRAT score is _____ we do not need a safety plan." _____ we do need a safety plan."	<i>Summarize agreed upon safety plan, if applicable</i>
<input type="checkbox"/> "Is there anything anyone would like to bring up before we begin?"	<i>RN documents Time Out completed in EPIC</i>

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