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# Can creating a Behavioral Task Force on the medical and surgical floor increase staff satisfaction rates?

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Amy Lee, RN

## **Abstract**

**Background.** The medical and surgical units within Maine Medical Center have seen an influx of patients with behavioral disturbances. Staff voice concerns regarding lack of knowledge and lack of support while treating patients with a medical condition and dual diagnosis of a psychiatric disorder with behavioral disturbances.

**Purpose (PICOT).** In adult patients on R5 with behavioral disturbances, how does the implementation of a Behavioral Task Force compared to the current practice affect staff knowledge and satisfaction?

**Method.** This quality improvement study began in May 2017 and is on-going. In May, a pre-implementation survey was given to all nurses and clinical nursing assistance on R5. The survey measured staffs feeling of support and knowledge while working with behavioral patients before, during and after admission. During the implementation phase of this project, an interdisciplinary team was established. The Behavioral Task Force met on a monthly basis and provided clear policies, procedures and protocols as well as comprehensive trainings and education for staff working with behavioral patients on the medical floor. A post-implementation survey has been sent out to the same staff with the same focus as the pre-implementation survey.

**Results.** The pre-implementation survey showed that 47% of nurses and clinical nursing assistants felt supported while working with patients exhibiting behavioral disturbances. 53% of nurses and clinical nursing assistants felt they had the knowledge necessary to work with behavioral patients. The goal was to increase both categories by 25% in a six month period.

**Time Frame.** The post-implementation survey is slated to result by October 15, 2017. The quality improvement study will be on-going with the ability to change based on continued staff input.