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Leveraging Spiritual Care Resources to Reduce the Number of Behavioral Events on an Acute and Intermediate Medical-Surgical Unit

Natasha Bartlett
Maine Medical Center

Tia Jamir
Maine Medical Center

Sally Langerak
Maine Medical Center

Heather Weidemann
Maine Medical Center

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Leveraging Spiritual Care Resources to Reduce the Number of Behavioral Events on an Acute and Intermediate Medical-Surgical Unit

Authors: Natasha Bartlett, Tia Jamir, Sally Langerak, Heather Weidemann; Team: Spiritual Care, R4/AVU Clinicians

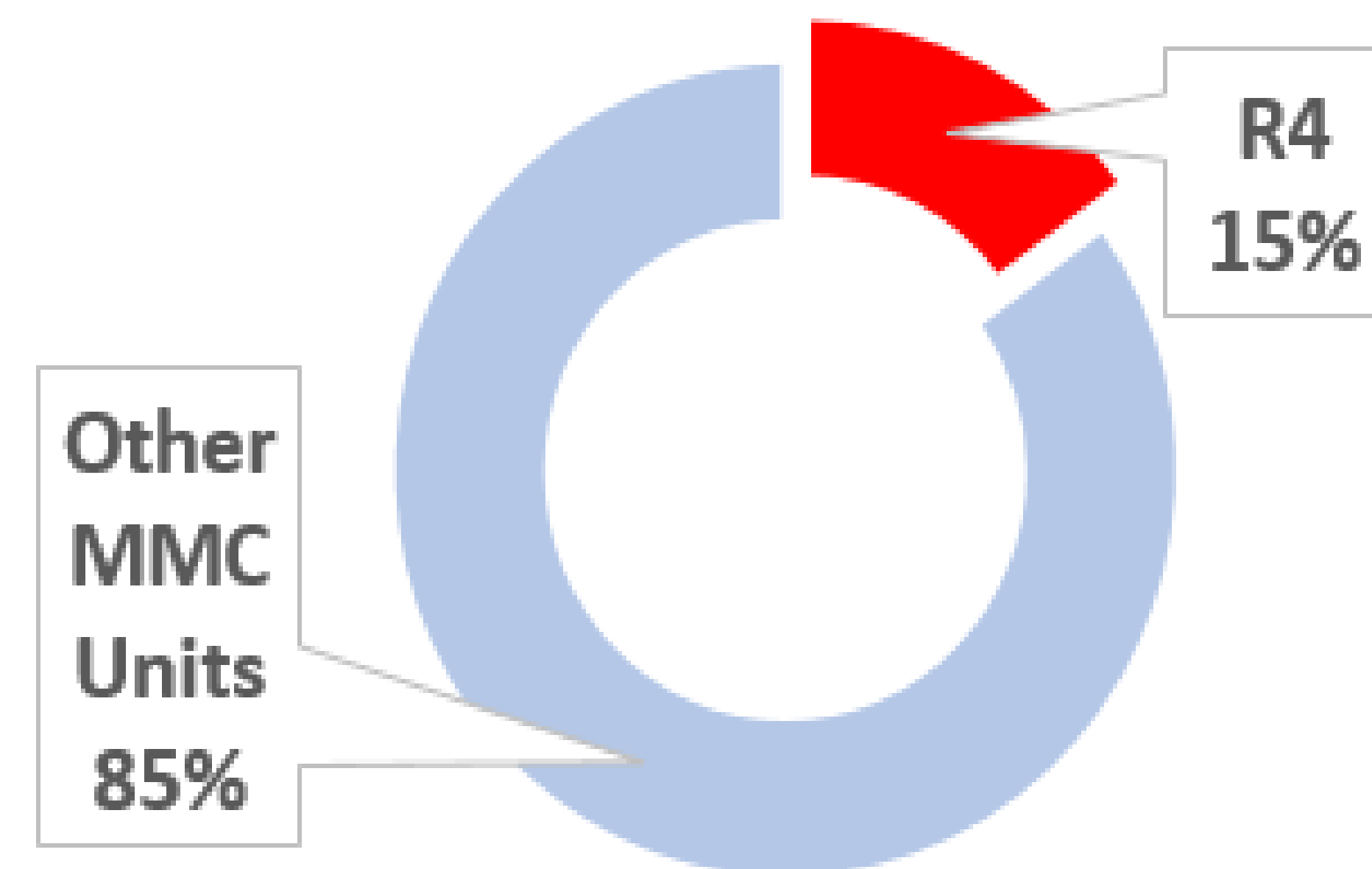


Problem

In 2018, R4/AVU an acute and intermediate care medical unit at Maine Medical Center (MMC), had a high level of distressing behavioral events (Code Grays) and staff stress.

The partnership was initiated because R4 had the highest number of Behavioral Emergencies at MMC and a relatively low number of Spiritual Care Consults.

2018 Code Grays on R4



R4/AVU Results

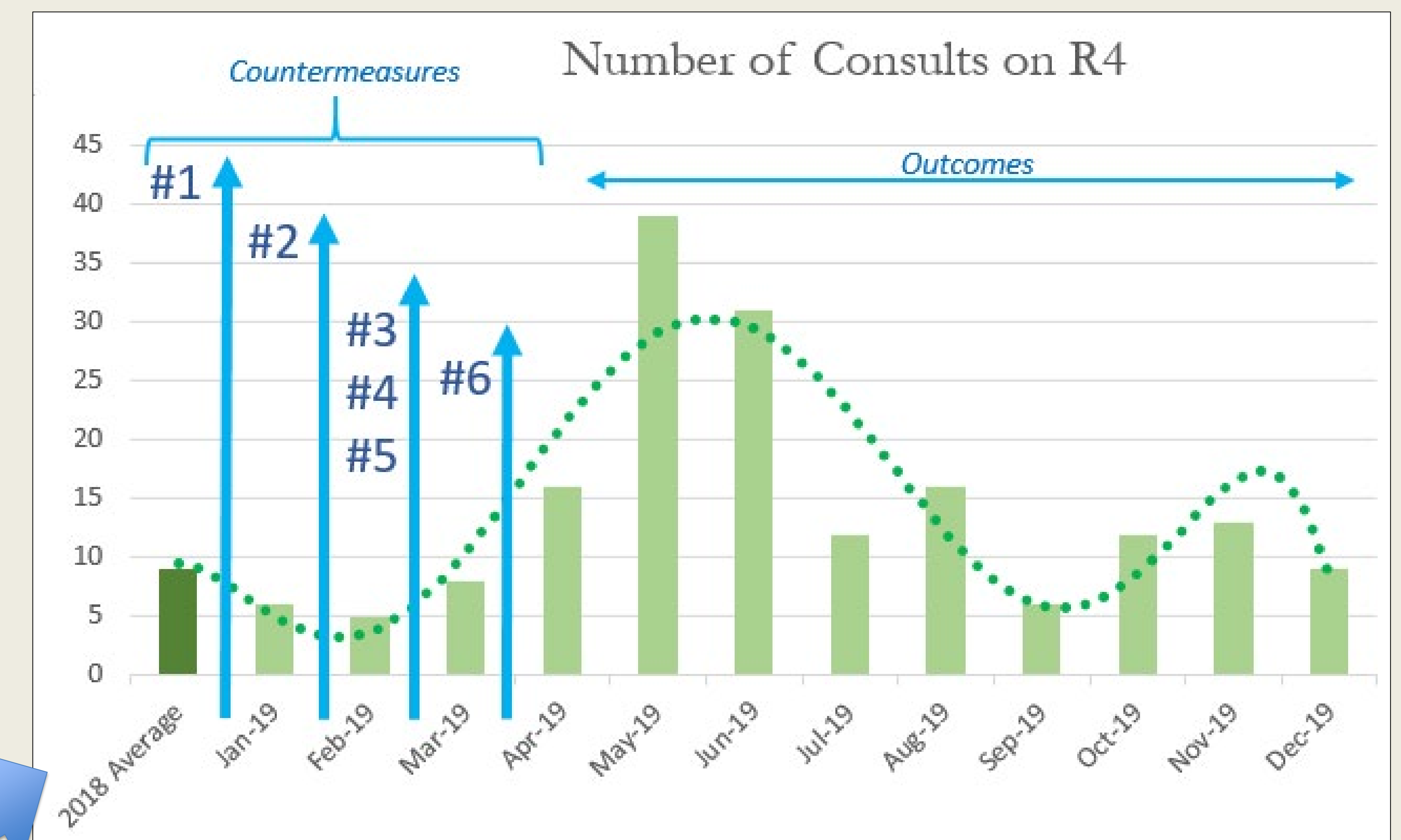
- 64% reduction in emergent behavioral events
- Decreased R4's number of Code Grays from 1st to 9th across MMC
- 68% increase in Spiritual Care consults/unit partnership (2018-2019)
- Increased collaboration between direct caregivers & supportive departments
- Encouraged staff resiliency, stress reduction

'Code Gray' activates a crisis response team when staff are concerned about the safety or wellbeing of patients, staff, or others. Evidence shows Code Gray rates can be lowered if warning signs (e.g., anger, frustration) are met with early interventions such as chaplain and family support assessment and care.

Discussion Why did R4/AVU have such a high rate of behavioral events/code grays?

Root Cause Analysis:

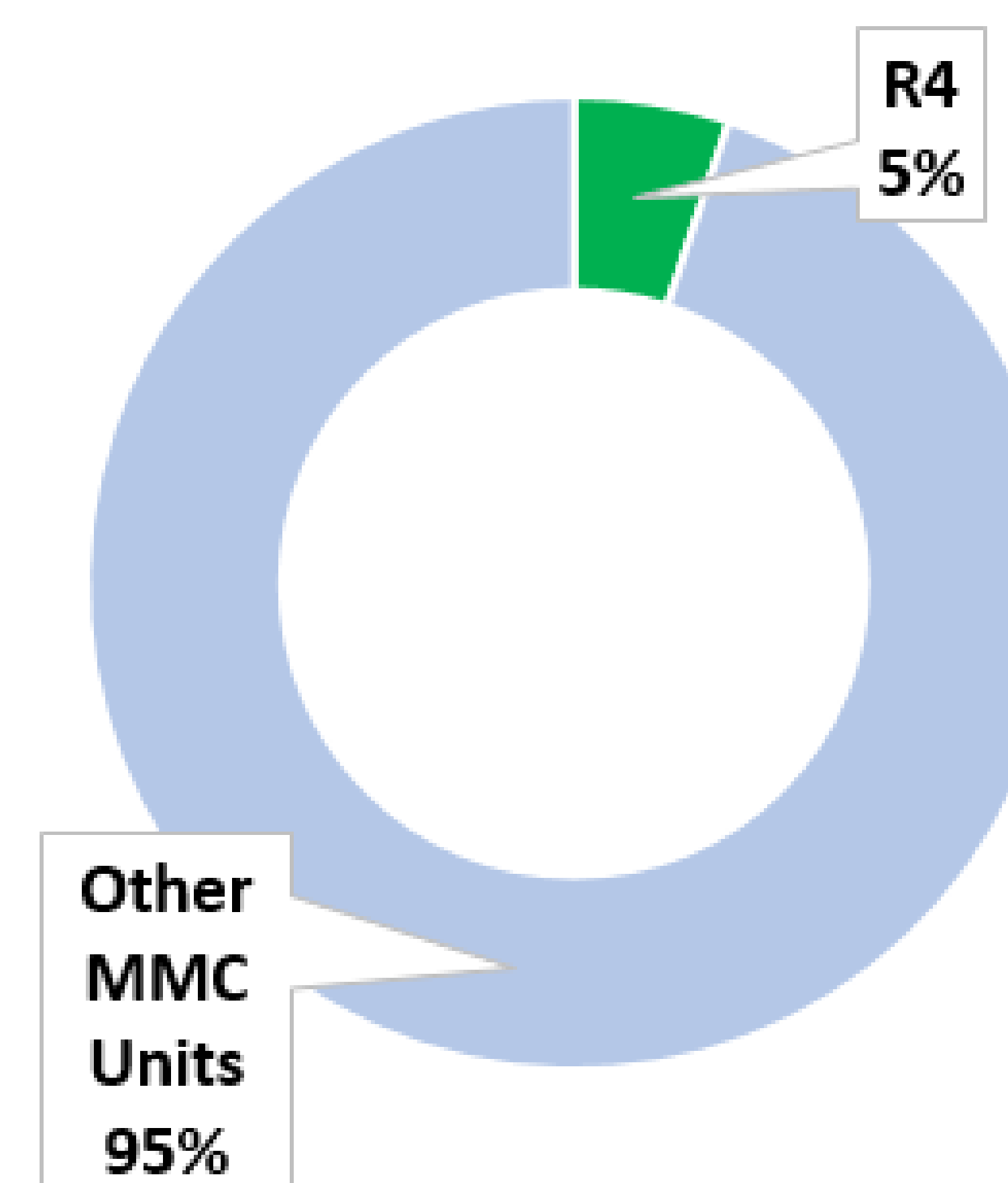
Type of Care	Patient Population	Spiritual Care Presence	Care Team
<ul style="list-style-type: none"> • Complex • High acuity situations • Treating withdrawal symptoms 	<ul style="list-style-type: none"> • Acute on chronic conditions • High number with substance use disorder • Family & support challenges 	<ul style="list-style-type: none"> • Would like to be part of response & debrief • Not active part of Code Gray Response • Not used proactively 	<ul style="list-style-type: none"> • Limited awareness of Spiritual Care services • Spiritual Care not viewed as part of care team • Change view of religious-only assistance



Interventions

Action	Date Complete
1. Train Spiritual Care and R4 staff to recognize early warning signs of emotional distress	Jan-19
2. Add daily rounding goal (KPI): Spiritual Care will attempt to see patients who have been on R4 for 6 days; RNs will enter the consult, Spiritual Care will see the patient within 24 hours	Feb-19 - Ongoing
3. Create automated patient lists for R4 patients in need of Spiritual Care consults	Mar-19
4. Edited Epic reports for improved rounding	Mar-19
5. Started AVU/Spiritual Care team rounding every Thursday at 0730; included bedside RNs, Respiratory Therapy, Spiritual Care, & Special Care Unit & R4 leadership	Jan-2019 - Ongoing
6. Implemented R4 & Spiritual Care Huddle (Ethics Rounds) twice monthly to decrease caregiver stress	Jan-2019 - Ongoing

2019 Code Grays on R4



Next Steps

- Spread interventions to other units
- Sustain practice by continuing education on early warning signs and interventions
- Implement the Broset Violence Checklist to identify/assess concerning patient behaviors and risks for aggression or violence