

BEHAVIORAL ROUNDS

By [REDACTED] BSN, Headquarters
Nurse Consultant Program Review



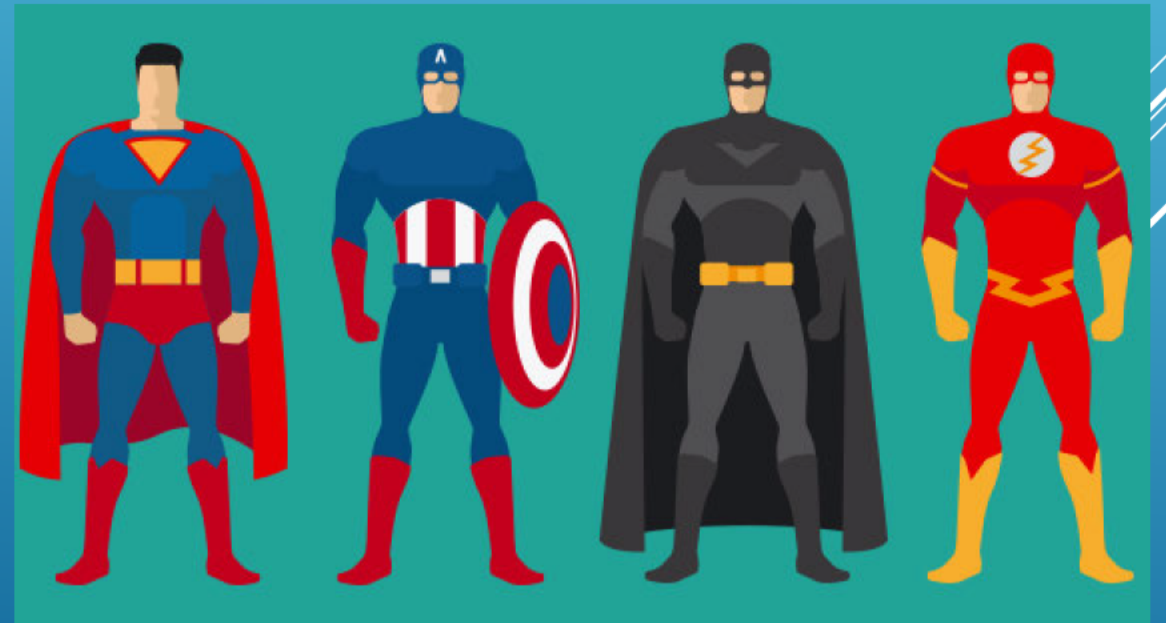
It's OK to get help

PROJECT TEAM MEMBERS

- Executive Sponsor: [REDACTED]
- Champion: [REDACTED]
- Process Owner: [REDACTED]
- Coach: [REDACTED]

CHCF Team

- [REDACTED], PT
- [REDACTED], PT
- [REDACTED], SRN II
- [REDACTED], Analyst
- [REDACTED], Psychologist
- [REDACTED], HQ Chief Psychologist
- [REDACTED], SRN III
- [REDACTED], RN



PROJECT CHARTER

- Problem Statement: To reduce inappropriate Behavior Rounds.
- Objective: Behavior Rounds order w/criteria
- Primary Metric: % of inappropriate Behavioral Rounds.
- Secondary Metric: No adverse outcomes.

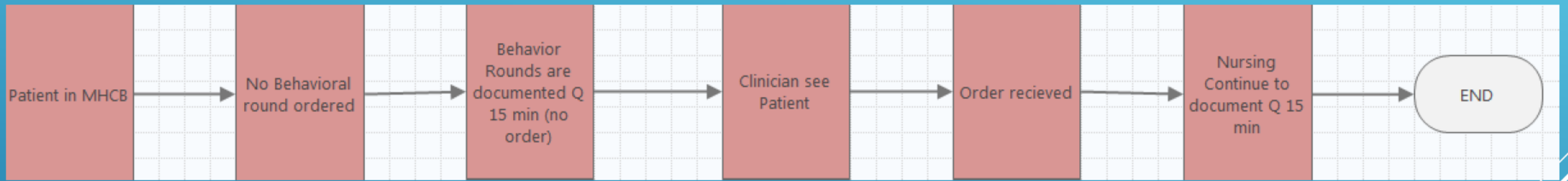


CHCF Mental Health Crisis Beds

✓	✗
RN Nurse Rounding	Behavioral Nurse Rounding
Clinical Standard: Check patient every 2 hours	Checks patient every 15 min
Clinician Order: MH Behavioral Rounds Q 30 and description of behavior to watch	Done Regardless of Order!
	Direction from MH Leadership
	Lack of trust between MH and Nursing
	Lack of communication/education between Nursing and Patient

Goal: Perform Behavioral Rounds ONLY if ordered!

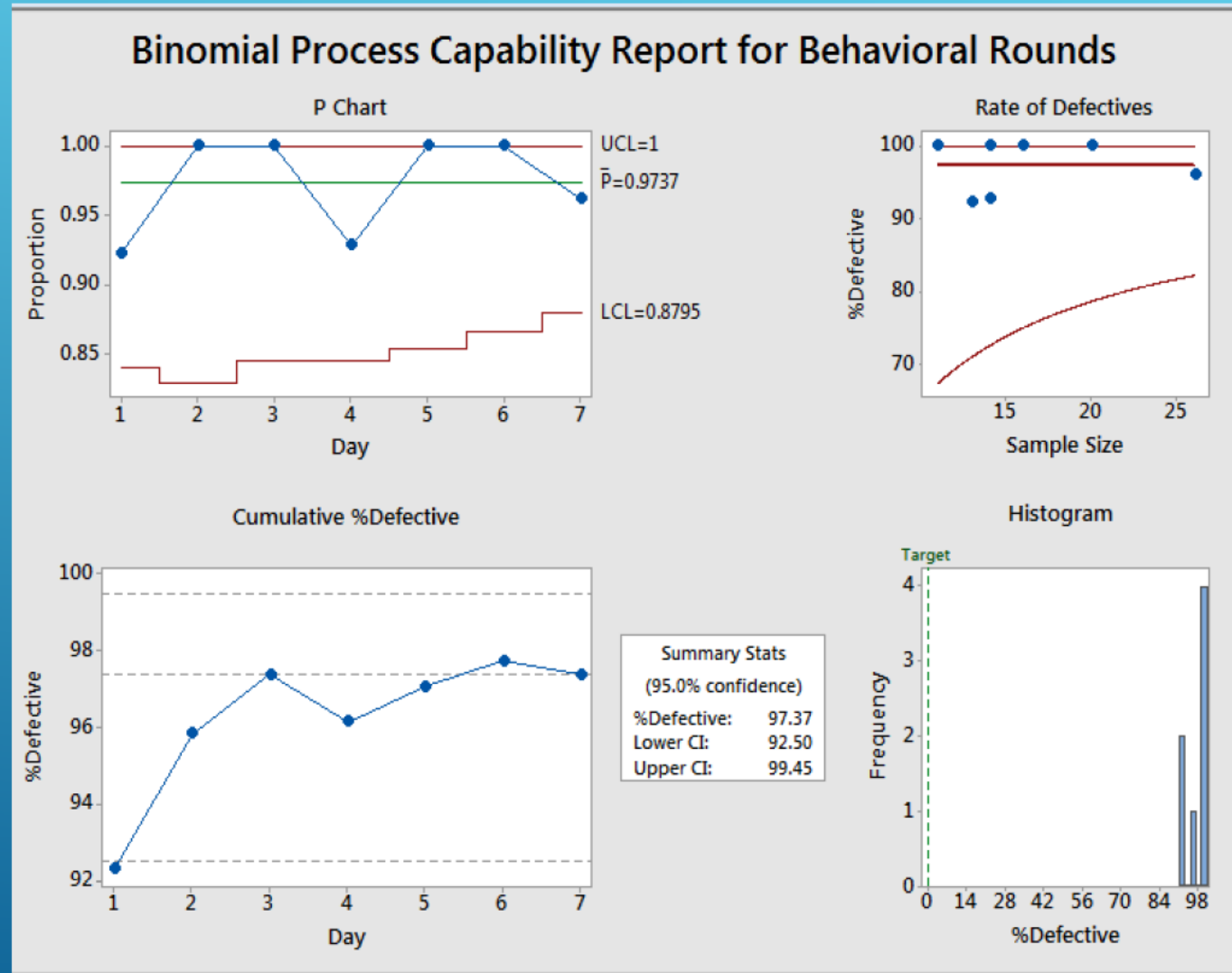
INITIAL PROCESS MAP



- No orders
- Behavioral Rounds Q 15 min
- No criteria
- Additional FTE being used

Base Line Capability

- 97.3% Inappropriate Behavioral Rounds
- n=25 patients/day
- Chart Reviews

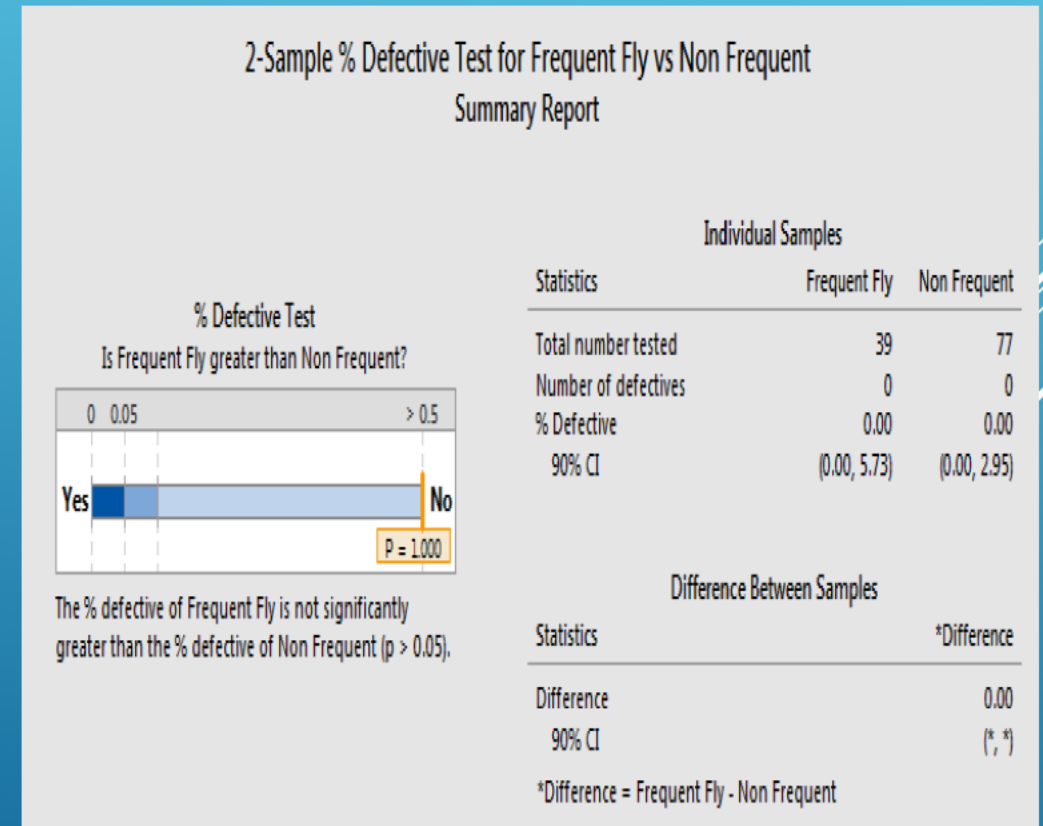


Frequent Flyers vs. Non-Frequent

Compared for adverse outcomes

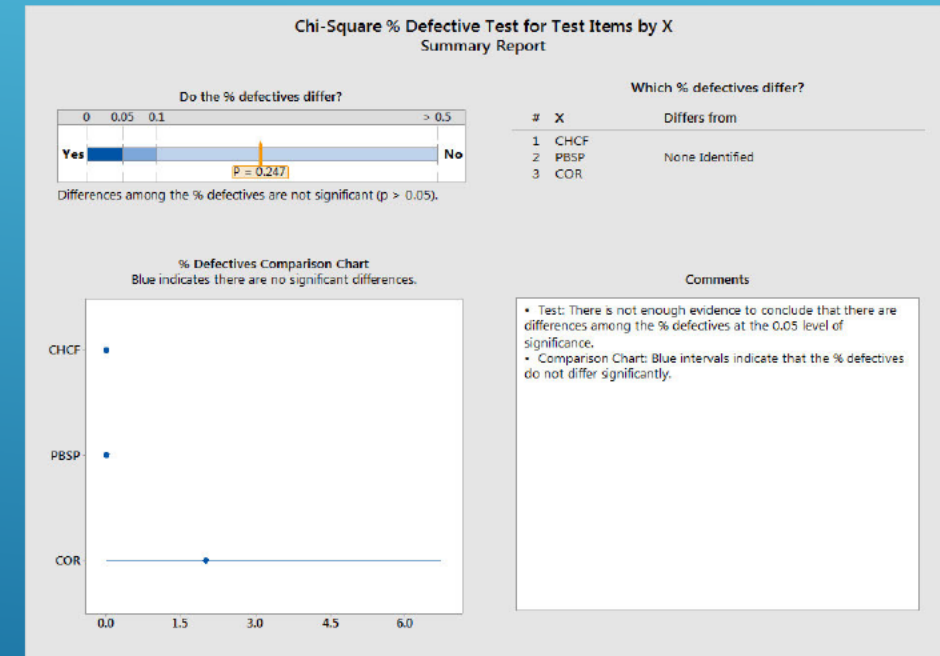
Accept the Null Hypothesis

**NO STATISTICAL DIFFERENCE...
BUT CORRELATION VS. CAUSATION?**



Comparing Facilities Adverse Outcomes

Institution	Behavioral Rounds	Time of Round	Ordered	Additional Staff
CHCF	100%	Q 15 Min	No	Yes
PBSP	100%	Q 30 Min	Yes	No
COR	94%	Q 30 Min	Yes	No



CHI-SQUARE, NO DIFFERENCE.

FMEA Highlights

- Stop unnecessary Behavioral Rounds
- Enforce appropriate ordering
- Nurse report to clinician
- Patient-nurse communication

Deficient - Process Map Day 1 (Call "test" test)	clinician available	no one off team	clinician get report	1	OT takes calls	30	LDP	1	300
	OT answer phone	can not take report	no responsible	1	clinician not called	2	LDP	1	40
	phone	can't take the call	no phone call	30	call not taken	1	always have a phone	1	30
Deficient - Process Map Day 1 (Call Clinical Integrated Team (CIT))	Alerting MH unit Conductly approach	only business hours	no real use patient who are after hours	3	PP after hours	3	LDP	1	300
Deficient - Process Map Day 1 (Call the MH Dept)	MH Supervisor notified	no one of MH Supervisor team	patient contacted outside	30	outside	1	Patient on S.S.	1	30
	supervisor available	sup not available	did not get report	1	OT taking call	1	LDP	1	10
Deficient - Process Map Day 1 (Medical Clinician responsible)	Patients to be checked for transport	waiting all Patients	unnecessary scheduled	2	For the PCP to see only patient that transfer outside the facility and high risk medical patient	30	LDP	10	300
		unnecessary scheduled	patient moved before medical checked	1	Conductly get direction from Conductly to move patient	30	LDP	2	40
		Not the Patient Primary Care Provider	Clear patient without proper review and knowledge of patient	4	Any PCP can take a patient	2	LDP	1	14
Deficient Process Map Day 2 (Behavioral Check-in visit) (CIN visit)	Behavioral visit notified	no orders and no criteria	no clinical indications/ observations	30	not discuss	30	None	10	3000
	call light	no call light	IT monitor sounds no nurse response	1	call light system does not work	1	Call Light System	10	30
	Behavioral Dept	lack of clinician for clinician	unnecessary admission	30	lack of report and visiting room	1	CIT	2	100
	nurse judgment	not empowered by order judgment	delay in treatment, no criteria	3	lack of PK management support Conductly and Medical	30	None	10	300
	patient education	refusing behavioral team	call team and delay in treatment delay to not getting well	4	lack of continuity of care	1	None	10	300
Deficient - Process Map Day 1 (RD Review Patient) (Q 2) visit	RD see patient and also	RD does not see patient	call team from patient	4	LDP	2	LDP	1	14

TIME STUDY

Behavior Nurse Round per Patient	Type	Time (sec)
Open Chart	Waiting	0.05
Assess Patient	Value Add	0.20
Document Assessment	Business Necessary (NVA)	0.20
Load Next Chart	Waiting	0.05
Walk to Next Patient	Transporting	0.20
Wait for next Assessment	Waiting	0.30
Individual Patient		1 MINUTE

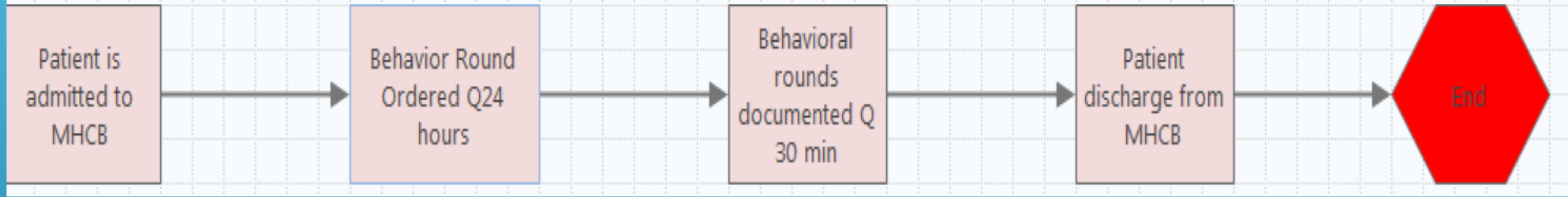
Before

- 25 Patients at Q15
- 1 Patient = 96 Rounds per Day
- 25 Patients = 2400 mins of Rounds Daily

After

- 1/25 patients at Q30 mins
- 48 mins of Rounds Daily
- Absorbed into Current Staff

IMPROVEMENT PLAN



BEFORE	AFTER
Behavioral Rounds on ALL	Behavioral Rounds Orders w/ Criteria
Q15 Mins (Additional Staff)	Q30 Mins (Existing Staff)
Lead RN Reports at Huddle	Primary RN Reports at Huddle
	Observation Memo Implementation
	Clinician Laptop at Huddle

CONTROL PLAN AND A3

Next Steps:

- Executive Sign-Off
- Rounding Criteria Implementation
- Reports/Audits



A3 Performance Tracker

General Information:

Project Title: Behavioral Rounds
Agency/Department: California Department of Corrections
Division/District/Office: CCHCS
Champion/Process Owner: [REDACTED]
Green Belt: [REDACTED]
Executive Sponsor: [REDACTED]
Date: 6/27/2018

Problem Statement:

The department of Corrections & Rehabilitation Mental Health Services Delivery system Program Guide states, "nursing staff shall document behavioral checks and the patients affect at least every 15 minutes during Suicide Precautions."
 This has become burdensome as Psychiatric Technicians are completing Behavioral Rounds without an order or criteria. CHCF is utilizing overtime and additional staff.

Primary Metric:

% of inappropriate Behavioral Rounds at CHCF MHC.

Goal:

100% of Behavioral Rounds shall be ordered with criteria.

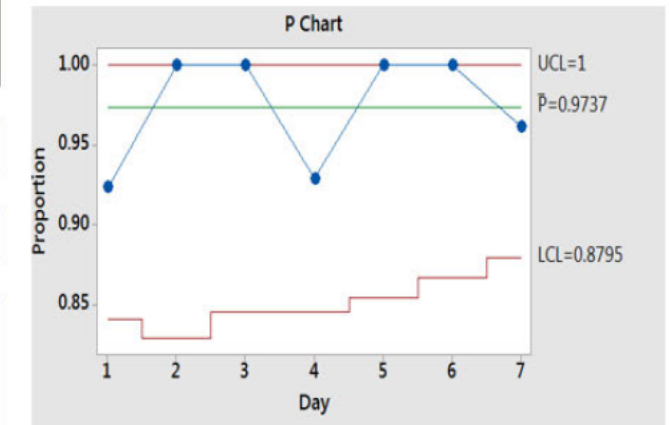
Root Causes (Critical X's):

- Meets Behavior Round Criteria
- Behavioral Rounds Ordered
- Nurse Judgement

Solution Implementation Tracking:

item	status
Defined the Criteria	Completed
Cost analysis	Completed
Time study	Completed
Memo written	In Progress
Q30 Min Checks (if ordered-by existing staff)	In Progress
Observation Memo Implemented	In Progress
Behavioral Rounds Ordered w/Criteria	Pending
Primary RN Reports at Huddle	Pending
Clinician Laptop at Huddle	Pending

Control Chart:



Baseline Average: 97.3%
Current Average: Pending
Current Capability: Pending

SUMMARY AND LESSONS LEARNED

Summary:

- CHCF in process of decreasing 6 FTE
- Green Belt supports CHCF
 - Decrease staff
 - Ordered behavioral rounds w/criteria

Lessons Learned:

- Time management
- Project Management
- Lean Six Sigma Tools



THANK YOU

Contact Information:

██████████ BSN, NCPR HQ

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