

LTCS BEST PRACTICE CATALOG SUBMISSION COVER SHEET

TYPE OF SUBMISSION:

NEW

REVISED - Replaces _____
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CHANGE IN CONTACT INFORMATION

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Date Submitted To Hospital/Division: _____

Approved for submission to LTCS Best Practice Committee

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LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: **Behavioral Review Team**

Function Category:

PATIENT-FOCUSED

ORGANIZATION

STRUCTURES

Sub-category(s): Care of the Patient Heading: Behavior Management

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Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

Forms

Policies/Procedures

Photographs

Video Tape

Drawings/Pictures

Manual

Curriculum Material

Project Outcome Data

Other (Specify) _____

1. **SELECTION OF PROJECT/PROCESS AREA** (Describe how and why your team selected this project/process area for improvement.):

Approximately one year ago, Unit 9 on Program III began receiving patients detained under Sexually Violent Predators statutes. With the admission of this patient population, the unit staff observed an increase in the frequency and severity of behavioral problems. These behavioral problems included verbal abuse, boundary violations, physical assaults, non-compliance with staff direction and sexually inappropriate behaviors. A system was needed to intervene rapidly, consistently, and rationally with these types of behaviors. As a result of this need, the unit implemented a treatment concept that we called the “Behavioral Review Team (BRT)”

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2. UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT

(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

Before the BRT was implemented, behavioral problems were handled in a somewhat arbitrary manner. In general, an individual staff member (e.g. the patient's sponsor) would handle any behavioral problems and *Patient Access System* changes (privileging levels). This process lead to potential inconsistencies in managing patient behavior problems. Also, this sometimes lead to patients pitting one staff member against another. Sometimes the patients' behavioral problems weren't dealt with until the weekly Interdisciplinary team meetings. This meant that the patient's behavior might not be addressed for up to a week. This earlier method of handling behavior problems often resulted in inconsistent and delayed consequences for the patient which inevitably brought about increased opposition and hostility toward staff members.

3. ANALYSIS (Describe how the problem was analyzed.):

4. IMPLEMENTATION (Describe your implementation of the solution.):

The Behavioral Review Team consists of three members of the Interdisciplinary Team. On Unit 9, the BRT members are the unit Social Worker and Psychologist and the Unit Supervisor. Shift leads and any other involved staff members throughout the hospital are encouraged to participate in the process. The BRT meets every other day up to three times per week as needed. Throughout the week, staff members log any behavior problems as they occur and inform the patient in question that he will be seen in the next BRT. At the BRT, the patient is then questioned about his behavior and is given an opportunity to present his version. The issues are discussed with the patient and rules, expectations, and AD's are clarified. An attempt is made to resolve the problem with the patient and behavioral interventions are made as needed. This meeting is then documented in the Interdisciplinary notes by a member of the BRT.

5. RESULTS (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

Staff members now report feeling more supported when patients act out against them. In general, the unit staff is better able to present themselves as a unified team when processing behavioral interventions. Staff members feel empowered to intervene with patients in a manner that does not make the staff member the focus of the patients' anger. Additionally, the patients'

awareness of this team serves as a continuous reinforcement of the unit and hospital rules and expectations. Over time, patients on our unit have learned that behavior problems of all types will be addressed quickly and directly.

6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

We learned that the BRT was also useful in exposing and remediating behavior problems and boundary violations before they grew to dangerous proportions. By bringing patients into the BRT for even minor suspected boundary crossings, patients have learned that their behavior does not go unnoticed and that unit staff will take an active stance toward this type of behavior.

We also learned that it was initially helpful to hold the BRT meetings in a highly visible location (e.g., the quiet room), so that other patients were able to see that there are appropriate consequences for negative behaviors.

Furthermore, we found by taking an open approach in dealing with any staff concerns, that staff members both on the unit and throughout the hospital would feel more comfortable in using this team.

Finally, the team learned that the BRT could also be used to provide praise and positive feedback to patients whose behavior had improved. Thus, rather than viewing the BRT as only a negative interaction, patients could also have a positive experience in the BRT.