


A Behavioral Health/Harm Prevention Tier Zero Huddle in the CICU


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Background


Harm prevention is a multidisciplinary collaboration. A Tier Zero Huddle (TZH) is a proactive review of harm prevention strategies for patients who are perceived to be at high-risk for harm.

The TZH reviews the following:

Patient risk factors

Barriers to bundle compliance

Opportunities for caregiver education

Action items to prevent harm

A test of change was developed to include a behavioral health (BH) provider in TZH discussions for patients demonstrating behaviors that may put them at risk for harm. The role of the BH provider is to help to identify strategies for care delivery or nursing interventions that may decrease those behaviors and/or decrease the impact of their behaviors.

Case Description

Dee is a 15-year-old male with a significant behavioral health history and was not neurotypical. He was admitted with the following problems:

- Decompensated heart failure with cardiogenic shock
- Multi-organ failure requiring Impella support

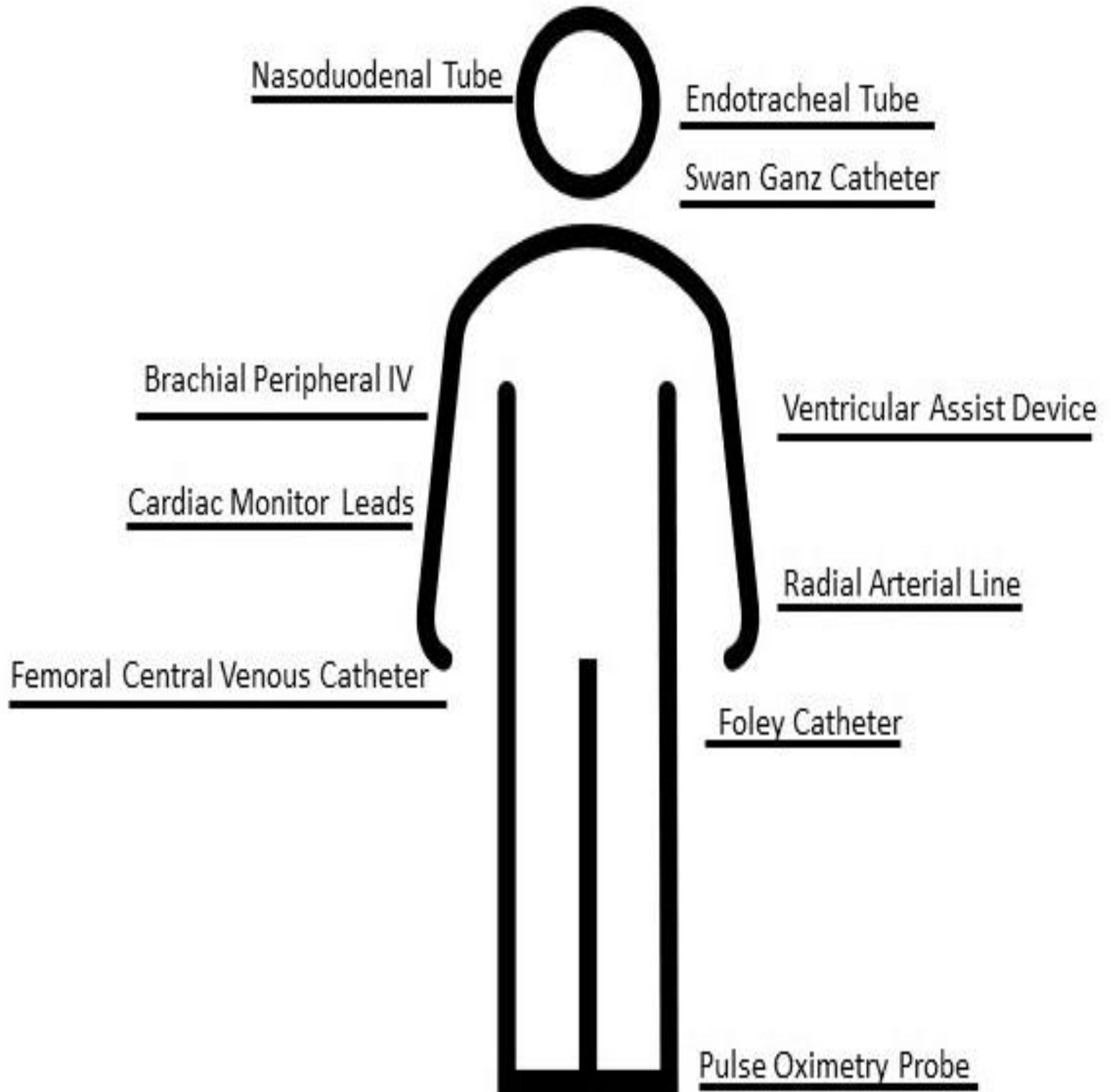


Figure 1. Medical devices in use in patient Dee that contributed to risk for PI

Dee was identified as a candidate for a TZH due to scratching and pulling at central lines, a Braden QD score of 20, and dread-locked hair, presenting with risks for CLABSI and HAPI.

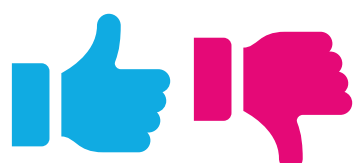
Interventions

To support Dee’s behavioral health needs the following action items were discussed with his mother:

Medications:

- Starting home extended-release Seroquel (which patient had been taking at baseline)
- Current medical needs require ICU level sedation but will re-engage the Behavioral Health team to develop an agitation medication plan so that its available as soon as medically appropriate

Communication Needs: Mother identified that Dee’s inability to communicate was a source of frustration for him

- Support communication while intubated with the communication boards provided by Child Life and Speech Therapy - continue to work with Speech Therapy to personalize the communication board as able
- Framing conversation where Dee can respond with a “thumbs-up” or a “thumbs-down” has been successful 
- Specific to the breathing tube, it has been helpful to remind hat he was having a hard time breathing and the tube is there to help him breathe

Trauma-Informed Care approach: Mother shared that Dee had a behavioral health history that is complicated by past experiences with the healthcare system during mental health crisis. It was imperative that the team take his trauma into consideration.

- Provide guidance prior to care/procedures so that he knows what is getting ready to happen before it’s happening
- Helpful phrases that have helped de-escalate
 - “you’re safe”
 - “it’s okay to relax”
- When Dee is anxious, slowing down and allowing him to “take his time” where medically appropriate has been successful.
- Recognize Dee for successfully coping with care without escalated behaviors or when able to be verbally de-escalated.
 - “You are doing a great job remaining calm while being repositioned in the bed.”
 - “You did a great job calming down and allowing your nurse to continue your bath.”

Calming techniques:

- Calms with touch and it may assist in de-escalation, such as: hand holding, rubbing chest and forehead
- Enjoys music and some of his favorites are India Arie and Gospel music

Discussion

The TZH included the following members:

- Patient’s mother
- Dee’s frontline clinician team
- Clinical Nurse Specialist
- Safety and Quality Specialists
- CLABSI and HAPI co-leaders
- BH resource RN
- Vascular access service
- Wound care nurse




Figure 2. Image of interdisciplinary team participating in TZH

Additional **CLABSI** prevention intervention

- His vascular access plan was revised to move his central line to an upper extremity, mitigating the risk for scratching

Additional **HAPI** prevention interventions

- Partnership with Dee’s mother to promote therapeutic positioning
- To lessen the risk of PI due to his locked hair while respecting their importance to him and his family, Dee’s mother supplied a hair wrap for containment while the team maintained a heightened awareness of risk

Conclusions

Preventing Harm for a patient that is requiring complex medical care with a significant behavioral health history can be challenging.

Implementing a BH TZH for Dee gathered insight into his history of trauma and developmental/behavioral needs while identifying opportunities to keep him safe in a hospital setting.

The interdisciplinary team of experts helped identify the following:

- real-time preventative measures
- bundle compliance barriers
- Opportunities to decrease risk for harm

The sharing of knowledge while building a partnership with the family was vital in encouraging Dee’s mother to advocate for her child’s needs in a high stress environment.



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