

A De-Escalation Debriefing Tool to Inform Patient-Centered Care and Safety.

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Professional Gap

At the project site, the pre-intervention rate of seclusion hours for the units exceeds the state and national averages (Medicare, 2025).

The site has a policy for seclusion of patients presenting imminent risk of harm but there is no standardized process for debriefing following escalation events.

Approximately 12% of healthcare workers reported WPV incidents in a previous study and 88% did not fully report through official reporting channels (ANA, 2024).

Summary of Evidence

Workplace violence impacts the United States by approximately \$151 billion annually, averaging roughly \$250,000 an incident (Chapin & Koller, 2022).

Evidence supports post-incident debriefing (Moran Jimenez et al., 2025) as a part of a multi-modal approach to reduce seclusion rates through incorporating safety initiative programs such as Six Core Strategies (6CS) and Safewards (Gaynes et al., 2017; Putkonen et al., 2013; Wieman et al., 2014; Fletcher et al., 2017; Bowers et al., 2015; Huckshorn & LeBel, 2024).

Intervention

Following incidents of escalation, the charge nurse would lead a debriefing huddling the team and reviewing each of the questions: including what surrounded the event/leading up to the event, the response, evaluation of what went well and what may be improved.

Beginning March 2024, the debriefing tool upgraded from a paper form to a digital form subsequently uploaded into safety incident reports of workplace violence

Methods

Measures include percentage of adherence completing debriefing tool compared to number of escalation events necessitating seclusion or restraint.

Outcome measures include seclusion/restraint rates as well as workplace violence reports. Barriers to success include improving staff adherence through reinforcing education during monthly staff meetings.

Results

Debrief Compliance

	Oct 23-Feb 24	March 24-Feb 25
General Psychiatric Inpatient Unit	14% (4/32)	62% (72/107)
Psychiatric ED	53%(20/38)	56% (38/62)

Workplace Violence Reports

	Oct 23-Feb 24	March 24-Feb 25
General Psychiatric Inpatient Unit	3	16
Psychiatric ED	5	18
Total:	8	34

Seclusion/Restraint hours/1000 patient care hours

	Oct 23-Feb 24	March 24-Feb 25
General Psychiatric Inpatient Unit	0.54	1.13
Psychiatric ED	5.81	2.9
Cumulative	3.175	2.015

Upgrading the debriefing tool from a paper format to a digital format increased adherence to completing the de-escalation debriefing as well as the number of Workplace Violence reports submitted in the safety incident system.

Rates of seclusion/restraint decreased 36.53% from pre- to post-.

Future Implications

Future considerations may examine incorporating feedback from debriefs in a centralized location in the EHR to inform care across settings.

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