**RESILIENCE IN TEAMS: a story**

**AN ADVERSE EVENT**

**10:45 pm:**

In a busy, Level 1 trauma center emergency department tonight’s evening shift has been unusually chaotic: the hospital is at 102% capacity, there are eighteen patients, two of whom are intubated, still in the ED, waiting for an inpatient bed assignment, and 37 patients in the waiting room. The trauma radio announces an entry in three minutes: a young female has jumped in front of a train and the prehospital personnel are performing CPR. The staff prepare the trauma room.

As the patient arrives, and the trauma resuscitation commences, one of the nurses gasps:

“This is the suicidal patient who left the department two hours ago.”

**BACKGROUND**

***THE TEAM LEADER***

*Steve is a charge nurse for the evening shift at this Level 1 trauma center emergency department. He has 30 years of experience as an emergency nurse and is well-respected as a leader within the Department of Nursing. During the 3 - 11pm shift he oversees the work of seventeen clinical nurses during the busiest hours of the day. He is proud of the fact that the team is dedicated to providing the best emergency patient care in the city and he attends to the individual motivation of each of the nurses on the team, making sure everyone gets a break for dinner and feels comfortable coming to him with questions. He wants each of the nurses on the team to feel that they can work to the best of their abilities under his mentorship and direction.*

***THE TEAM***

*The evening shift staff are a cooperative group of professionals who bring their individual prior clinical experiences to their support for each other and their patients. Five nurses have worked in the ED for more than 10 years. Two have transferred to the ED after years of work in the cardiac catheterization lab and one has worked in the ICU prior to moving to the ED. All have achieved CEN (certified emergency nurse certification). Ned is a senior social worker who has worked the evening ED shift for eight years, bringing his expert knowledge of the hospital and community healthcare systems to any patient encounter. The ED is an amazing high-acuity place to perfect critical nursing skills, where, despite the stress, staff know that they make a significant impact on patients during the most vulnerable times.*

*This attracts Joy, a recent graduate who completed her initial training at a community ED and joined this team three months ago.*

**8:30 pm (2 hours earlier)**

A 27 yo female with a history of substance use disorder and frequent ED visits is brought by police after she was found intoxicated in front of the public library, screaming that the world was ending and she would kill herself. The patient, Gail, is sullen and marginally cooperative when she is placed in a room that is being staffed by Joy. Steve tells Chris, one of the senior nurses, to “give Joy a hand” if she needs any help with this patient. During her triage evaluation, Joy discovers that Gail is intoxicated, but she is also actively suicidal. Joy finds a knife in Gail’s backpack and calls security to remove the belongings and to provide safety for Gail and the staff. While she is waiting for security and the medical team to begin a medical evaluation of her new patient, Joy offers to get Gail some gingerale and crackers. A medical intern, Peter, enters Gail’s room just as she asks to use the restroom. Peter reassures her that he’ll be back to meet her when she is more comfortable. Three minutes later Joy returns to the room and Gail is gone. Joy checks the bathrooms in the ED, then alerts Chris that her patient is missing. Chris advises that she call security and then gives Steve a ‘heads up.’ Joy again calls security personnel, who search the main floor of the hospital. Joy is panicked that her suicidal patient has ‘eloped’ from the ED. Nancy, one of the former ICU nurses working in the ED, calms Joy and assists her in alerting the local police. Nancy and Joy tell Steve what has happened. Joy is almost in tears. Steve tells her to take a brief break and he’ll talk with her more after the shift. Ned muses to Chris, “I thought I saw that patient wandering around, but she didn’t seem to have security assigned to the room, so I assumed she was free to leave.” Chris responds, “I should have paid more attention to Joy’s patient intake.” Peter, the intern, wonders, “Should I have let that patient go to the restroom?”

**OUTCOME**

Within two weeks the team undergoes a debrief with leadership from the Departments of Emergency Medicine, Psychiatry and Nursing, hospital administration, security, and risk management. Many of the evening staff are shocked and traumatized by the event, which has shaken their collective belief in their team’s ability to provide excellent emergency care. The staff participate in crisis response management training and share their concerns about how best to support each other when the department is extremely busy, and they feel ‘stretched to the limit’. New policies are co-created by the staff with hospital leadership and psychiatry to define safety policies for patients with behavioral health emergencies.

Joy eventually transfers to a general medicine inpatient ward team.

Ned reduces his schedule to part-time.

Steve retires six months later.

**ANALYSIS**

Rate this team’s resilience (low-moderate-high)

Why do you think so?

What specific factors enable team resilience?

What factors need to be improved or added?