Learning Objectives

(1) The learner will understand the importance of minimizing violence in the healthcare workplace

(2) The learner will demonstrate an understanding of how to form a comprehensive team

(3) The learner will be able to identify measurable outcomes for workplace safety
Background

Patient to staff violence in the hospital setting is a growing concern.

Violence:

- Hinders the health care providers’ ability to deliver the care needed
- Places staff at greater risk for psychological or emotional stress and physical injury

After implementation of a Zero Tolerance Workplace safety initiative the staff of the Special Care Unit (SCU) at Maine Medical Center identified a need for better management of our violent patient population due to safety concerns. As a result, the Behavior Response Team (BRT) was created.
## Disruptive Behaviors

<table>
<thead>
<tr>
<th>Verbal:</th>
<th>Physical:</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Disrespectful, hurtful or racial comments</td>
<td>• Unwelcome offensive touching</td>
<td>• Intrusive Acts</td>
</tr>
<tr>
<td>• Profane or lewd language</td>
<td>• Throwing things or causing property damage</td>
<td>• Unauthorized entry in to other patients’ rooms or restricted areas</td>
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<tr>
<td>• Threats of violence or physical harm</td>
<td>• Vandalism</td>
<td>• Lewd or vulgar behavior</td>
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<tr>
<td>• Loud angry outbursts</td>
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<td>• Stalking or terrorizing</td>
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<td>• Physically threatening behavior</td>
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<td>• Having a weapon in his/her possession</td>
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<td></td>
<td>• Unauthorized use of illegal substances or prescription medications</td>
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<td>• Unauthorized exit from patient care unit or hospital</td>
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</tbody>
</table>
The Behavior Response Team (BRT)

Team consisted of:

- Bedside RN’s, CNA’s and unit nursing management
- Representatives from Pharmacy, Security, Psychiatry, Mental Health Nursing and Physicians

Team was responsible for:

- Developing a Team Charter
- Identifying the needs and current resources in our SCU’s
- Educating staff about changes, new products and protocols
- Evaluating effectiveness of interventions
Education of Team as resources

• Advanced MOAB (Management Of Aggressive Behavior)
• Managing Disruptive Patients and Visitors presentation
• Personal Safety Tips and Techniques
• Flash Point: Recognition and prevention of work place violence
• Active Shooter: Prepare, React, Direct
• Street Drugs in ICU Patients
• Practical Restraint Lab
• Incident reporting
BRT Action Steps

Resources

• Further education was needed and we brought in speakers to help expand staff’s knowledge and understanding of the types of and causes for patient violence.

Products

• Choose better options for management of the violent patient.

Protocols

• A Rapid Sequence Sedation protocol was developed to help the staff gain better control of the violent patient safely.
Products and Protocols

• Code Gray Box
• Rapid Sequence Sedation Protocol
• Restraint Net
• “Behavior Precautions” highlighted FYI tab on EPIC flow sheet
Code Gray Box
Rapid Sequence Sedation Protocol

Intensive Care Unit
Rapid Sedation Protocol

Indication: Aggressive and/or violent patient requiring immediate sedation for safety of the patient, visitors and/or staff
Goal: Prevent medical complications for the patient and injuries to patient/visitors/staff
Apply when: Complete sedation required within 5 – 10 minutes

Patient Requires Rapid Sedation

IV Access?

Yes

No

Midazolam IV 5 mg over 60 seconds
- May repeat q 3 - 5 min x 3
- May add 5 mg hydromorphone IV over 60 seconds q 5 - 10 min x 2
*Consider contraindications

Ketamine IV 2 mg/kg over 60 seconds

Ketamine IM 5 mg/kg

If insufficient response: consider prolonged rapid induction agent for intubation

For immediate assistance request a Toxicology Consultation at 1-800-222-1222.
Be prepared to manage larynx and resuscitate - have appropriate personnel nearby.
Restraint Net
Flow Sheet Improvement

Behavior Precautions in Epic FYI

Once you have selected the precaution type, further details can be typed into the free text box.

SCROLL DOWN FOR:
- SUSPECTED DOMESTIC ABUSE
- SUSPECTED CHILD ABUSE
Outcomes

• Establishment of new practices and protocols
• Improved culture of workplace safety
• Data shows a decrease in:
  • Security calls for assistance
  • Disruptive Behavior Alerts (DBA)
Activation of Security to Special Care Area

Behavior Response Team Meeting Dates:
- Oct 2014
- Nov 2014
- Feb 2015
- Mar 2015
- May 2015
- Jul 2015
- Sept 2015
- Oct 2015

- Security Calls
- Linear (Security Calls)
Initiation of Level 2 Intervention

Disruptive Behavior Alerts

Oct 2013-Sept 2014

Oct 2014-Sept 2015
Conclusions and Next Steps

- Improved inter-professional relationships with vendors, doctors, security staff, pharmacy staff, mental health professionals, councils and committees
- Enhanced shared governance in SCU
- Increased engagement and empowerment of staff in SCU

Next steps:

1) Ongoing evaluation of protocol and product usage
2) Ongoing evaluation of staff satisfaction
3) Continued literature review to stay current with evidence
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• Louis Flerra, Posey Company, Arcadia CA
References


Thank You!

Questions?

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