

In the Line of Fire: One Hospital's Journey to A Safer Environment

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Purpose & Background

The health care sector continues to lead all other industries in incidence of non-fatal workplace assaults. Literature tells us nurses are the most frequently attacked providers in health care settings.

Many studies indicate up to 80% of assaults on nurses are not reported and the overwhelming majority of threats and assaults against caregivers come from patients and their families.

We created a Behavior Response Team (BRT) to enhance staff and patient safety.

Based on the Rapid Response Team model, the primary goal of the team is to promote early recognition and management of aggressive patient and visitor behaviors.

The team assists in the management of the aggressive patient/visitor through assessment, targeted interventions and support of the patient care staff.

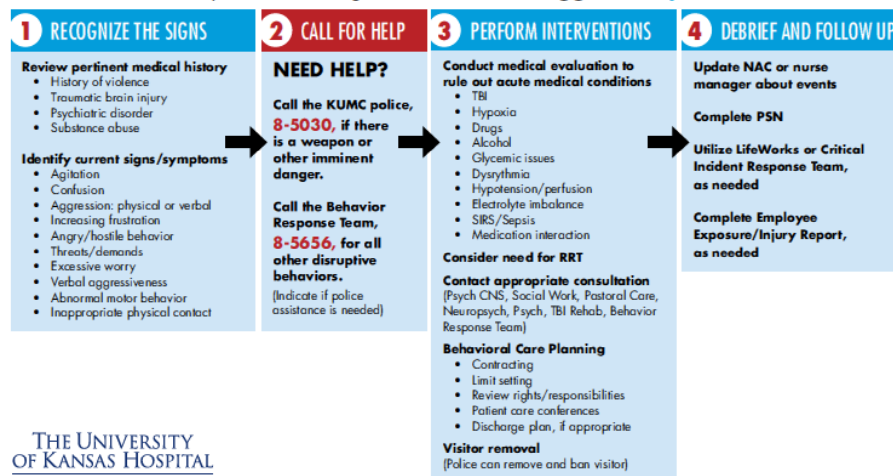
The BRT supports the staff nurse, provides an additional set of hands and Psychiatric Nursing expertise and administrative support.

References

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Finfgeld-Connet, D. Model of Therapeutic and Non-therapeutic Responses to Patient Aggression. *Issues in Mental Health Nursing*. 2009; 30, 530-37.
Phillips, S. Countering Workplace Aggression: An Urban Tertiary Care Institutional Exemplar. *Nursing Administration Quarterly* 2007; 31(3): 209-18.

When to call the Behavior Response Team

Follow these steps when dealing with a **violent or aggressive patient or visitor**



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Results

Since its inception in mid-January 2010, the BRT has been activated 169 times.

58 % Male 42% Female
 • 25% 3rd Party Insurer 42% Self-pay
 • Age range 18 to 86; mean age: 54

Activation triggers (many patients had multiple triggers)

- Uncooperative 63%
- Verbal aggression – 46%
- Physically acting out 29%
- Threats – 17%
- Severe agitation 8%
- Physical aggression – 4%
- Suicidal – 4%

Three distinct subtypes of patients identified:

1. Delirium
2. Psychosocial
3. Substance abuse or nicotine withdrawal

Methods

Nursing Staff were surveyed to determine the impact of disruptive patients and/or visitors. These results strongly indicated the need for bedside support and intervention.

Survey Results

Years of Service	%
≥ 10 years	40%
5-10 years	20%
≤ 5 years	40%
Specific Questions	%
Respondents indicating they had encountered a difficult/disruptive situation in the last year.	70%
Respondents indicating they had encountered a disruptive or difficult patient/family situation more than 10 times per year.	30%

BRT Response Team Members

Psychiatric Liaison Services (PLS) RN
 Nurse Manager or Nursing Administrative Coordinator

BRT Planning Team Members

Nursing Leadership	Risk Management
KU Police Department	Respiratory Therapy
Human Resources	Nursing Administrative Coordinators
Psychiatric CNS	Nurse Managers from high risk units
Quality, Safety & Regulatory Compliance	Psychiatric Medicine

Focus Areas

1. BRT- a 24/7 team for rapid and effective intervention
2. Education- Crisis Prevention Intervention (CPI).

Identified Issues	Patient also with suspected or diagnosed delirium	Identified social issues
Substance abuse	38%	67%
Alcohol abuse	46%	67%
Tobacco abuse	46%	67%
Psychiatric disorders	8%	33%
Mood disorder	38%	0%

Conclusion

- Nursing Care of the patient with delirium: Mandatory Education
- Address tobacco abuse through the use of the Nicotine Replacement Therapy order set
- Identify patients who are at risk for or have a history of violence or behavior issues for early identification
- Increase the number of in house CPI Trainers
- Lateral violence education for Nursing Leadership
- Resurvey staff at the one year anniversary of the BRT (January 2011) to measure outcomes from the nursing staff's perspectives.

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