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

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Results

or diagnosed delirium

38%

46%

46%

8%

38%

mid-January 2010, the BRT has

nany patients had multiple

Patient also with suspected Identified social

issues

67%

67%

67%

33%

0%

### Purpose & Background

The health care sector continues to lead all other industries in incidence of nonfatal 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.

When to c Follow these steps w	Since its inception in mid-January 2010, the been activated 169 times.				
RECOGNIZE THE SIGNS     Review pertinent medical history     History of violence     Traumatic brain injury     Psychiatric disorder     Substance abuse      Identify current signs/symptoms     Agilation     Confusion     Aggression: physical or verbal     Increasing frustration     Aggry/hostile behavior     Threats/demonds     Exessive worry     Verbal aggressive heavior     Incopropriate physical contact	2 CALL FOR HELP NEED HELP? Call the KUMC police, 8-5030, if there is a weapon or other imminent danger. Call the Behavior Response Team, 8-5656, for all other diaruptive behaviors. [Indicate if police assistance is needed]	3 PERFORM INTERVENTIONS Conduct medical evaluation to rule out acute medical conditions • T8 • Hypoxia • Drugs • Akohol • Giycemic issues • Dyaythmia • Hypotenion/perfusion • Electrolyte imbolance • SIRS/Sepsis • Medication interaction Consider need for RRT Contact appropriate consultation (Paych CNS, Social Work, Pastoral Care, Neuropaych, Psych, T81 Rehob, Behavior Response Team)	DEBRIEF AND FOLLOW UP Update NAC or nurse manager about events Complete PSN Utilize LifeWorks or Critical Incident Response Team, as needed Complete Employee Exposure/Injury Report, as needed	<ul> <li>58 % Male 42% Female</li> <li>25% 3rd Party Insurer 42% Self-pay</li> <li>Age range 18 to 86; mean age: 54</li> <li>Activation triggers (many patients had multitriggers) <ul> <li>Uncooperative 63%</li> <li>Verbal aggression – 46%</li> <li>Physically acting out 29%</li> <li>Threats – 17%</li> <li>Severe agitation 8%</li> <li>Physical aggression – 4%</li> <li>Suicidal – 4%</li> </ul> </li> </ul>	
The University of Kansas Hospital		Behavioral Care Planning Contracting Limit setting Review rights/responsibilities Potient care conferences Discharge plan, if appropriate Visitor removal (Police can remove and ban visitor)		Three distinct subtypes of patients identified: 1. Delirium 2. Psychosocial 3. Substance abuse or nicotine withdrawal	

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	%				
	<u>&gt;</u> 10 years	40%				
	5-10 years	20%				
	<u>&lt;</u> 5 years	40%				
	Specific Questions	%				
Э	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%				

Math					
Meth	Identified Issues				
npact of s strongly	BRT Planning	BRT Planning Team Members			
rvention.	Nursing Leadership	Risk Management			
	KU Police Department	Respiratory Therapy	Alcohol abuse		
% 40%	Human Resources	Nursing Administrative Coordinators	Tobacco abuse		
20%	Psychiatric CNS	Nurse Managers from high risk units			
40%	Quality, Safety &	Psychiatric Medicine	Psychiatric disorders		
%	Regulatory Compliance		Mood disorder		
70%	Focu	Focus Areas			

1. BRT- a 24/7 team for rapid and effective intervention

2. Education- Crisis Prevention Intervention (CPI).

### 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.

### Alfandre, DJ. I'm Going Home: Discharges

References

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Daniel Antonius; Lara Fuchs; Farah Herbert; Joe Kwon, Psychiatric Assessment of Aggressive Patients: A Violent Attack on a Resident. The American Journal of Psychiatry: Mar 2010: 167. 3: 253.

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.

### **BRT Response Team Members**

Psychiatric Liaison Services (PLS) RN

Nurse Manager or Nursing Administrative Coordinator

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