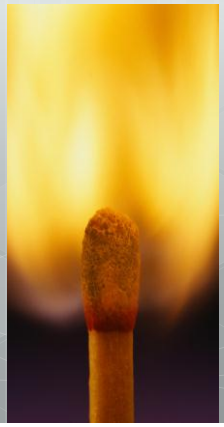

# Cooling the Hot Climate of Aggression and Assault

**Creating a Safer Environment in Mental Health**

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## Objectives

- Identify components of a effective aggression reduction program
- Discuss steps needed to create a program at your facility

## Setting

- 340-bed state treatment facility serving the chronically mentally ill
- Focus = Recovery
- Majority involuntarily committed by court x 6 month certificates
- 60% male, 40% female
- Average age 46
- Intermediate mental health treatment
- Coverage area – South FL,
- 8 million lives
- 30 admissions and discharges
- each month
- LOS = 10 months, target = 6 months

## Problem?

- Assaults and aggression were on the rise
- Increase was 10% per year rising to 20% per year in 2009

## Solution?

- Another task force was just not going to solve the problem! We needed to make a commitment that this was going to be the main focus for everything we were going to do for the year.

## What had we already done?

- Environmental updates: cameras, monitors, special observation rooms
- Daily contraband checks
- Improved visitor check in process
- Trained staff in de-escalation

## Definitions

- Assault – physical attack, may or may not result in injury: pushing, shoving, kicking, hitting, striking another
- Aggression – actions or words that are threatening: verbal threats, property damage, gesturing, throwing things, banging on door/wall

## Actions taken

- Clinical Directors of Psychiatry and Psychology to create team to lead the effort
- Unit physician, nurse, CNO, administrator, social worker, quality manager, program director, psychology staff, education staff, community liaison, security staff, and risk manager
- Purpose – review data and literature to make informed decision about next step

## Initial Findings

- Literature review = Younger involuntary patient, hx of violence, multiple hospitalizations, dx = neurological impairments, schizophrenia and personality disorders
- 80/20 rule: <20% of the patients engaged in 80% of the events
- Hospital population:
  - 60% hx of aggression/assaultive behaviors
  - 95% multiple hospitalizations
  - Average age of 46
  - 95% schizophrenia or personality disorder
  - 98% involuntary

## Phase 1

(Previously, this had already been an FMEA)

- Firm commitment from top clinical and administrative leaders in the organization
- The #1 Strategic Goal
- Immediate record review started for all events
- Grand Rounds referral - 2nd opinion sought
- Unit rewards for those with fewest incidents

## Phase 2

(Events did NOT show decrease…)

- Subgroups formed:
  - medication management – 100% review
  - policy review – creation of levels for precaution reviews and reminders for continued assessment
  - environmental assessment – 'tone' of the unit assessed (noise, music, comfort rooms, therapeutic interactions)
- TRIPS teams started (**T**raveling **R**eview and **I**ntervention **P**rocess **S**ub-team)

- Training and development for staff and patients
  - Anger management curriculum standardized (Boston Univ Ctr of Psych Rehab)
  - Behavior Plan training on all shifts
  - Trauma Informed Care review
  - MANDT transition completed
- Evening programming enhanced
- Nursing as Caring chosen as the nursing theoretical framework (Boykin & Schoenhofer, 2001)

## Phase 3

- We (finally) identified that the frontline staff were not as involved as needed
- Safety become topic of unit community meetings
- 'Safety Tips' created for patients
- Daily Climate Control emailed to all
  - Units set targets
  - Everyone expected to know daily climate
- Original Team became the steering committee with each unit creating a focused aggression and assault committee
  - Steering committee members were consultants to share best practices

## Climate Control

**Unit A**

| Month | January | February | March | April | May | June | July | August | September | October | November | December | Annual |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2010 Physical Altercations | 5 | 6 | 4 | 6 | 5 | 6 | 6 | 5 | 7 | 6 | 1 | 1 | 60 |
| Unit Goal for 2011 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 60 |
| 2011 Physical Altercations | 2 | 3 | 1 | 1 | 2 | 2 | 6 | 1 | 9 | 2 | 1 | 2 | 32 |

**Unit B**

| Month | January | February | March | April | May | June | July | August | September | October | November | December | Annual |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2010 Physical Altercations | 6 | 1 | 3 | 1 | 1 | 1 | 3 | 4 | 6 | 2 | 4 | 4 | 36 |
| Unit Goal for 2011 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 60 |
| 2011 Physical Altercations | 2 | 3 | 4 | 2 | 3 | 3 | 2 | 3 | 5 | 1 | 2 | 1 | 31 |

Green represents a calm climate on the Unit and the Unit is meeting their established goal.

Yellow represents warning when the number is greater than 50% of the projected goal for the month.

Red represents disaster when the month to date total is greater than the Unit established goal for the month.

## At the end of Phase 3

- 25% decrease of physical altercations
- 25% decrease in injuries due to assaults
- 64% in serious altercations (ER visit/hosp)
- 60% reduction in restrictive measures (manual holds/seclusions, no mechanical restraint used since 2009)
- 47% in the number of very good and excellent scores on the AHRQ culture of safety survey'
- Quality Week story board winner

## The Assault Behavior Reduction Team with their Award Winning Storyboard

## Strategies that work…

- Changing from QID/TID to BID as able
- Creating patient flow system
- Changing to Nursing as Caring language
- Caring list and white boards
- Multiple contacts per shift for anyone identified as at risk for assault/aggression
- Communication enhanced at every opportunity
- Safety coaches as front-line champions

## Key Points:

- Successful reduction of assaults and aggressive behaviors requires that the effort be driven from the top and must include those at the frontline
- Every patient in this environment needs an individual approach
- It truly does take a village

## Implications for Nursing

- Nurses have the opportunity and obligation to promote a safe environment
- As coordinators of patient care, we must be proactive in risk recognition, skilled in collaboration
- We are the front line advocates for our staff and our patients.
- Nursing as Caring requires continued attention so we are authentic, courageous and reflective about our practice.

## Currently in the works…

- Unit targets reviewed annually
- Ensure continued education
- Ongoing focus to teach patients about safety
- Strive for another 20% reduction
- We have had spikes since this time, focusing more on self-injurious behaviors

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## Questions…


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