Maximizing Staff and Patient Safety in Regards to "Out of Control" Patients

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Introduction

- Porter Adventist Hospital enforces and supports a policy to respond to "Out of Control" patients and/or visitors (**CODE GREEN**)

- Feedback from patients, staff and security identified an opportunity to review the vague, unclear expectations and/or boundaries that plague appropriate response

- A project was necessary to determine the effectiveness of a **"Workplace Safety Bundle"**
  - Interventions
  - Policy review/revision
  - Audit tools
  - Debriefing

Process Initiatives

- **Establish the Code Green Team**
  - Membership: Behavioral Health, Safety, Security, Nursing and ED
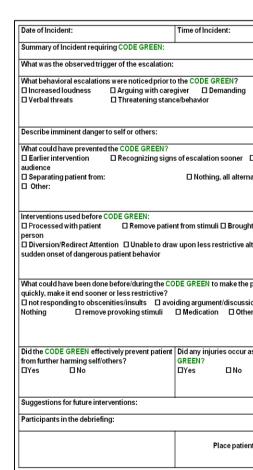
- **Implement Debriefing after Code Green Event**
  - Timeline: Immediate after event (Fig. 1)

- **Review Code Green Events**
  - Track & Trend Issues
  - Identify potentially avoidable events
  - Educate staff on units with potential avoidable events
  - Reinforce de-escalation or earlier intervention techniques (Fig.2)

- **On-going review of Code Green events**
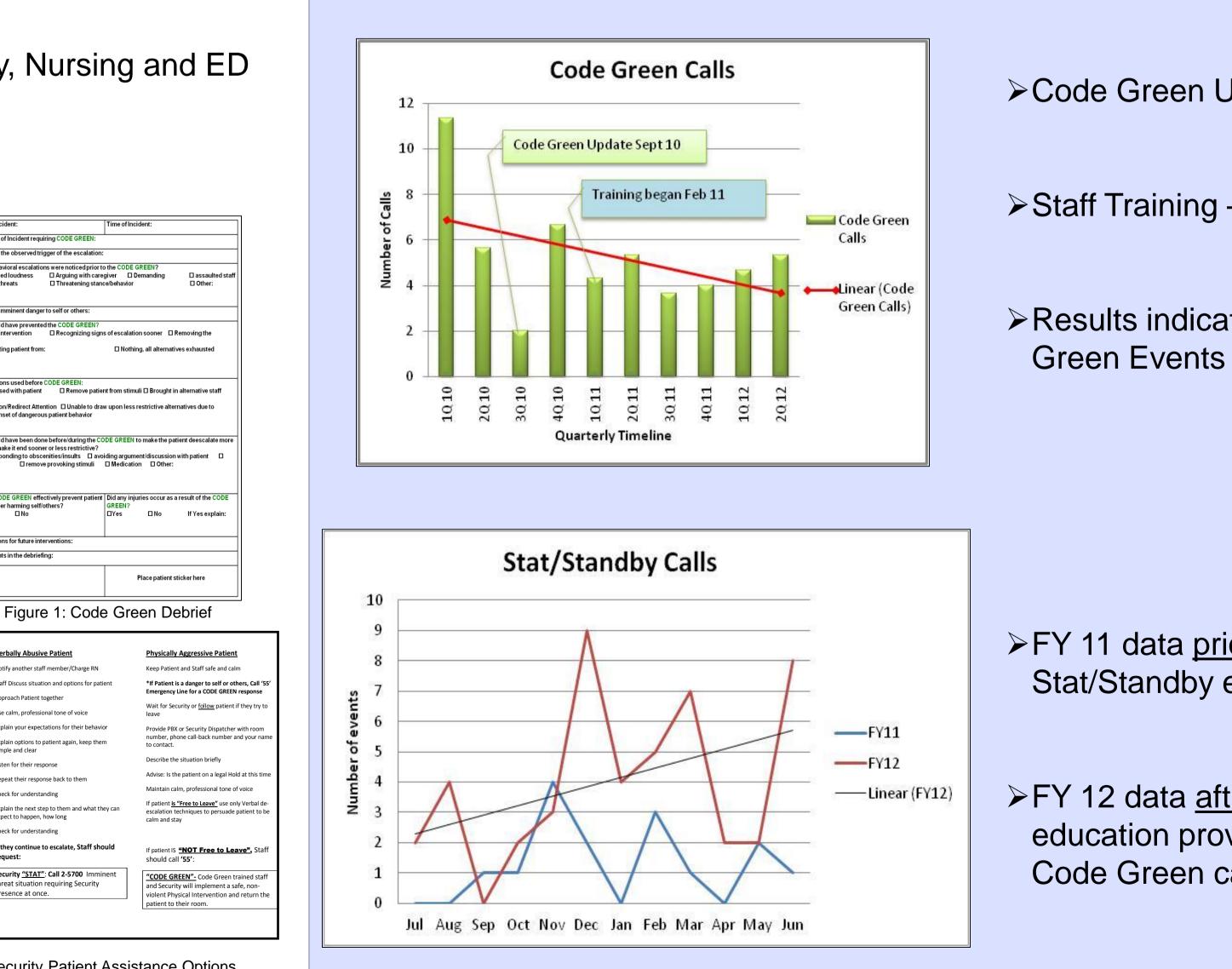
Figure 1: Code Green Debrief

Figure 2 : Security Patient Assistance Options

Abstract

Thirteen of 1000 workers experience violence in the workplace. Nurses are the most frequent targets of violence because of direct patient contact with 97.1% of physical violence perpetrated by patients or relatives[1]. The rate of occurrence in nursing rises 22 or 80% of nurses experiencing violence during their career[2]. Mitigating violence in the workplace is a regulatory priority[3].

Education of staff including early interventional skills is important for all hospital departments. Appropriate use of de-escalation tactics improves compliance and promotes a non-violent workplace.

Results

Code Green Calls

Code Green Update Sept 10

Training began Feb 11

Number of Calls / Quarterly Timeline

Code Green Calls

Linear (Code Green Calls)

- Code Green Update – Sep 2010

- Staff Training – Feb 2011

- Results indicate a decrease in Code Green Events

Stat/Standby Calls

Number of events

FY11
FY12
Linear (FY12)

Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun

- FY 11 data prior to formal Stat/Standby education

- FY 12 data after Stat/Standby education provided to units where a Code Green call was avoidable

Discussion and Conclusions

- **Debriefing immediately following the event needs to be an expectation**
  - Allows for group discussion on de-escalation measures and earlier interventions
  - Allows for immediate feedback

Code Green Debriefing Session In Action

- **Stat/Standby calls are similar to a clinical "Rapid Response":**
  - Appropriate resources respond earlier in the escalation process

- **Development of formalized education crucial!**
  - Same message delivered to all educated staff

- **Consistent review of Code Green events identifies trends, resource allocation, and educational gaps**
  - FY12 reviews indicated that all departments should be targeted for training
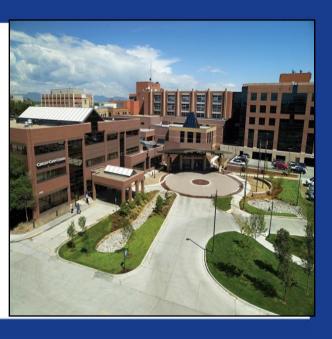
References

[1]Howell, W. (Jan.2011). Violence in hospitals. *Hospital and Health Network.* Retrieved from http://www.hhnmag.com/hhhnmag_app/index.jsp

[2]Simons, R. (2011). Patient violence against healthcare professionals, safety assessment and management. *Psychiatric Times, 28*(2), 16.

[3]The Joint Commission. (2011). *Nursing Standards for Accreditation.* Retrieved from http://amp.jcrinc.com/Frame.aspx

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