


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 (Traveling Review and Intervention Process Sub-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	8	4	6	5	6	8	5	7	6	1	1	69
Unit Goal for 2011	5	5	5	5	5	5	5	5	5	5	5	5	64
2011 Physical Altercations	2	3	1	1	2	2	0	1	0	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	0	2	4	4	28
Unit Goal for 2011	5	5	5	5	5	5	5	5	5	5	5	5	63
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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