

Code Green for Workplace Violence

Yana Dilman, BSN, RN, PCCN
Pinnacle Health System,
Harrisburg, PA

Objectives



- Identify the incidence of workplace violence within United States healthcare.
- Recognize Code Green as an effective intervention to prevent workplace violence.
- Discuss the impact Code Green has on violent restraint use and employee injury rates.

Workplace Violence - Nationwide Problem

- **Healthcare is the most affected industry.**
- A 2011 survey of 46,000 nurses:
- 11% of respondents had been physically assaulted in the previous 12 months.
- More than 50% said they had been threatened or verbally abused.
- 27 out of the 100 fatalities in healthcare that occurred in 2013 - due to assaults and violent acts!



Where Does Your State Stand?

Incidence rates represent the number of injuries and illnesses per 100 full-time workers.



U.S. States with Workplace Violence Laws



Management of Agitated Behavior

- Early recognition and rapid intervention with verbal de-escalation.
- Include the patient as a collaborative partner in managing behavior.
- Empower the patient to stay in control while building trust with caregivers.



Code Green Response Team



- Adopted from the Crisis Prevention Institute workshop on de-escalating an agitated individual.
- The goal - to employ the least restrictive means to help the person regain control of behavior.
- The team consists of Intermediate Care Unit (IMCU) charge nurse, nursing supervisor, security, primary physician and nurse, nursing unit charge nurse, and other individuals involved in the patient's care.

The IMCU Experience

- The IMCU treats a large population of behaviorally challenging, delirious, and violent patients.
- The IMCU's history of being the only inpatient toxicology unit in the country has provided the nurses with an immense experience in managing volatile situations.
- The leader of the Team is the IMCU charge nurse, although the leader could be anyone who is successful at calming the agitated individual.

Experience!



De-escalation Workshop

- February, 2013 – 3 workshops at Harrisburg Hospital campus.
- 25 attendees.
- Targeted unit managers, charge nurses, nursing supervisors, security department.



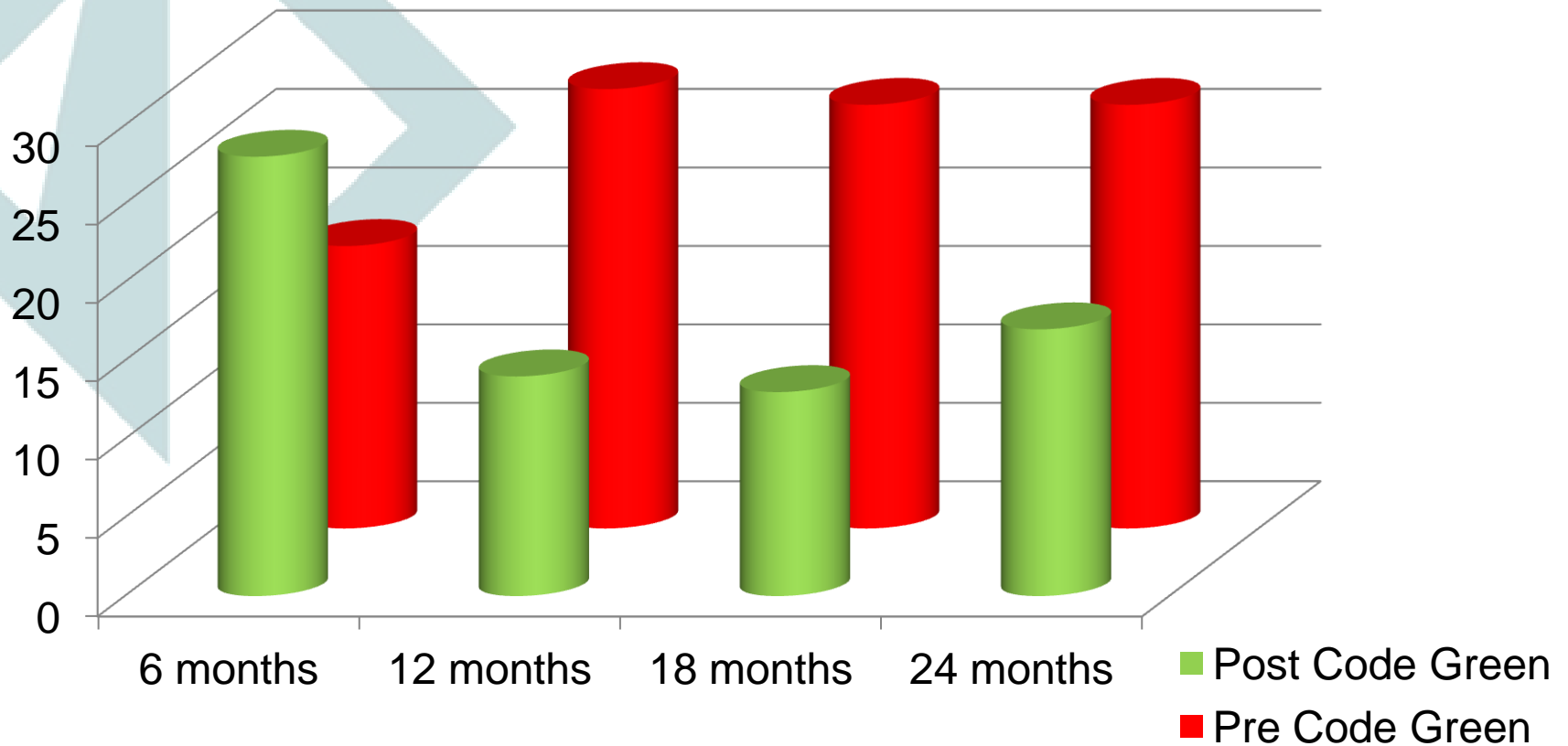
Evaluation and Outcomes

April 2013 – September 2015

- Code Green Responses:
 - 240 patients
 - 26 of them required application of restraints
 - 89% resolved by verbal de-escalation or non-coercive use of medication
- 28% decrease in number of violent restraints post Code Green Response Team (100 two years pre vs. 72 two years post Code Green intervention).



28% Decrease in Violent Restraints



Employee Injury Rates

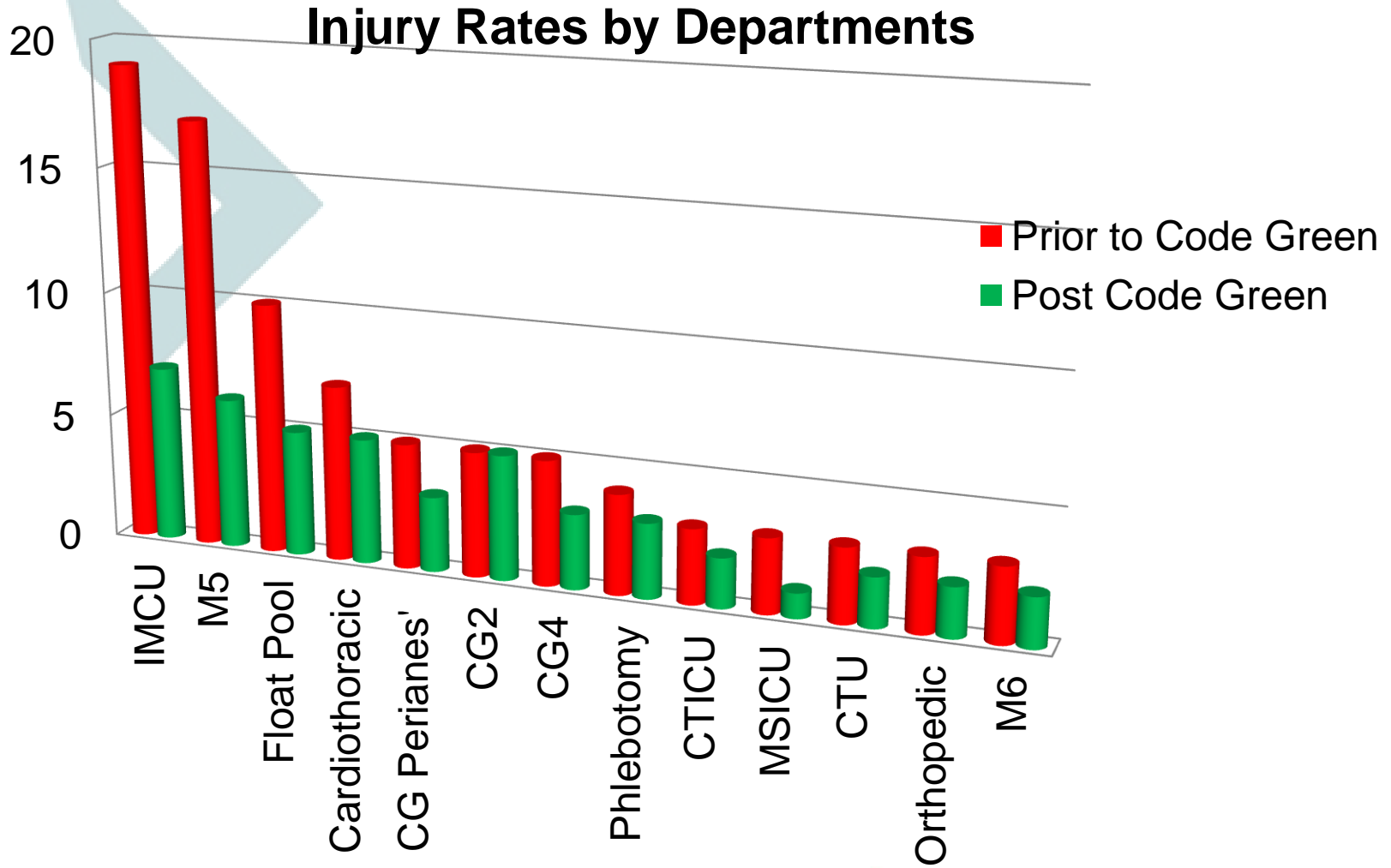


- Data from October 2010 to September 2015, 30 months prior and post Code Green initiation.
- Data by departments: security, ED, float pool, IMCU (tox), M5 (med-surg), cardiothoracic, perianesthesia, CG4 (rehab), CG2 (med-surg, neuro), phlebotomy, CTICU, orthopedics, CTU (medical cardiac, telemetry), MSICU, M6 (post-op surgical).
- Injury types - contusion, scratch, bite, strike, strain, bodily fluid exposure.

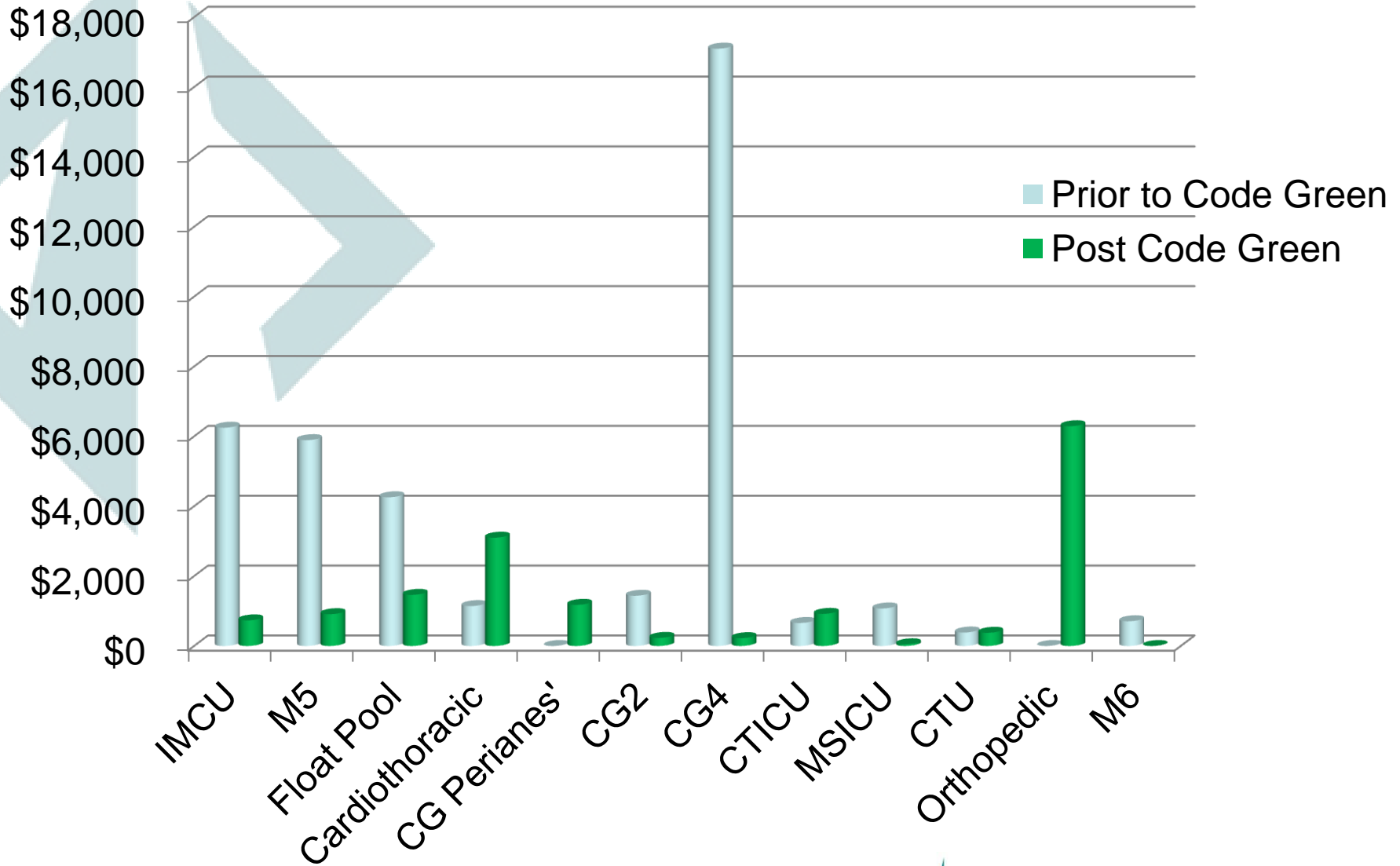
Employee Injury Rates (Continued)

- Increase in injuries in security and ED departments.
- **Decrease in all injuries on inpatient units by 47% from total of 87 prior to 46 post Code Green implementation**
- IMCU (tox) – decrease in injuries from 19 to 7, cost savings of about \$5,000.
- Similar results on M5 (med-surg) – from 17 to 6.

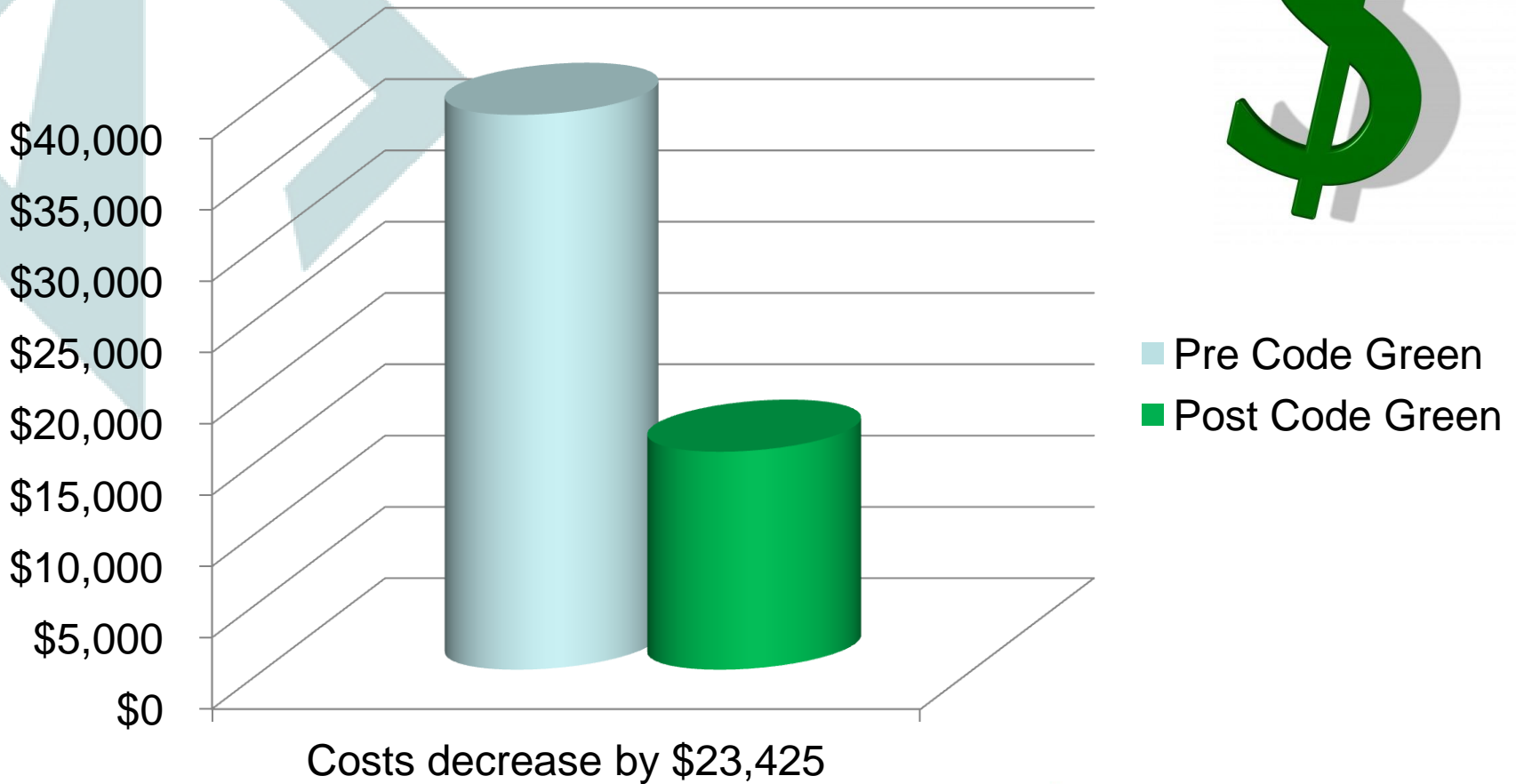
Employee Injury Rates (Continued)



Employee Injury Costs by Departments



Employee Injury Costs Combined



Employee Injury Rates (Continued)

- Prevention is the key.
- Delayed Code Green activation?
- Less experience – more severe injuries contributing to lost work days, restricted work days and increased costs.
- “ED is its own animal” – injuries went up from 11 to 23 and costs from \$13,253 to \$66,000.



Improvement Opportunities

- Code Green Team Committee.
- Review particular cases, share concerns, provide staff education.
- Members of all units involved in Code Green participate in the Committee.
- Nursing Grand Rounds - system wide education on prevention, safety, ways to de-escalate an agitated individual.
- Increased volume of employees attending Crisis Prevention Institute Workshop.



De-escalation Workshop Now

- In 2015 – 65 attendees from 26 departments system wide.
- Held at all three campuses.
- PCAs mandatory education.
- No tolerance for Violence Stance.



Combining the Efforts Nationwide

- Involvement in the *ANA Workplace Violence and Incivility Panel* in an attempt to contribute to a national effort to create a healthy work environment free of violence and hostility.



"Together We Can"

References

- American Nurses Association Position Statement on Incivility, Bullying, and Workplace Violence. Retrieved September 20, 2015 from www.nursingworld.org
- Chappell, S. (2015). The American Organization of Nurse Executives and Emergency Nurses Association Guiding Principles on Mitigating Violence in the Workplace. *JONA*: 45, (7/8), 358 – 360.
- Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. U.S Department of Labor Occupational Safety and Health Administration OSHA 3148-04R 2015. Retrieved July 2, 2015 from www.osha.gov
- Lipscomb, J., London, M. (2015). *Not Part of the Job. How to Take a Stand Against Violence in the Work Setting*. Silver Spring, MD: American Nurses Association
- Many Nurses Subject to Workplace Violence. (2013). *Bold Voices*: 5, (7), 8
- Monthly number of full-time employees in the United States from October 2014 to October 2015 (in millions, unadjusted). Retrieved November 22 , 2015 from www.statista.com

References

- Richmond, J.S., Berlin, J.S., Fishkind, A.B., Holloman, G.H. Jr, Zeller, S.L., Wilson, M.P., Rifai, M.A., Ng, A.T. (2012). Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *Western Journal of Emergency Medicine*: VIII, (1), 17-25.
- Top 10 Patient Safety Concerns for Healthcare Organizations. (2015). ECRI Institute. Retrieved July 5, 2015 from www.ecri.org/PatientSafetyTop10
- State Occupational injuries, illnesses and fatalities. Retrieved November 15, 2015 from <http://www.bls.gov/iif/oshstate.htm>
- Wolf, L.A. (2014). Nothing Changes, Nobody Cares: Understanding the Experience of Emergency Nurses Physically or Verbally Assaulted While Providing Care. *JEN*: 40 (4), 305-310. Retrieved May 6, 2015 from <http://dx.doi.org/10.1016/j.jen.2013.11.006>

Thank You!

Yana Dilman

ydilman@pinnaclehealth.org



