

The Implementation of A De-escalation Program to Reduce The Number of Violent Occurrences to Health Care Workers

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April 8, 2024



SCHOOL *of* NURSING

DNP Scholarly Project Team

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Background & Significance

- Health care workers care for patients with complex psychiatric and medical histories (Ferrara et al., 2017).
- While performing routine job duties, nurses and other health care workers (HCW) are exposed to violent encounters from patients regularly (Ferrara et al., 2017).
- Violence against nurses continues to show a steady increase which warrants global attention.

Background & Significance

- “On average 25% of Registered Nurses report being physically assaulted by a patient or family member, while over 50% report exposure to verbal abuse or bullying” (Al-Qadi, 2021, p.1).
- “Around three million RNs are faced with work-related hazards while performing routine job duties” (Dressner & Kissinger, 2018, Event or Exposure Section).
- “According to the U.S. Bureau of Labor Statistics the number of workplace violence events (WPV) is increasing: HCWs account for 73% of non-fatal work place injuries due to violence as of 2018” (U.S. Bureau of Labor Statistics, 2020).

The Clinical Question

In aggressive or violent patients in the hospital setting, does the use of de-escalation interventions decrease violent occurrences to nurses or health care workers?

Work Place Violence (WPV) Defined

- Aggression: angry feelings or behaviors such as yelling, screaming, swearing, name calling and bullying (Badeaux et al., 2021, p. 178).
- Violence: use of physical force with intent to harm someone (Badeaux et al., 2021, p. 178).
- Types of WPV: Type 2 violence is directed at associates by patients, visitors, physicians, students and volunteers or by anyone else to whom the organization provides services.

Comprehensive Data Base Search: PRISMA

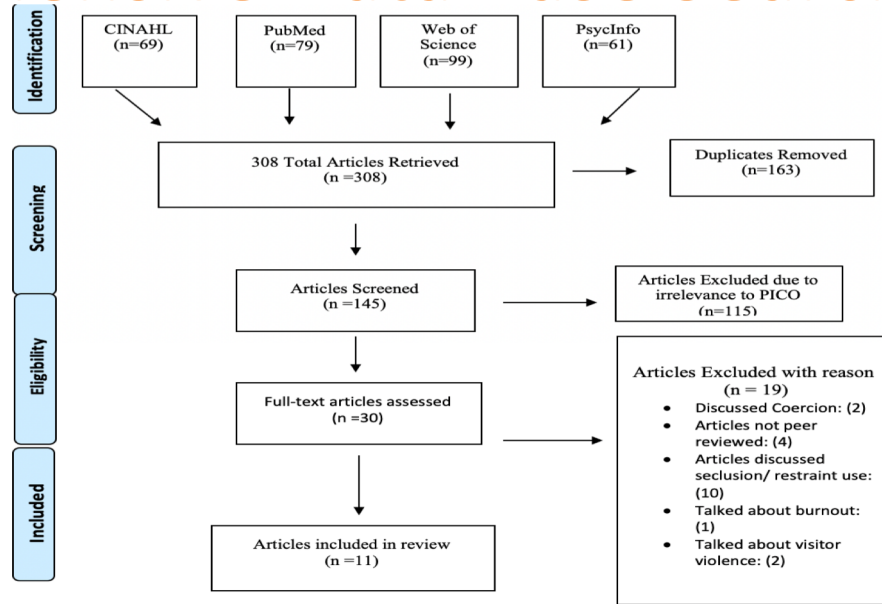


Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram for integrative literature process.

ANALYSIS & SYNTHESIS OF EVIDENCE

Badeaux et al. (2021): Reduction of aggressive and violent behavior toward behavioral health unit staff and other patients: a best practice implementation project

- Authors conducted a quasi-experimental study using educational enhancement and mock codes with debriefing on 4 acute care behavioral units that involved training for de-escalation and managing aggressive and violent behavior patients. Results of the study showed a 9.1% drop in aggressive and violent episodes over the 6-week post-intervention period from baseline.

Ferrara et al. (2017): **De-escalation Training to Medical–Surgical Nurses in the Acute Care Setting.**

- A quality improvement project was conducted with full-time and part-time nurses working day and night shift using the Ten Domains of De-escalation. The results showed statistical differences associated with improved confidence in dealing with patients aggressive behaviors. The results revealed a significant increase in medical-surgical nurses confidence scores with handling aggressive patients post-implementation of de-escalation training.

ANALYSIS & SYNTHESIS OF EVIDENCE

Johnston et al. (2022): **De-escalation of conflict in forensic mental health inpatient settings: a Theoretical Domains Framework-informed qualitative investigation of staff and patient perspectives**

- The study examined nurses ability to identify potentially violent situations and effectively de-escalate a violent situation. The authors found that attending a training session on aggression management, increased nurses perceived confidence to deal with aggressive situation, and positively influenced nurses' attitudes.

Long et al. (2016): **Training in de-escalation: an effective alternative to restrictive interventions in a secure service for women**

- This study examined changes in behaviors and in the use of restraints, seclusion and impact of de-escalation training. Results showed that an increase in on the ward training and more training time devoted to prevention and de-escalation was reflected in reductions in risk behaviors, seclusions, time spent in restraints and staff injuries

THEMES

Themes that have emerged as a result of the systematic literature review include:

- Educating staff on de-escalation methods
- The use of simulation training on de-escalation
- Implementation of an evidenced based behavioral emergency response team.

QI Framework: PDSA



Step 1: Plan

- An inpatient acute care unit was identified that would benefit from the de-escalation program using the Ten Domains of De-escalation (TDD). Key stakeholders included the Nursing Director of the unit and Assistant Chief Nursing Officer (ACNO).
- Throughout this process, administration was supportive and engaged in the implementation of the quality improvement project.

Step 2: Do

- A pre-survey was administered July 2023 using Qualtrics to capture nursing staff confidence in coping with patient aggression prior to implementation of the intervention.
- After data from the pre-survey was collected, the de-escalation training program was conducted from September 2023-October 2023 using simulation based training including The Ten Domains of De-escalation (TDD).
- Nursing staff were educated on behavioral emergency response policy and the function of the behavioral emergency response team (BERT).
- Nursing staff confidence levels post implementation of the de-escalation training were measured from October 2023-Dec 2023 via surveys administered on Qualtrics.

CCCPA SELF-ASSESSMENT INSTRUMENT

- Clinician Confidence in Coping with Patient Aggression Self Assessment survey was administered on Qualtrics to nursing staff pre and post de-escalation training program.
- This assessment consists of 10 questions which can be answered on a Likert scale.
- The instrument is designed to yield an overall score. A high score is associated with increased confidence.

Current Systems

- Behavioral Emergency Response Team (BERT) - team of trained staff that provide an intervention for individuals who are beginning to escalate and prior to demonstrating aggressive/violent behaviors.
- ATLAS Team - which is an emergency response team that provides assistance to staff when an individual exhibits aggressive, combative and or escalating behavior that cannot be managed by staff.

Step 2: Do

Ten Domains of De-escalation

- Respect personal space
- Do not be provocative
- Establish verbal contact
- Be concise
- Identify wants and feelings
- Listen closely to what the patient is saying
- Agree to disagree
- Lay down the law and set clear limits
- Offer choices and optimism
- Debrief the patient and the staff

(Richmond et al., 2012)

Signs of Patient Agitation

- Foot Tapping
- Hand Wringing
- Hair Pulling
- Fiddling with Clothes or Objects
- Repetitive vocalization of Needing to Escape “I got to get out of here”

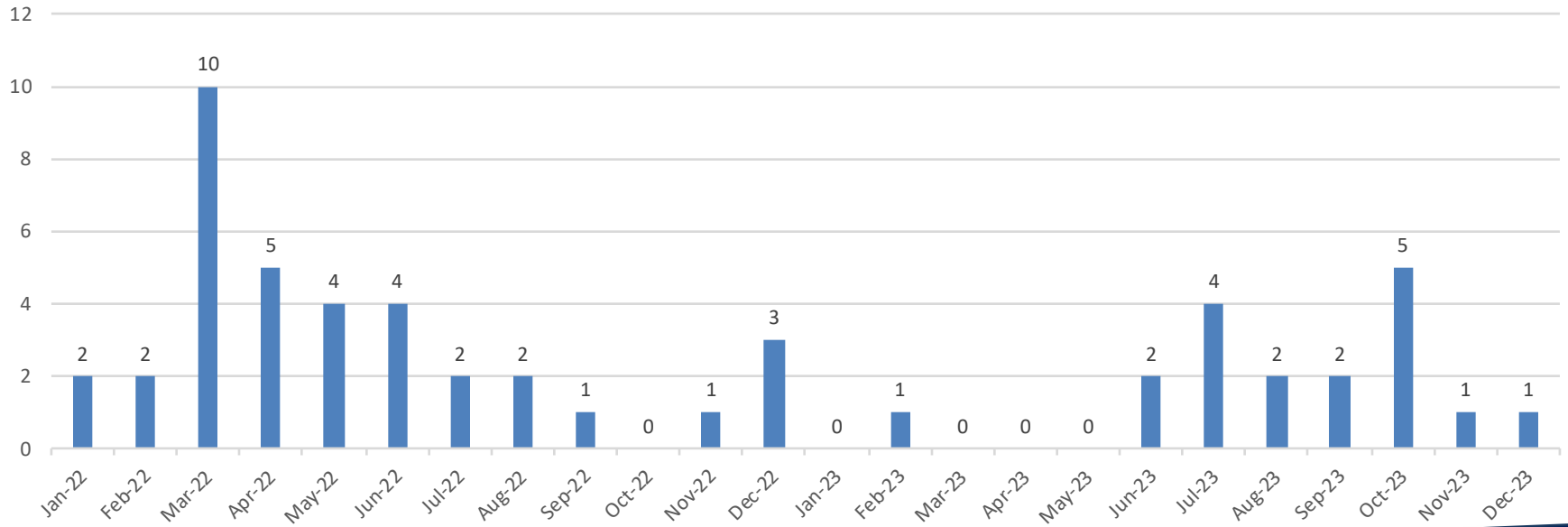
(Richmond et al., 2012)

Procedures

- From September 2023 – October 2023:
- Met with the day, night and weekend nursing staff from the Neuro Telemetry Unit to conduct the de-escalation training (TDD) program.
- Review of Behavioral Emergency Response (BERT) policy with the nursing staff members who were participating in the TDD program.
- Nursing students were also included in the TDD at request of their instructor.
- Conducting the TDD created a safe space where nursing staff were able to express concerns about WPV and share interventions they believed would be helpful in improving overall safety.

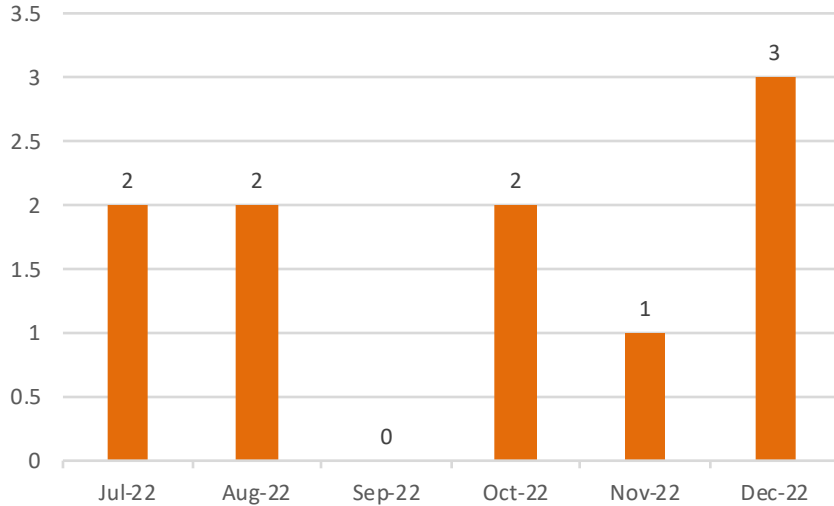
Step 3: Study

Telemetry Unit WPV Events Jan 2022 - Dec 2023

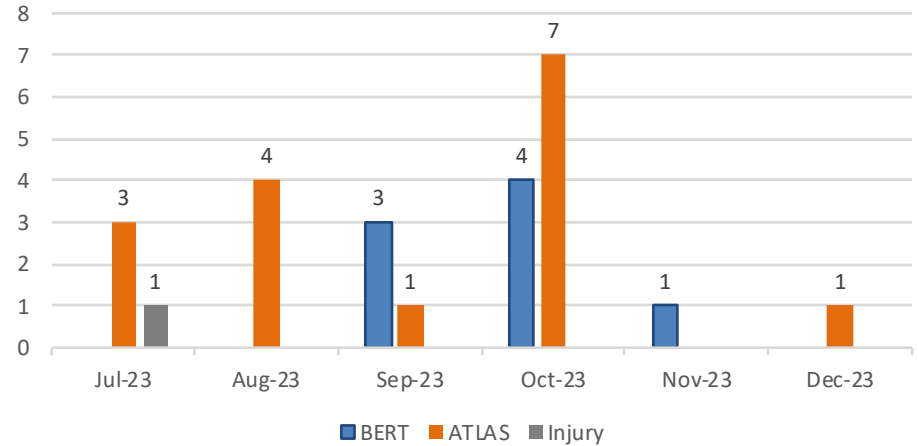


Step 3: Study

ATLAS Data July - December 2022



ATLAS & BERT Data July - December 2023



Step 3: Study

Clinician Confidence in Coping with Patient Aggression Results

- 15.8% increase in the number of nursing staff who reported feeling self assured in the presence of an aggressive patient.
- 24.5% increase in staff who reported they knew effective techniques to intervene & de-escalate a patient.
- 7.6 % increase in the present level of training for handling physical aggression.
- 15.8 % increase in staff who reported they could physically protect themselves from an aggressive patient.

Evaluation of Process & Outcomes

- De-escalation education & simulation training program was reported as impactful.
- Nursing staff requested consistent response from the BERT & ATLAS team to effectively de-escalate patients.

Step 4: Act

- The organization anticipates a sustainable procedure for orientation and training using the Ten Domains of De-escalation program.
- Nursing Director at practicum site is preparing to refresh her **new hire onboarding resource book** to include the de-escalation education program.

Ethical Considerations

- Ethical principles considered were autonomy, beneficence, non-maleficence and justice.
- Implementation included nursing staff members of diverse backgrounds, where the de-escalation program was provided to the available nursing staff working day and night shift.
- Nursing staff report they want to feel like they are in a safe environment and have tools to effectively de-escalate patients.

Financial Analysis

- Cost of training was \$3,344
- Annual cost of workplace violence for 2.1% of nurses who report injuries is \$94,156.
 - \$78,924 for treatment and \$15,232 for damages/losses (Speroni et al., 2014).
 - \$270,800 is the cost savings of RN turn over due to workplace violence according to the 2022 National Health Care Retention and Staffing report

Future Scholarship

- VCNP 2024 Conference
- Dissemination of information to practice site and team
- Libra-Scholarly Repository
- Journal of Continuing Education in Nursing

Special Acknowledgements

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Dan Wilson, Deputy Director & David Martin, Clinical Data Research Specialist

QUESTIONS?



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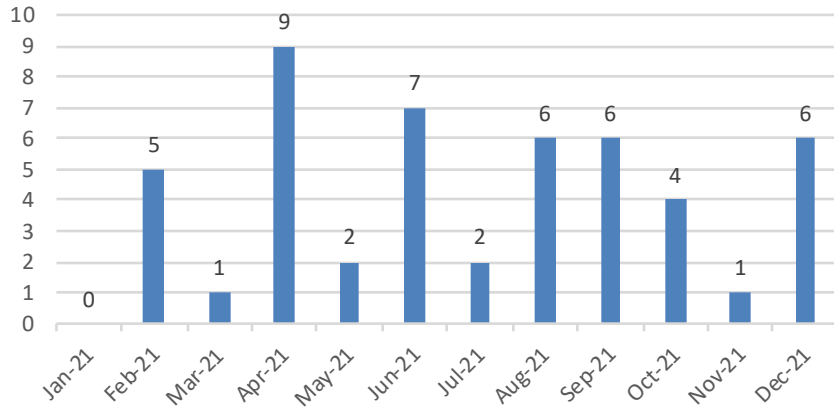
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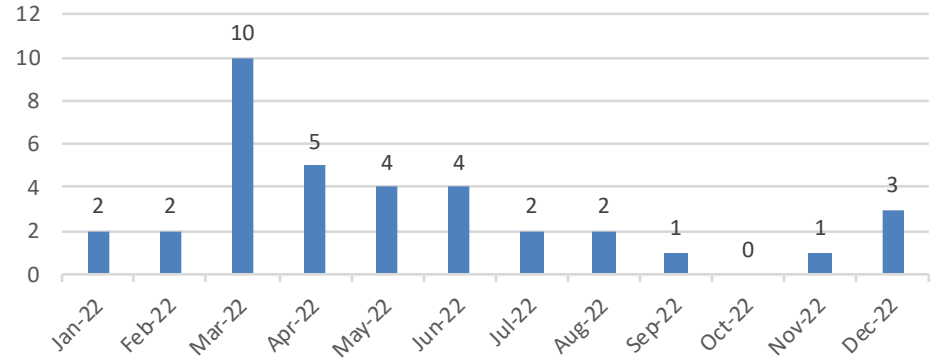
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Work Place Violence Events

Telemetry Unit WPV Events Jan 2021 - Dec 2021



Telemetry Unit WPV Events Jan 2022- Dec 2022



QI Framework: PDSA Cycle

- Step 1 Plan (who, what, where, when and why)
- Step 2 Do
 - * Conduct the test. Document the results, evaluation and challenges
- Step 3 Study
 - * Analyze data and the project results
- Step 4 Act
 - * Refine the change idea based on lessons from the test.