

Patient Safety Alert: Patient & Visitor De-escalation

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“Despite notable technological advances within health care, the greatest asset of our system remains the millions of clinicians and staff who provide and support patient care. Protecting this valuable resource should be considered a top priority, as a safe and sound labor force is essential in the provision of safe and sound patient care.”¹

Unfortunately, the health and welfare of health care personnel are increasingly being placed at risk as part of a growing trend in workplace violence. According to data from the Bureau of Labor Statistics, the most common source of nonfatal injuries and illnesses requiring days away from work in the health care and social assistance industry was assault on the health care worker.² The majority of physical violence against health care professionals is perpetrated by patients.³⁻⁹ Most studies have found that patients’ visitors are the second most common perpetrators of physical violence.^{3, 4, 8}

Even though cases of workplace violence rarely escalate to serious violence, a 2012 study of reports on hospital-related shootings by the Johns Hopkins Office of Critical Event Preparedness and Response identified 154 shootings from 2000 through 2011.³ Due to the unpredictable nature and potentially serious outcomes related to of this type of event, hospitals are now working to develop more comprehensive security protocols and training programs. These include strategies to reduce the likelihood of verbal and physical escalation resulting in violence, especially from patients and visitors. In response to these efforts, the AMC PSO convened a panel of safety leaders to review recent trends and discuss novel interventions to mitigate the risk for this type of adverse event.

Risks

The panel assessed the potential risks and contributing factors associated with patient and visitor escalation leading to violence.

This review was based on aggregated safety event data submitted to the AMC PSO from 2009-2014. Of the overall data submitted, approximately 20% represented safety and security-related risks to patients, clinicians, and/or staff. This proportion represented both potential and realized instances of physical assault by either patients or visitors.

Review and discussion of the aggregated data and non-identifiable case examples led the panel to validate a list of contributing factors most likely to be associated with patient and visitor escalation issues. Table 1 includes a list of the contributing factors often identified in these occurrences.

Further deliberation centered on current de-escalation policies and procedures, with opportunities to share current strategies and identify potential strategies health care facilities can utilize to reduce the likelihood of an escalation resulting in violence.

Table 1: Contributing Factors

• Policy/protocol not followed
• Failure to ensure a safe physical environment
• Lack of or inadequate patient assessment
• Failure to respond to patient’s repeated concerns or symptoms
• Selection and management of therapy
• Patient monitoring – behavioral status
• Communication among providers
• Workplace design

Risk Mitigation Strategies

In many instances, the patient or visitor’s behavior or conflict has already escalated significantly by the time clinicians or security personnel are able to respond. These situations require active de-escalation strategies by all involved. As part of their deliberations, the panel highlighted some key strategies to help prevent or mitigate risks associated with escalation, as detailed in Table 2.

TABLE 2: RISK MITIGATION STRATEGIES

- Mandatory training on verbal and physical de-escalation should be required of all employees, starting with those in high-risk areas (ED, Psychiatry, etc.)
- Security personnel and nursing staff should have an ongoing working relationship, structured by regular meetings to discuss hospital-wide security concerns
- Proper clinical assessment is critical to accurate identification and successful management of patients who have the potential to escalate

STRATEGY HIGHLIGHT | DE-ESCALATION TRAINING: PARTNERING WITH SECURITY TO IMPROVE STAFF AND PATIENT SAFETY AT BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

Brigham and Women's Faulkner Hospital (BWFH) presented a review of their updated internal workplace violence training modules.

Previously the BWFH training modules were largely based on the Management of Aggressive Behavior (MOAB) protocols. The MOAB method included education on verbal de-escalation techniques, physical de-escalation techniques, and self-defense tactics. However, there were challenges with nursing and security operating under conflicting strategies, inconsistent deployment of physical restraints, and changes in regulatory requirements. It became clear a change was necessary.

Under the guidance of a multidisciplinary team with representation from numerous disciplines including Psychiatric Nursing, Emergency Department Nursing, Patient Safety and Risk Management, and Security, BWFH revamped its de-escalation training program.

Core adjustments to the program included removal of self-defense tactics, improved restraint documentation, and a clear progression toward team management of escalating patients. In addition, the number of staff required to take the program was expanded. Security and Nursing personnel were critical to this new framework, who worked side-by-side to train staff.

As an adjunct to improved staff training, BWFH also employed the following workplace violence safety strategies as outlined in Table 3.

TABLE 3: WORKPLACE VIOLENCE SAFETY STRATEGIES

- Security monitoring devices, including alarms, cameras, card access systems
- Proper lighting in entrances, hallways, exam room, and patient rooms, for example
- 24-hour security escort services
- Appropriate waiting-area design
- Separate staff rest room
- Emergency exits in triage rooms
- Furniture arrangement to minimize use as weapons

Conclusion

While the aim of any health care facility is to provide a nurturing and healing environment, the experiences leading up to and during medical treatment may lead to an emotionally charged experience for some patients, families, friends, or other visitors. This sets the stage for verbal or physical escalation with a potential for violence and, possibly, catastrophic consequences.

Recognizing how these risks evolve and present, along with a multidisciplinary approach to proper deployment of risk prevention and mitigation strategies, can help to prevent or help mitigate the severity of outcomes of these types of events. The AMC PSO is hopeful the strategies offered in this alert will provide a first step toward revisiting and redrafting your institution's workplace violence prevention policies and procedures.

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