



Crisis Prevention and Management- Best Practices from Inpatient Psychiatric Units

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Objectives

- State an understanding that to create safety you have to create the appropriate culture to and sustain it

“ All organizations are perfectly designed to get the results they get!” Arthur Jones

- Identify 5 best practices
- State the rationale for communication tools

Culture - Merriam-Webster

“the set of shared attitudes, values, goals, and practices that characterizes an institution or organization a corporate culture focused on the bottom line”

<https://www.merriam-webster.com/dictionary/culture>

underlines are mine

Sentinel Alert Event Issue 57, March 1, 2017



- Culture is a product of what is done on a consistent daily basis
 - “Product of individual and group beliefs, values, attitudes, perceptions, competencies and patterns of behavior that determine the organizations commitment to quality and patient safety.” pg. 2
- Protecting the safety of patients, employees and visitors

Culture of Safety

Prevention of Violence and Aggression

- OSHA and JHCO tell us contributing factors to aggression
 - Long waits, bad news, gangs, understaffing...
- They suggest helpful actions for prevention
 - Define violence, gather data, follow up and support

“Health care workers must be alert and ready to act when they encounter verbal or physical violence- or the potential for violence- from patients or visitors who.....”

Sentinel Event alert Issue 59, April 17, 2018

Reactionary

Actions suggested by the Joint Commission

Sentinel Event Alert issue 59, April 17, 2018

- Define workplace violence and report
- Recognize that data comes from a number of sources
 - Include verbal abuse
- Provide appropriate follow-up and support
- Review each case of workplace violence to determine contributing factors
- Develop quality improvement initiatives to reduce incidents of workplace violence
 - Tailor interventions to the local level
 - Evidenced based initiatives and interventions
 - Physical environment
 - Changes to work practices or administrative procedures- calmer, sufficient staff to reducer wait time
- Train all staff in de-escalation, self-defense and response to emergency codes
 - Practice drills
- Evaluate workplace violence reduction initiatives

Best Practice

- Define on the culture you expect in your hospital and on your unit.
 - How will you know when you have it?
 - What does it look like?

Best Practice

Develop a Shared mental Model

Some key points for a culture of civility and safety

- Verbal Assault is a form of aggression
- Very one is responsible for the safety on the unit
- Value safety observations from all
- Communication keeps us safe
- Staff are the most motivated people for safety which means we are responsible for creating or maintaining safety
- Can a person do this at _____ (Macy' s, Kohl's, the movie theater?)

Best Practice

Develop a Shared mental Model

- Partner with the patient
- Work towards a win-win solution
- Proactive and Prevention
- Engagement- Enthusiasm
- Platinum Rule
- Seclusion and restraint are a treatment failure

Best Practice : Define your program

Reduction of aggression is
your end goal - not a
program or plan

Best Practice

Define and State the Objectives of your program

Definition: Crisis Prevention Management

1. Crisis prevention management is a comprehensive approach to preventing and addressing aggression.

2. The focus of crisis prevention management is assisting the individual to succeed in the management of potentially difficult situations.

Objectives

Crisis Prevention Management

JHH Health Systems



- Create a **culture of safety** awareness and responsiveness among all employees, **empowering** them to take personal action in their areas to **prevent and manage** escalating situations.
- Develop and maintain a **global process for staff safety** from aggression, with a transparent environment of support to the staff from all levels of the system administration.

Objectives

CPM

- Continually **develop and monitor effectiveness** of the safety culture system by a **centralized reporting structure** of data driven analytics with ability to **effect change** as necessary based on incidents and trends.

Best Practice

Don't leave out Verbal Assault

- Verbal abuse: Any verbal expression issued with the intent of creating fear or intimidation in another individual, or group of individuals, or verbal remarks or comments expressed in a loud, harsh or threatening tone of voice or in a joking manner within the **workplace** Workplace Violence (WPV) As defined by the National Institute of Occupational Safety and Health (NIOSH)
- What is it?
 - Outbursts of anger
 - **Sexual statements**
 - Inappropriate language- profane, insulting, intimidating, demeaning, humiliating, abusive
 - Threats

Best Practice

Don't leave out Verbal Assault

Intimidating and disrespectful behaviors

- Disrupt the culture of safety
- Prevent collaboration, communication and teamwork
- **Required for safe and highly reliable patient care

Comprehensive Accreditation Manual for Hospitals (CAMH) Update 2,

January 2016

Resonates with the staff

- You can't give safe and excellent care if you are uncomfortable
- Discuss how discomfort and fear prevent you from giving the care you want to

What gets in our way?

- We know it is a precursor to battery/ physical violence
- Tolerance of verbal abuse in our health care hierarchy
- Tolerance of verbal abuse through “bullying”
“I should be able to handle it”
“Easier to ignore”
“Didn’t realize sexual statements were verbal aggression”

Best Practice Importance of Leadership in a cultural change



Leadership engagement in pt safety

- 75-80% of all initiatives that require people to change their behaviors fail in the absence of leadership managing the change

Leape,L, et a. A culture of respect, part 2: Creating a culture of respect. Academic Medicine. 201 Jul;87(7):853-858

- Unit leadership and identified unit champions need to be part of the change and ongoing maintenance

Best Practice Have a simple conceptualization



The Public Health Model

- Prevent or reduce a illness or social problem
- Population approach to health promotion and disease prevention
- Health and social problems in a comprehensive manner
- Minimize the long-term effects of the problem

Public Health Prevention Model

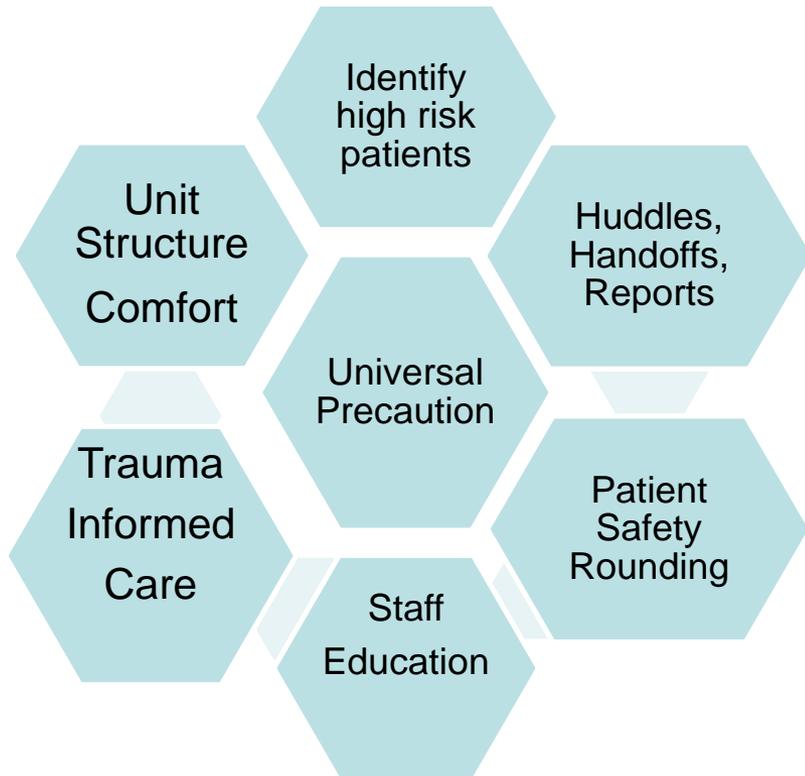


- Primary Prevention
 - ▶ Universal Precautions
 - ▶ Decrease the occurrence of conflict
 - ▶ Identification and planning for high-risk individuals
- Secondary Prevention
 - ▶ Early detection and intervention
- Tertiary Prevention
 - ▶ Methods to alleviate the harm done to patients and staff after the use of S/R

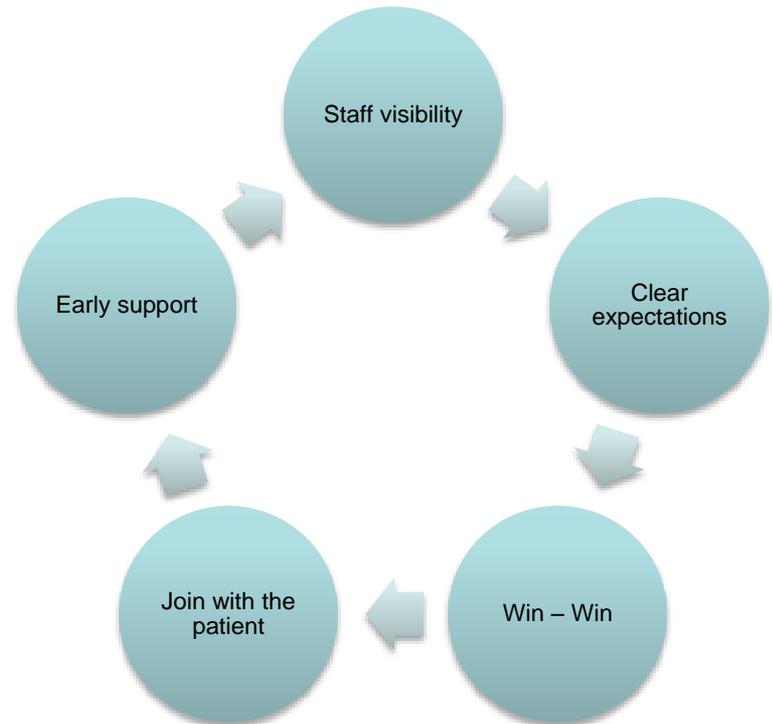
(Huckshorn, 2004, NETI, 2005)

Primary Interventions

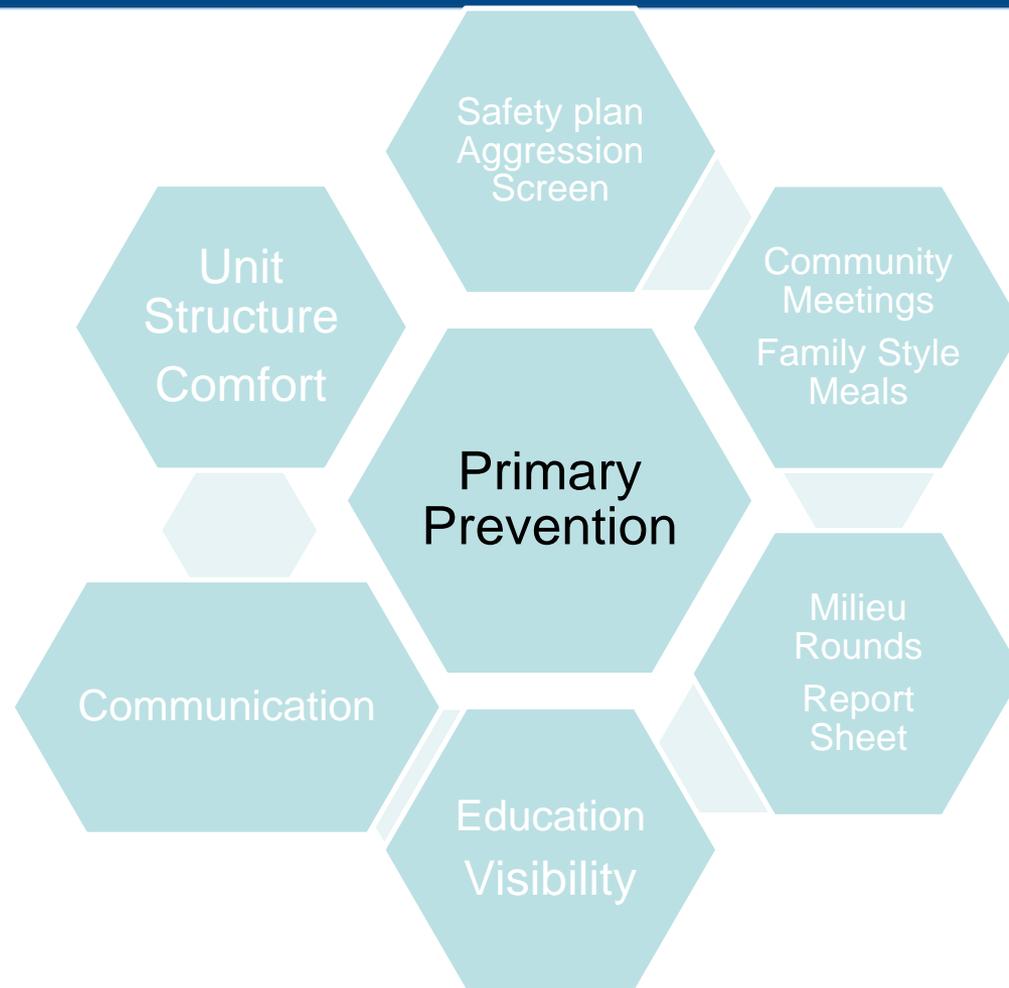
Programs targeted at the entire population to support and educate prior to a problem occurring



Needed Staff Actions

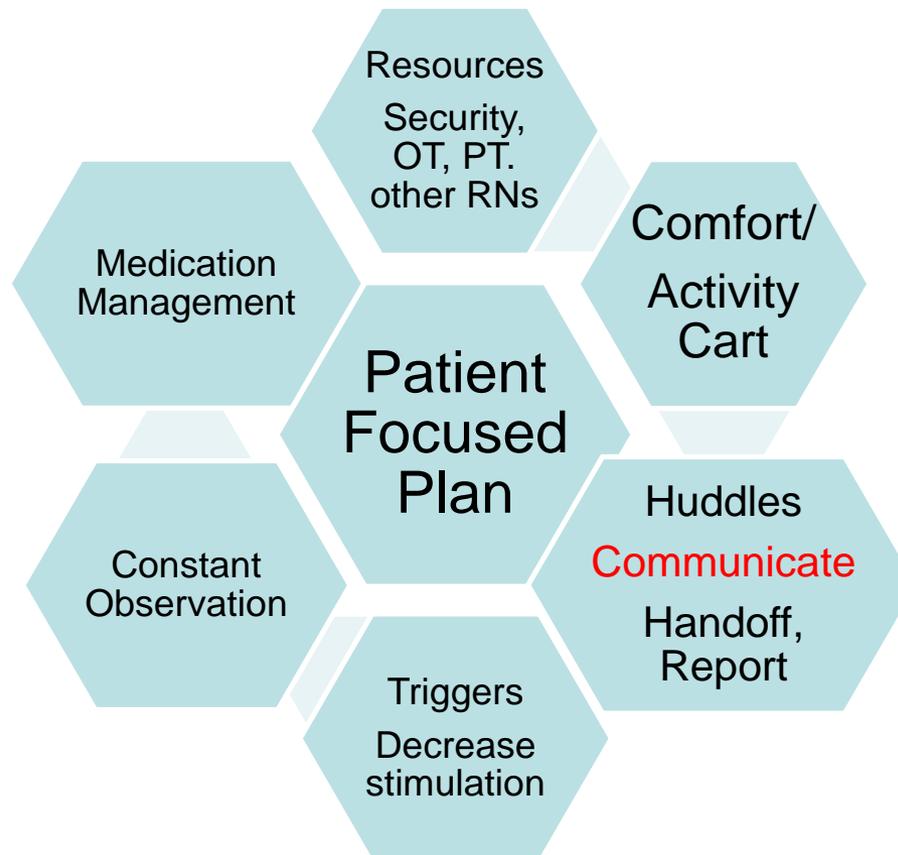


Primary Psychiatry specific

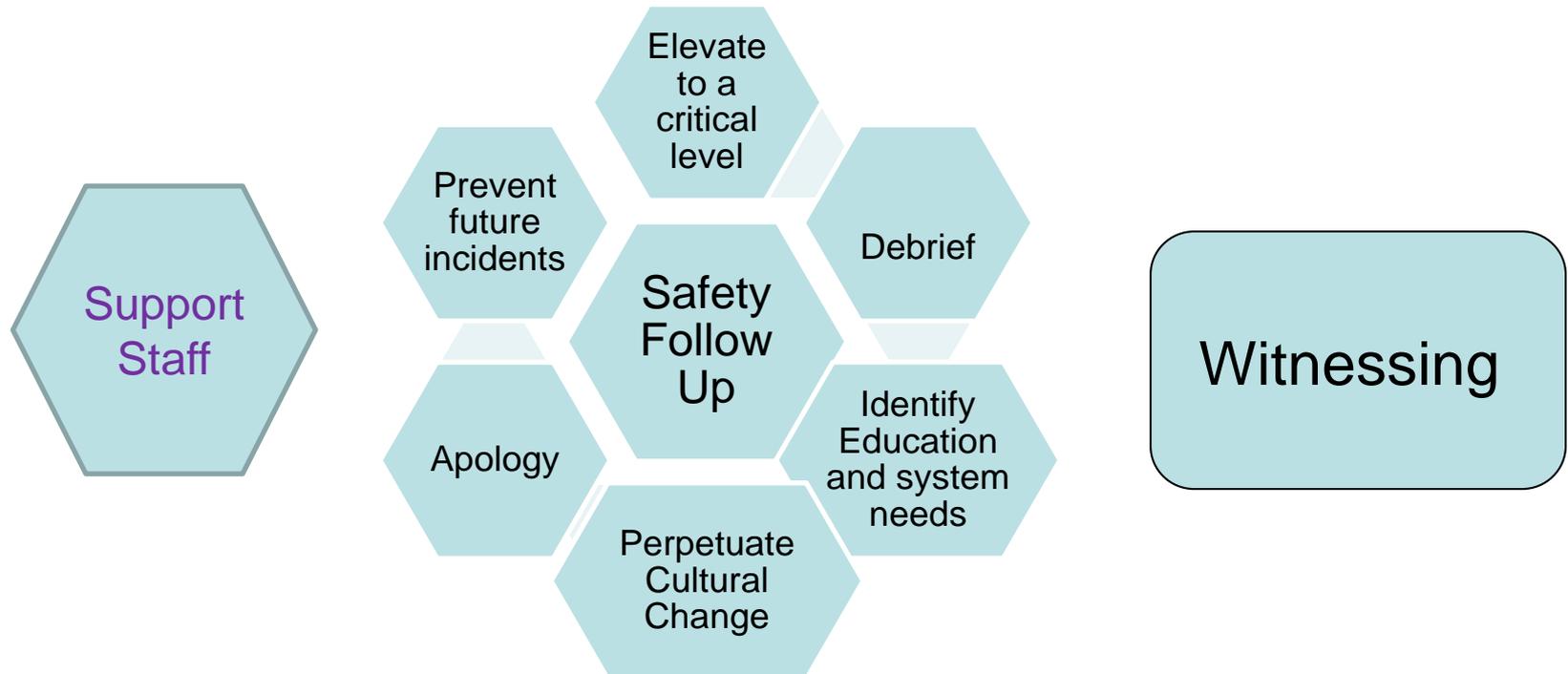


Secondary Interventions

Programs targeted at specific individuals, to assist with identified problems and prevent escalation



Tertiary Interventions provide for those affected



Best Practice

Educational Premises

- Education alone will not create a change
- Teams should receive education together
 - Specific to their population needs
- You must include identified cultural change with discussion
- Provide tools
- An eLearning module alone will not create change

Best Practice

Educational Content

- An understanding of your program and cultural changes
- Trauma Informed Care (TIC)
- Situational Safety
- Crisis Model and Interventions
- Safety utilizing your system
- Special populations

Importance of TIC Education

- Decreases Staff reactivity
 - Empathy
- Understanding of the physiologic changes
- Flight or Fight response
 - Static factors involved in aggression
- Understanding of the importance of triggers
- Part of primary prevention and universal precautions

Objectives of TIC Education

- Define a psychological trauma
- Why we need to care
 - Effects of trauma physical and emotional
 - ACE study
- What is TIC
- Possible triggers in your setting
- Ways to apply it in your setting
- How to use as a prevention strategy

Situational Safety

- Point of contact risk assessment
- Importance of personal space and presentation
- Triggers
- Self monitoring

Crisis Model and Interventions

- Emotional Crisis vs. Behavioral Emergency vs. Eminent Danger
- Cycle of aggression w interventions and communication at each stage
 - Communication techniques
- Team roles, briefing and debriefing

Safety utilizing your system

- Identification : static and situational assessments
- Communication- Staff
 - Tools
 - Unit barriers and ideas for change
- Plan
 - Primary, Secondary interventions to prevent harm
 - Tertiary for mitigation
 - Behavioral agreements
- Teamwork
- Self Knowledge
 - Fears and resiliency

Special Populations

This population can cause a large percentage of aggressive events

- Delirium- identification and management
- Management of Neurodevelopmental disorders and Dementia
- Use of communication tools and interventions

Best Practice Communication tools



- Pass on past aggression!
- How will everyone know this person was aggressive or has a high propensity?
- Who makes the plan? How do you pass it on?

Patient Support Sheet – For observer and staff

What symptoms does the person have?

Periods of anger, tried to hit staff when assisting w ADLs

What do you need to do to help them?

- ❖ Responds well to reassurance but don't touch
- ❖ Is a fall risk, ask if you can take his arm
- ❖ "Stan take a deep breath and let it out"
- ❖ Does well w family
- ❖ Keep a soft light on at night – R/O delirium
- ❖ If he starts to stare or becomes angry let him know you are feeling unsafe

When do you contact the staff

If he threatens you or becomes combative

Utilize knowledge of care givers

Caring for a patient with Cognitive Deficits



Daily routine

- ❑ Meal time, wake up, sleep
- ❑ Daily schedule?
- ❑ How do they eat?
- ❑ Favorite food? Disliked foods?
- ❑ How do they use the BR
- ❑ Last BM
- ❑ How do they take their medication?

Prevention and Comfort

- ❑ Warning behaviors
- ❑ What do they like to do
- ❑ Comfort items/ activities
- ❑ TV shows/ movies
- ❑ Games
- ❑ Liked to be touched?

Personal Safety Plan

Anger is a natural emotion that everybody experiences from time to time. However, there are always better ways to handle anger, and you can make a choice of **how you act**.

1. What are some signs and symptoms that you are having a difficult time? Please let us know by circling the ones that apply to you.



Pacing



Talking Loud



Clenching Fists



Isolating, Not Talking



Flushing, Sweating



Pounding Heart



Stomach Upset



Headache

Any other ones? _____

Personal Safety Plan

Better Ways

1. Come to Staff for Help.
2. Walk Away to Give Yourself

Needed Space and Time.

3. Self Care to Calm Down the Feelings of Anger.

2. What Helps You to Stay Safe?



Talking to Staff



Listening to



Journaling



Bathing, Showering



Drawing



Exercising



Breathing Exercise



Lying Down



Talking on the Phone



Taking a Walk

Any other ones?

Behavioral Agreement

- How well do behavioral plans work?
- Currently piloting
- Multi-disciplinary
- Clear steps if there is team disagreement

Best Practice Monitoring of events prior to aggression

- To decrease physical aggression need to work on precursors
 - Number of different tools
 - DASA Dynamic Assessment of Situational Aggression
- Preventative plan
- Monitor aggressive events that do not result in physical contact/restraint/seclusion

Completed DASA

Accordion Expanded **View All**

🔊 1m 5m 10m 15m 30m 1h 2h 4h 8h 24h

Based On: 0700 | [Reset](#) | [Now](#)

	3/26/18	
	0700	
Current Plans to Harm Another		
Elopement Risk		
Passive Death Wish		
Ongoing Suicide Risk Assessment		
☰ Are you currently suicidal?		
DASA - Dynamic Appraisal of Situational Aggression		
Irritability		1
Impulsivity		1
Unwillingness to follow directions		0
Sensitivity to perceived provocation		0
Easily angered when requests are denied		1
Negative attitudes		1
Verbal threats		0
DASA Score	4	

03/26/18 0700

DASA Score

4

Value Information ⤴

(P) 4
Taken by:
Lynn E Mattis, RN at 03/26/18 0700 (today)
at 03/26/18 0739

Group Information ⤴

DASA - The Dynamic Appraisal of Situational Aggression
J. Agloff & M. Daffern 2006

Score = Level of Risk
0 = Low
1-3 = Moderate
4+ = High

This patient scores a 4 which indicates a high risk for aggression.

Interventions to Prevent Aggression -- Moderate 1-3

A patient scoring 1-3 on the DASA Risk Assessment requires the nurse to select appropriate interventions to reduce the risk for an aggressive event. Items are selected based on the unique patient and situation.

Many of the moderate Interventions are ways to join with the patient

03/26/18 0700

Moderate Risk Interventions

Comfort items;Identify triggers;Patient support sheet

Select Multiple Options: (F5)

Visitor limitation/restriction

Patient/room search

Safety restriction of belongings and equipment

Decrease stimulation

Identify triggers

Coping strategies identified

Comfort items

Verbal redirection/limit setting

Communicate behavioral expectations

Notify provider and treatment team

PRN medication available

Patient support sheet

Re-orient

Utilize safety plan

Other (comment)

Comment (F6)

Row Information

As indicated for DASA score of 1-3

Interventions to Prevent Aggression – High ≥ 4

- A patient scoring 4 or higher on the DASA Risk Assessment, requires the nurse to select appropriate interventions to reduce the risk for an aggressive event.
- **Don't forget to utilize the moderate interventions as well**
- High interventions are more focused on safety for the staff and the patient

High Risk Interventions

Offer quiet time in room or comfort room; Individualized behavioral plan

Select Multiple Options: (F5)

Offer PRN medication

Identify safety interventions for staff and the person

Notify treatment team/provider

Behavioral expectations reinforced by treatment team

Individualized behavioral plan

Increased security walk-through on the unit

Security detail with the patient

Utilize 2 staff members when in the room

Offer quiet time in room or comfort room

Behavioral Resource Nurse (BMC)

Other (comment)

Best Practice Monitor all aggression

- Only 30% of nurses report incidents of workplace violence Speroni, DG, et al. Incidence and cost of nurse workplace violence perpetrated by hospital patients or patient visitors. Journal of Emergency Nursing, 2014; 40(3): 218-28
- Consider it to be part of the job
- Uncertain if violence counts if actions are due to conditions that affect the pt' s mental status
 - Delirious
 - Psychotic
- Find a system that works in your organization
- Problem of various data bases to report injury

Documenting Aggressive Events that did not require seclusion or restraint

If an aggressive event occurs, document the key elements: type; precipitant; event description; and interventions/response.

Drop down and free text

Aggression Event		
Aggression Event Type	<input type="text"/>	<input type="text"/>
Aggression Event Precipitant	<input type="text"/>	<input type="text"/>
Aggression Event Description	<input type="text"/>	<input type="text"/>
Aggression Event Interventions-Response	<input type="text"/>	<input type="text"/>

Best Practice Continuous Maintenance

Witnessing- perpetuates cultural change

- Elevating S/R to a critical Incident
- Enlarge scope of the review
- Prevent future incidents
- Identify educational and system needs
- Apology to the patient
- Preventative expectations
- Case conferences
- Enculturation of new staff through education
- Monitoring and sharing of statistics
- Identification of learning needs

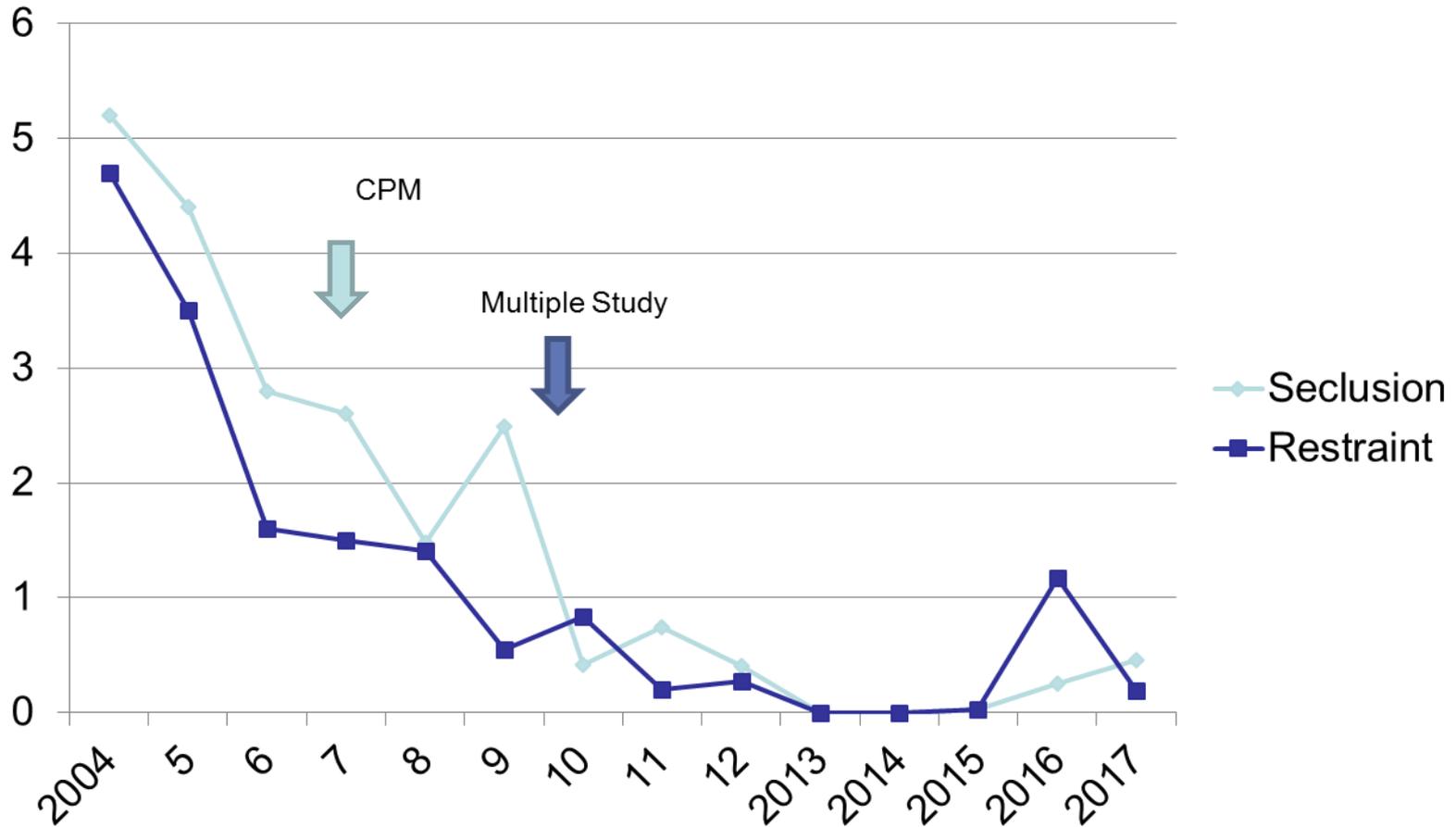
Best Practice Continuous Maintenance

- Tailored ongoing education
 - Reinforcement of principles
 - Discussion of cases
 - Other resources
 - TeamSTEPPS for communication
 - Haddon Matrix identification of causal factors

Data Use and Reporting Systems

- Effective culture of safety has a robust reporting system
- Use of measurement to improve
- Adverse events, close calls and hazardous conditions

Hours of seclusion and restraint per 1,000 patient days



Best Practice Imbedded in your system



Johns Hopkins Bayview Medical Center-- Workplace Violence Prevention committee

- Multi-functional hospital committee which reports directly to hospital Safety committee
- Chaired by Rachel DeMunda, Director of Environmental Health & Safety
- Reports semi-annually to Hospital Executive Council
- Membership includes: Nursing, Occupational Health, Human Resources, Safety, Risk Management, Security, Emergency Management- including both leadership and frontline clinical staff

Activities of the WPVP committee

- ID WPV risks & opportunities for improvement & recommend mitigation strategies
- ID internal resources, make recommendations for external resources to support the WPVP program
- Develop & track performance metrics
- Review selected WPV incidents
- Review WPVP program, training and related policies annually

Johns Hopkins Bayview Medical Center WPV Program Metrics



Security

- Aggravated Assault
- Assault 2nd degree
- Aggressive Behavior

Safety

- Employee incidents (iVOS)
- Assessments for OSHA Recordable WPV Incidents
- Active Shooter Training Sessions
- RAVE % Enrollment

Nursing

- Crisis Prevention - 4 hr Initial Training
- Crisis Prevention - 2 hr Refresher Training
- HERO Staff Assault
- HERO Workplace Violence Other

Human Resources

- RAT (Risk Assessment Team) Meetings

Risk Management

- BAG (Behavioral Alert Group) Alerts

JHBMC Crisis Prevention Education



- 1 FTE Crisis Prevention Education Coordinator, reporting to Nursing division of Inter-professional Practice & Safety
- Provide Crisis Prevention Education programs to the following:
 - nursing clinical staff on all units including ED, Med-Surg, ICU
 - new hires for nursing areas
 - non nursing staff eg- Patient Representatives of Patient Experience, Registrars, Outpt clinics, Outpt Psychiatry & Addictions programs, Psychiatric Residents
- Future groups: Medical Staff, SW, PT, OT, Respiratory Therapists

For additional information

JHBMC WPV Prevention committee or our
Crisis Prevention Education Programs

- Rachel DeMunda, Director of
Environmental Health and Safety

rdemund1@jhmi.edu

- Anne Kelly, Crisis Prevention Education
Coordinator

ankelly@jhmi.edu

- Leaders of all departments meet q morning at 0900 to discuss safety concerns throughout the hospital
 - Includes but not limited to violent patients
- Plan to educate none behavioral health staff
 - All psych staff and most security officers attended 6 hour training sessions

- A psychiatric RN and psychiatric counselor respond to all Code Greens taking a leadership role
- Educating none Behavioral Health Staff nursing staff
 - 2 hours in the Management of Aggressive Patients and Families



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