Staying Safe: Reducing Assaults & Staff Injuries

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Objectives

Describe strategies used to engage staff in discussions about assaults

Recognize how staff culture can impact the response to patient behaviors

Identify three strategies that have helped staff avoid the use of physical interventions and reduce staff injuries

Presenters Have No Conflicts of Interest to Disclose
Make it Safe to Talk

Who Was Assaulted?

- Nurse: 24%
- Mental Health Worker: 70%
- MD: 1%
- OT: 4%
Does Gender Matter?

FEMALE 47%  MALE 53%

Assaults by Day of Week

Which Shift Do You Think Experienced More Assaults?

Days?  Evenings?  Nights?
Assaults by Shift

- Night Shift: 9%
- Evening Shift: 34%
- Day Shift: 57%

Differences Between Shifts

- Structure
- Expectations
- Rules Enforcement
- Tolerance
- Presence of Supervisors, MD’s, Clinicians
- Audience factors
- Laid Back Attitude

Assaults to Staff

- Without Provocation/Warning: 22%
- During ADL Care: 6%
- While on Observation Level: 7%
- In or Enroute to Time Out: 12%
- Response to Direction or Redirect: 14%
- During Restrictive Physical Interventions: 39%
True or False?

Staff will get hurt if we don't use Seclusion or Restraint

False

Injuries to staff actually decrease when Seclusion/Restraint use decreases

(Altemari et al., 1998)

Scope of Authority and Accountability of Mental Health Workers

Which of the following are included in your job description?

A. Bodyguard
B. Amateur Wrestler
C. Superhero
Evaluate Rules

Things We Do at New Hampshire Hospital to Stay Safe
- Patient Affirming Culture
- Respectful Interactions
- Clinical Handoff Communications
- Emergency Medication

Things We Could Do Better to Stay Safe
- Avoid Power Struggles
- Plan for Bad News
- Share Critical Information
- Never Intervene Alone
- Get Help & Have a Plan
Avoid Power Struggles

Plan for Bad News

Share Critical Information
When to Physically Intervene?

GET HELP

What Happens When We Physically Intervene?
What's the Worst Thing That Can Happen?

Staying Safe

Charge Nurse Responsibility

- Engage all clinical resources
- Recognize ineffectiveness of efforts
- Request assistance and transfer responsibility to Campus Police
- Provide support to Campus Police
Transition from Clinical to Police Intervention

ANY
Weapon
Serious Life Safety Concern
Too Big, Too Strong
Too Violent

Staying Safe Message

Avoid physical intervention until a minimum of five staff is available
Staying Safe Program Outcomes

<table>
<thead>
<tr>
<th>Program Message</th>
<th>Measured Outcomes</th>
<th>Supporting Data</th>
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</thead>
<tbody>
<tr>
<td>Be respectful</td>
<td>Number of Assaults to staff decreased 64%</td>
<td>Reported Number of Assaults</td>
</tr>
<tr>
<td>Avoid power struggles</td>
<td></td>
<td>FY 2007: 357</td>
</tr>
<tr>
<td>Plan for bad news</td>
<td></td>
<td>FY 2012: 122</td>
</tr>
<tr>
<td>Evaluate unit rules</td>
<td></td>
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</tr>
<tr>
<td>Getting hurt is not an expected is part of the Job</td>
<td>Staff injuries related to assaults decreased 63%</td>
<td>Reported number of staff injuries</td>
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<td></td>
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<td>FY 2007: 56</td>
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<td>FY 2012: 21</td>
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<tr>
<td>Get help from at least five people before physically intervening with a patient</td>
<td>Calls for help (Code Gray) increased 21%</td>
<td>Number of “Code Grays”</td>
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<td>FY 2007: 344</td>
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<tr>
<td></td>
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<td>FY 2012: 415</td>
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Key Points
- Organize focus groups
- Make it safe to talk
- Present the facts
- Ask staff what they think
- Listen and take notes
- Make recommended changes
- Reinforce the message
- Do it again

Questions
References