

Safety Precautions: Violence is Not “Part of the Job”

TAP TO GO
BACK TO
KIOSK MENU

Ann Marie Darcy, MSN, RN, ACNS-BC, Lindsay Duphiney, BSN, RN



Introduction/Problem

Employees in all care areas have been experiencing an increasing number of physical and verbal aggression by patients. On two inpatient medical units, there has been an increase in violent events. As many of these events are related to medical reasons (delirium, dementia), nurses and Patient Care Technicians (PCTs) have accepted violence as part of the job.

Caring for patients with behavioral management issues requires a thoughtful plan and dedicated time. Nurses and PCTs have expressed concerns about decreased resources on the night shifts and weekends for assistance with behavioral management. Additionally, nurses and PCTs have expressed concerns in keeping themselves and their patients safe while providing quality care.

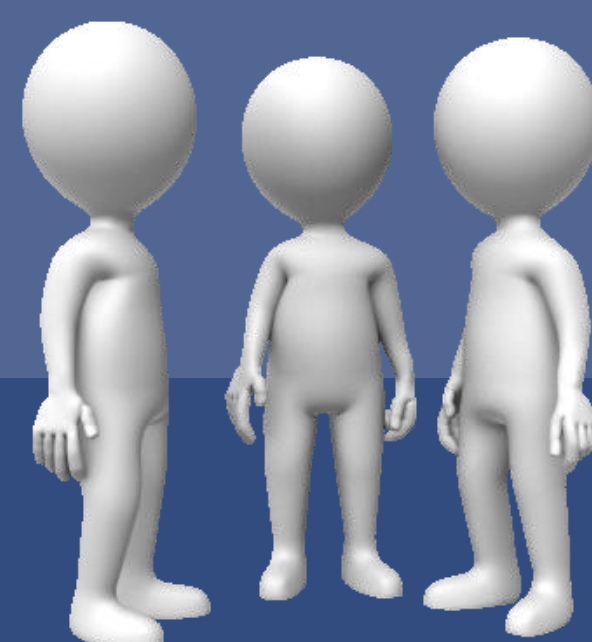
Currently safety alerts are entered into a patient's profile as needed. These hold minimal information and can be missed. The teams on both units realized a need to establish a way of recognizing a patient's risk for aggression and developing a plan that is visible to all providers.

Aim/Goal

- With the use of safety precautions over a six-month pilot period, there will be a decreased number of employee injuries and violent events by patients.
- Staff will verbalize feeling more safe and supported when caring for patients who demonstrate or are at risk to demonstrate physical aggression.

The Team

- Claire Cruz, MSN, RN, Nursing Director, 8 Stoneman
- Ann Marie Darcy, MSN, RN, ACNS-BC, Clinical Nurse Specialist, 8 Stoneman & 12 Reisman
- Joanne Devine, PMHCNS-BC CARN, Psychiatric Clinical Nurse Specialist
- Lindsay Duphiney, BSN, RN, Unit-based Educator, 8 Stoneman
- Gina Murphy, MSN, RN, Nursing Director, 12 Reisman
- Caroline Torney, BSN, RN, Unit-based Educator, 12 Reisman



The Interventions

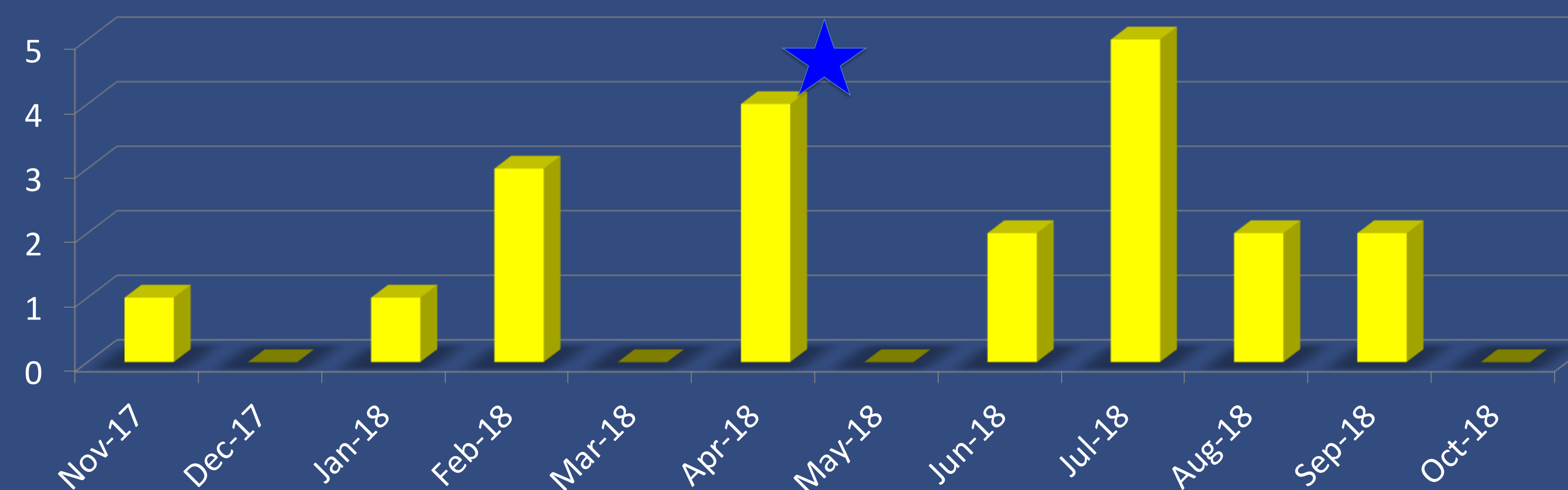
- Evaluated Safety Reporting Data relating to staff injuries, code purple events, safety/security events
- Discussed safety concerns with staff and patient information they believed to be helpful
- Safety precautions implemented on 12 Reisman and 8 Stoneman
 - Identify patients with actual or potential physical violence
 - Team huddle upon initiation and weekly. Team includes the nurse, PCT, resource nurse, MD or LIP, Nursing Director, UBE, Nurse Specialist, off-shift supervisor, and/or social work
 - Enter [note](#) with plan in OMR; includes interventions for both patient and staff safety
 - Place sign outside patient room
 - Enter safety alert in patient's profile
 - Discuss at unit huddle for staff situational awareness
- Re-education done during annual staff education days
- Discussed at various hospital-wide councils for further input and awareness



**SAFETY PRECAUTIONS
IN PLACE- ALL STAFF &
VISITORS MUST SEE
NURSE BEFORE
ENTERING ROOM**

Results/Progress to Date

Reported Incidents of Actual/Threatened Patient
Physical Violence Towards Staff



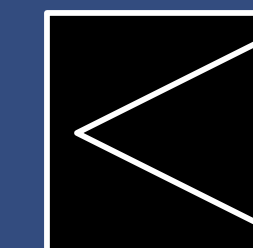
★ = Safety Precautions implemented 4/20/18

For more information, contact:

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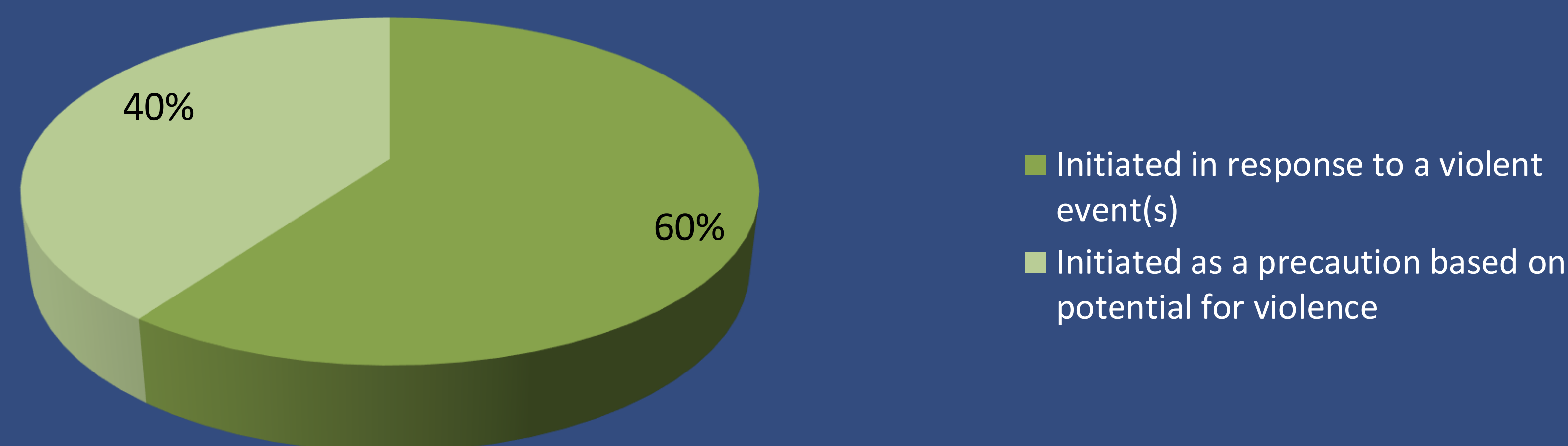
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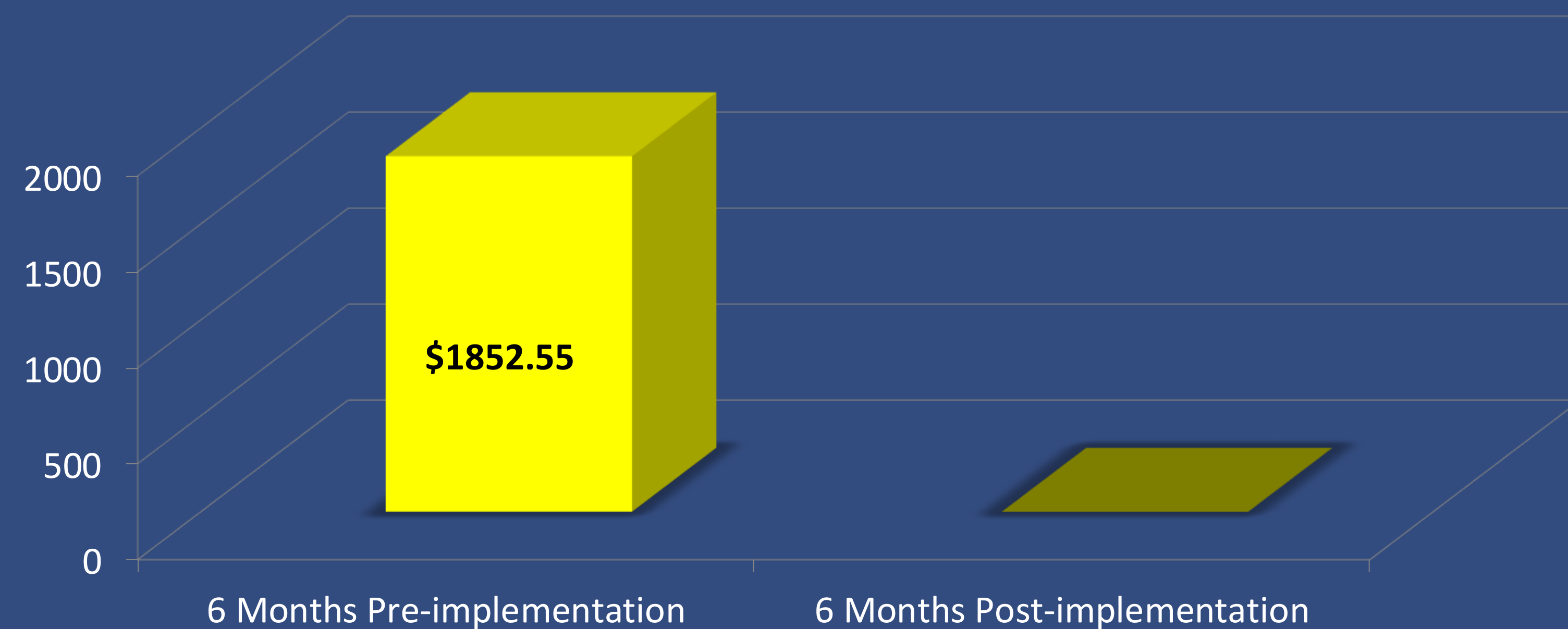
More Results/Progress to Date

6 Month Pilot: Patient Data

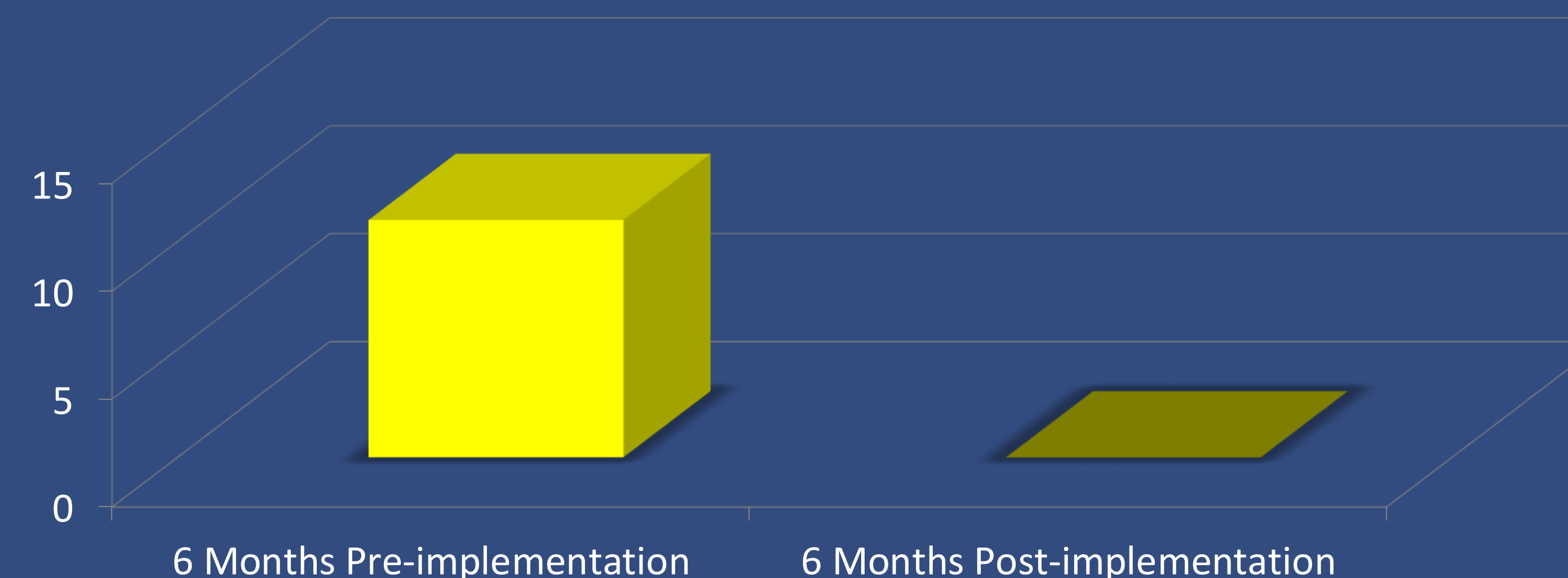


Safety Precautions Utilized 20 Times (15 Patients Total)

Total Cost of Work-Related Employee Injuries



of Employee Lost Work Days Due to Injury



of Employee Injuries with Evaluation by EOHS = 3

Injuries included: Patient punched employee in abdomen, Patient grabbed/twisted employee's wrist, Patient slapped employee in the face

Lessons Learned

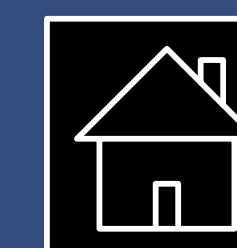
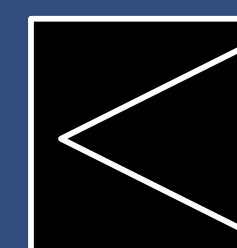
- Staff verbalized appreciation for having a consistent, identified plan for patients with behavioral issues
- Signage was not always used when there were concerns of causing further escalation of patient behaviors
- Number of reported events increased post-implementation. This could be explained by an increased awareness causing more self-reporting of events.

Next Steps

- Continue utilization of safety precautions on 12 Reisman and 8 Stoneman.
- Implement house-wide on inpatient units.
- Continue to evaluate data on the local level and through the Prevention of Workplace Violence Committee.
- Explore options for ambulatory care areas.

For more information, contact:

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Safety Precautions (Template, individualize per patient)

Reason for Safety Precautions:

Helpful ways to approach, redirect, and/or provide care:

Safe Room

1. Remove all unnecessary furniture/equipment from room (tables, trash can, extra chairs, carts, IV poles, wiring, tubing, sharps of any kind, scissors, clamps, kerlix, extra supplies, overhead lift bars, etc.)
2. Remove all potentially ingestible materials such as mouthwash, solutions, cal stat, etc.
3. Remove rubber gloves
4. Needle box can be removed if determined detrimental to safety if left in room
5. Store all possible equipment outside of patient's room
6. Random room checks including bathroom
7. Hygiene items removed after use (remove toothbrush, combs, etc.)
8. Supervision and Safety tray, everything that is brought in for a meal is removed after meal
9. Evaluate need for phone or call light if patient using these as weapon, making threatening calls, or using to self-harm/swallow

Safe Patient

1. Secure and lock up clothing, shoes, and belongings
2. Patient in hospital gown
3. Safety Tray/Supervision. Two types of safety trays; with plastic utensils and without any utensils. Finger foods (no utensils) means that nothing on the tray would cause harm if swallowed, i.e. no soda cans, twisties on cookies, using hard plastic hot cups for beverages, etc. Supervision status ensures that tray will be checked for safety prior to entering room.
4. No medications left in room- patient closely observed taking all medications. May require liquid/crushed medications
5. Minimize interruptions overnight, when able

Safe Staff

1. Leave the room with everything you entered with, make note of this entering and leaving room
2. Be aware of your position in the room, have access to door-exit from room
3. Use computer on wheels to sign out meds, to help be aware of your position in the room
4. Have another staff member/public safety with you when providing physical care
5. Communicate need to remove all items brought into the room to ALL staff including phlebotomy, etc. Place Safety Precautions signage outside room to notify all staff to see nursing first before entering the room. If not using signage outside room, Nursing Director will notify the leadership teams for EVS, Food Services, Phlebotomy, and Transport.
6. Be aware of location of leather restraints
7. Notify Public Safety for any assistance
8. Place safety alert in OMR
9. Multidisciplinary team meeting- goal within 24 hours of admission and weekly

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