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## Introduction

- Within the hospital setting, healthcare workers in the Emergency Department (ED) are vulnerable to workplace violence (WPV).
- In the ED, patients may present with different levels of agitation, which may escalate into aggressive behaviors.
- A Crisis Response Team (CRT) is trained to respond to escalating situations that may pose a threat of harm to staff or patient.
- Activation of the CRT is reserved for situations that are unable to be mitigated by the department staff.
- This DNP project is part of a multi-year legacy project aimed to help build a culture of safety where healthcare workers are able to recognize, manage, and reduce WPV.
  - Managing patient agitation can help build confidence in a safer work environment.
  - One of the primary objectives of this project was to help identify the organization's current patient population and provide evidence-based recommendations for managing these situations.

## Background and Significance

WPV continues to be a serious threat to nurses.

- Reports from the Occupational Safety and Health Administration (OSHA) indicate there were more than 9,200 WPV incidents among healthcare workers, which is 67% higher than other industries (2017).
- Most incidents of WPV may be considered non-violent. WPV begins with verbal abuse and sometimes escalates to physical abuse against nurses.

## Project Goal

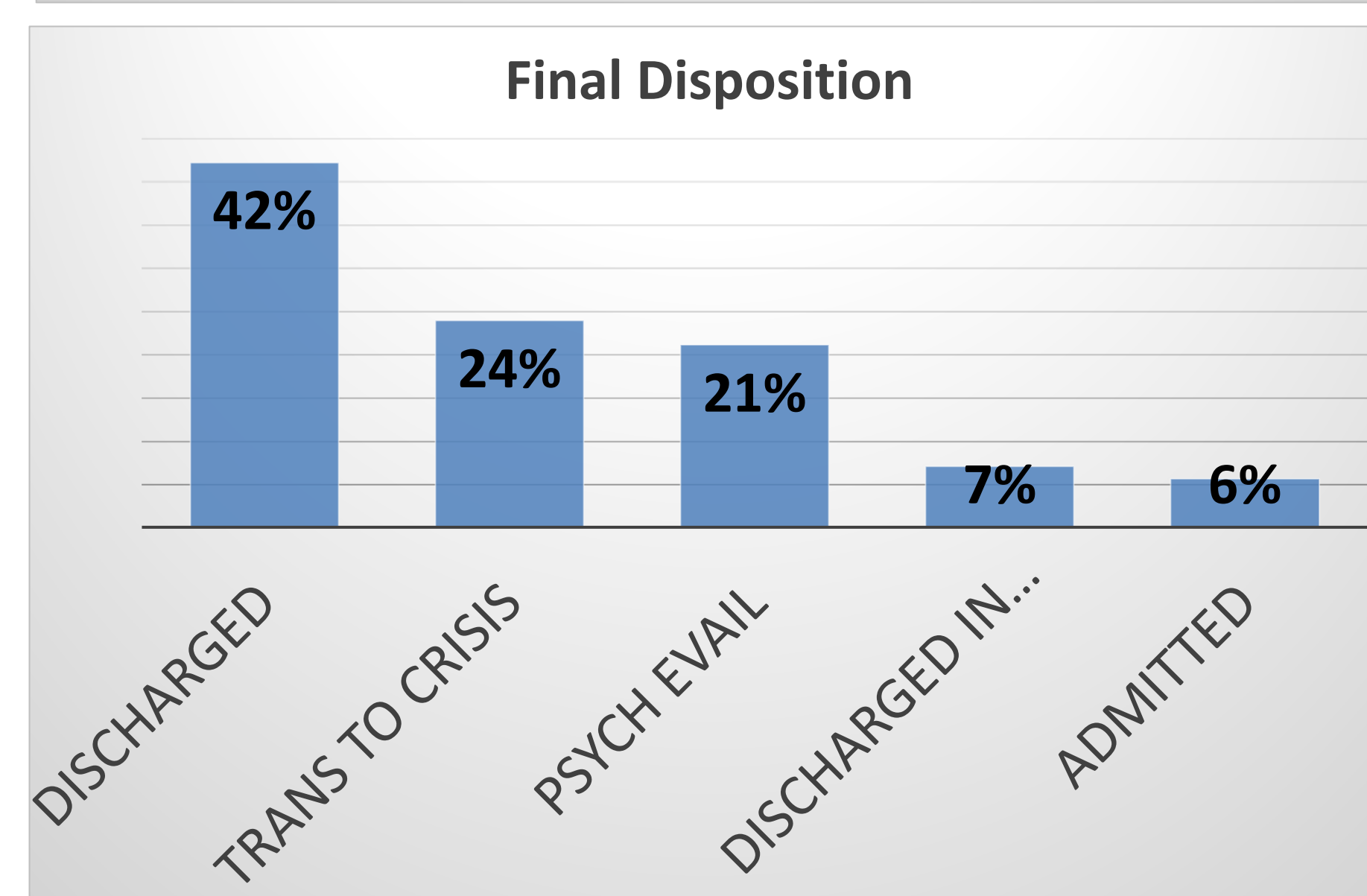
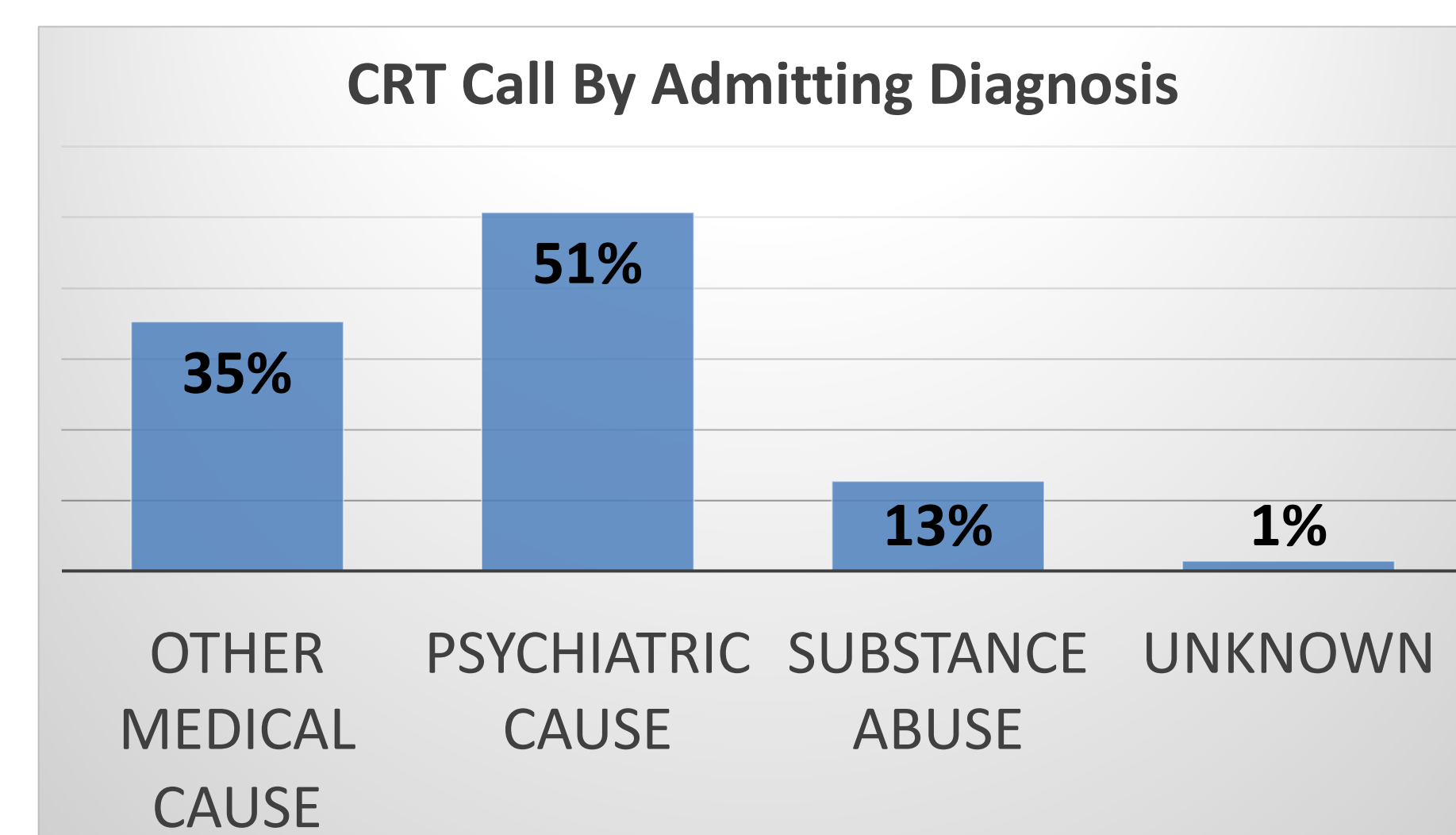
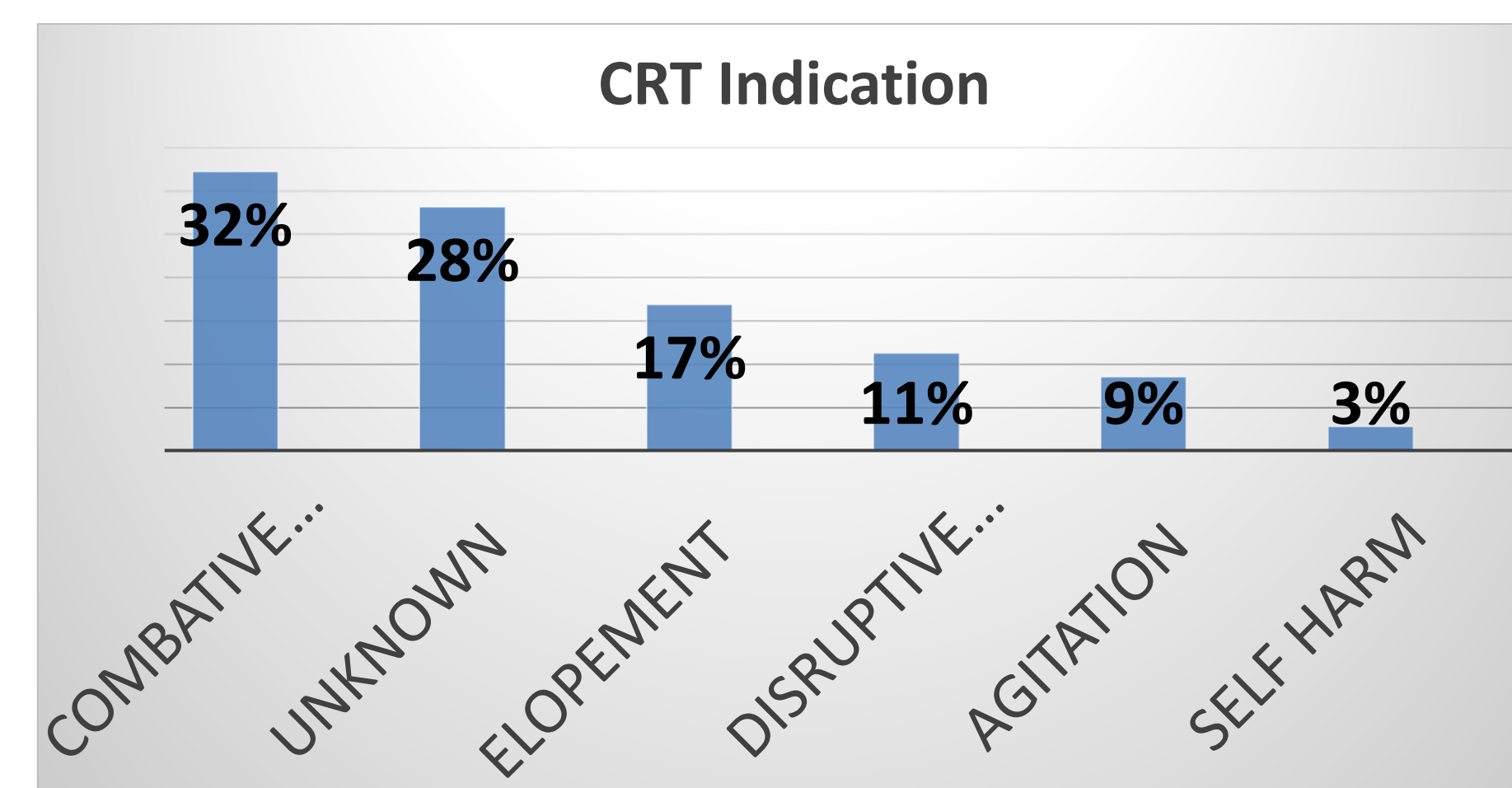
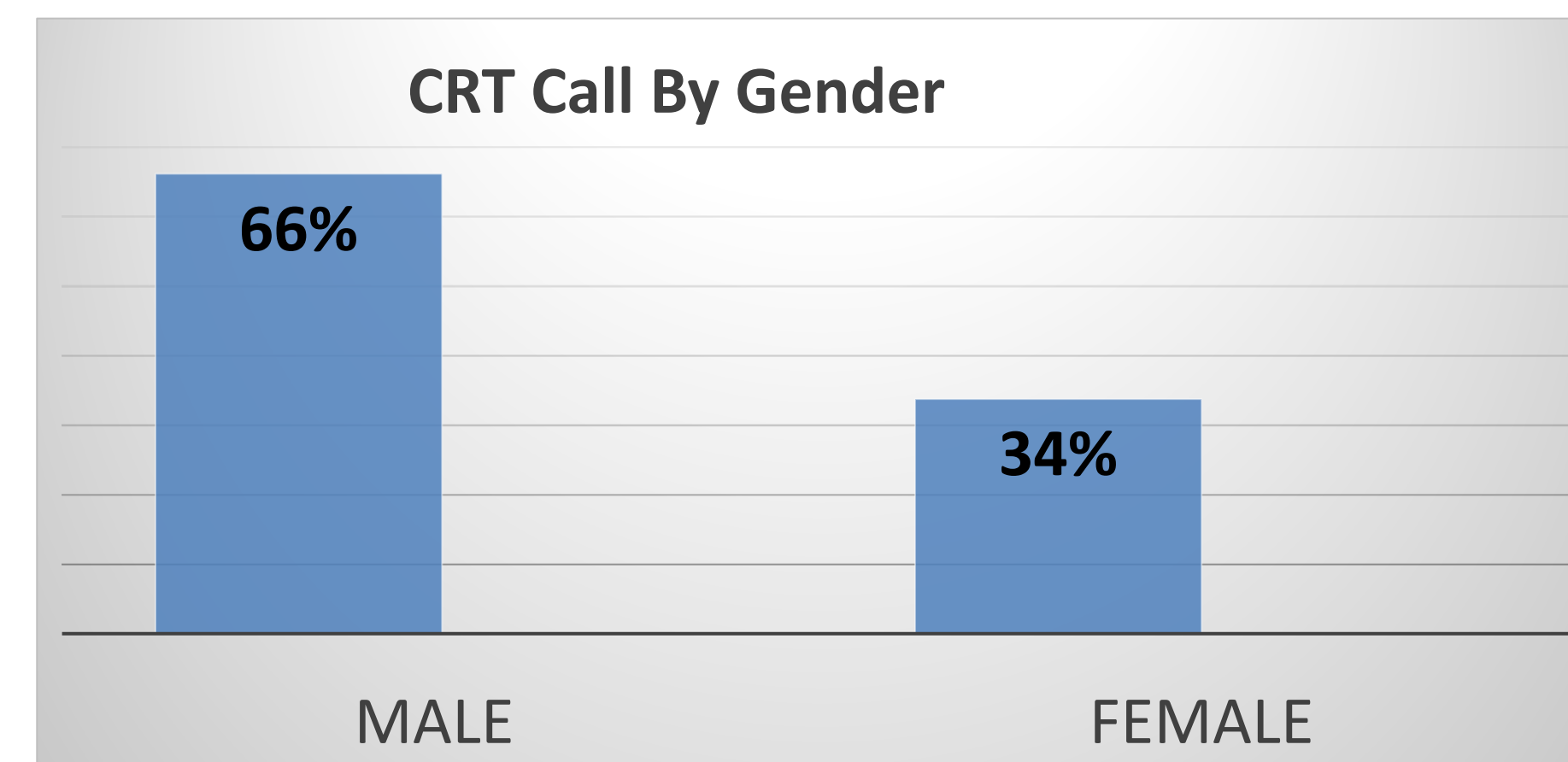
- The goal of the project was to evaluate all crisis response team (CRT) activations in the ED and understand current practices in managing agitated patients.
- An additional goal was to identify the impact on WPV.

## Methods

**Design:** Retrospective Chart Review. Initial phase of multi-phase QI project.

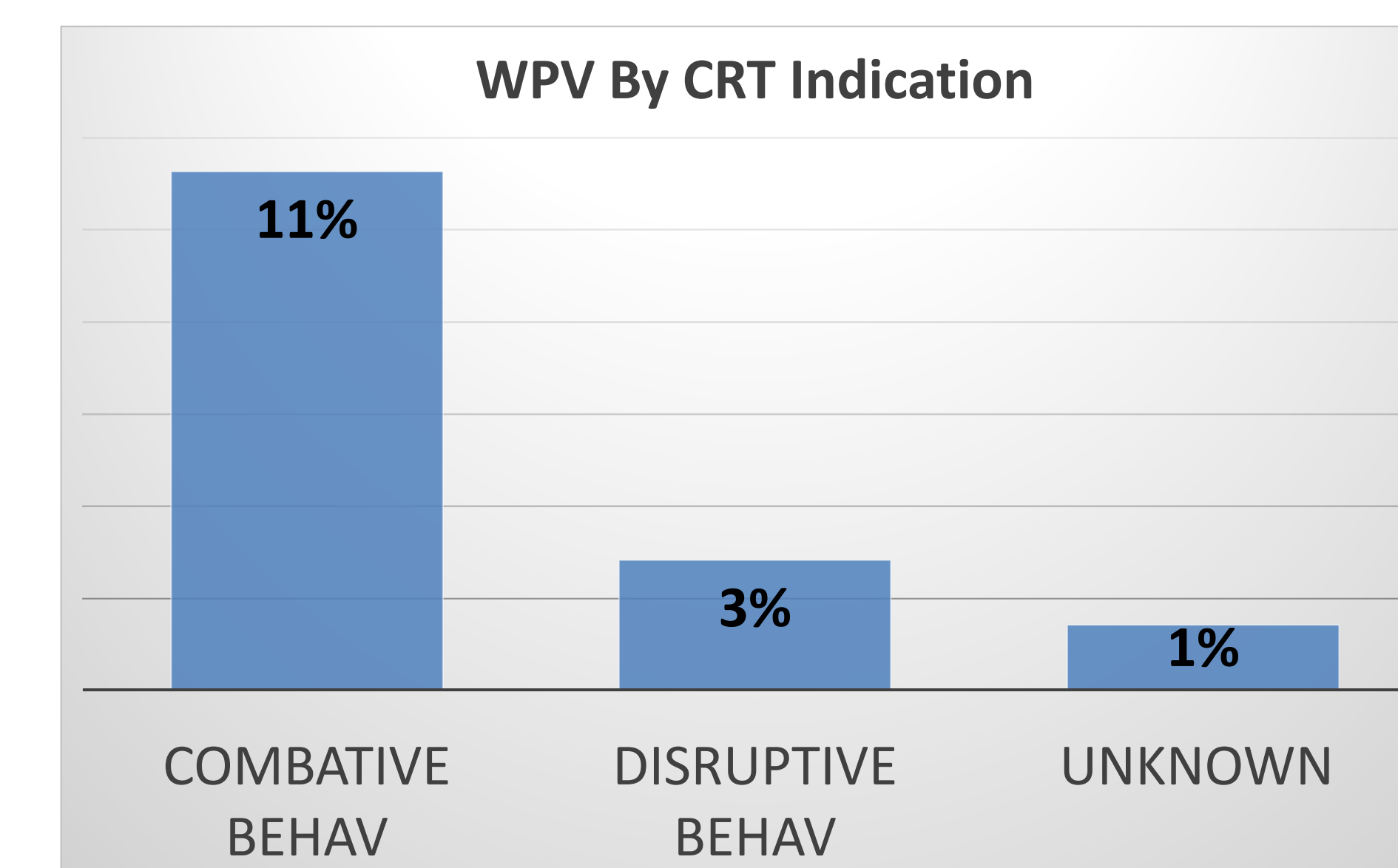
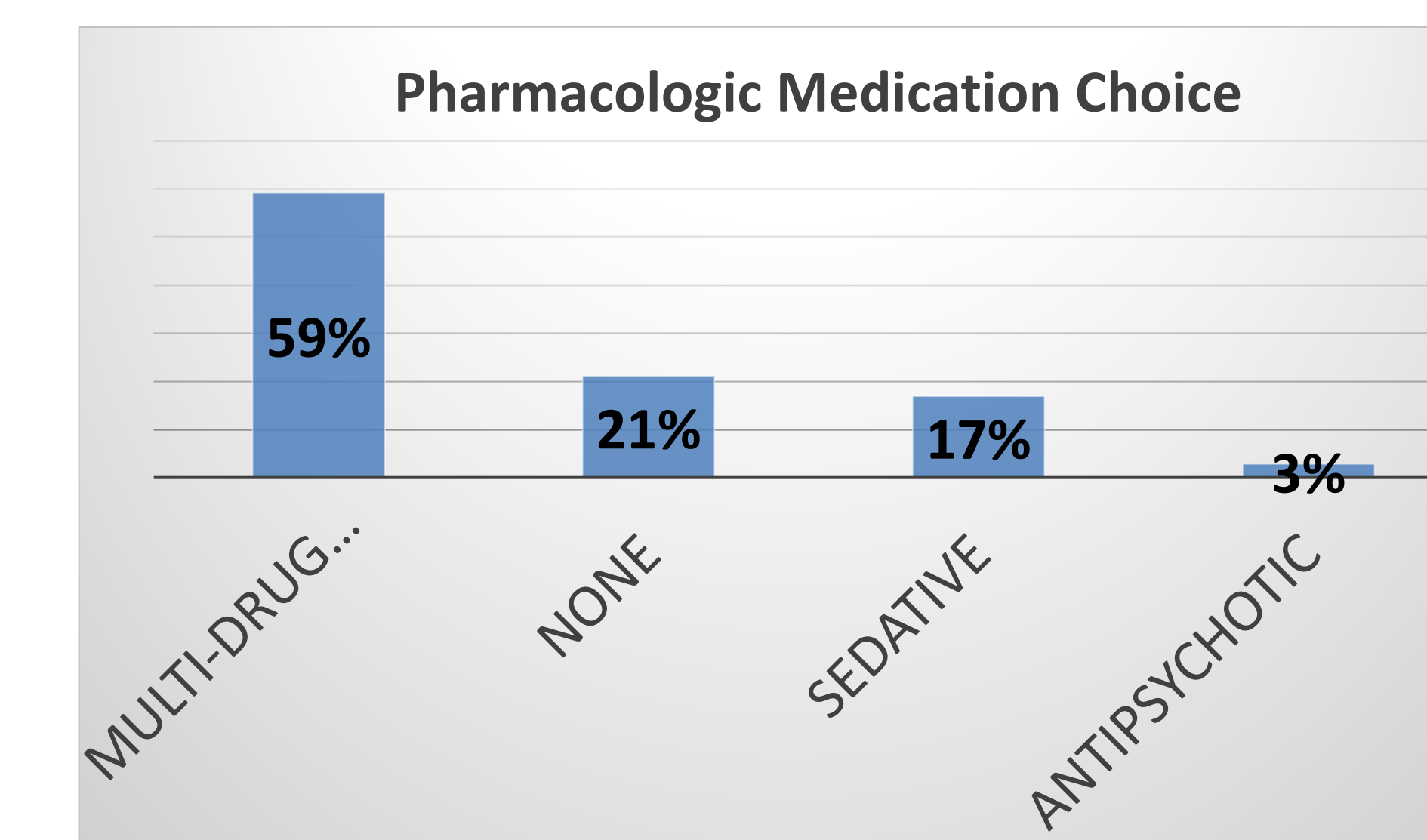
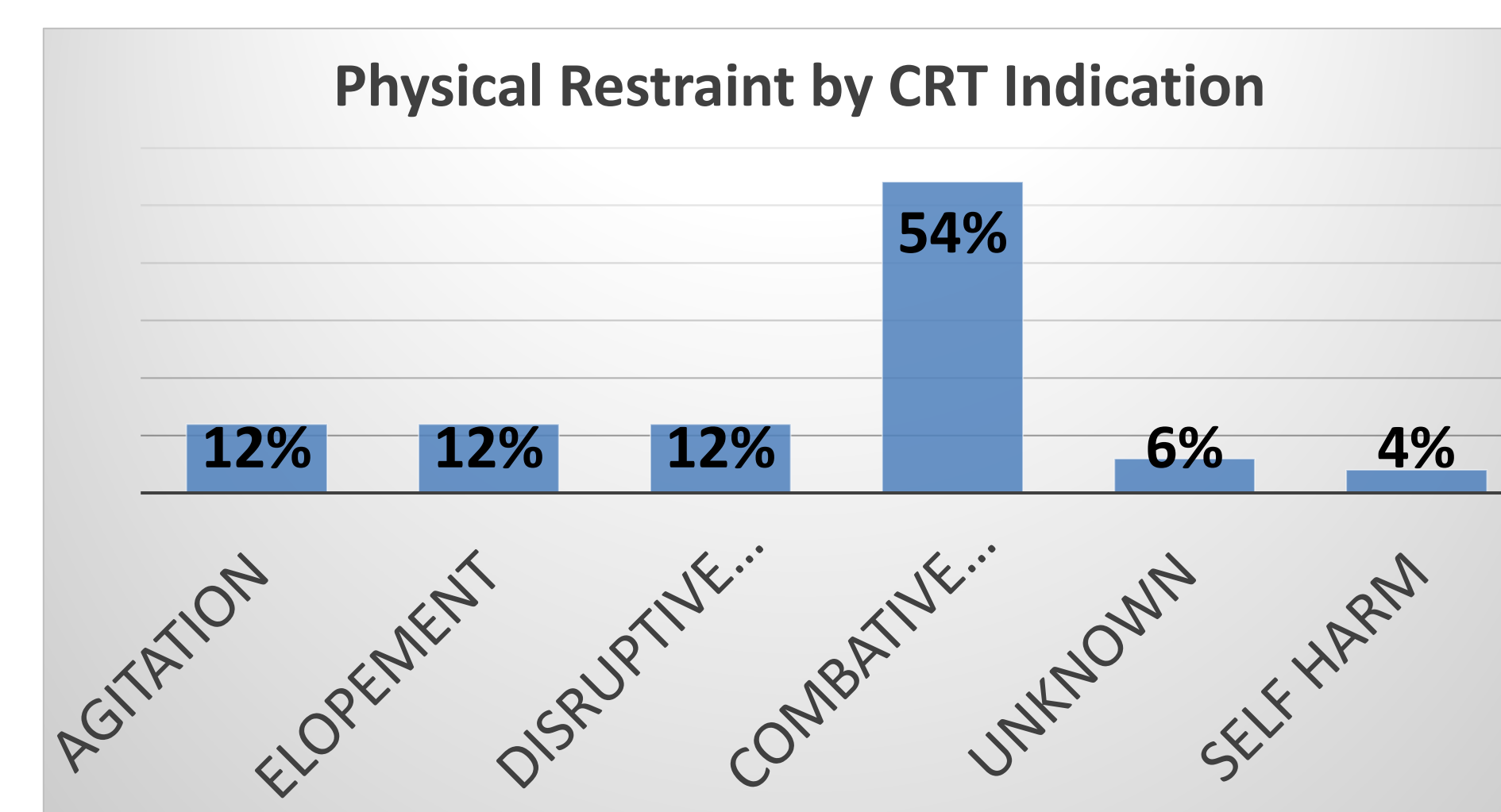
**Setting:** A level one-trauma ED. **Sample:** ED patients, 18+ years, for whom a CRT call was activated.

**Results (n=71 records)**



## Discussion

- Proper handling of agitated patients is vital to keep staff safe, reduce WPV and offer appropriate treatment for patients.
- The population that was mostly associated with the CRT calls included those with psychiatric or substance abuse issues.
- There were no universal standards or patterns in management of patients in the ED.
- WPV incidents remain an issue.



## Limitations

- Data abstracted from the chart was subject to information documented by staff.
- Charts had limited documentation.
- Data was abstracted from multiple parts of the chart, limiting the understanding of the timeline of events.

## Implication for Education

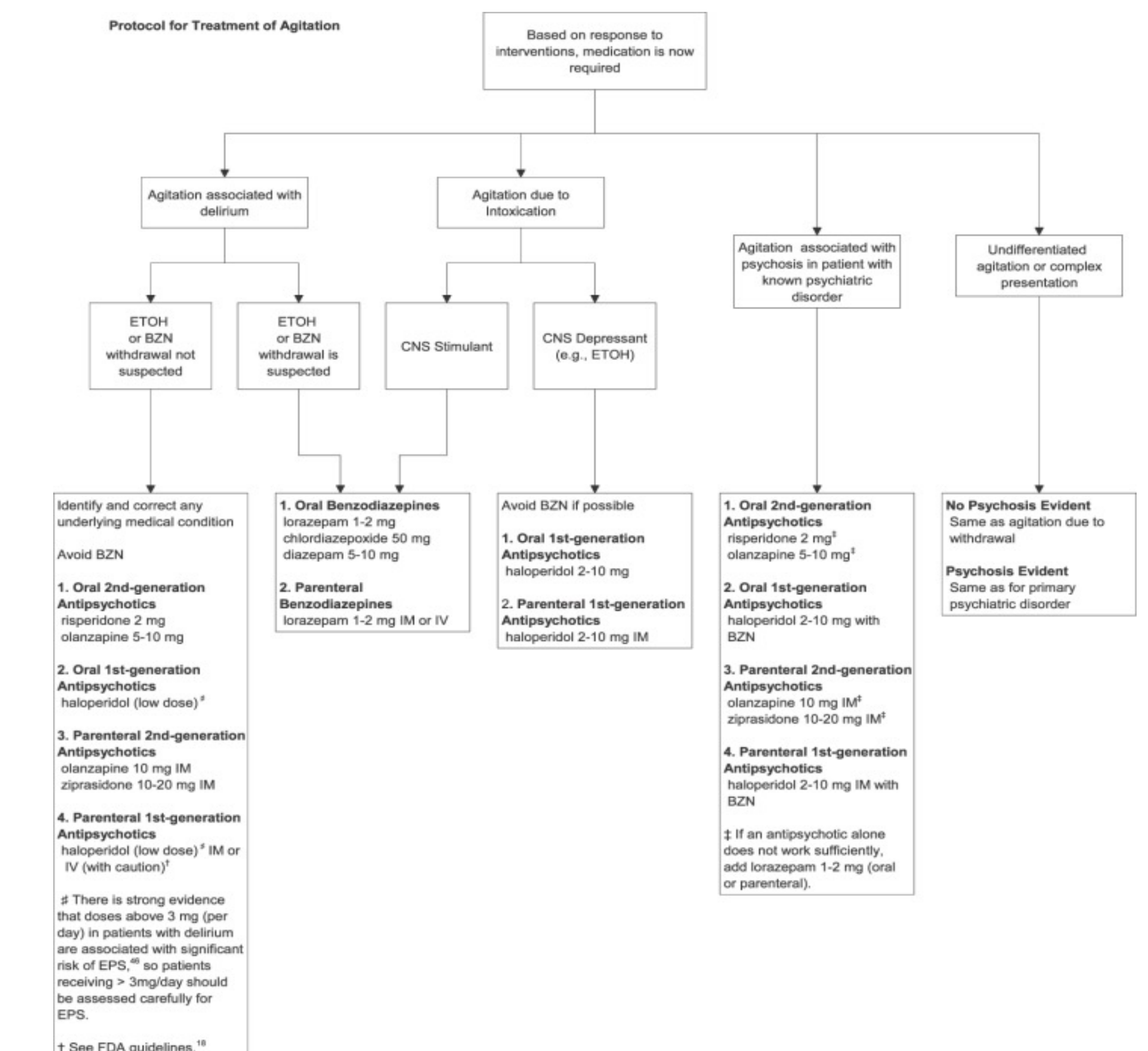
- Ongoing staff education can improve understanding on how to deal with agitated patients, as well as prepare staff to use a standardized algorithm while working with them.

## Implication for Quality and safety

- Findings from this project can serve as a catalyst for further education, discussion, awareness of patient agitation and an increase in workplace safety.

## Implication for Practice Recommendations

- Standardize documentation of CRT calls
- Violence risk assessment tool
- Assign a CRT team to round on each shift
- Base medication choice on etiology of agitation



## Implication for Policy

- If a standardized patient agitation protocol is deemed successful, the organization may choose to formally adopt it as part of standard operating procedure throughout the organization.

## Economic and cost benefits

- Research has shown that agitation increased use of hospital resources by at least 8%.
- Early detection and use of safe therapy options for high-risk individuals can result in cost savings and improved patient safety.

## Summary

- This project has provided the foundation for understanding the current practices at an urban academic medical center ED and has provided recommendations to help the organization move forward on addressing this critical issue.
- Effective protocols can better equip healthcare workers in treating agitated patients.

## References



## Contact

