

Strategies to Lower Risk in the Management of Acute Aggression

Background

Acute aggression poses a serious risk of harm to patients, visitors, and staff in the acute care setting.

- Agitation is the **leading cause** of staff injuries in the acute care setting
- 67% of staff injuries occur **during** the restraint process

Disparities in the use of physical restraints are well documented.

- Factors contributed to the practice disparity: race/ethnicity, time of day, & staff shortages

Importance of Issue

Patient

Physical restraints carry a risk of physical and psychological complications

Community

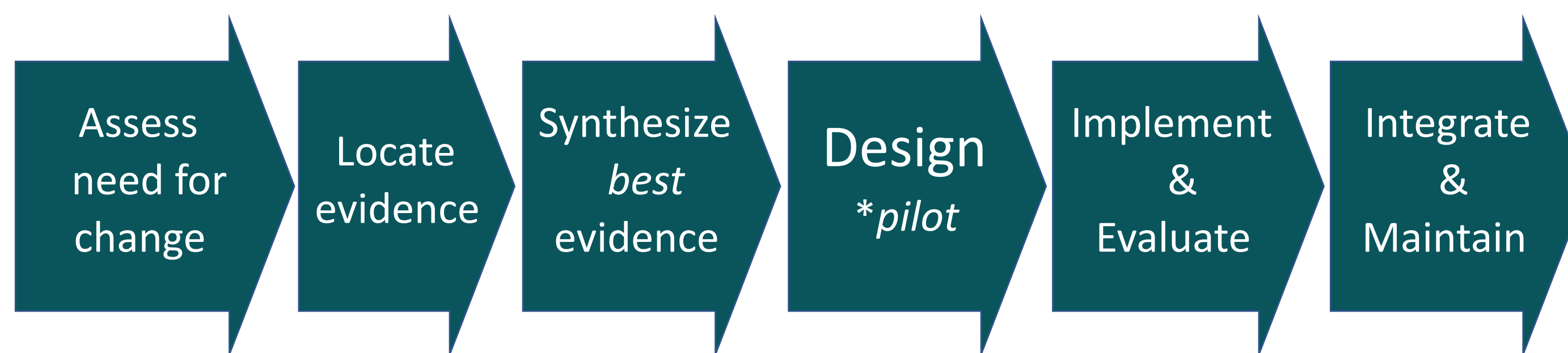
Socioeconomically distressed populations are at higher risk of physical restraint, further exacerbating health inequities

Nursing Profession

Workplace violence negatively impacts the ability to provide safe and equitable care

Framework

The Model for Evidence-Based Practice Change



- Designed for interprofessional teams
- Guides multiple practice change projects
- Incorporates opportunities for feedback and modification

Key Concepts & Outcomes

Patient-centered care should be provided through safe and least restrictive means

By May 2024, duration of physical restraint application will decrease by 50%

By May 2024, incidence of staff injury related to WPV will decrease by 50%

Interventions & Solutions

Individual Level

- BARS screening at triage
- Involvement in WPV team
- Change champions

Unit Level

- Inservice sessions & educational materials
- Increase availability of MAB training sessions

Policy Level

- Development & implementation of a standardized aggression order set modeled after Project BETA guidelines
- More security officers

Project BETA Components

- De-escalation
- Triage Screening (BARS)
- Medical Evaluation
- Pharmacotherapy
- Psychiatric Evaluation
- Restraint

Behavioral Activity Rating Scale (BARS)

1. Difficult or unable to arouse
2. Asleep but responds normally to verbal or physical contact
3. Drowsy, appears sedated
4. Quiet & awake (normal activity)
5. Signs of overt (physical or verbal) activity, calms down with instructions
6. Extremely or continuously active, not requiring restraint
7. Violent → **REQUIRES RESTRAINT**

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Key Players

Medical Director

Adult Patients & Families

Nurse Manager

Staff Nurses

Security Officers

Evaluation

Process



Impact

- Quarterly EMR audits
- BARS screening
- Physical restraint use
- Staff attendance to MAB training
- Staff attendance to WPV team meetings
- Quarterly audits
- Order set compliance
- Code Gray log
- Pre & post surveys for pilot interventions
- Compare post-pilot data to baseline

Abbreviations

BARS - Behavioral Activity Rating Scale; BETA - Best Practices in the Evaluation and Treatment of Agitation; EMR - Electronic Medical Record; MAB - Management of Assaultive Behavior; WPV - Workplace Violence

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