

## De-escalation Techniques TO REDUCE MENTAL HEALTH PATIENT VIOLENCE TOWARDS NURSING STAFF.

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### Published In/Presented At

Sands, M. Schlauch, B. Spieles, B. (2019, Sept 26). *De-escalation Techniques TO REDUCE MENTAL HEALTH PATIENT VIOLENCE TOWARDS NURSING STAFF*. Poster Presented at: LVHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

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# De-escalation Techniques TO REDUCE MENTAL HEALTH PATIENT VIOLENCE TOWARDS NURSING STAFF.

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## BACKGROUND

- 201 (voluntary) and 302 (involuntary) patients have potential to become agitated, combative, and violent when committed.
- Better hands-on, scenario based de-escalation training will improve both patient and staff safety
- 2018, there were 44 code orange statistics do not include incidents for which code orange was not called, or incidents in either emergency department or other inpatient units.

## PICO

- **P**- Nursing staff caring for behavioral health patients
- **I**- Hands on training in de-escalation techniques
- **C**- Training versus no training
- **O**- Fewer incidents of patient to staff violence

## EVIDENCE

- qualitative study, nurses reported greater confidence and displayed different, improved de-escalation techniques after having completed a course in de-escalation techniques
- AACN, 80-97% Health Care Workers (HCWs) experience verbal abuse and there is a 16% nurse turnover r/t verbal abuse factors
- qualitative study of recognizing signs of escalation and using various de-escalation techniques reduced patient to staff violence incidents.

## OUTCOMES

- Fewer incidents of patient to staff violence
- Increased patient and staff safety
- Better technique established
- Decrease statistics in code orange and violent situations in both behavioral health units and the ED



## IMPLEMENTATION

- Obtain nursing staff's current knowledge of de-escalation techniques
- Written or TLC based education of de-escalation techniques
- Hands-on, scenario based de-escalation training for nursing staff.
- Evaluating code orange statistics to ascertain if they have declined after training has been provided as compared to pre-training statistics

## NEXT STEPS

- Begin implementation of plans within the next month to prepare the TLC and training programs
- Observe outcomes based on statistics of injury and escalation avoided by techniques learned

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