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# Nonpharmacological De-escalation Method Education

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# Nonpharmacological De-escalation Method Education

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### **BACKGROUND**

- · Working with agitated/combative patients
- Frequent use of behavioral 1:1's and restraints
- Timing of mandatory comprehensive crisis management training
  - Newer staff not receiving this training before working with this patient population

### PICO

- P- Transitional Trauma Unit staff
- I- Education on evidence-based calming/distractive measures
- C- Current practice
- O- Staff knowledge and compliance

### **EVIDENCE**

- "Staff members should have access to a training program that focuses on how to identify potentially violent patients and provide verbal de-escalation, as well as techniques for supporting staff and patients" Phillips, Stinson, & Strickler (2014)
- Violence management programs can lead to more effective risk management, including simulation training on a medical surgical setting (Schwartz & Biorklund 2018)
  - TTU Staff receive training at Comprehensive Crisis Management annually, however may forget the interventions/techniques taught
- Important that the patient can use their resources to regain control, found a three step process helps:
  - Providing Time and Space
  - Impartial investigation of aggression causes
  - Emphasizing decisional control (Price et al., 2017)

### **OUTCOMES**

- Staff surveys expressed an increase in knowledge about nonpharmacological de-escalation methods
- Post-survey results show a 50% increase in confidence in using nonpharmacological de-escalation methods for this patient population

# Assurances of cooplarm methods #Pre-survey #Pets-survey Confidence is saling recoplarm methods.

### **IMPLEMENTATION**

- Pre-survey completed for knowledge basis
  - Survey assessed staff's knowledge of nonpharmacological de-escalation methods and staff's abilities to use those methods based upon knowledge and resources
- Handout created with de-escalation methods reviewed and placed in unit resource folders
- Education reviewed at unit safety huddles and change of shift
  - Handout provided to staff and posted around unit
  - Handout given to staff in behavioral 1:1s
- · Post-survey completed

### **NEXT STEPS**

- · Educate new staff on unit
- Offer education and tip sheet to staff floated from other units
- Offer educational tool for other units to use

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