The Use of Nonpharmacological De-Escalation Method Education to Promote Trauma-Informed Health Care

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Background
Workplace violence in health care settings is rising with the greatest increases of violence occurring against nurses and nursing assistants (Brous, 2018).

- De-escalation techniques have become a first-line response in reducing potential patient violence and aggression.
- Nurse residents (NRs) in an academic Magnet® facility noted frequent use of behavioral 1:1 sitters and patient restraint use in their 30-bed step-down trauma unit.
- Network-supported crisis management training held annually
- RNs verbalized the need for ongoing education and support to incorporate these practices naturally and confidently into their daily clinical practice.
- Novice nurses to the unit often began clinical practice before receiving the benefit of this training designed to promote safety and reduce harm to both patients and staff.

Purpose/Objectives
This presentation shares a nurse resident-led evidence-based practice project designed to emphasize the vital role of the trauma nurse in the promotion of trauma-informed health care.

- The learner will gain strategies to:
  - Prevent violent behavior in the agitated/combative trauma patient
  - Enable patients to manage their own emotions and to regain personal control
  - Decrease the use of patient restraints
  - Maintain the safety of staff and patients
  - Improve staff/patient connections and relationships

Evidence
- Violence management programs can lead to more effective risk management, including simulation training in a medical-surgical setting (Schwartz & Bjorklund, 2018).
- A 3-step process provides patients with resources to regain self-control:
  - Providing time and space
  - Impartial investigation of aggression causes
  - Emphasizing decisional control (Price et al., 2017)

Methods
- Pre-survey was created and distributed to assess clinical nurses’ awareness and confidence in utilizing nonpharmacological de-escalation methods in the trauma population.
- Nurse Residents:
  - Incorporated a behavior management technique: T-A-DA (Tolerate, Anticipate, Don’t Agitate)
    - Allows behaviors which do not have the potential for harm
    - Anticipates patient needs (i.e. food and toileting)
    - Reduces agitation by using distraction and redirection
  - Created an educational handout detailing T-A-DA technique
  - Reviewed with nurses at daily unit safety huddles and shift change
  - Posted on the unit
  - Provided to staff caring for behavioral 1:1 patients

T-A-DA Tactics

<table>
<thead>
<tr>
<th>TOLERATE</th>
<th>ANTICIPATE</th>
<th>DO NOT AGITATE</th>
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<td>• Allow patient to&lt;br&gt; Adjust themselves in the bed while maintaining safety precaution&lt;br&gt; Take hospital gown on and off as they wish&lt;br&gt; Utilize empathetic listening</td>
<td>• Assist patient to&lt;br&gt; bathroom every few hours to maintain a toileting schedule&lt;br&gt; Provide snacks in-between meal times&lt;br&gt; Medicate for pain as needed&lt;br&gt; Walk patient in the hallway utilizing a gait belt for safety</td>
<td>• Do not argue with patient – redirect discussions&lt;br&gt; • Do not raise your voice during patient care - speak in a normal tone of voice&lt;br&gt; • Allow patient to voice concerns</td>
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Results
- Pre-implementation results: 40% of unit RNs were both confident using and aware of non-pharmacological de-escalation methods.
- Post-implementation, survey results revealed 92% of RNs felt confident and 100% of RNs verbalized knowledge of non-pharmacological de-escalation resources to use in the trauma patient population.

Key Learnings
- Increase in staff mindfulness recognizing and responding to signs of agitation and anxiety in the trauma patient noted by RNs possessing enhanced skills to reduce violent patient behaviors.
- Need to provide education to new unit and float unit staff and intermittently reinforce education with all unit staff to promote awareness and maintain competency.
- Sharing information on individual successful behavior management techniques in bedside shift report is beneficial to promote consistency and reduce violent behaviors in this population.

REFERENCES
Brous E. (2018). Workplace violence: How it affects health care, which providers are most affected, and what management and staff can do about it. AJN 118,(10), 51-55.