The Problem

Health care professionals are committed to providing the highest quality, safest care possible to patients. Yet this deep-seated commitment to caring for others often leads health care workers to endure violent or aggressive behavior from patients as simply “part of the job.” This reluctance to speak up or report incidents puts employees at risk, as well as patients and visitors (MHA, 2013).

Following a series of events of aggressive behavior during 2013, Beth Israel Deaconess Hospital-Milton recognized that it needed changes that empowered staff to address violence and/or aggressive behavior in patient care areas. In review of these cases, a common denominator discovered was that all the patients had some sort of “escalation” symptoms that staff either did not identify or did not know how to intervene on effectively.

Aim/Goal

Provide education and training to all hospital staff so that they may effectively identify signs of behavior escalation and implement proven strategies as a means to de-escalate potential/actual aggressive behavior in patients and/or family members.

The Team

- Cindy Page, MHP, PT, Vice President, Clinical Support Services/Safety Officer
- Robert Adkisson, CHPA, CPP, Director, Safety, Security and Transportation
- Christopher Casey, Director of Public Safety, BIDMC
- Bryan Sears, Project Manager, Emergency Management, BIDMC
- Multidisciplinary members of Hospital’s Safety Committee
- Community partners

The Interventions (Select Actions Taken):

- Organizational commitment to develop comprehensive response to these events in 2014, including but not limited to:
  - Director, Safety and Security completed training to become trainer in MOAB (Managing Aggressive Behavior) and CPI (Crisis Prevention Institute) programs
  - Mandatory training of all Emergency Department Staff to MOAB training (introduction) – 100% completed
  - Roll out of CPI training (2 hours) to all hospital employees – 93% (approx.600) completed by the end of CY 2014
  - Post training “De-escalation” exercises – assessment of practical application of techniques
  - Incorporation of a new CPI program “De-escalation of the Patient with Dementia”

The Results/Progress to Date

- Revision of New Employee Orientation program to incorporate principles of de-escalation
- Review/re-education of “Code Grey” Security activation
- Collaborated with community partners, including local police department to support hospital management of patients/family members demonstrating aggression
- Approval of “Code Silver” response policy (visitor with weapon)
- 360 degree security assessment by outside agency
- Contract with new guard company with advanced trained officers

Lessons Learned

- Changing the hospitals’ approach to managing aggressive behavior can be difficult because it requires a change in mindset that any patient can pose a risk
- Post-program evaluation question, “Did the ‘Introduction to De-escalation training give you more confidence in your ability to safely manage anxious or verbally defensive patients, visitors and staff situations?” - Score: 4.7/5

Next Steps/What Should Happen Next

- Continue De-escalation Training
- Pilot visitor badging process for ED visitors.
- Behavioral ED sensitive space being constructed
- Collaboration with clinical staff and physicians to set global behavioral limits in the clinical setting.

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