

Creating Healthy Work Environments 2019

Active Shooter, You Know It's a Problem, but are We Prepared?

Xavia L. Fuller, MSN-ED, RN, CCRN

Center for Nursing Research, Education and Practice, Houston Methodist Hospital, Houston, TX, USA

Ayumi S. Fielden, MSN, RN, CCRN-K, CPAN

Center for Nursing Research, Education & Practice, Houston Methodist Hospital, Houston, TX, USA

Pamela M. Northrop, MSN, RN, CPAN

Center for Nursing Research, Education, & Practice, Houston Methodist Hospital, Houston, TX, USA

Background information

According to research, incidents of workplace violence in the healthcare setting has increased by 23% in the United States since 2015. It is considered the second-leading cause of on-the-job fatalities. Healthcare settings are complex, and each setting has different variables in terms of staff, space, and workplace functionality. The healthcare settings are also unique as they are made to be easily accessible. On a daily basis, they are full of patients and family members who are experiencing tremendous amounts of stress, leading to an environment full of potential for violent outbursts. Despite the increase in workplace violence incidents, unit-based training against active shooters has been limited to written materials, instead of active discussion and practice sessions. Healthcare workers including Registered Nurses (RNs), unit secretaries, and Patient Care Assistant (PCA) in a Post Anesthesia Care Unit (PACU) at a large academic medical center voiced a concern in regards to the lack of knowledge in terms of what to do if active shooter situation occurred on in the hospital. Operating Room (OR) suites and critical care units are considered some of the most vulnerable areas in regards to active shooter activity. The PACU, being both a critical care unit and part of the OR suite was identified as an ideal unit for receiving training, as guidelines recommend that active shooter training should be occurring at the unit level.

Purpose

The objective of this project was to increase the academic medical center's healthcare workers awareness, knowledge, and confidence in response to active shooter situations at the unit level through true interdisciplinary collaboration in order to strengthen the healthy work environment.

Description of the Project

A gap analysis revealed that 91% of staff in the PACU did not feel safe at work against active shooters. Also, only 27% of the participants knew the current recommendations from the Federal Bureau of Investigations (FBI) in regards to the first step to take during a Code Silver. Code Silvers are activated at this healthcare facility whenever an active shooter is present. The PACU unit is often alone in the building during evenings due to extensive surgery schedules. A literature search revealed that training should be conducted at the unit level, as well as throughout the hospital. For unit-based training, a team was created and it included perioperative educators, security personnel, and PACU leadership. Using true collaboration, the team created an in-service that allowed for the security leaders to present their master plan for Code Silvers throughout the hospital. They also explained unit and nurse-specific patient care responsibilities that are in place during an active shooter situation. A video presentation of a reenactment that showed what a Code Silver looks like within the hospital environment was also presented. Afterwards, an open forum allowed the staff to communicate their thoughts and concerns with the security team. After the question and answer session, a unit walkthrough was conducted with security and PACU personnel to identify potential weak points and to identify possible areas for barricading within the specific unit.

Evaluation/ Outcome

Active shooters are an unfortunate but true problem in today's healthcare environment. Staff was prepared by the implementation of a unit-based in-service using true collaboration with PACU leadership and security services. Based on our findings, an overall improvement in staff knowledge, awareness, and confidence in regards to Code Silver procedures was seen post-intervention. These results were obtained by the administration of a six-question survey. The survey was given to assess the participants' knowledge and confidence levels pre-intervention and post-intervention. After the unit-based education was completed, overall knowledge and confidence levels improved. 89% of the staff reported that they knew their role in regards to patient care during a Code Silver. Furthermore, 89% of the staff reported that they felt like they were adequately prepared to respond in a Code Silver as compared to only 18% pre-intervention. The briefing with security personnel did create awareness of potential weaknesses in the system, creating an awareness of areas for improvement in security measures. After the intervention, 78% of the staff reported feeling unsafe in the current environment and its level of protection during a Code Silver. After the walkthrough of the unit with security, nursing staff submitted a variety of suggestions for ways to improve the safety on their specific unit. Per the survey, nursing staff's overall feeling towards their ability to influence the policies and procedures around them did not change post-intervention. Their suggestions were submitted to PACU leadership to promote a healthier work environment and true collaboration.

Title:

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Keywords:

Active Shooter, Critical Care Environments and True Collaboration

References:

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Abstract Summary:

Active shooter - you know it's a problem but are we prepared? This project prepared the staff in a critical care environment at an academic medical center to deal with an active shooter. Post-intervention resulted in the overall improvement of staff knowledge, awareness and confidence levels.

Content Outline:

Outline:

1. Introduction:
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 2. We know active shooters are a problem but are we prepared.
2. Body
 1. Objective of this project was to increase the healthcare workers awareness, knowledge and confidence in response to active shooter situations.
 2. Interdisciplinary collaboration used to improve the success of this project.
 1. PACU Leadership
 2. Perioperative educators
 3. Security Personnel
 3. Gap analysis revealed that 89% of staff in PACU don't feel safe against active shooters.
 4. Unit based in-service
 1. Code Silver master plan presented
 2. Video presentation
 3. Open Forum
3. Conclusion
 1. Post-Intervention survey showed overall knowledge, awareness, and confidence levels improved.

First Primary Presenting Author

Primary Presenting Author

Xavia L. Fuller, MSN-ED, RN, CCRN

Houston Methodist Hospital

Center for Nursing Research, Education and Practice

Clinical Nurse Expert

Houston TX

USA

Professional Experience: EXPERIENCE *February 2017-Present Houston Methodist Hospital-TMC RN IV/ Clinical Nurse Expert- Center for Nursing Research, Education and Practice •Unit and hospital based clinical nurse expert assisting with initiatives, onboarding, unit based education and mentoring the unit educator. •Chair of the CNREP Surgical Service Line *December 2015-February 2017 Houston Methodist Hospital - TMC RN III- Neurology/Neurosurgery Acute Care Unit •Strategically collaborated with Neurosurgeons and Neurologist to re-align TCU priorities and throughput. •Increase staff education by providing education information on a wide variety of topics. *March 2011-January 2017 Houston Methodist Hospital - TMC RN II Neurosurgical ICU •Provide critical care to patients that are hemodynamically unstable. •Treating patient population with a broad range of neurological diseases, brain injuries and neurosurgery. *January 2010- March 2011 Houston Methodist Hospital - TMC RN I (Graduate Nurse)- Medical-Surgical/VIP/Urology Unit •Involved in administering medication, communicating with family and physicians, and continuous patient monitoring.

Author Summary: Xavia has been a nurse at Houston Methodist for over 8 years serving as a clinical

nurse expert in the areas of acute care, critical care and infection control. She is extremely passionate about safety and quality improvement in critical care. She received her MSN from Western Governors University and plans to further her education in the near future.

Second Author

Ayumi S. Fielden, MSN, RN, CCRN-K, CPAN

Houston Methodist Hospital

Center for Nursing Research, Education & Practice

Clinical Nurse Expert

Houston TX

USA

Professional Experience: EXPERIENCE *December 2016-Present Houston Methodist Hospital-TMC RN IV/ Clinical Nurse Expert- Center for Nursing Research, Education and Practice •Nursing education in critical care and perianesthesia settings. Developed multiple programs including PACU Nurse Residency that incorporates principle of healthy work environment in high stress units. •Unit and hospital based clinical nurse expert assisting with initiatives, onboarding, unit based education and mentoring the unit educator. •PACU Nurse Residency coordinator. •Lead for Mock Code Initiative for perioperative units. •Simulation expert. •Co-chair for AOD PACU policy and procedure committee *February 2014-December 2016 Houston Methodist Hospital - TMC RN III- Post Anesthesia Care Unit (OPC 19) •Staff nurse •Charge nurse •Preceptor •Unit scheduler •Responsible for staff education by on a wide variety of topics. *August 2011-February 2014 Houston Methodist Hospital - TMC RN II Neurosurgical ICU •Staff nurse •Preceptor *June 2008- August 2011 San Jacinto Methodist Hospital RN I (Graduate Nurse)- ICU/SICU/CCU •Staff nurse •Charge nurse •Preceptor

Author Summary: Ayumi Fielden MSN, RN, CCRN-K, CPAN is a Clinical Nurse Expert at Houston Methodist Hospital in Houston, Texas. Her expertise includes ICU in a variety of settings as a staff nurse and charge nurse; as well as in the PACU as a staff, charge nurse and educator. She has been working to improve healthy work environments in perianesthesia units since transitioning to an educator role.

Third Author

Pamela M. Northrop, MSN, RN, CPAN

Houston Methodist Hospital

Center for Nursing Research, Education, & Practice

Nurse Education Specialist

Houston TX

USA

Professional Experience: EXPERIENCE: November 2017 – Present Houston Methodist Hospital – TMC Nurse Education Specialist Unit and hospital based clinical educator for critical care line and Perianesthesia units. Assisted with hospital onboarding, unit and hospital-wide education initiatives, and the development of nurse education initiatives including PACU residency. February 2014 – November 2017 Houston Methodist Hospital – TMC & Houston Orthopedic and Spine Hospital RN III – PACU Advanced clinician, charge nurse, preceptor and bedside nurse. Unit-based source for education initiatives, Shared Governance Chair and EPIC super user. September 2012 – March 2014 Bethany Home Health – Lake Jackson, TX RN Case Manager Provided management of care for caseload of average of 60 patients needing care from home. This included coordination of multi-disciplinary team (LVN, CNA, PT/OT/ST). IV therapy nurse. On-call phone triage nurse and community educator. September 2011-September 2012 Brazosport Health System – Lake Jackson, TX RN – Telemetry/Step-down/ICU

Author Summary: Pamela Northrop has been a nurse at Houston Methodist Hospital for over 4 years, and has served in a variety of roles throughout the Houston area during her nursing career. Currently, she is serving as a Nurse Education Specialist in the critical care service line. She is passionate about improving quality of care and patient safety in the perioperative settings, focusing most of her time on PACU education.