

Title:

Teamwork: Strategies to Prevent and Minimize Patient Aggression

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Session Title:

Poster Presentations

Slot (superslotted):

PST: Saturday, 18 March 2017: 7:30 AM-8:00 AM

Slot (superslotted):

PST: Saturday, 18 March 2017: 9:45 AM-10:15 AM

Slot (superslotted):

PST: Saturday, 18 March 2017: 1:30 PM-2:00 PM

Slot (superslotted):

PST: Saturday, 18 March 2017: 3:45 PM-4:15 PM

Keywords:

Aggression, Intervention and Teamwork

References:

1. Boumans, C.E., et al. (2015). Seclusion and the importance of contextual factors: An innovation project revisited. *International Journal of Law and Psychiatry*, <http://dx.doi.org/10.1016/j.ijlp.2015.03.001>
2. Bowers, L. et al. (2014). Safewards: the empirical basis of the model and a critical appraisal. *Journal of Psychiatric and Mental Health Nursing*, **21**, 354-364.
3. Espinosa, L., Harris, B., Frank, J., Armstrong-Muth, J., Brous, E., Moran, J., and Georgi-Cipriano, J. (2014). Milieu improvement in psychiatry using evidence-based practices: the long and winding road of cultural change. *Archives of Psychiatric Nursing*, <http://dx.doi.org/10.1016/j.apnu.2014.08.004>

Abstract Summary:

This project aimed to identify the characteristics, statistics and influences of one particular acute inpatient psychiatric unit, often composed of aggressive patients, and how these have played a role in the reduction of seclusion and restraint. The findings conclude that teamwork is at the heart of successful early intervention.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to describe three key factors involved in reducing aggression.	1. Care Planning: a team based methodological approach which is systematic, transparent and goal-driven 2. Staff Education: e-learning,

	regular classes 3. Staff Characteristics: personal control and self-awareness, verbal and non-verbal skills, engaging and disengaging the patient, timing of intervention, interdisciplinary respect and professionalism 4. Unit Characteristics: adequate staffing and skill mix, clear staff functions, structured activities, safety protocols, multidisciplinary approach 5. Role Modeling/Patient Education: de-escalation techniques, how to appropriately respond to another patient, educating patients on the reasons for certain behaviors or psychiatric symptoms. 6. Positive regard for patients
The learner will be able to identify three elements of a successful team approach in reducing aggression.	Safety, Communication, Multidisciplinary Involvement, Cohesion, Mutual Respect, Genuine and sincere care for each other and the patients, Role Awareness and Flexibility, Comic Relief, Self Awareness, High Expectations for one another, Desire to Keep Learning, Exemplary Leadership

Abstract Text:

Espinosa et al. (2014) found that improving the milieu through early intervention and consistent structure and activities can reduce aggressive behavior and the need for seclusion and restraint. Boumans et al. (2015) found that staff's frequency of seclusion participation was positively related with the tendency to seclude. A literature review further identified that key influences over conflict are: anticipating aggression, staff team composition, physical environment, and leadership's role in assisting front line staff. Factors that contribute to aggression on inpatient units include: denial of a patient request by staff, staff demanding a patient act a certain way, staff requesting that the patient desist from some action, inflexibility of staff in meeting patients' needs/wants, locked doors both to and within unit, patient to patient interaction, and informing patient of bad news/loss. Factors identified as key influences in aggression reduction are: care planning, staff education, staff cohesiveness, role modeling/patient education and overall positive regard for patients. This project aimed to more specifically identify the characteristics, statistics and influences of one particular acute inpatient psychiatric unit, often composed of aggressive and violent patients on an involuntary legal status. The goal was to elucidate what about this particular unit makes its aggression level, as indicated by its seclusion and restraint statistics, relatively low given the acuity of its patient population. A survey was created and was completed by each staff member to get a consensus of what was most important when caring for the aggressive patient from this perspective. An in-depth case example was discussed at multiple, interdisciplinary staff meetings to identify the various interventions that made up the care plan and how this plan of care was carried out by the staff on the unit. The findings conclude that aggression can be reduced and possibly eliminated when teamwork is at the heart of successful early intervention.