

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.

4

Teamwork: Strategies to Prevent and Minimize Patient Aggression

Jennifer Appollo, PMHNP-BC; Patricia O'Connell, RN-BC; Joyce Frank, MPH, BSN, RN

Key Factors in Aggression Reduction Care Planning Staff Education Staff Characteristics Teamwork Unit Characteristics Approach Used on Role Modeling/Patient Education Positive Regard for Patients 3 South at NYP Factors Contributing to Safety Aggression Communication Denial of a patient request by staff Multidisciplinary Involvement Staff demand that a patient act a certain Cohesion Staff request that patient desist from some Mutual Respect Genuine and Sincere Care for Others Inflexibility of staff in patients' needs/wants Role Awareness and Flexibility Locked doors both to and within unit Comic Relief Negative patient to patient interaction Self Awareness Informing patient of bad news/loss High Expectations of One Another Desire to Keep Learning Exemplary Leadership Patient Characteristics Results of Teamwork Survey Involuntary 34% Status ■ Court Ordered 70% Treatment State Hospital **Outcome of Psychiatric** Referrals 50% **Emergencies** Oct 2016 - Jan 2017 REFERENCES 1. Espinosa, L., et al. Milieu Improvement in Psychiatry Using Evicence-based Practices: ■ Total Psych Emergencies the Long and Winding Road of Culture Change, Achieves Psychiatric Nursing (2014) http://dx.doi.org/10.1016/j.appu.2014.08.004 ■ Restraint 2. Boumans, C.E., et al. (2015). Seclusion and the importance of contextual factors: An innovation project revisited. International Journal of Law and Psychiatry, Seclusion http://dx.doi.org/10.1016/j.iilp.2015.03.001 3. Bowers, L. (2014). Safewards: a new model of conflict and containment on psychiatric

wards. Journal of Psychiatric and Mental Health Nursing, 21, 499-508.

4. 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