

TeamSTEPPS

Team Strategies & Tools to Enhance Performance & Patient Safety



Reducing Workplace Violence with TeamSTEPPS®

December 14, 2016

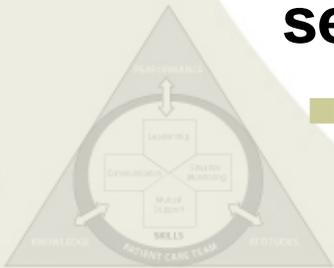


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Rules of Engagement

- **Audio for the webinar can be accessed in two ways:**
 1. Through the phone (**Please mute your computer speakers*)
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- **A Q&A session will be held at the end of the presentation**
- **Written questions are encouraged throughout the presentation and will be answered during the Q&A session**
 - To submit a question, type it into the Chat Area and send it at any time during the presentation



Upcoming TeamSTEPPS Events

■ Master Training Courses

- [Registration](#) for courses in January-March 2017 now open

■ Advanced Courses

- Now accepting [applications](#) for February 17 (UW) and March 21 (Northwell Health) courses (Due December 23)

■ National Conference

- June 14-16, 2017
- Downtown Hilton, Cleveland, OH
- [Registration](#) open
- [Call for proposals](#) (Due December 16)



TeamSTEPPS®

Help Line (312) 422-2609

Or email: AHRQTeamSTEPPS@aha.org



Today's Presenter(s)

Presented By:

Mei Kong, RN, MSN, Chief Operating Officer, NYC Health + Hospitals/Coney Island

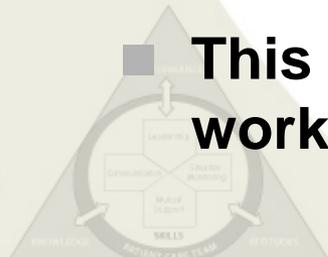
Joseph Sweeny, Senior Director Hospital Police & WVP Coordinator, NYC Health + Hospitals/Bellevue



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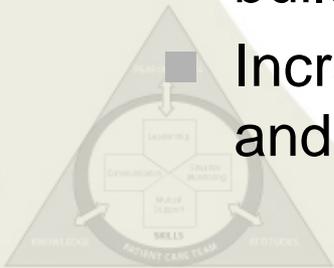


- **Mei and Joe Show at WPVP (workplace violence prevention)**
- **This show is dedicated to reducing violence in the workplace through TeamSTEPPS®**

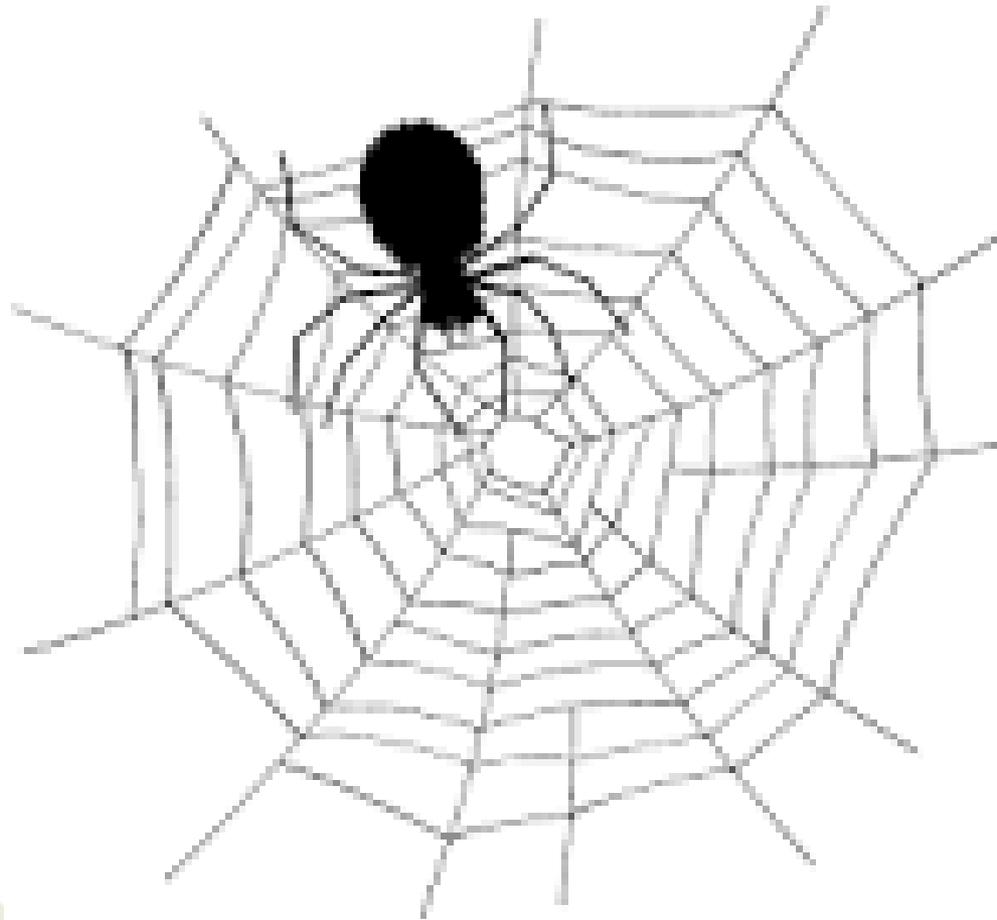


Objectives

- Integrate TeamSTEPPS® and nonviolent interventions to improve communication and teamwork for safe management of disruptive and aggressive patients
- Reduce workplace violence through the use of early intervention methods for de-escalation. Enhance staff and patient experience and satisfaction through building a culture of patient safety and staff safety
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- Increase joy and meaning of work through knowledge, skills and attitude



Healthcare is complex

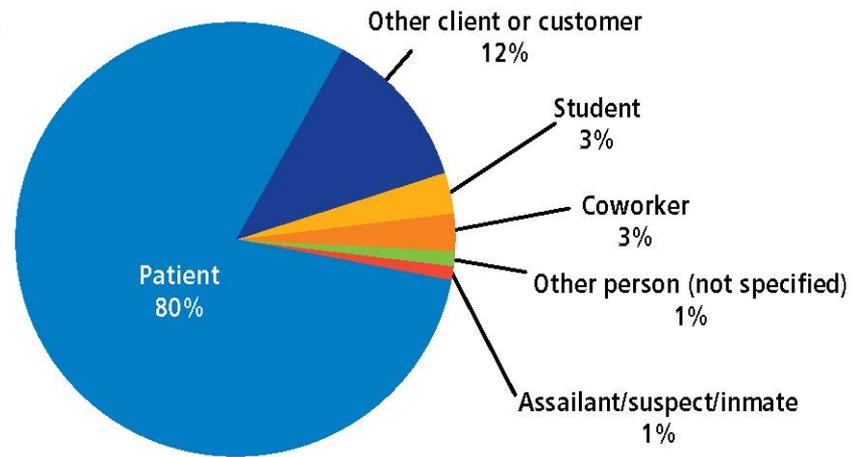
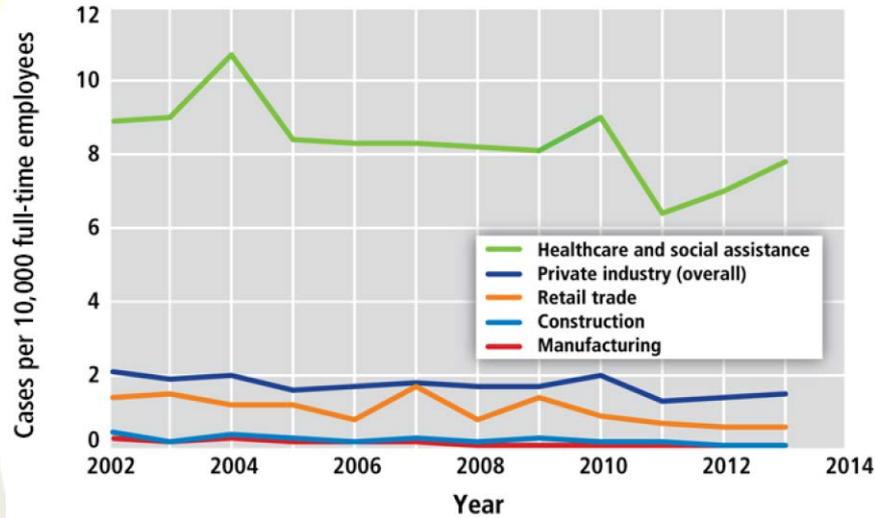


Real Goal



TeamSTEPPS®

Violent Injuries 2002-2013



Reference: Occupational Safety and Health Administration (OSHA)



TeamSTEPPS® and Reducing Workplace Violence

- A shout out to our sponsors and creators – Agency for Healthcare Research and Quality (AHRQ), Department of Defense (DoD), Health Research & Educational Trust (HRET), and American Hospital Association (AHA)
- **Team Strategies and Tools to Enhance Performance and Patient Safety** “*Initiative based on evidence derived from team performance...leveraging more than 25 years of research in military, aviation, nuclear power, business and industry...to acquire team competencies*”
- The goal is safety for the patient and the staff!

Communication and Teamwork

- **Bad news – poor communication and teamwork can be a source of tension and stress. It affects patient and staff safety**
- **Good news – most problems can be solved or prevented with effective communication among members**
- **Team collaboration is the key!**





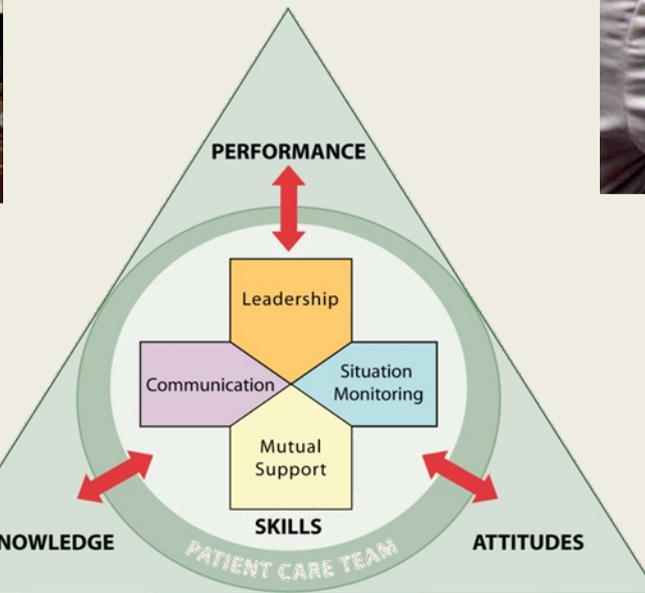
Communication

- SBAR
- Call-Out
- Check-Back
- Handoff

Mutual Support



- Task Assistance
- Feedback
- Two-Challenge Rule
- CUS
- Cross-Monitoring
- DESC Script
- Shared Mental Model
- Conflict Resolution



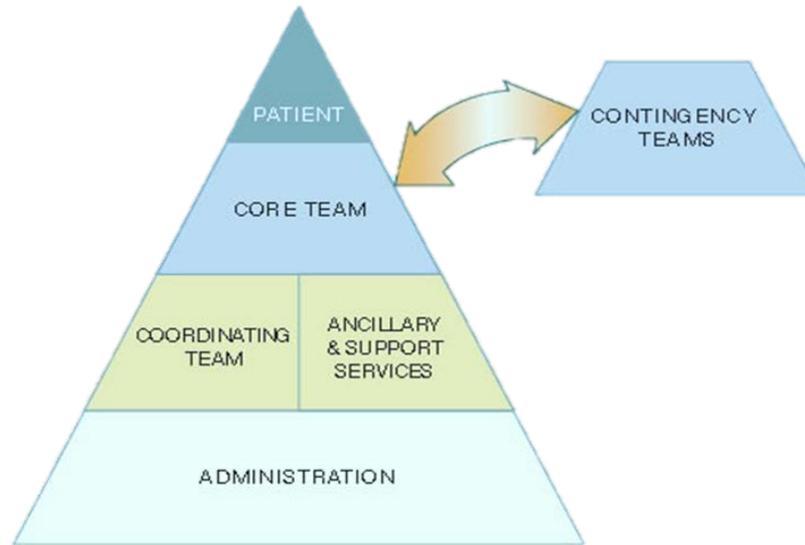
Leadership

- Effective Team Leaders
- Team Events
- Brief, Huddle, & Debrief

Situation Monitoring



Team Structure



PREVENT - provide education and awareness for all employees on early detection of WPV symptoms

RESPOND - de-escalation techniques

REPORT - how to notify, escalate, and properly document an incident

Where May Violence Occur?

Violence may occur anywhere in the health care facility, but it is most frequent in the following areas:

- **Psychiatric units**
- **Emergency rooms**
- **Waiting rooms**
- **Geriatric units**
- **Traumatic brain injury unit**

Leadership

- **Organize the team**
 - Roles and responsibilities

- **Brief**
 - sharing the plan

- **Huddle**
 - monitoring and modifying the plan

- **Debrief**
 - reviewing the team performance



Team Intervention

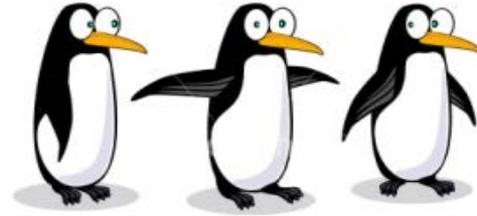
■ Crisis Response Team

- Do you have a team?
- Who is your crisis response team?
- How is your team summoned?

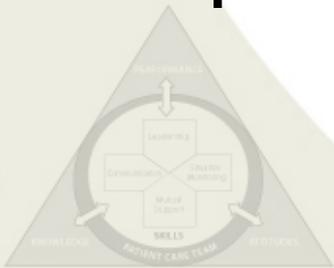


Team Intervention

Team vs. Solo Intervention



- **Safety – there is safety in numbers**
- **Professionalism – team members can lend mutual support to one another during a crisis situation**
- **Litigation – having another person on the scene provides a witness to the intervention**



Situational vs. Designated Leaders

Team Leader Duties

- Assess the situation
- Plan the intervention
- Direct or cue the other team members
- Communicate with the acting-out individual

Auxiliary Team Duties

- Check:
 - Physical, psychological status of individual
 - Safety of environment
- Address:
 - What needs to happen to de-escalate the situation?
 - Safety concerns?
 - Are Control Dynamics being utilized safely?
- Recognize:
 - Need for additional assistance
 - Need to change intervention strategies
- Engage in:
 - Verbal de-escalation with acting-out individual
 - Support to other team members



Situation Monitoring

PATIENT AND STAFF SAFETY IS THE NUMBER ONE PRIORITY

- People working in high risk environments are highly dependent on situation awareness.
- Situation Awareness-oriented design and training creates Safety:
 - Reduce human errors and system failures
 - Minimize risk



Precipitating Factors

Internal or external causes of an acting out behavior over which a staff member has little or no control

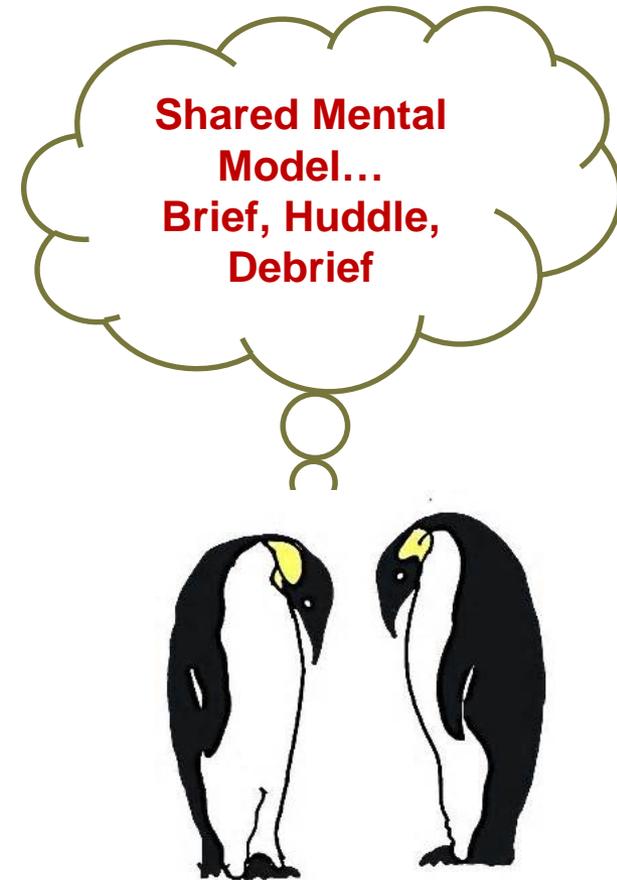
Understanding precipitating factors can help staff to:

- **Prevent acting-out behavior by being proactive**
- **Recognize that acting-out behavior is not a personal attack**
- **Avoid becoming a Precipitating Factor ourselves**



Some Examples of Precipitating Factors

- Loss of personal power
- Need to maintain self esteem
- Fear
- Failure
- Attention seeking
- Displaced anger
- Psychological/physiological causes
- Others



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Non-verbal signs of impending violence or Kinesics

- Rapid eye movements
- Pacing
- Rapid breathing
- Facial expressions, gestures, postures, such as clenching of jaws and fists



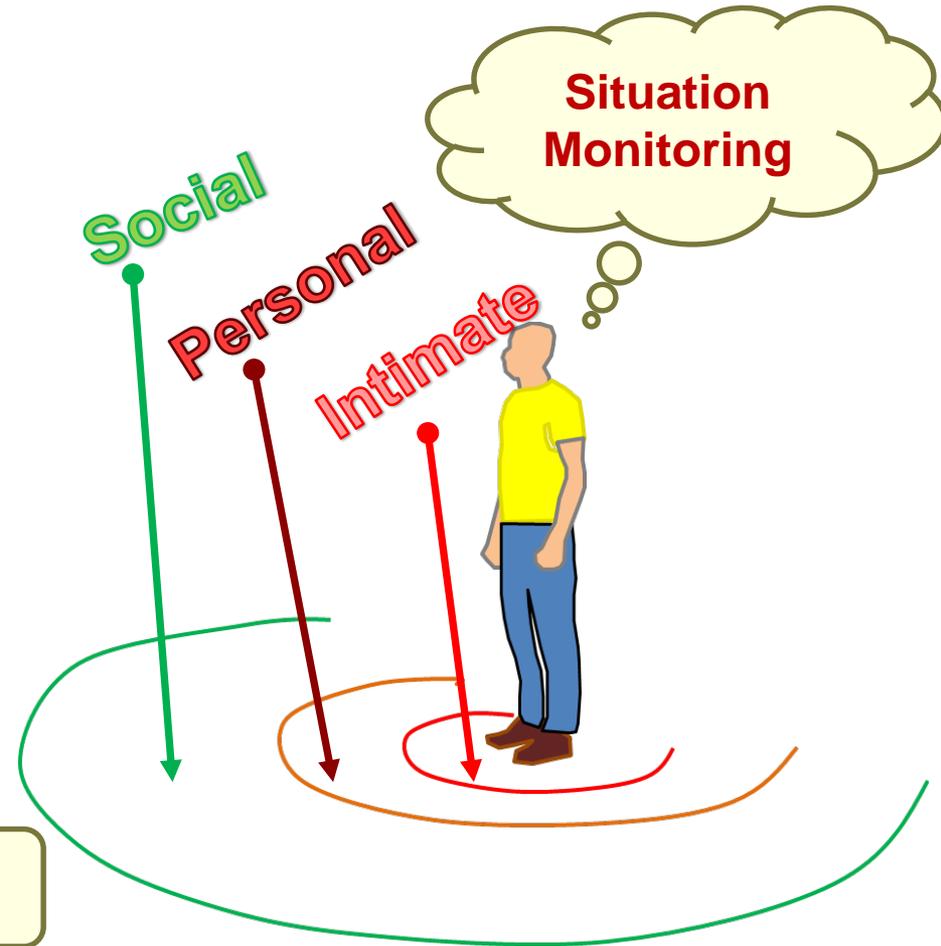
A staff member's kinesics behavior can serve to escalate or de-escalate a given situation



Nonverbal Behavior Communication

Proxemics – Personal Space

- Personal space varies. On average, an individual's personal space is 1.5 to 3 feet
- Factors of personal space include gender, size, cultural background
- Invasion of an individual's space will increase that person's anxiety



Para-verbal Communication

The vocal part of speech, including the actual words one uses

Components

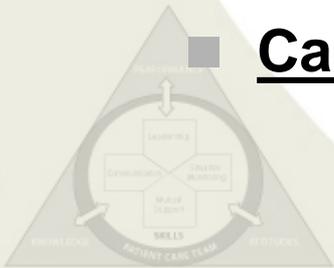
Suggested Approaches

- Tone
- Volume
- Cadence

Try to avoid inflections of impatience, condescension, inattention, etc.

Keep the volume appropriate for the distance and the situation

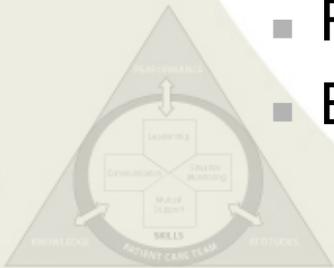
Deliver your message using an even rate and rhythm



Communication

WITH WHOM DO WE SHARE?

- Doctors/Nurses/Clinicians
- Social Workers
- Activity Therapists
- Hospital Police
- Psych Response Teams
- Administration
- Risk Managers
- **EVERYONE** who is part of the team





Verbal Intervention

DO

- Remain calm
- Isolate the situation
- Enforce limits
- Listen
- Be aware of non-verbal
- Be consistent
- Use CUS
- Use the two-challenge rule
- Check back and close the loop

DON'T

- Overreact
- Get in a power struggle
- Make false promises
- Fake attention
- Be threatening
- Use jargon
- Jump to conclusions

Verbal Intervention



Setting limits

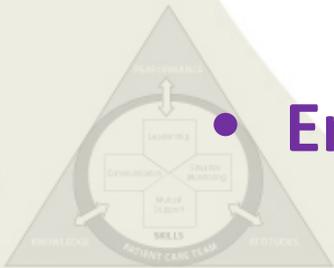
Offer choices and state the consequences of those choices, starting with the positive first

- Simple/Clear
- Reasonable
- Enforceable

SBAR?

Check-Back?

Closing the loop?



Mutual Support



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**Cross-
Monitoring**

**Task
Assistance**

Staff Fear and Anxiety

Unproductive

- **Freezing**
- **Overreacting**
 - Psychologically
 - Physiologically
- **Responding inappropriately**
 - Verbally
 - Physically

Productive

- **Increase in speed and strength**
- **Increase in sensory acuity**
- **Decrease in reaction time (quicker response)**

Staff Fear and Anxiety

Ways to control fear and anxiety:

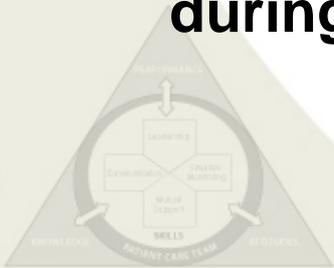
- Understand what makes us afraid
- Learn techniques to protect both ourselves and acting-out individuals in a crisis
- Use a team approach – don't respond alone
- Use physical intervention techniques to manage acting-out individuals



Rational Detachment

The ability to stay in control of one's own behavior and not take acting-out behaviors that result.

- **Staff may not be able to control Precipitating Factors, but they can control their own responses to the acting-out behaviors that result**
- **Maintain a professional attitude**
- **Find positive outlets for the negative energy absorbed during a crisis**



Scenario #1

- A patient becomes agitated in the dining room with other patients in the area.
- The crisis team comes in and addresses the patient.
- One or more other patients become involved and state "You come after him, you're also coming after me."
- **How do you manage situation without getting everyone riled up?**



10 Ways to Defuse Incidents

1. Respect all individuals' personal space (situation monitoring)
2. Be aware of your own body position and language; Keep nonverbal cues nonthreatening (non-verbal communication)
3. Be empathic to others' feelings (mutual support)
4. Use DESC during conflicts and try to de-escalate challenging questions (Listen attentively)
5. Set and enforce reasonable limits (check-back)
6. Permit verbal venting when possible (situational monitoring and awareness)
7. Identify real reason or trigger for the behavior (brief, huddle, and debrief)
8. Stay composed, avoid overreacting
9. Provide task assistance as needed
10. Use physical techniques only as a last resort

Scenario #2

- A patient is placed on an Constant Observation watch (like a 1:1) for assaultive behavior.
- The person assigned to watch him is understandably afraid of him and is embarrassed to ask for help.
- Similarly, a staff member (could be SW, PhD, MD, AT) is assigned to provide care to someone who scares them.
- They then see the patient only sporadically and in very brief intervals.
- **How to keep staff safe and also make sure patients cared for?**

Joy and Meaning of Work

“Workplace safety is inextricably linked to patient safety. Unless caregivers are given the protection, respect, and support they need, they are more likely to make errors, fail to follow safe practices, and not work well in teams.”

Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Healthcare

Luciane Leape Institute, NPSF



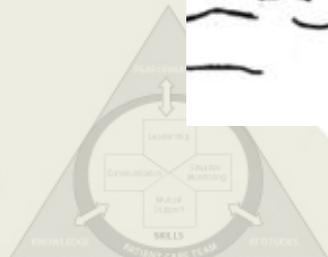
Summary

- **Better Communication and Teamwork can help keep our patients and staff safe!**
- **Implementation of TeamSTEPPS can reduce workplace violence and/or injuries through early recognition.**
- ***Knowledge, Skills, and Attitude* are key attributes to Enhance Performance, Improve Satisfaction, Joy and Meaning at Work!**



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Sure glad the hole isn't at our end.



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**THANK
YOU**



Questions and Answers

For more information, please contact our team at:

AHRQTeamSTEPPS@aha.org

