

Safety Matters

Tools for Navigating Patient and Staff Safety

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In the fall of 2012, nurses from across the state attended the 9th Annual Pennsylvania Hospital Nursing Conference. Kathy McCauley, PhD, ACNS-BC, FAAN, FAHA, and Associate Dean of the University of Pennsylvania School of Nursing and Hospital spoke at the conference. The title of Dean McCauley's presentation was **Creating Healthy Work Environments: It is Everyone's Job**. Dean McCauley presented a literature overview in which she emphasized the effects of communication on patient safety and improved mortality outcomes.

The AACN reaffirms, "Nurses must be as proficient in communication skills as they are clinical skills. Educational programs are necessary to increase self-awareness, dialogue, negotiation, and conflict management skills."

Dr. McCauley suggested some books that provide guidance on ways to handle crucial conversations. The books included *Crucial Conversations: Tools for Talking when the Stakes are High* and *Crucial Confrontations: Tools for Resolving Broken Promises, Violated Expectations, and Bad Behavior*.

A crucial conversation is a discussion between two or more people where 1) the stakes are high, 2) opinions vary, and 3) emotions run strong and the outcome greatly impacts their lives. When conversations or interactions catch an individual (patient, nurse, family member, or others) by surprise, the person has an instantaneous biological response. The surprised individual has increased adrenaline, high blood flow to arms and legs (fight or flight), and low blood flow to the brain. Patterson, et. al, describes two types of poor communication reactions during crucial conversations. The sender and/or receiver may go to "silence or violence" which are ineffective and destructive dialogue strategies.

The health care professional can start with himself or herself in developing more effective methods of communication. **Start with you.** Step back, refocus, and try to establish effective communication. The health care professional must establish the shared goal of patient safety with the recipient, albeit another nurse, a physician, the patient, or a family member. Respect, trust, and safety are paramount in avoiding the silence or violence reactions.

At Chester County Hospital, several educational opportunities promoting effective communication and non-violent resolution are available to staff. These educational opportunities are applicable to encounters outside the hospital as well as encounters in the hospital. Crisis Prevention and Intervention training is offered several times a year, a self-study module offered on "Crisis Intervention and Managing the Agitated Patient", and staff development offers a course "Caring for Patients with impaired Judgment."

McCauley, K. (2012). *Creating Healthy Work Environments: It is Everyone's Job*. [Presentation]. 9th Annual Pennsylvania Nursing Conference. Philadelphia, PA.

American Association of Critical-Care Nurses Standards for Establishing and Sustaining Healthy Work Environments. 2005.

Patterson K, Grenny J, McMillan R, Switzler A. (2002). *Crucial Conversations: Tools for Talking When the Stakes are High*. Highstown, NJ: McGraw-Hill.

Patterson, K, Grenny, J, McMillan, R, and Switzler, A. (2004). *Crucial Confrontations*. Highstown, NJ: McGraw-Hill.

The Quality Management Department is raffling off 5 copies of the book "Crucial Conversations." Email your name to Julie Musantry at jmusantry@cchosp.com by May 15. The winners will be announced on May 20.

Common Medications Used for Chemical Restraint

Geodon (ziprasidone) - used for bipolar mania/disorder, schizophrenia, acute agitation

Reconstitution- each vial should be reconstituted with 1.2 mL SWFI, *shake vigorously*; will form a pale, pink solution containing 20 mg/mL ziprasidone

Dosing- 10 mg IM every 2 hours; 20 mg IM every 4 hours; max dose 40 mg/day

Adverse reactions- QT prolongation, orthostatic hypotension, angina, tremors, change in balance

Side effects- Patient may experience presyncope, fatigue, blurred vision, illogical thinking, dizziness, nervousness and anxiety, nausea, constipation, weight gain, or hyperglycemia

Action- peak <60 minutes; half -life 2-7 hours

Haldol (haloperidol) - used for psychosis, ICU delirium, tranquilization of severely agitated patient

Dosing- 5 mg IM every 4-8 hours; average total dose for tranquilization is 10-20 mg

Unlabeled use/route IV 0.5-10 mg, please refer to Lexicomp for more information

NOTE: patient must be transferred to ICU for continued monitoring of patient

Adverse reactions- altered cardiac conduction, anticholinergic reactions, extrapyramidal effects

Side effects- Patient may experience presyncope, fatigue, blurred vision, illogical thinking, dizziness, nervousness and anxiety, nausea, constipation, weight gain, or hyperglycemia

Action- onset IM or IV 30-60 minutes; peak IM 20 minutes; half-life 18 hours

Ativan (lorazepam) - used for anxiety, sedation, rapid tranquilization of agitated patient

Dosing- 1-2 mg IM every 30-60 minutes; average total dose 4-8 mg IV 2 mg with a max dose of 4 mg

Unlabeled use/route IV 2 mg; maximum dose <10 mg/hr, please refer to Lexicomp for more information

NOTE: patient must be transferred to ICU for continued monitoring of patient

Adverse reactions- anterograde amnesia, CNS depression, paradoxical reactions

Side effects- sedation, respiratory depression, hypotension, weakness

Action- onset IM 20-30 minutes, IV 50-20 minutes; duration 6-8 hours; half-life 13 hours

Code Armstrong Data

Since the inception of Code Armstrong and CPI Intervention training in March 2012, 27 Code Armstrongs have been called. The majority of Code Armstrongs have ended with positive results with only two needing 911 interventions. Interestingly, only six Code Armstrongs required the use of physical restraints while the vast majority, 20, did receive chemical restraints. No physical injuries have been reported from staff or to patients. A job well done!

Class of 2013 CPI Inductees

In the first quarter of 2013, 30 new RN's were certified in CPI training. These nurses are now a part of a diverse chain of resource personnel located throughout The Chester Count Hospital. These nurses work varied shifts and days of the week and work on the following units: WW1, WW2, SCU, Telemetry, PINU, L&D, NICU, Maternity, ICU, CVU and ACC. Stay tuned for the updated CPI Resource Personnel list which will be distributed to each unit. Congratulations to all participants who attended the CPI training.