It Ain't Easy Being (code) Green

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Conflict of Interest Statement

- Ms. Lasher and Ms. McPherson have no conflicts of interest related to this presentation and are NOT employees of the BIAMD; nor do they have any conflicts of interest, financial or otherwise, related to presenting at this conference.
- The case studies included in this presentation are fictional. Any similarities to an individual, alive or dead, are strictly coincidental.

According to WHO, Between **8% and 38%** of health workers suffer physical violence at some point in their careers. Many more are threatened or exposed to verbal aggression. Most violence is perpetrated by patients and visitors. There is a group of lobbyists who are proposing a law to protect health care workers, much like the law that is in place to enhance airport and aircraft security.

At the end of this presentation, the participant will be able to:

- Identify possible medical and/or psychiatric conditions which may increase the likelihood of combative or aggressive behaviors
- Identify current strategies for addressing behaviors before and during a “code green”
- Identify strategies to change the medical profession’s actions and opinions regarding combative behavior

Code Green

- **What are hospital emergency codes?**

Emergency codes allow trained hospital personnel to respond quickly and appropriately to various incidents. Hospital emergency codes have often varied widely by location — even within hospitals in the exact same community. This potential for confusion has led many states to adopt standardized codes for all hospitals.

In 2003, Maryland mandated uniformity of codes across all acute hospitals statewide (16 other states have followed suit)

Precipitating factors to combative/aggressive behaviors

- Psychiatric conditions: PTSD, anxiety, schizophrenia
- Psychosocial factors: incarceration, veteran, history of aggressive behaviors, trauma, history of drug use
- Environmental factors: too loud, too dark/light, room too small, too many people, race/gender/age of staff
- Unknown triggers: particular actions, expressions, color of clothing, smells, noises
- Generalized confusion

What is Being Done Now

- BERT: Behavioral Emergency Response Team: specialized team that provides "immediate response, with 24/7 availability to a patient or visitor displaying disruptive behaviors that are not life-threatening" (similar concept is a RRT before a Code Blue)
- Help with situations that are escalating but have not become dangerous
  - Verbally escalated or abusive patient (i.e. patient who is arguing w/ a staff because he/she wants to leave AMA)
  - Arguments between staff and patient/family

Team consists of BERT nurse, security, neuropsychiatry, nursing supervisor (night/weekends) and hospitalist

Security Calls (CODE GREEN)

- Address emergency situations (patient physically assaulting staff or brandishing a weapon)
- Consist of personnel that have been trained in Crisis Prevention Institute (CPI) (social workers, CNA, PT/OT/SLP/Rec Therapy, nurses, security, etc.)
- Three stages: original code green announcement (all staff on deck), Stand by (enough staff present, intervention in progress), All Clear (code over, crisis resolved) Also have a debriefing meeting afterwards, and if necessary a Code Lavender (staff support team)

Calling the Code Green

- Ideally called when the BERT intervention was not successful and the individual(s) remained escalated
- Staff calls the code, all available trained Code Green team members (those who have the CPI training) gather at the scene of the code
- Staff has been either threatened or assaulted
- The first few to respond will enter the area to assess and respond to the threat, with the additional support staff (can be 20 or more depending on time of day) congregating nearby.
- Can be loud, confusing, chaotic

Calling the code—patient's perspective

- Unfamiliar surroundings (place, people)
- Increased stimuli (noise, amount of people, activity)
- Have had a trauma which has been triggered (commonly unknown to staff)
- Heightened adrenaline
- No recollection of what they have done wrong

Calling the Code-staff perspective

- Adrenaline kicks in
- Scared, anxious, threatened
- Fear of the unknown
- The staff member had been assaulted (verbal, physical)
- Their past trauma(s) was/were triggered
- Overstimulated

What could be an alternative response

- Time to handle the crisis is not during the crisis, but before the crisis
  - Appropriate psychosocial assessment is completed asking questions about mental illness (family and patient), suicidal ideation and/or attempts, history of trauma and/or violence, substance use/abuse; results of which are shared at a specific time within first week of admission
  - After identifying potential triggers, having a notification system to alert staff of potentially aggressive behavior (flag in chart, special symbol on door, patient wears wristband, etc)
  - Staff trained in trauma informed care
  - We are in no way implying that current policy/intervention is “bad” or “wrong”, we are simply identifying ways to prevent a code through proactive actions and beliefs

Trauma Informed Care

- **Trauma-informed care shifts the focus from *"What's wrong with you?"* to *"What happened to you?"*** A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a patient's life situation — past and present — in order to provide effective health care services with a healing orientation. Adopting trauma-informed practices can potentially improve patient engagement, treatment adherence, and health outcomes, as well as provider and staff wellness. It can also help reduce avoidable care and excess costs for both the health care and social service sectors.

Buffalo Center for Social Research

- Trauma Informed Care (TIC) is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. TIC recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life.
- TIC changes organizational culture to emphasize respecting and appropriately responding to the effects of trauma at all levels. (similar to "universal precautions" for infection control).
- Requires an organization to make a paradigm shift from asking "what's wrong with this person" to "what happened to this person"

The 4 R's of Trauma Informed Care www.samhsa.gov

- 1) REALIZE: the widespread impact of trauma and understands potential paths for recovery
- 2) RECOGNIZE: the signs and symptoms of trauma in clients, families, staff, and others involved in the system
- 3) RESPOND: fully integrating knowledge about trauma into policies, procedures, and practices; and
- 4) RESIST: re-traumatization

A trauma informed approach is different from trauma-specific services or systems; instead it is inclusive of trauma-specific interventions AND incorporates key trauma principles into the organizational culture

According to the Crisis Prevention Institute, “adopting a trauma-informed approach is not accomplished through a singular particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change a the organizational level.

Six guiding principles to a Trauma-Informed Approach (www.crisisprevention.com)

1) Safety: physical setting is safe, and the interpersonal interactions further promote that sense of safety.

2) Trustworthiness and Transparency: operations and decisions are made based on trust and transparency, and trust of patients is built and constantly maintained.

3) Peer support: enhances collaboration and utilizes lived experience to promote recovery and healing.

Six guiding principles to a Trauma-Informed Approach (www.crisisprevention.com)

4) Collaboration and Mutuality: role everyone plays in an organization is based on trauma-informed care.

5) Empowerment and Choice: recognizing, empowering, and building upon the strengths and experiences of trauma-impacted individuals.

6) Cultural, Historical, and Gender issues: organizational efforts are made to move past cultural stereotypes and biases; utilization of policies, protocols, and processes that respond to racial, ethnic, and cultural needs.

Tips to prevent re-traumatization

- Learn as much as you can
- Grow your skills of attunement
- Look for causes of behaviors
- Use person-centered, strength-based thinking and language
- Provide consistency, predictability, and choice making opportunities
- Always weigh the physiological, psychological, and social risks of any intervention
- Debrief

AFFECTS OF TRAUMA

- DEPRESSED IMMUNE SYSTEM
- ADDICTIONS (drug, ETOH, shopping, sex, hoarding)
- Poor academic/vocational performance
- Low self esteem
- Poor relationship building skills
- Poor coping skills
- Incarceration
- Spontaneous/impulsive behavior
- Homelessness
- ETC…….
- ETC…….
- ETC…….

“At some point in my life I decided, rightly or wrongly, that there are many situations in this life that I can’t do much about: acts of terrorism, feelings of nationalistic prejudice, cold war, etc. So what I should do is concentrate on the situations that my energy can affect.”

Jim Henson

Questions?

Thank you all for coming! We hope you enjoyed our presentation as much as we enjoyed presenting it!

Have a great day!

Resources to consider

- The Comfort Garden: Tales from the Trauma Unit by Laurie Barkin, RN, MS
- Managing Changes with Personal Resilience by Mark Kelly, Linda Hoopes, and Daryl Conner
- 3 Keys to Help Staff Cope with Secondary Trauma
- CDS's Adverse Childhood Experiences (ACEs) Study
- Compassion Fatigue: Could It Be Compromising Your Professionalism?
- How to Help People Handle Trauma
- How Therapeutic Writing Can Help Crisis Workers
- Incorporating Trauma-Sensitive Practices

Resources, con't

- Is Trauma-Informed Care Just Another Buzzword?
- National center for Trauma-Informed Care and Alternatives to Seclusion and Restraint
- Personal Resilience: How to Be Resilient When You're a Caregiver
- www.crisisprevention.com
- www.samhsa.gov
- World Health Organization
- www.traumainformedcare.chcs.org
- Buffalo Center For Social Research
- Resources Guide: Trauma Informed Care
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach