



Complex Intervention Unit: Redesigning Safety for Aggressive/Violent Patients

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Background

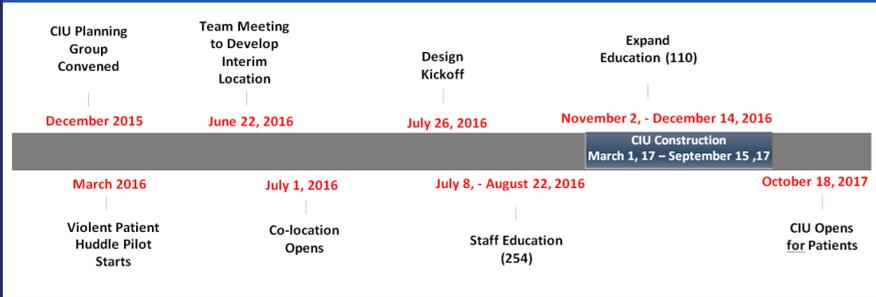
“Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide.” OSHA 2015

There has been an increase in violence towards healthcare workers by patients resulting in staff injuries, lost work days, and the need for additional nursing, medical, and security resources.

We identified the need for a specialized unit to promote and maintain staff and patient safety while providing quality patient-centered care.

The Complex Intervention Unit (CIU) was developed over a two year timeframe through a multi-disciplinary work group including Hospital Internal Medicine, Psychiatry, Emergency Medicine, Nursing, Social Work, and Management Engineering and Internal Consulting (ME&IC).

Complex Intervention Unit (CIU) Timeline



Patient Characteristics

Total Pts	146	Psychiatric Diagnosis	90 %		
Men	73%	Depressive Disorder	57 %	Substance Abuse Disorder	53 %
White	85%	Personality Disorder	35 %	Alcohol	75 %
Single	55 %	Bipolar Disorder	28 %	Marijuana	55 %
Unemployed	46 %	Anxiety Disorder	30 %	Opiates	46 %
Medicaid	53 %	Schizophrenia	16 %	Stimulants	43 %

Methods

The CIU was purpose-built without ligature points, with tamper resistant hardware, dual locking Sally-Port entry points, shatter resistant security glass, silent panic alarms, and many other safety and security features. Nursing staff were trained in Non-Violent Crisis Intervention (NVC) and other staff, including physicians, were provided security training and participated in behavioral drills.

A unique collaborative team serves our diverse patient population, including providers in HIM and Psychiatry, pharmacy, expanded Social Work for complex disposition needs and to provide select patients therapy, and an integrated security presence on the unit at all times.

Educate and Empower:

- Nonviolent Crisis Intervention (NVC) training
- Simulation drills
- Empathic communication and verbal de-escalation education
- Aggressive/Violent Emergency Medication Kit
- Restraint chair, seclusion rooms
- Video monitoring

Concentrate Resources:

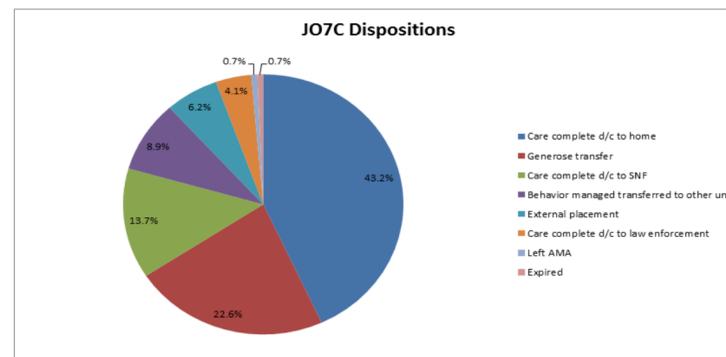
- Designated space
- Staff with advanced de-escalation skills
- Security presence 24/7
- Dedicated medical service (hospitalist) 24/7
- Dedicated psychiatrist daytime Monday-Friday
- Dedicated social work team

Results

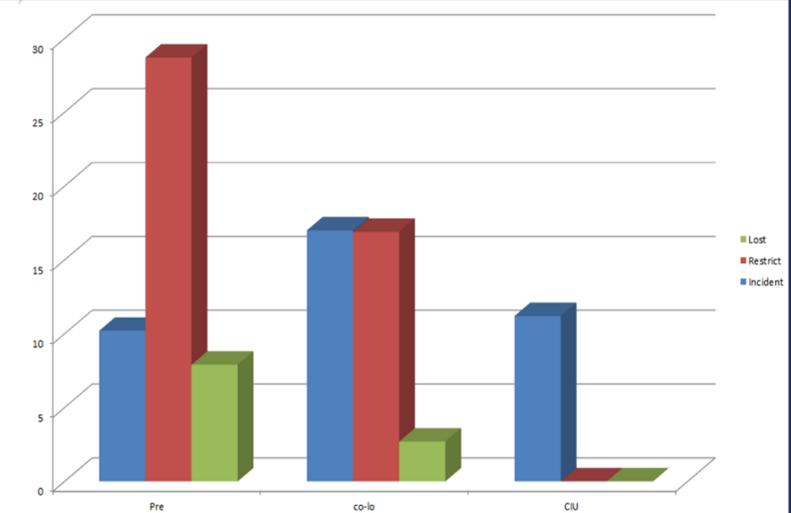
58 patients (40 %) were violent prior to arrival in the CIU.
29 patients (20 %) were violent after arrival on the unit.

Length of Stay was **2.06 days shorter** when compared to similar patients before CIU.

After the CIU opened, the number of Behavioral Emergency Response Team (BERT) activation calls in the hospital decreased, and staff work days lost and restricted due to injuries from violent patient incidents have been eliminated.



Restricted/lost work days



Lessons Learned

- Organization's commitment to ensuring staff safety is key.
- Multidisciplinary expertise is essential to successful development and implementation.
- Unit design is critical for safety.
- Staff training is vital for competence, comfort, confidence, and retention in caring for this population.
- Empathic communication and de-escalation techniques are effective.
- Proactive communication to ancillary staff ensures safe patient interactions.
- There is high desire of staff to work in this environment.
- May be done without compromising staff and patient satisfaction

Conclusions

Concentration of expertise and resources was very effective at improving outcomes in patients with violent/aggressive behaviors, across many dimensions.

In the early stages, the CIU clearly shows benefit with respect to reduction in patient violence, patient LOS, staff injuries and lost work days. Continued monitoring is necessary to identify areas for targeted improvement as well as future study.