The Management of Clinical Aggression – Rapid Emergency Department Intervention

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• Violence in ED Action Group Royal Melbourne Hospital

• Victorian Department of Health
  – Nurse Policy
  – Emergency Care Improvement and Innovation Clinical Network

• Participating EDs
  – Project Leads/data collectors
  – NUMs
  – Nurses who took part
Overview of this session

1. Evidence supporting training interventions
2. ESP model
3. Developing and implementing MOCA-REDI
4. Evaluation outcomes
5. Implications for future work
• Education is an effective strategy for improving health professional’s levels of confidence in dealing with violence.

• Attitudes regarding the causes of patient violence influence the way staff work to prevent and manage it.

• Feedback to staff and the delivery of “as required education sessions” have found to be useful in reducing the incidence of violence.
• Mode of delivery

• Content

• Learning activities
1. MOCA-REDI will significantly change staff attitudes about the causes of patient aggression by recognising the role environmental and interpersonal factors have on patient behaviour.

2. MOCA-REDI will result in a significant change in staff attitudes about the management of patient aggression by recognising use of least restrictive interventions to achieve patient and staff safety.
• Design

• Approvals

• Setting and selection of participants
• **MAVAS**
  Statements about causes of violence and approaches to its management

  Strongly Agree……………………………………………………Strongly Disagree

  0………………………………………………………………………..10

• Qualitative experiences of managers and trainers
Survey results

- 913 Participants
- 755 Surveys
- 471 Matched pairs

Mean experience
- RN 12.17 (SD 10.80)
- ED 6.08 (SD 6.33)
## Survey results

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>Means</th>
<th>95% CI</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Before</td>
<td>After</td>
<td>Diff</td>
</tr>
<tr>
<td>Environment</td>
<td>460</td>
<td>3.70</td>
<td>3.52</td>
<td>0.17</td>
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<tr>
<td></td>
<td></td>
<td>0.03</td>
<td>0.32</td>
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<tr>
<td>Situation</td>
<td>448</td>
<td>3.38</td>
<td>3.09</td>
<td>0.30</td>
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<tr>
<td></td>
<td></td>
<td>0.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>457</td>
<td>4.75</td>
<td>4.77</td>
<td>0.02</td>
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<tr>
<td></td>
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<td>0.02</td>
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</table>
• 28 Participants
  – 16 NUMs
  – 12 trainers

• 78 training sessions
<table>
<thead>
<tr>
<th>Theme</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Environment</td>
<td>Staff are better able to identify the dangers of having equipment left on the table and the fact this could be used as a weapon (T1).</td>
</tr>
<tr>
<td></td>
<td>Staff are more mindful of things like exits and being aware of the risks in our ED (UM 4).</td>
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<tr>
<td></td>
<td>The staff are now more aware of the environment and the way sound carries. Handovers are now conducted in a closed room (UM 10).</td>
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**Interview results**

<table>
<thead>
<tr>
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<th>Comment</th>
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</table>
| Situation | *Staff communication has improved, and staff are recognising escalating situations earlier and actively responding by using strategies like providing information regularly to the patients and generally being more aware of their behaviour (UM 9).*  

*Staff are now listening, trying to work out what the problems are for the patient, and attempting to resolve any issues. Those staff who previously met aggression with an aggressive attitude no longer doing that (UM 7).*  

*The staff who have failed to respond appropriately to aggressive situations in the past, continue to do so but now they are challenged by other staff (UM 2).* |
### Interview results

<table>
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<tr>
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<th>Comment</th>
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<tbody>
<tr>
<td>Patient</td>
<td>A number of our staff admitted that they have noticed patients trying to catch their attention from the cubicles as they pass. They said they have previously ignored these patients at times as they felt that their own jobs took priority. They felt MOCA-REDI served as a reminder that the patient’s needs are a priority to them, and they should be responded to accordingly. (T 6). The program helped staff consider what the patient feels compared to how they see the situation. (UM 16).</td>
</tr>
</tbody>
</table>
Summary of findings

- Significant evidence of shift in 7/23 attitudes
  - Increased awareness of the quality of the communication and environmental as factors that mediate aggression
  - Decreased emphasis on the requirement for the person to self-regulate in the emergency environment or in a crisis
  - Decreased belief in the need for and safety that is afforded by restraint
Implications for future work

• Role of clinical leadership in implementing and sustaining practice change

• Did MOCA-REDI really make a difference in practice?

• If so how will this be sustained?

• Aggression is managed by an inter-disciplinary team so there is a need to develop and test education using interdisciplinary model.