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Decreasing Restraint Use by Utilization of Agitation Assessment and Verbal De-escalation Strategies in an Inpatient Non-Psychiatric Hospital

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N749A NP Qualifying Project: Manuscript Development

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September 18, 2022

Abstract

Background: This paper reviews the literature on ways to decrease the use of restraints in hospitals – specifically the use of agitation assessments and verbal de-escalation to be implemented in healthcare facilities to decrease the number of restraints being used to manage undesirable patient behavior and workplace violence incidents. Problem: Restraints have been shown to impede the nurse-patient relationship and cause emotional and physical trauma to staff and patients. They are no longer considered preferred management and in some circumstances can be considered abuse. Intervention: Agitation assessments and verbal de-escalation have been shown to produce less aggressive behavior and decrease the time patients spend in restraints. By having a way in which agitation levels can be measured, the provider can intervene with the least invasive methods (i.e. verbal de-escalation) before the situation devolves into one needing more invasive (i.e. restraints) interventions. Conclusions: By implementing the use of agitation assessments and verbal de-escalation strategies, the literature has shown that restraint use can be decreased, and time spent in restraints can be decreased.

Keywords: acute behavioral symptoms, de-escalation, restraints, inpatient, agitation

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Problem Description

The Joint Commission, in 1998, published a Sentinel Alert regarding the use of restraints in behavioral health settings (Goetz & Taylor-Trujillo, 2012). A Sentinel Alert is issued by the Joint Commission to provide to health care facilities their safety action recommendations on ways in which gaps can be addressed and identifies opportunities for improvement (Lyons, 2021). The Centers for Medicare and Medicaid Services and the Joint Commission have pushed to make the use of restraints limited to only when behavior threatens the immediate physical safety of a staff member, patient, or bystander and less restrictive measures have been unsuccessful (Gaynes et al., 2017). While the use of restraints can be viewed as a safe and quick way of managing agitated patients, there are several negative effects associated with this intervention and it can be traumatic for the staff and the patient.

Restraints can inflict feelings of hopelessness on the patient because it is an intervention done to the patient, not with them (Haefner et al., 2020). There is increased feelings of anxiety, distress, frustration, anger, and fear in both staff and patients, and restraints can result in regressive behavior and patient dependence (Perez-Toribio et al., 2021). There is also an increased quantity of injuries associated with restraints, to patients and staff (Holloman & Knox, 2012). One fourth of workplace violence (WPV) across the globe is likely to be produced by healthcare violence, making it a considerable job-related hazard in healthcare (Adams et al., 2017). Workplace violence includes any incident that causes physical or psychological harm to employees from assaults, abuse, or threats in work related conditions (Adams et al., 2017).

This paper explores solutions to decrease the number of restraints being used. This will be done by searching for information on ways the use of agitation assessments and verbal de-escalation techniques by floor staff and providers early on in the encounter with patients can decrease the use of restraints being utilized as a means of behavioral management.

Available Knowledge

Review Protocol

A literature search was undertaken to find information relevant to this paper. A systemic review of evidence was done through the Cumulative Index to Nursing and Allied Health Literature (CINAHL) Complete database. While several searches were completed, the most comprehensive one with all the articles found pertinent to this paper were as follows. Keywords input were "de-escalation" and "inpatient". The articles needed to be written in the English language and written no earlier than 2012. This search yielded 82 articles. Modifiers to eliminate irrelevant articles were removing those not related to nursing care, those not addressing patients experiencing acute behavioral symptoms, those not addressing the use of verbal de-escalation, and articles that did not contain mechanical or chemical restraints as a means of behavioral management. These modifiers lead to a total of nine articles.

Integrated Review of the Literature

Agitation Assessment

Legambi et al. completed a quality improvement project in 2021 that implemented the use of the BARS in an emergency department (ED) to study whether early detection of

agitation could lead to a decrease in restraint use. Data was collected four months pre and four months post implementation of the Behavioral Activity Rating Scale (BARS) on restraint use, charting of BARS, and usability of the BARS by staff. Descriptive statistics were used to describe the documentation of BARS, nonrestraint interventions, restraints used for violent patients, time spent in restraints, and violent rating on the BARS. Additionally, a X2 test was used to compare the data for the different time frames of collected data. It was found that not only was the BARS usable by the staff, in combination with interventions to manage agitation, agitation could be mitigated before violence occurred. Using agitation assessments can decrease the amount of time a patient spends in restraints, not just decrease the number of patients being put into them. Holloman & Knox wrote an article releasing a consensus statement in 2012 that discusses an algorithm which was created to assist the medical professional in deciding when and if restraints or seclusion are appropriate. They spoke of how they discovered that while emergency departments (ED) and psychiatric emergency services (PES) may not be able to entirely remove the need for restraints or seclusions, strategies – specifically the use of agitation assessments - can be implemented to decrease the rate in which they are needed.

Gaynes et al. completed a systematic review of evidence in 2017 that examined 17 articles. They compared the effectiveness of various strategies used to prevent and de-escalate the aggressive behaviors of patients with a psychiatric disorder in an acute care setting. By searching databases for studies related to de-escalation strategies and violence prevention, they discovered that information regarding their topic was limited.

However, certain preventative strategies in tandem with multimodal interventions and risk assessment can lower the use of restraints and seclusion by decreasing aggressive behavior. Tucker et al. in 2020 completed a descriptive qualitative study utilizing semi-structured focus group interviews with twenty inpatient mental health nurses. They looked to examine the experiences that nurses have had regarding managing and recognizing agitation in patients and whether these experiences line up with the current best practice. They discovered that by engaging patients in decision making about their care, they individualized their approaches to combine professional judgement and clinical observations with structured agitation assessments.

These studies were evaluated using the John Hopkins Evidence-Based Model for Nursing and Healthcare Professionals (JHEBP) Synthesis and Recommendations Tool Appendix H. The JHEBP Appendix H Tool allows for the use of critical thinking to synthesize findings and find best evidence practice recommendations. Before this, they were evaluated with the JHNEBP Non-research Evidence Appraisal Tool Appendix F, or the JHEBP Research Evidence Appraisal Tool Appendix E, being guided by the JHEBP Hierarchy of Evidence Guide Appendix D. With a mixture of Level III (nonexperimental studies) and Level IV (clinical practice guidelines) evidence, these studies produced an underlying theme of ways in which to detect agitation in patients.

The key takeaways from the studies found that implementing a general application of risk assessment strategies for all individuals, not just those who are actively showing signs of aggression, can decrease restraint use by producing less aggressive behavior (Gaynes et al., 2017). Using agitation assessments is helpful but should be done in tandem

with professional judgement and clinical observations (Tucker et al., 2020). Agitation assessments can decrease the amount of time a patient spends in restraints, not just decrease the number of patients being put into them (Legambi et al., 2021). With each study giving an Overall Quality Rating of Strong from the Appendix H JHEBP Tool, the evidence is shown to be strong and compelling, having consistent results. The studies show consistency in that across the board, it was found that the use of agitation assessments can decrease the number of patients placed in restraints as well as limit the amount of time a patient is in restraints for.

Verbal De-escalation

Bowers in 2013 published clinical practice guidelines that provide a framework with a systemic description on the de-escalation process. These guidelines breakdown the information and make it easily presentable to staff. Perez-Toribio et al. published a retrospective study in 2022 that was meant to examine the relationship between patients who had been mechanically restrained and nurses using verbal de-escalation. Data was extracted on 493 separate episodes in which mechanical restraint was used. They looked at several variables, including sociodemographic factors, clinical factors, the diagnosis, substance use, time, date, and reason for restraint, previous use of mechanical restraints, pharmacological restraints, and if the use of verbal de-escalation was attempted. They found that in over 40% of the patients who had required mechanical restraints, no attempts at verbal de-escalation had been attempted. By analyzing the records of those who had been mechanically restrained from 2012 to 2019 at an acute mental hospital, they found that verbal de-escalation was used less in patient who had no

history of mechanical restraint or pharmacological intervention to prevent agitation and that often, these patients were restrained early on in their hospital stay. This confirmed the importance of early interventions by nurses and of establishing a trusting therapeutic relationship with patients early on in their stay.

In 2021 Haefner et al. performed a quality improvement project aimed at using verbal de-escalation to decrease patient aggression and seclusion on an inpatient psychiatric unit. The project was implemented on a 37-bed psychiatric unit and provided to nurses, psychiatric nurse practitioners, occupational therapists, psychiatric pharmacy technicians, activity therapists, and social workers. Utilizing the TeamSTEPPS educational program, staff was first provided online computer modules to complete, and then attended live de-scalation techniques demonstrations. Each individual variable data point was analyzed by using the Chi-square test for independence (with Yates Continuity Correction) with a P value of less than 0.05 showing statistical significance. They compared patient charts from two months pre- and post-training. There was found to be a decrease in the number of aggressive behaviors charted, determining that education for the nurses was beneficial in reducing a patients' aggressive behavior.

In 2018, Hallett published an article that outlines primary, secondary, and tertiary prevention methods for decreasing challenging behaviors, including de-escalation and agitation assessments. Understanding prevention and causes of challenging behavior is important in healthcare because incidents can occur in any setting. Long et al. in 2016 completed a quality improvement study where a change in staff training on the management and prevention of violence and aggression was done and the effectiveness

of this content upgrade was assessed. The project was implemented at the Women's Service of Saint Andrew's Healthcare, which has 136 beds. They collected data from 12 months pre- and post-training on various factors. The factors included data on staff opinions regarding the benefits of increased focus on prevention and de-escalation which was collected using a de-escalation, restraint, and seclusion questionnaire, the association with change regarding risk behaviors which was collected using the Overt Aggression Scale, the number of restraints and time spent within them, and the impact that the changes in training on de-escalation had in terms of risk management which was collected using the Institutional Behavior Scale (IIBS). By analyzing these results using the Chi-square, they found that increased training of the on-ward staff and increased time dedicated to de-escalation and prevention of aggression, lead to a decrease in risk behaviors, staff injuries, seclusions, and time spent in restraints.

These studies were evaluated using the same John Hopkins Evidence-Based Model for Nursing and Healthcare Professionals (JHEBP) tools as mentioned in the 'Agitation Assessment' section. With a mixture of Level IV and Level III evidence, these studies showed a common theme throughout of preventing, reducing, and de-escalating aggressive behavior by use of verbal de-escalation techniques.

The use of verbal de-escalation aims to prevent harm and avert violence without needed to use seclusion or manual restraint (Bowers, 2013). Establishing a relationship as soon as possible is important as it builds trust between patients and the staff (Perez-Toribio et al., 2022). The use of verbal de-escalation strategies can build relationships between staff and the patients, empower patients to stay in control, and encourage

patients to seek assistance early to avoid becoming agitated (Haefner et al., 2021). Emphasis was placed on the importance of continuous training on conflict management skills for staff (Long et al., 2016). The JHEBP Tool Appendix H rates the evidence found in these articles as strong and compelling, with consistent results. The evidence is consistent throughout the articles that using verbal de-escalation can limit the number of patients placed in restraints and decrease the amount of time the patient in is restraints.

Synthesis of Information

These studies demonstrated a consensus on the benefit to the use of agitation assessments and verbal de-escalation. There were various tools used to assess agitation, several using the Behavioral Activity Rating Scale (BARS) and some articles not stating what exactly was in place. There was also a wide variety of verbal de-escalation techniques, the common most being to stay safe by keeping a clear path to an exit, stay calm, and always appear non-judgmental - while other articles also failed to state exactly what was used or taught by the staff they were observing. Inconsistencies came out of the various limitations presented by the studies, specifically from the time frame. Results generally varied a bit when the post intervention time frames were shorter, seemingly due to not having enough time to see the changes flushed out. Other inconsistencies were in that it was unclear whether some of the sites being studied already utilized some version of agitation assessment and verbal de-escalation and just did not chart it in any noticeable way.

Most of the findings were expected. The only real surprise came from how small the pool of information was that could be found on the topic. Most of the studies were done in some type of emergency department, but the findings would be generalizable – they were not specific to the site or population studied. The findings are strong enough to support the idea of changing the way practice is currently done. Agitation assessment types and samples of verbal de-escalation are provided in the articles and could be used as references if attempting to implement the three changes discussed in the following section.

Clinical Implications for Nursing Practice

The amount of evidence found when searching for a solution to the literature review question was not as vast as would be preferred. The search had to be expanded from just the Behavioral Activity Rating Scale (BARS) to any type of agitation assessment tool because there were not enough studies to be found that addressed all that was being questioned. There were enough studies to get a basic understanding of what has been done before and what should be done in the future, but the body of evidence was minor compared to previous research inquiries done. Enough evidence was produced to promote changes that should be made in nursing practice though. Using these finding, going forward there are three recommended changes in practice that should be made. First, implement the use of an agitation assessment to be used as a general assessment on all patients. Second, implement the use of verbal de-escalation to be used by all medical staff when encountering patients exhibiting behavioral symptoms that do not pose an immediate threat to themselves or others. Third, implement some way in which

staff can document in the electronic medical chart incidents of agitation/aggression. This can be used in both an inpatient and outpatient, for floor staff – nurses and nurse aids - and providers – physicians and nurse practitioners. By having a basic understanding of agitation assessments and verbal de-escalation techniques, nursing staff and providers can feel more comfortable in their ability to interact with angry or escalating patient behavior and work with them to center themselves. This will allow for a more therapeutic and relaxed environment between the patient and their providers.

Summary

Having to come into work with the potential of experiencing workplace violence can make an already stressful environment more tense. With restraints no longer being touted as a success story for managing patient behaviors but instead potentially a form of abuse, other methods for reducing patient agitation must be attempted. Short term, integrating forms of agitation assessment and verbal de-escalation techniques has the potential to redefine the interactions that occur between staff and specific patient populations. By using the least invasive technique, patients will be more open and trusting with their nurses. This could decrease the number of restraints and the number of occurrences in which a staff member would need to attempt de-escalation on one patient.

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