

TL13EOb

Using the required empirical outcomes (EO) presentation format, provide one example of an improvement in patient care or the nursing practice environment, associated with communication between the clinical nurse(s) and the Nurse AVP/Nurse Director.

Example b: 1C Nurse-led Changes in Nursing Practice Environment

Problem

WakeMed Health & Hospitals 1C Clinical Evaluation Area (CEA), an ambulatory area, had an increase in physical assaults toward nurses by patients.

Pre-Intervention

Anna Snell, RN, Clinical Nurse III, 1C CEA, presented to Melissa McAllister, MSN, RN, CEN, NE-BC, 1C CEA Nurse Manager, a petition signed by other 1C unit staff members about safety concerns related to their nursing practice environment and requested prompt attention to address these concerns. McAllister shared Snell and 1C staff members' concerns with Sarah Crowley, MSN, RN, PMH-BC, NEA-BC, Director, Behavioral Health Services.

McAllister and Crowley discussed the petition with Julla Panneh, MSN, RN, PMH-BC, NE-BC, Clinical Educator/Supervisor 1C CEA; and Sabrina Claggion, BSN, RN, PMH-BC, Clinical Educator/Supervisor 1C CEA, and they scheduled six listening sessions that included Crowley; Waqiah Ellis, PhD, RN, NE-BC, BCC, Nursing VP, Nursing, Raleigh Campus Administration; Meredith Rigney, Administration Executive Director of Service Line Practices, WSG Administration; Jeronica Goodwin, PhD, DHA, Administration, Sr. VP, HR & Chief People Officer, Corp Center Administration; Micah Krempasky, MD, Physician, Chief Medical Officer, Behavioral Health WSG Administration; and 1C CEA clinical nurses and mental health technicians.

These listening sessions were open forums, held to hear about issues impacting 1C CEA clinical nurses and mental health technicians' work environment and safety. These sessions were hosted during day shift and night shift to enable attendance from 1C CEA clinical nurses and mental health technicians working a variety of shifts. During these sessions, the 1C CEA clinical nurses and mental health technicians communicated with the leaders, including Crowley, their concerns about safety in the nursing practice environment. Their feedback included the following:

- **Uniform Safety Check** – Snell noted that a nurse who was wearing their badge on a lanyard suffered a physical assault in which this was used.
- **Duress Alarms** – Anne Onsomu, BSN, RN, Clinical Nurse IV, 1C CEA, raised the concern about the accessibility and functionality of duress alarms on the unit. Onsomu said there were not enough alarms throughout the unit and that when they were used, the campus police took too long to respond.
- **Increase Campus Police Rounds** – Snell recommended having a police officer stationed on the unit, but this ultimately did not align with the patient-centered vision for 1C CEA because it could escalate situations, be traumatic for patients, and contribute to the stigma for patients.

- **Increased Psychiatry Support and Touchpoints** – Emily Hayden, RN, Clinical Nurse II, 1C CEA, requested additional touchpoints with psychiatric providers for face-to-face time to discuss patients' plan of care.
- **Quieter Doors** – Daniel Kaye, CNA 1, Mental Health Technician, 1C CEA, raised a concern about the sounds from entrance doors, nursing station doors, and the medication room door, noting that these sounds were agitating patients during sleep hours.
- **Enclosed Nursing Stations** – Snell and Katherine Nguru, RN, Clinical Nurse III, 1C CEA, recommended the nursing stations be enclosed to provide additional safety for staff members.
- **Environmental Rounds** – Cham Cham, CNA 1, Mental Health Technician, 1C CEA, expressed concern about the unit door locks. The doors need to open easily when staff need to exit the unit quickly for personal safety while not leaving unit doors unlocked which created an elopement risk for patients. Cham suggested implementing a badge access for employees to use for the doors in the back of the unit.

In March 2023, the rate of physical assaults on 1C CEA clinical nurses was 0.73. The rate is calculated by dividing the number of physical assaults on 1E CEA clinical nurses by the number of patient days on 1C CEA and multiplying by 100.

Goal Statement

To decrease the rate of physical assaults on 1C CEA clinical nurses at WakeMed Health & Hospitals.

Participants

Leadership Feedback Meeting			
Name/Credentials	Discipline	Title/Role	Department
Anna Snell, RN	Nursing	Clinical Nurse III	1C CEA
Karla Wiggins, BSN, RN	Nursing	Clinical Nurse IV	1C CEA
Peris Sills, BSN, RN	Nursing	Clinical Nurse IV	1C CEA
Dan Dankwa, BSN, RN	Nursing	Clinical Nurse IV	1C CEA
Esi Tamakloe, BSN, RN,	Nursing	Clinical Nurse IV	1C CEA
Rebecca Moses, BSN, RN	Nursing	Clinical Nurse IV	1C CEA
Patrick McHale, RN,	Nursing	Clinical Nurse II	1C CEA
Christopher Salter, RN	Nursing	Clinical Nurse II	1C CEA
Anne Onsomu, BSN, RN	Nursing	Clinical Nurse IV	1C CEA
Katherine Nguru, RN	Nursing	Clinical Nurse III	1C CEA
Emily Hayden, RN	Nursing	Clinical Nurse II	1C CEA
Sarah Crowley, MSN, RN, PMH-BC, NEA-BC	Nursing	Director	Behavioral Health Services

Melissa McAllister, MSN, RN, CEN, NE-BC	Nursing	Nurse Manager	1C CEA
Julla Panneh, MSN, RN, PMH-BC, NE-BC	Nursing	Clinical Educator/ Supervisor	1C CEA
Sabrina Claggion, BSN, RN, PMH-BC	Nursing	Clinical Educator/ Supervisor	1C CEA
Waqiah Ellis, PhD, RN, NE-BC, BCC	Nursing	VP, Nursing, Raleigh Campus	Administration
Cham Cham, CNA 1	Nursing	Mental Health Technician	1C CEA
Daniel Kaye, CNA 1	Nursing	Mental Health Technician	1C CEA
Meredith Rigney	Administration	Executive Director of Service Line Practices	WSG Administration
Jeronica Goodwin, PhD, DHA	Administration	Sr VP, HR & Chief People Officer	Corp Center Administration
Rick Shrum	Administration	VP and Chief Strategy officer	Corp Center Administration
Micah Krempasky, MD	Physician	Chief Medical Officer, Behavioral Health	WSG Administration
Becky Andrews	Administration	Sr VP/Administrator, Raleigh	Administration

Description of the intervention

April 2023

- McAllister and Crowley compiled a summary of feedback from the clinical nurses and mental health technicians received at each discussion session.
- Based on the information provided from these sessions, Crowley and McAllister developed and implemented an immediate action plan and hosted a leadership discussion about the items with Krempasky, Andrews, Ellis, Rigney, Goodwin, and Rick Shrum, Vice President and Chief Strategy Officer. The following immediate actions were taken based on the communication between the clinical nurses, mental health technicians, and Crowley about the nursing practice environment:
 - **Uniform safety** – McCallister and Crowley determined that clinical nurses and mental health technicians would benefit from guidance and support about what is appropriate to wear on 1C CEA. Wearing items that could be a hazard or used as a weapon on a unit that houses behavioral health patients creates a significant safety risk for clinical nurses and mental health technicians. A charge nurse workgroup, consisting of the following, collaborated with Panneh to create a new uniform safety guideline: Christopher Salter, RN, Clinical Nurse II, 1C CEA; Karla Wiggins, BSN, RN, Clinical Nurse IV, 1C CEA; Peris Sills, BSN, RN, Clinical Nurse IV, 1C CEA; Dan Dankwa, BSN, RN, Clinical Nurse IV, 1C CEA; Esi Tamakloe,

BSN, RN, Clinical Nurse IV, 1C CEA; Rebecca Moses, BSN, RN, Clinical Nurse IV, 1C CEA; and Patrick McHale, RN, Clinical Nurse II, 1C CEA.

- The new uniform guidelines were implemented for clinical nurses and mental health technicians working with patients on 1C CEA. As another part of this intervention, the WakeMed Gift Shop no longer carries non-breakaway lanyards to eliminate this potential hazard for the system.
- **Duress alarms** – McAllister worked with David Brock, Director, Chief of Police, Campus Police and Public Safety, to increase the number of alarms available on the unit to 12. Crowley also purchased whistles and distributed them to 1C CEA clinical nurses and mental health technicians, and they would be given to any visitors on the unit. Whistles were added to the uniform safety check. All panic alarms were tested for functionality and ensured to be working properly. Charge nurses added a daily panic alarm count to their standardized unit checklist.
- **Increasing campus security rounds** – Crowley worked with Brock, the Chief of Campus Police, to ensure safety for patients, clinical nurses, and mental health technicians. They implemented the goal of 60 security check rounds per week on the 1C CEA unit, averaging one round every three hours.
- **Increasing psychiatry support and touchpoints** – Crowley and Krempasky began the process of psychiatry providers conducting “Tuck in Rounds” with nurses at the end of the day. This additional touchpoint gives nurses face-to-face time with psychiatrists to share any new concerns about patients and ensure those who have been admitted throughout the day have appropriate agitation management medications on board to set them up for a successful evening. Psychiatry increased their hours of coverage, from 8 a.m. – 8 p.m.
- **Quieter doors, enclosed nursing stations, and environmental rounds** – Crowley planned to communicate with Facility Operations to address these issues.

May 2023

- **Quieter doors** – Crowley worked with John Horton, Manager, Facility Operations, Facility Services, to create a softer close for the doors to help patients sleep and decrease agitation caused by environmental factors.

June 2023

- **Enclosed nursing stations** – Crowley worked with Brad Stevens, Director, Facilities, Raleigh, to place plexiglass doors and screens around the nursing stations.
- **Environmental rounds** – Crowley worked with Stevens and Horton to review the locks and exit doors. They installed mortise cylinder key (MCK) series locks that ensure automatic relocking after a few seconds so clinical nurses and mental health technicians can use their unit key to exit the 1C CEA unit when needed without risking elopements due to inadvertently disabled locks. McAllister initiated

a new practice in which she participates in a monthly round with the hospital locksmith to test and evaluate unit locks to ensure they are working properly.

Clinical Nurses Snell, Onsomu, Nguru, and Hayden's communication with Nurse Director Crowley led to evidence-based interventions that resulted in an improvement in the nursing practice environment through a decrease in physical assaults on 1C CEA clinical nurses.

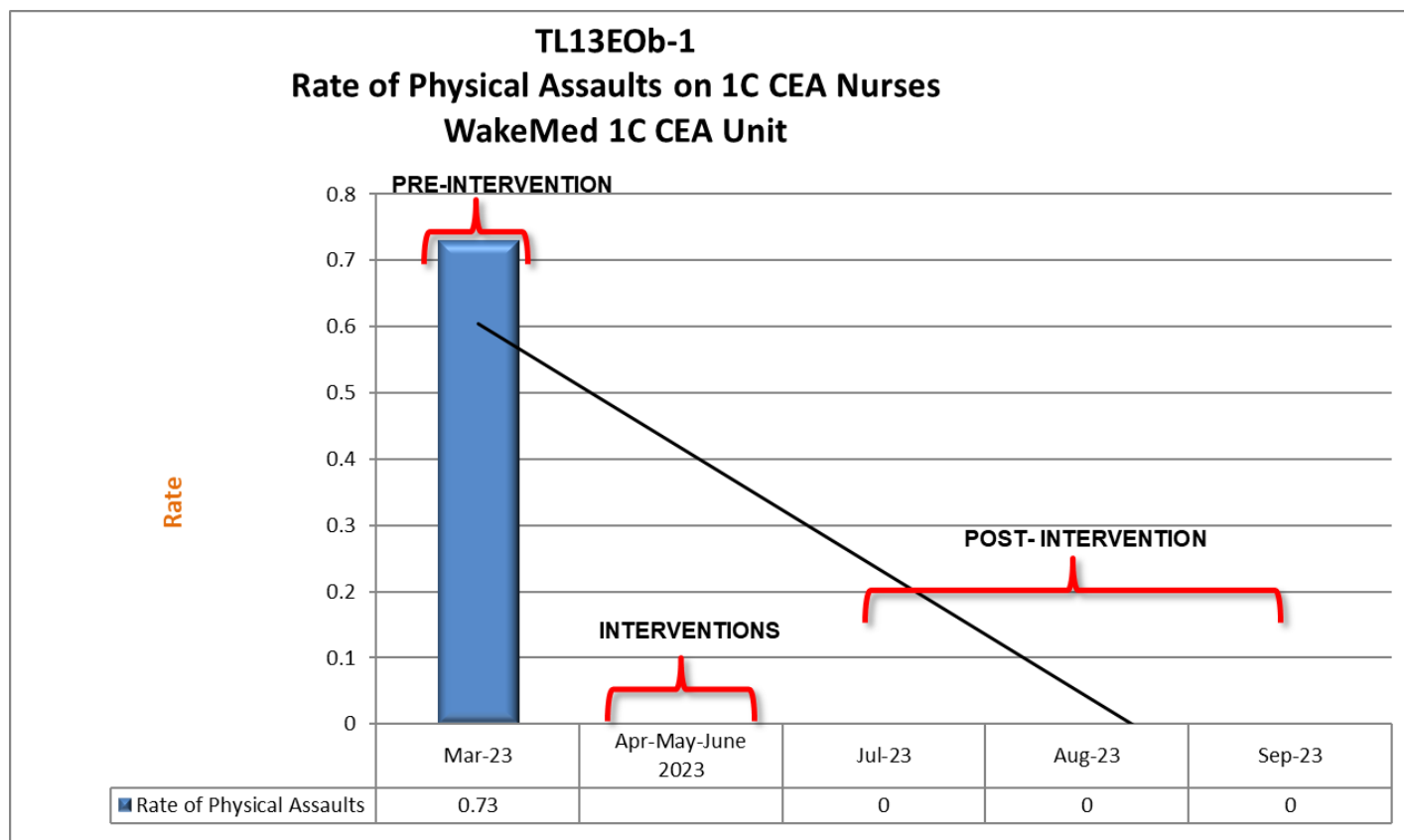
The interventions were fully implemented by the end of June 2023.

References:

Chou, H., & Tseng, K. (2020). The experience of emergency nurses caring for patients with mental illness: A qualitative study. *International Journal of Environmental Research and Public Health*, 17(8540), 1-11. <https://doi.10.3390/ijerph17228540>

Niu, S., Kuo, S., Tsai, H., Kao, C., Traynor, V., & Chou, K. (2019). Prevalence of workplace violent episodes experienced by nurses in acute psychiatric settings. *PLoS ONE*, 14(1), e0211183. <https://doi.org/10.1371/journal.pone.0211183>

Outcome



(Evidence TL13EOb-1, Rate of Physical Assaults on 1C CEA Nurses, WakeMed 1C CEA Unit)