Environmental conditions for aggression management:

Sub-acute case study

Northern Health
Bundoora Extended Care Centre
Kath Atkinson Wing (KAW)

- 15 bed secure GEM unit for BPSD
- 7 x ‘high risk’; 8 x ‘low risk’ beds
- 30.5 days average LOS
- Common behaviours: intrusive, agitated, disorientated, verbal and physical aggression
- Model of care aims to maximise patient strengths and embed person centre care
KAW admission criteria

• Diagnosis of dementia and co-morbid conditions requiring behavioural assessment and management
• Admitted from home, residential care, acute care or subacute care
• 65+ with delirium and behaviour management issues or patients below 65 referred by ACAT with other behavioural management issues
OVA incidents – Northern Health
Staff safety: Perception survey data

- 50% reported experiencing weekly exposure to aggression
- 88% believed work environment could be improved;
Risks

• Increasing episodes of patients displaying harmful behaviours: physical harm, physical aggression, verbal aggression, self-harming and absconding.
• Patient, family and staff distress
• Dosage impact over time for staff
• Increased absenteeism
• Increased likelihood of staff injury
• Difficulty in attracting skilled staff
Aggression at KAW

**Contribution Factors (Pre-incident)**

- **Environmental**
  - Visual layout
  - Secure kitchen
  - Safety mirrors
  - Barn doors

- **Human Resource**
  - Huddles
  - E-training (online)
  - Adequate skill mix
  - Specialist pool staff

- **Clinical**
  - Garden
  - Medication management
  - Activities

- **Restraint (physical/chemical)**

- **Interdisciplinary teams/expertise**

- **Defined model of care**

- **Clear defined procedure**

- **Clear defined max # of patients per day**

- **Defined handover information transfer**

- **Consultation re: medication management and clinical decision making**

- **Interdisciplinary teams/expertise**

**Risk Controls**

- Control not in place
- Control partially established
- Control established

- **Further enviro improvements**:
  - Airflow enhancement
  - Soft rooms
  - Soundproofing
  - Room fittings
  - Taps
  - Cupboards
  - Beds
  - Windows
  - Wall/doorway separation
  - Safety grill/kitchen

- **Physical separation (behavioural/non-behavioural)**

- **Access to Riskmap**

**Consequences (Post-incident)**

- **Injury/Death (Staff)**
- **Huddles**
- **Vigil intervention**
- **EAP**
- **MEX/engineering**
- **Insurance (W/C, public liability)**
- **Communication team**
- **Legal counsel**
- **Litigation**

- **Access to HR/training**
- **HSRs/staff consultation**
- **Adequate skill mix and numbers**
- **Adequate security personnel**
- **Training (incident response)**
- **Adequate rapid response**
- **Trained rapid response**
- **Critical incident response process**
- **After hours support**
- **Peer support**
- **Durham Alarm – on person**

- **Damage to NH property/environment**
- **Financial costs**

- **Legal counsel**
- **Litigation**

**Legend**

- Staff safety
- Priority/effective control
- Patient safety
- Priority/effective control
Environmental risk control improvement

• Install sound absorbing surfaces in the general areas and bedrooms
• New dividing wall in common area
• Roller shutter grill in ward kitchen
• Light and privacy: double glazed external bedroom windows with internal blinds
• Integrated duress alarm system
Evaluation

- Partnering with National Ageing Research Institute
- Pre and post intervention environmental audit
  - Enhancing the Healing Environment (Kings Fund, UK);
  - Improving the environment for older people in health services: An audit tool (DHHS)
- Analysis of incident data
- Staff survey