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ECLP Cohort 23

Aim Statement:

To increase healthcare staff's access, knowledge, and experience of using a graded response to effectively manage potential, challenging and aggressive behaviour of parents and carers in two acute wards at Sydney Children's Hospital Network (SCHN) over 12 months

Stretch Goal:

To reduce the severity and frequency of incidents of aggressive behaviour between families (parents and carers) and HCPs in four acute wards at SCHN by 50% by December 2021

Project Background

Conflict between HCPs (nursing, medical and allied health) and families in acute paediatric healthcare settings is increasingly common, costly and damaging. It negatively affects therapeutic trust, wellbeing of staff and families, and care for the sick child. It also is a burden on financial and non financial resources relating to HCPs time, compassion and expertise. This project aimed to proactively address this by developing a suite of tools (SoT) which support a 'graded response' to identified challenging behaviours, with unified strategies to continue supporting families while setting clear, safe, cohesive boundaries. This positively influences both the environment and culture for those giving and receiving care and for care of the child.

Ethical principles underpinning the Graded Response Project

Reciprocity

- Mutual goals to promote the wellbeing of the child (physical and psychological) and the wellbeing and protection of health care staff
- Respect for families and their ethical claim to be involved (family centred care)
- Wellbeing of other patients (and their families)

Solidarity

- Supporting colleagues and maintaining unity and cohesion inter and trans teams and specialties Support and endorsement of whole institution
- Obligation of institution to safeguard HCPs and provide a safe workplace

Duty to Care/treat

- The obligation of HCPs to accept some level of risk to self in caring for patients - but not to sacrifice themselves
- "As nurses there is an expectation that you feel empathy and compassion and yet you are not permitted to feel offended or threatened." PICU nurse

Case for Change at SCHN

Two conflictual cases in 2018-19 led to pervasive HCP stress and burnout with loss of 22 critical care staff over 6 months. Morale and trust in the organisation depleted. A staff survey showed 70% (n=78/111) of staff across 3 wards found parent/ carer aggression and conflict problematic most shifts. 74% (n=82/111) felt a resource with 'clear processes and strategies' would help. Responses showed variable use of resources, inconsistently utilised by staff A literature search indicated the extent of the issue globally.

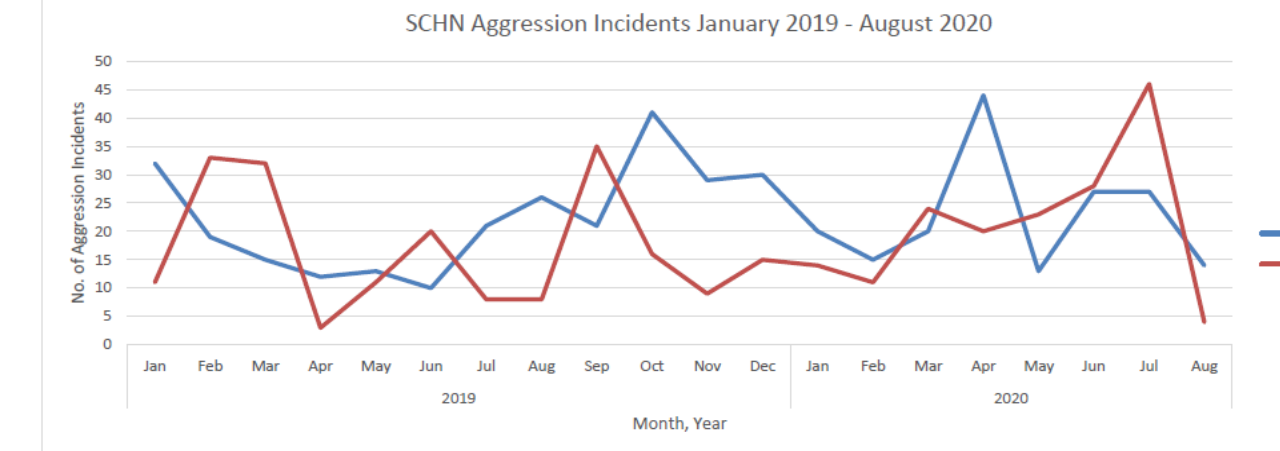
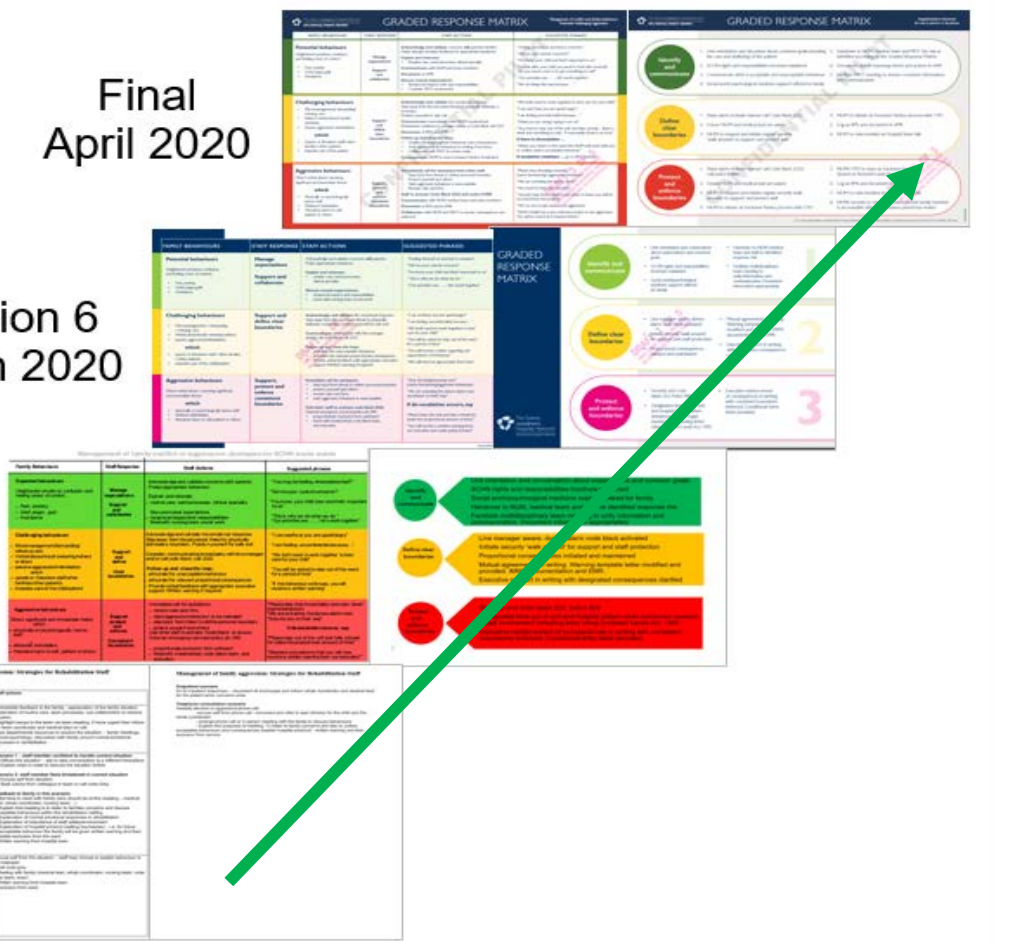


Figure 1: SCHN Clinical Aggression Incidents 2019 - August 2020

SCHN clinical incident data collection commenced and is now coded for parental aggression towards staff. This is reported to the 'Safe Place for Everyone' Committee which endorses the graded response matrix (GRM).

PDSA Ramp

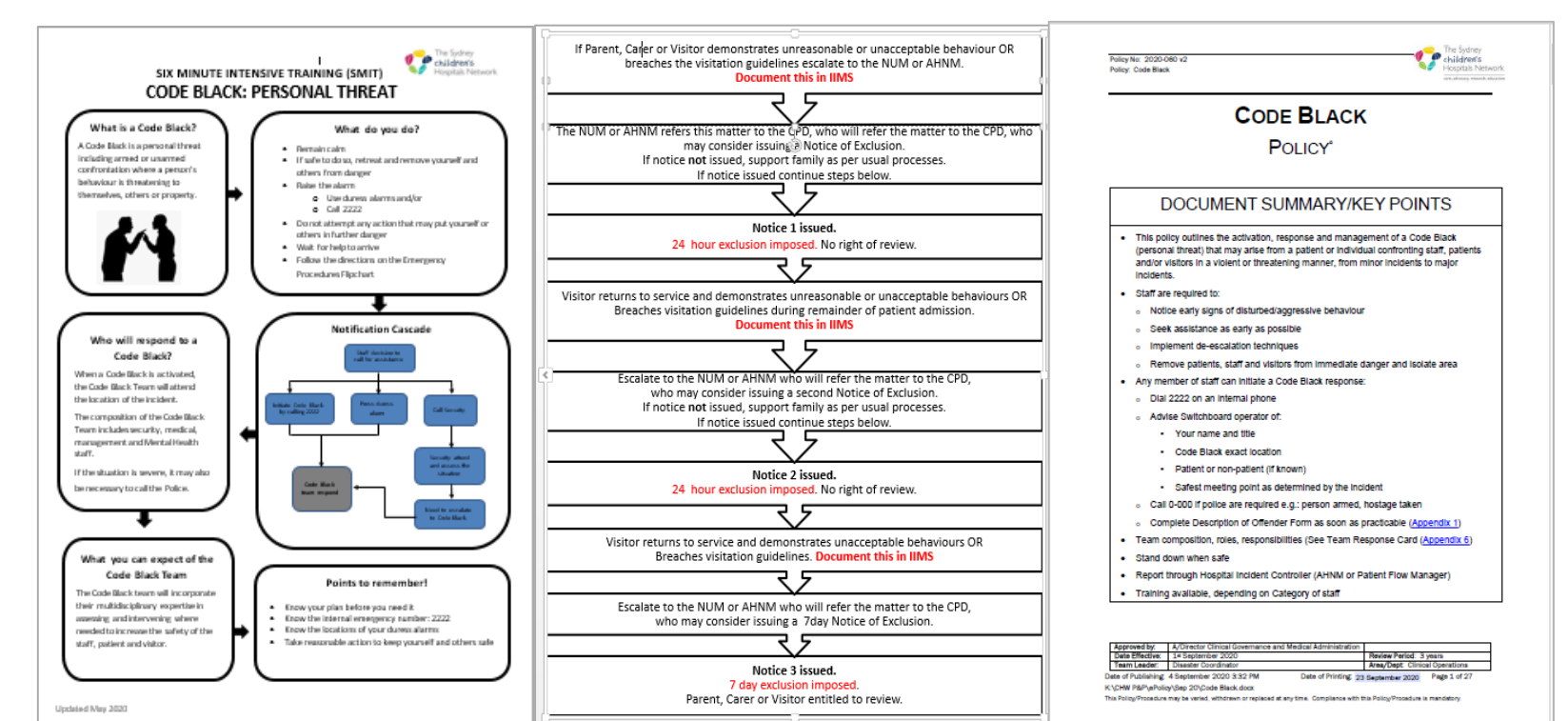
- Version 1 May 2019
- Version 4 November 2019
- Version 6 March 2020
- Final April 2020



Outcomes - GRM

POTENTIAL BEHAVIOURS	STAFF RESPONSE	STAFF ACTIONS	SUGGESTED PHRASES
Heightened emotional conflict and feeling loss of control	Support and validation	Acknowledge and validate concerns with parent/family "I can see how you are feeling angry" "I'm listening to you" "I'm sorry you are feeling this way" "I'm sorry you are feeling this way" "I'm sorry you are feeling this way"	"I'm listening to you" "I'm sorry you are feeling this way" "I'm sorry you are feeling this way"
Challenging behaviours	Support and validation	Acknowledge and validate concerns with parent/family "I can see how you are feeling angry" "I'm listening to you" "I'm sorry you are feeling this way" "I'm sorry you are feeling this way"	"I'm listening to you" "I'm sorry you are feeling this way" "I'm sorry you are feeling this way"
Aggressive behaviours	Support, validation and clear boundaries	Identify and address the behaviour "I can see how you are feeling angry" "I'm listening to you" "I'm sorry you are feeling this way" "I'm sorry you are feeling this way"	"I'm listening to you" "I'm sorry you are feeling this way" "I'm sorry you are feeling this way"

Outcomes - SoT



Code Black response, Exclusion Protocol and SCHN Policy

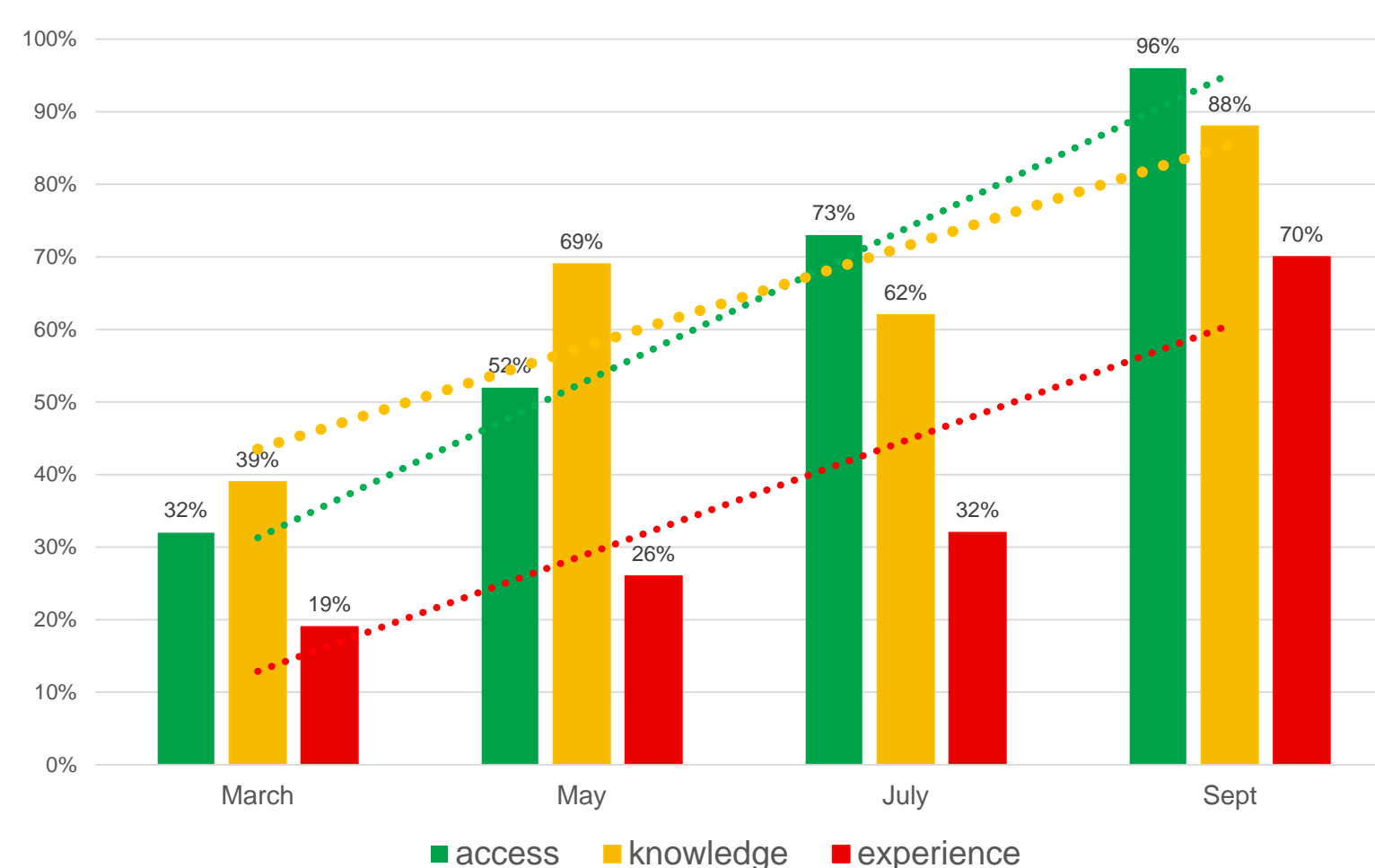
Outcomes - Experience

"This matrix went through a number of iterations and refinements with feedback from staff in a live clinical environment. We now have laminated copies of the graded response matrix in its current form in each bedspace in our ICU." Medical Director PICU

"This tool has..empowered staff to work in a positive way with families..and maintain safe boundaries..staff have been well equipped and more able to de-escalate situations... categorised as 'red zone' situations.. now are resolved in the 'green zone'" NUM PICU

"During the 12 months prior to this tool being trialled, PICU had 22 (14% of FTE) expert critical care RN staff resigned due to stressful interactions with the family of two patients. Over the same period while the tool was in place there were only 4 (2.5% of FTE) staff resignations. This indicates an increase in nursing staff retention of 12.5% or total staff retention of 97.5% as opposed to 78% prior to implementing the GRM." NUM PICU

Outcomes - HPCs on PICU and Wade ward, Audit of access, knowledge and experience with GRM in 2020



Plans for the next phase

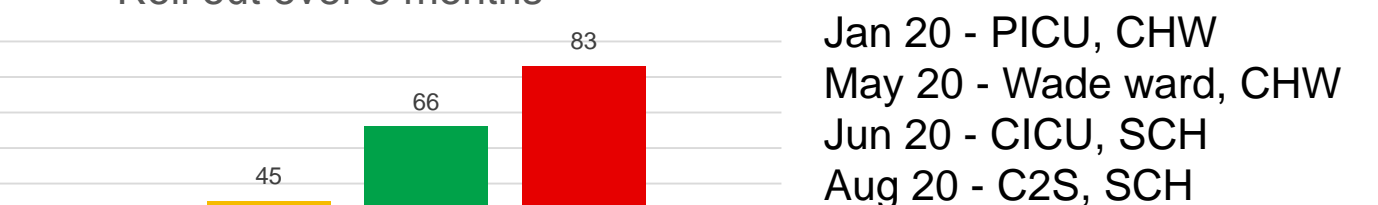
A submission to 'Journal of Medical Ethics'
Extending the trial to further wards
Presentation at National Paediatric Conference 2019

Reported Benefits

- | | |
|---------------------------|----------------------------|
| Financial | Non-financial |
| ↑ Staff retention | ↑ Staff satisfaction |
| ↓ Patient Length of Stay | ↑ Staff well-being |
| ↓ Recruitment costs | ↑ Communication |
| ↓ Clinical adverse events | ↑ Teamwork and culture |
| | ↑ Quality of clinical care |

Scalability and Sustainability

Roll out over 8 months



Jan 20 - PICU, CHW
May 20 - Wade ward, CHW
Jun 20 - CICU, SCH
Aug 20 - C2S, SCH