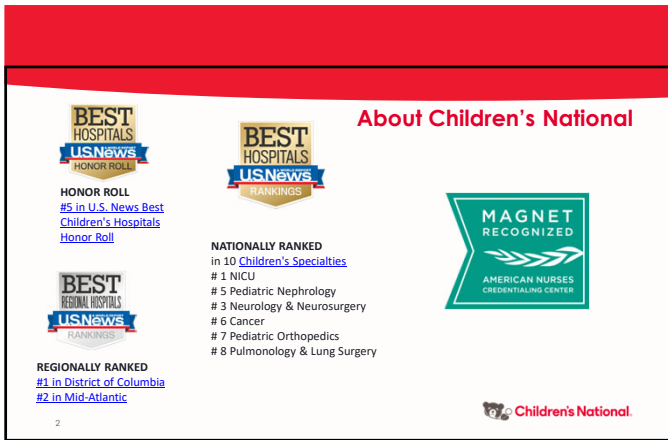




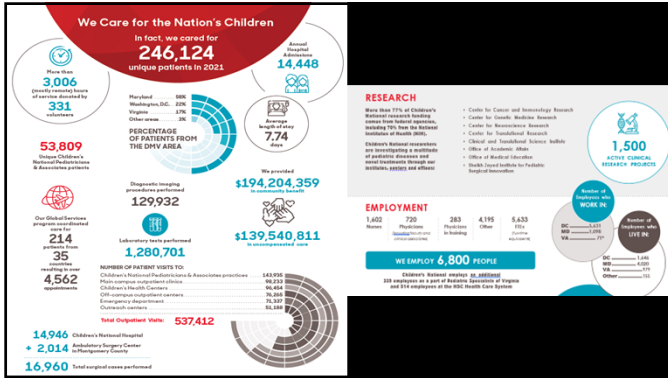
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Social Work Staffing

- 21.23 FTEs – SW Operations
- 9 FTEs SW Team Leaders
- 14.6 SW FTEs – Medical Services
- 9 FTEs – SW Hem/Onc
- 10 FTEs – FSAs (bachelor-prepared)
- HIV Services, Psychiatry, Child Protection, Generations Teen Parent program, report to their medical leaders.

5

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Objectives

1. Gain knowledge on a collaborative approach to address escalated parents and caregivers that supports an equitable outcome.
2. Learn Key Components of our SWIFT care model.
3. Discuss data points used to demonstrate success and utility of this model.

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Commissioned Goal by Executive Steering Committee on Workplace Safety

Goals:

To manage parent/guardian escalation behaviors at CNH that ensures employees, families, and visitors are protected and safe in a supportive and effective environment through **equitable** and **non-bias** interactions.

Manage over policing concerns of CNH black & brown families.




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NAME OF CARE MODEL

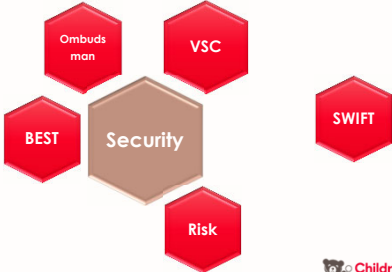

SWIFT – Social Work Intervention with Families and Teams

24/7

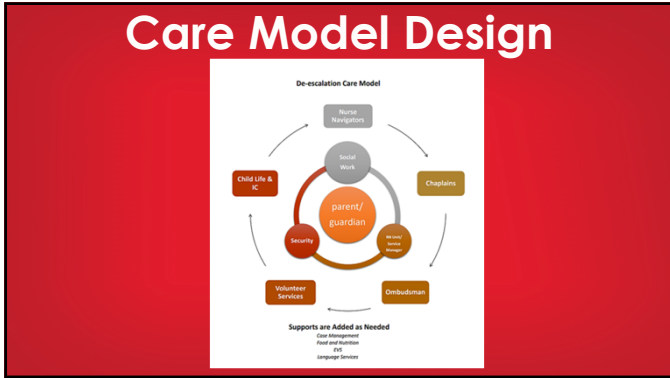


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A Component of CNH Workplace Safety Program

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TRIGGERING BEHAVIORS*

	Verbal Escalation	Threatening Behavior	Physical Aggression	Impeding Care
Definitions	<ul style="list-style-type: none"> Yelling Swearing (cussing) at a person Discriminatory statements Intimidation Bullying Harassment Suggestive comments/Sexual advances 	<ul style="list-style-type: none"> Physical/Sexual posturing Verbalization of harm Stalking which includes physical, verbal, texting and use of social media. 	<ul style="list-style-type: none"> Any behaviors that violates: <ul style="list-style-type: none"> Physical safety Causes harm to patient, family, or team Domestic Violence Property damage/Vandalism Armed w/Weapon on CNH premises 	<ul style="list-style-type: none"> Interfering with care that adversely affects patient/safety/healing environment Includes tampering with equipment outside of care plan Threats of AMA Obstructing Care Preventing Care

*Not an exhaustive list

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Collecting the Data

Type	Patient Name (Last)	First	DOB	Date	Time	Location	Service	Reason for Referral	Plan	Outcome	Time Spent	Comments
Self-Report								Threatening Behavior	Parent/Guardian	Parent/Guardian		
Self-Report								Physical Aggression	Parent/Guardian	Parent/Guardian		
Self-Report								Impeding Care	Parent/Guardian	Parent/Guardian		

Updated to include:

- Parent Statement of Issue
- Role of Caller
- De-escalation Intervention
 - Parent/Guardian Perspective
 - Validation
 - Feelings Validation
 - Mediation
 - Next Steps Communicated

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Communicating Across Shifts – SWIFT chart note

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Notification

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"SWIFT PAGE"

- Call Operators/Communication at X2222 to activate:
 - "SWIFT Page"
 - Room, Unit Name
 - Caller's name & Contact #
- "SWIFT Page" notifies all participating Social Workers at SZ campus
 - Would like to alert ADs and Security for awareness
 - No need for immediate response unless contacted
- ED SW and Unit/Service-based SW to respond in person (SW pair to respond to all activations)

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Social Work (SWIFT) v. Security Notification

SECURITY (first call) - X2065

- Weapons Concern
- Actual Physical Violence-fighting, pushing, shoving
- Motioning to harm another

SOCIAL WORK (second call) - operator to activate "SWIFT page" – X2222

- Help with the assessment and action plan
- Will document in the EMR
- SW will help manage other family members, unit crowd control with unit RN staff



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De-escalation

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De-escalation – Initial Action

When SW arrives, they will huddle with unit RNs and other staff involved in the incident to:

- Gather info on the triggering behavior(s)
- Info on who is involved - Family Name, Key caregivers
- Plan for Secure space



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De-escalation Plan

SW#1 engages with parent/ Caregiver:

1. In the room if child is an infant & unaware
2. Will ask for more private space if patient will be impacted by the discussions
3. Listens, validates feelings, gathers their perspective, makes a tentative plan w/family

SW #2 engages staff:

1. Keeps family area secure
2. Gathers and provides info to SW #1
3. Coordinates with #1
4. Contacts Security if needed



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SW#1 & SW#2 Feedback Huddles

Huddles with Nursing and Medical Teams

- Agree on resolution
 - Adding additional supports
 - Next steps and follow up

SW#1:

- Reports back to family with plan (within 1 hour)
- Documents in EMR under SWIFT template
- Update Log of incident on shared document
 - Excel spreadsheet on SW Sharepoint Drive



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Debrief & Education

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Debrief Plan

SW will lead debrief after incident.

Purpose:

- Immediately reflect on the incident
- Allow emotional decompression
- Offer learning opportunities

- 15-30 minutes
- Involved staff; same shift

Social Work Reflective Debrief Plan

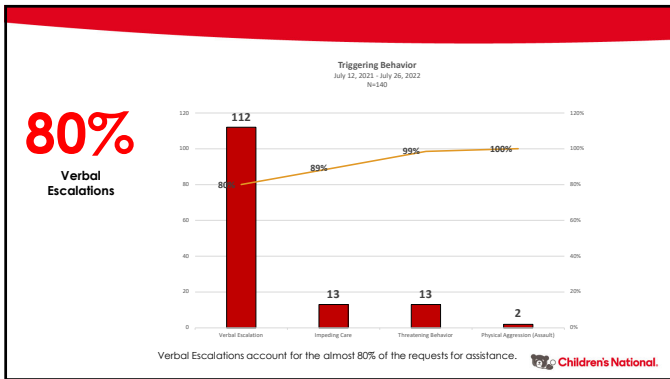
Debriefing is an information sharing and event processing session conducted as a conversation between colleagues involved directly with patient's overall care.

Time Frame	<ul style="list-style-type: none"> After action plan has been discussed with medical team and family. Debrief should take place within same shift.
Attendees	Invite unit staff who are directly involved with the incident: <ul style="list-style-type: none"> Unit nurse, attending, fellow, etc. Charge Nurse SW#1 and SW#2
Debrief Phase (time allotted: 15-30mins)	<ul style="list-style-type: none"> Describe what happened (fact gathering) Allow group to share thoughts/feelings/ gut reactions following the incident. Consider if there were any triggers to the incident (What do you think went well? What could have been done differently? What could be helpful in the future?) SW provides validation around possible reactions and offers guidance on how to cope with incident. SW takes notes throughout debrief and relays information to monthly SWIFT review session.

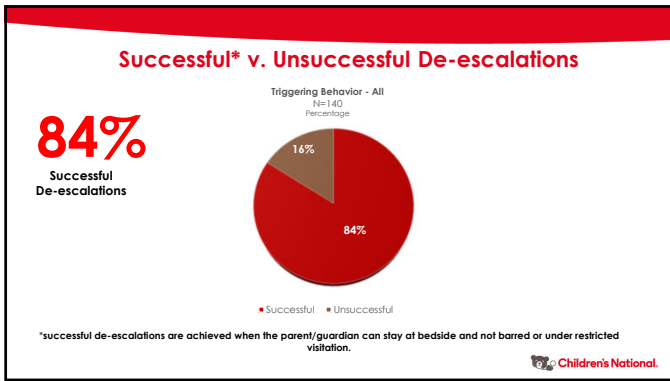
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12 Month Data Review

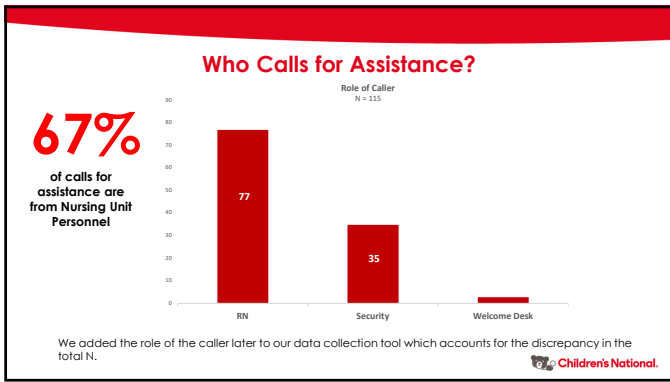
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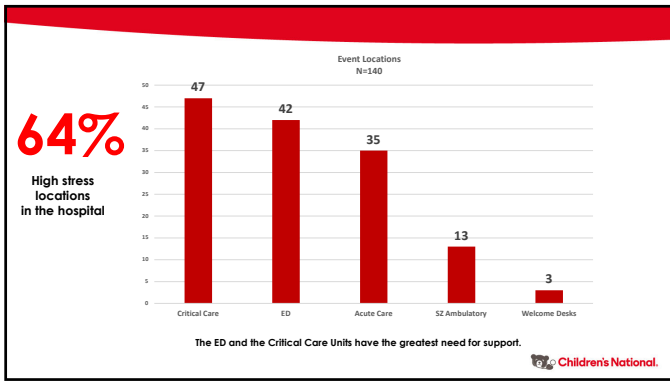
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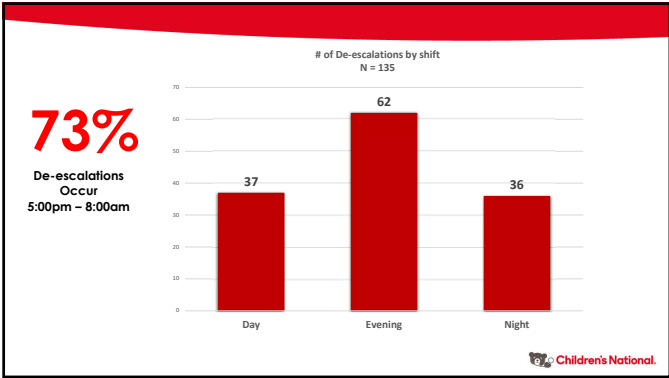
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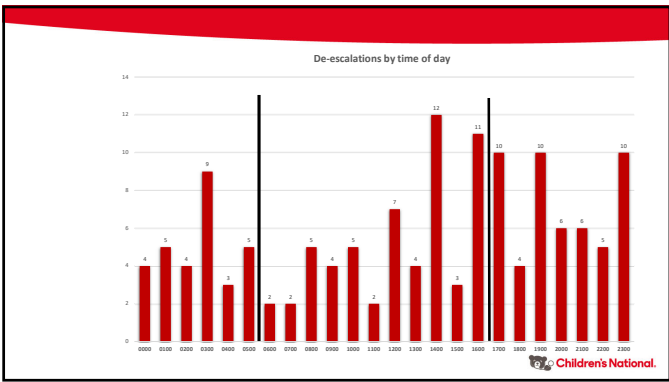
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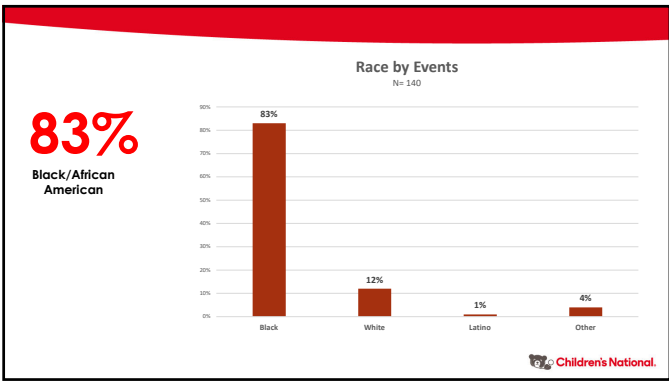
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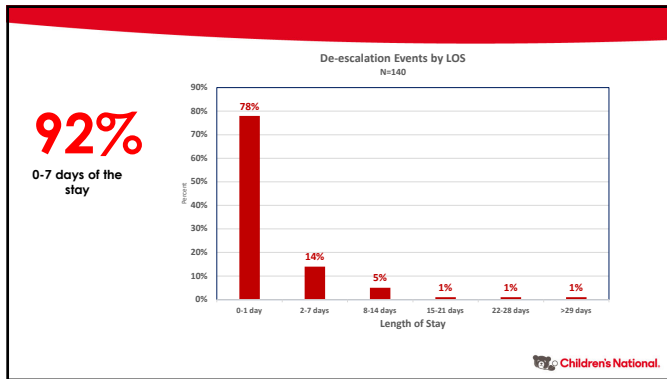
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Parent/guardian statements

"He's trying to take her with him"

"My son has been crying for hours. No one has told me what is wrong with my son"

"We are not being taken care of"

"Why did you take off the head bandages and why are the stitches like that?"

"I want to see my child. This (pointing at Security staff) is ridiculous. You all need to let me see my child. No one has talked to me since I had to leave last night."

"I was trying to get out the room and she (RN) was in front of the door."

"No one will listen to me unless, I threaten to record staff"

"The nurse ignored my questions and walked away."

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What's Changed?

- Extended SWIFT availability to Primary Care Sites
 - Working on extending to multiple campuses – SW staffing is challengin
- Massive Organizational Education Effort:
 - Security New Hires
 - Nursing Units
 - Ambulatory Sites
- Officially Recognized as an organizational Workplace Safety Strategy
- Data has been quoted by CEO, COO
- Social Work exposure has increased
- Bedside RNs have a "just in time" resource
- More parents/guardians are able to stay at bedside because of early SWIFT interventions**

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