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The Strength of Safety: “Code Strong”, the Birth of “Nurse Assist”

Martha Gaitan

Homestead Hospital, MarthaG@baptisthealth.net

Ellen Sordo

Homestead Hospital, EllenS@baptisthealth.net

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BACKGROUND

- The Homestead Hospital Healthcare Violence Prevention Committee and The Baptist Health South Florida (BHSF) Professional Development Council reviewed the data on the number of “code greens” called at the hospital.
- A “code green” is a reactive overhead paged code used when a person is demonstrating aggressive behavior that causes one to believe that there is a threat and/or actual physical contact which could or has caused serious bodily harm or death.
- The data review showed that 65% of the “code greens” from January to June of 2018 were appropriate “code green” calls.
- The remaining 35% of “code greens” would have been better addressed using another method of de-escalation because in most cases, the patients were cognitively impaired.

PROJECT GOAL

- The goal of this performance improvement project was the implementation of process to assist staff with patients requiring re-direction due to cognitive impairment.

PLAN

- Given that a significant number of “code greens” were being called inappropriately, a better approach was needed to deal with cognitively impaired patients.
- This will avoid a show of force or deployment of excessive resources seen when a “code green” is called.
- The process was tagged “code strong”.
- This was expected to allow appropriate staff to re-direct a confused/cognitive impaired patient using applicable verbal techniques.
- The process would lead to:
 - decrease in “code green” data due to inflation when wrong code is being called for behaviors that can be addressed through “code strong”.
 - the right level of care being provided to cognitive impaired patients in the right manner by the right providers.

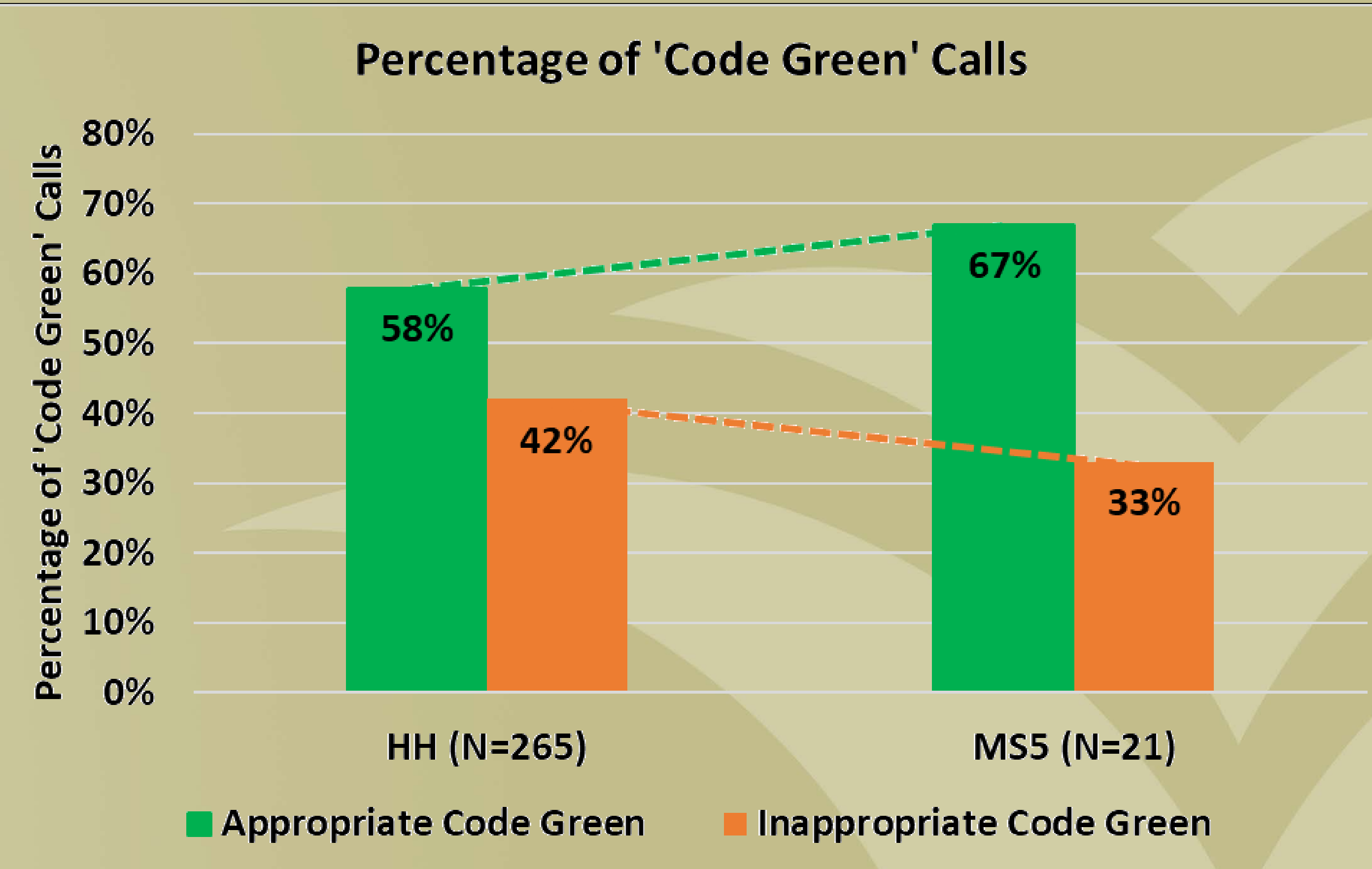


DO

- The implementation of “code strong” at Homestead Hospital was piloted on Medical Surgical unit 5 (MS5).
- The process was piloted between October 15th, 2018 and January 15th 2019.
- The “code strong” process involved the deployment of the “code strong” team. The team consisted of but not limited to:
 - the patients primary nurse
 - the Unit patient care supervisor
 - the nursing supervisor
 - at least one security officer
 - at least one physical therapist
 - a minimal list coach (when available)
 - a case manager (when available)
- The code was generated via an encrypted overhead page of “code strong” to signal the team.

CHECK

- During the three months of pilot, we experienced a lower level (33%) of inappropriate code greens calls on MS5 compared to the entire Homestead Hospital (HH) at 42% for 2018.
- This implies an increase in level of appropriate calls and a better utilization of resources and man power.



ACT

- The implementation of “code strong” allowed for the provision of a high level of safe care to our patients.
- It allows for the meeting of the specific need of cognitively impaired patients.
- Following a successful implementation on MS5, the BHSF Security Council and Patient Care Leadership Council (PCLC) approved the initiative for implementation system-wide.
- The initiative was renamed “Nurse Assist” for system-wide implementation.

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