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

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Martha Gaitan, RN; Ellen Sordo, RN, BSN, MN, FN-CSp

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.

REFERENCES

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The members of MS5 UPC