



# From Chaos to Calm: How to Develop a Safe and Caring Hospital



nonviolent crisis intervention  
a CPI specialized offering

# Our Presenter

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**CPI's Executive Director of  
Research and Development**

- Trains and presents nationally for CPI.
- Leads content development team for CPI's various curriculum.
- Heads up research initiatives regarding effectiveness of CPI trainings.
- Prior to joining CPI, served as an educator, administrator, residential care provider, and supported persons with developmental delays.

# About CPI

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- The world leader in training human service care providers.
- Our *Nonviolent Crisis Intervention*® training program is designed to help professionals provide for the best possible care and welfare of confrontational, challenging, or out-of-control patients.
- We are committed to *Care, Welfare, Safety and Security*™ of all.

# What We'll Cover Today

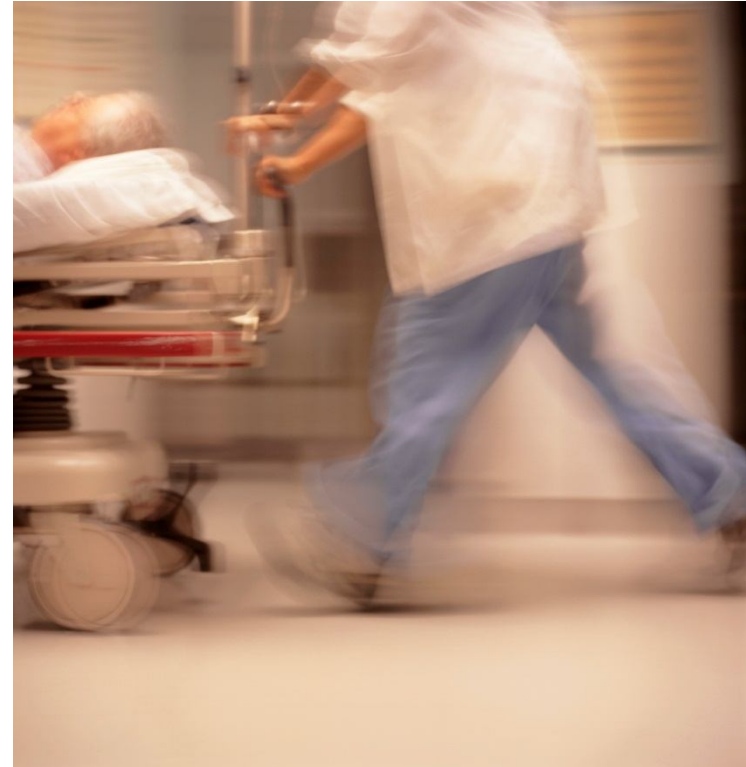
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- Who is CPI?
- Hospital Violence: What's Going on Today?
- Understanding Crisis Situations.
- 10 Tips for Crisis Prevention.
- How can CPI help you?
- Questions and Answers.

# Potential for Violence in Hospitals

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Violent episodes in hospitals represent a potential hazard to both patients and staff.



*Source: The Joint Commission Sentinel Event Alert, Issue 45: Preventing violence in the health care setting (June 2010)*

# Contributing Factors

Contributing factors include:

- Hospitals are always open and accessible to the public.
- Ineffective implementation of policy and procedure.
- Not enough time for staff education and training.



*Source: The Joint Commission Sentinel Event Alert, Issue 45: Preventing violence in the health care setting (June 2010)*

# Poll Question 1

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Have you or other staff members in your hospital experienced: (check all that apply)

- Verbal aggression by a patient or family member.
- Physical aggression by a patient or family member.
- Verbal or physical aggression by a visitor.
- None of these happen at my hospital.

## Violence in the ER

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A recent Emergency Nurses Association report showed that in the past three years:

- 20% of nurses were verbally abused more than 200 times.
- 25% of nurses said they had been physically attacked by patients more than 20 times.

Many nurses reported that they did not report incidents of verbal and physical abuse out of fear of retaliation and lack of support.

*Source:* Boyett, L., Gacki-Smith, J., Homeyer, C., Juarez, A.M., MacLean, S.L., & Robinson, L. (2009). Violence against nurses working in US emergency departments. *Journal of Nursing Administration, 39*, 340—349. doi: 10.1097/NNA.0b013e3181ae97db



# Violence in the ER

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## Emergency Rooms

- 86% of emergency room nurses have been victims of workplace violence.
- 20% experience violence “frequently.”
- 40% said that their workplace was “somewhat safe” or “not safe at all.”

Source: Entwistle, M. (2008, September). Security leaders turn to training to quell violence. *Journal of Safe Management of Disruptive and Assaultive Behavior*; 16, 12-13.

# Understanding the Moment of Crisis

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A crisis is that moment in time when a patient **loses** rational or even physical **control** over their own behavior.

# Understanding the Moment of Crisis

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When faced with such a moment of crisis, we will react based on our past experiences and **training**,

or

react on the **emotions** of the moment.



# What Can You Control?

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We cannot necessarily make others do as we ask.

We cannot always control the behaviors of a patient in a moment of crisis.

We may be able to **control our own behavior** and responses.

# Elements to Consider: Space

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Space - the area around us, including belongings.

Touching, room, bed, personal items, invasive procedures.



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Space - the area around us, including belongings.

Touching, room, bed, personal items, invasive procedures.

Invading personal space may **escalate** a person in a crisis.



# Elements to Consider: Body Language

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Body Language: Body movements, gestures, expressions, height.



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Body Language: Body movements, gestures, expressions, height.



Our body language may **escalate** or **de-escalate** a person in a crisis.



# Elements to Consider: Voice

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“Can you just sit down, right over there, and wait a while longer? I will help you in a minute.”

Inflection  
Volume  
Speed



## Elements to Consider: Voice

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“Can you just sit down, right over there, and wait a while longer? I will help you in a minute.”

Inflection

Volume

Speed



How we say, what we say, may also **escalate** or **de-escalate** the person in crisis.

## Poll Question 2

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Considering your staff and the potential crisis situations at your hospital:  
(check one)

- Crisis never happens at my hospital.
- We don't have time for any more training.
- We just call the police.
- Our staff are fully trained to respond to crisis.
- Our staff could use more training.

# CPI's 10 Tips for Crisis Prevention

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4. Be aware of your body position.



# CPI's 10 Tips for Crisis Prevention

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1. Be empathic, nonjudgmental; listen.
2. Clarify "real" messages; listen for feelings.
3. Respect personal space, belongings.
4. Be aware of your body position.
5. Ignore challenges; avoid power struggles.





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7. Set and enforce reasonable limits.



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9. Avoid overreacting and underreacting.



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7. Set and enforce reasonable limits.
8. Avoid threatening, nonverbal cues.
9. Avoid overreacting and underreacting.
10. Physically intervene only as a last resort.



# CPI: Educate. Empower. Enrich.

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## *Nonviolent Crisis Intervention*<sup>®</sup> training:

- Provides staff with skills, knowledge and preventive strategies to de-escalate crises while balancing the responsibilities of care.
- Focuses on verbal de-escalation strategies.
- Teaches physical interventions to be used as a last resort.
- Promotes *Care, Welfare, Safety and Security*<sup>SM</sup>.

## Meets or Exceeds Regulatory Guidelines:

- The Joint Commission.
- Centers for Medicare and Medicaid Services (CMS).

# Questions?

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If you have a question, feel free to ask via chat by using the “Question and Answer” feature on the side of your screen.



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# Contact Information

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