

Call For Assistance (CFA) Response Actions Patient's Primary Service Resident

- ▶ Physically respond immediately to a page to a "Call for Assistance" for an assigned service patient (or designate an appropriate backup immediate responder).
- ▶ Intervene only after a safe environment exists and/or is secured by Security/Police personnel.
- ▶ Identify self to team members present. Obtain information from other team members, staff, patient, family.
- ▶ Assume clinical team leader role from local staff, including responsibility for patient assessment and medical decision-making.
- ▶ Re-assess and address immediate safety needs.
- ▶ Working with the team, continue attempts to de-escalate the situation (redirection, limit setting). Deal with communication/expectations/information issues.
- ▶ Form an assessment that includes addressing patient rights. Make clinical decisions relevant to the underlying condition and existing knowledge of the patient.
- ▶ Communicate with the patient and team to develop a stabilization plan.
- ▶ Consider least restrictive interventions appropriate to the situation, including physical and/or pharmacologic interventions, to achieve or maintain a safe situation. If physical or chemical restraint becomes necessary, provide medical order and ensure documentation.
- ▶ Request resources to implement the stabilization plan. Identify need for any additional team members.
- ▶ Develop and communicate the post-episode behavior maintenance and prevention treatment plan.
- ▶ After a brief response evaluation with the responding team, release team members as appropriate.
- ▶ Provide post-episode support to the patient (and family if indicated).
- ▶ Record a progress note. Coordinate with the patient's assigned nurse to ensure documentation of all phases of the event including pre-escalation factors, assessment, management, legal issues, consultations and plans.
- ▶ Notify patient's attending physician of the event. Consider initiating a behavioral flag request.
- ★ **In outpatient and procedure areas**, leadership may be assumed by the most senior staff member present, working with the responding Call for Assistance Team.

Call For Assistance (CFA) Response Actions

Patient's Assigned Nurse

- ▶ Initiate a "Call for Assistance" when a patient situation is escalating to an unstable phase and safety becomes a concern.
- ▶ Ensure patient's assigned primary service resident or designee is stat paged (by unit staff or request Communications Center include when paging the Call for Assistance Team).
- ▶ Initiate a "Call for Security" also if anticipate need for more than 2 Security staff or University Police.
- ▶ Request charge nurse assistance with situation and other patient assignments.
- ▶ Establish and maintain a safe situation with the assistance of arriving team members, without risk to self or others. Direct unnecessary persons away from unstable area. Respect patient rights.
- ▶ Brief team leader upon arrival, including events leading to the call and interventions.
- ▶ Working with team, continue attempts to de-escalate the situation (redirection, limit setting).
- ▶ Contribute to the assessment, stabilization plan, interventions, evaluation, post-episode behavior maintenance/prevention treatment plan and team response evaluation
- ▶ Assist with physical and/or pharmacologic interventions as indicated to achieve or maintain a safe situation.
- ▶ Participate in the brief response evaluation with the responding team.
- ▶ Adjust patient multidisciplinary care plan to reflect needs and strategies.
- ▶ Collaborate with the primary service resident to ensure documentation of the incident in progress notes. Note preventive actions, less restrictive alternatives, and interventions made prior to the Call for Assistance response. Initiate Restraint Flowsheet if indicated. Reserve quality information for the Quality Report.
- ▶ Complete a brief Quality Report (QR). Progress note and addendum will support the report.
- ▶ Provide post-episode support to the patient (and family if indicated).
- ▶ Follow up with area manager/supervisor/director.

Call For Assistance (CFA) Response Actions

Unit Charge Nurse/Shift Manager

- ▶ Initiate a "Call for Assistance" when a patient situation is escalating to an unstable phase and safety becomes a concern.
- ▶ Ensure patient's assigned primary service resident or designee is stat paged (by unit staff or request Communications Center include when paging the Call for Assistance Team).
- ▶ Assist patient's nurse to establish and maintain a safe situation, with the assistance of arriving team members, without risk to self or others. Direct unnecessary persons away from unstable area. Respect patient rights.
- ▶ Re-assess nurse's assignments and delegate or address urgent needs.
- ▶ Participate in the brief response evaluation with the responding team.
- ▶ Assure event documentation and Quality Report (QR) are completed.
- ▶ Follow up with manager as indicated.

Unit Manager or Designee (Nursing Supervisor after-hours)

- ▶ Respond immediately to a "Call for Assistance" team page. (Nursing Supervisor)
- ▶ Assist with establishing and maintaining a safe situation without risk to self or others. Direct unnecessary persons away from unstable area. Respect patient rights.

Provide post-episode follow-up:

- ▶ Review Quality Report (QR) and forward to Quality Office. (Manager)
- ▶ Consider initiating a behavioral flag request.
- ▶ Follow-up with staff.
- ▶ Evaluate need for FEAP post-episode support.

Observer/Nursing Supervisor

- ▶ Respond immediately to a "Call for Assistance" team page.
- ▶ Assist with establishing and maintaining a safe situation without risk to self or others. Direct unnecessary persons away from unstable area. Respect patient rights.
- ▶ Observe and identify opportunities to improve the response to Call for Assistance. Record responder role designations and response time.
- ▶ Based upon specialty and situational needs, contribute to the crisis assessment, stabilization plan, interventions, evaluation, post-episode behavior maintenance/prevention treatment plan and team response evaluation.
- ▶ Observe/participate in the brief response evaluation.
- ▶ Complete observer sheet and enter information into VAP quality database.

Call For Assistance (CFA) Response Actions

Psychiatry Nurse

- ▶ Respond immediately to a "Call for Assistance" team page (by phone 2300-0700).
- ▶ Intervene only after a safe environment exists and/or is secured by Security/Police personnel.
- ▶ Identify self to the team members present. Obtain information from other team members, staff, patient, family.
- ▶ Assist with establishing and maintaining a safe situation without risk to self or others. Direct unnecessary persons away from unstable area. Respect patient rights.
- ▶ Working with team, continue attempts to de-escalate the situation (redirection, limit setting).
- ▶ Contribute to the crisis assessment, stabilization plan, interventions, evaluation, post-episode behavior maintenance/prevention treatment plan and team response evaluation.
- ▶ Offer psychiatric nurse consultation to assist with behavior maintenance/prevention treatment planning.
- ▶ Assist primary team with post-episode support plan for patient, family, and unit staff as needed.

Psychiatric Medicine Resident

- ▶ Respond as soon as possible to a "Call for Assistance" team page.
- ▶ Intervene only after a safe environment exists and/or is secured by Security/Police personnel.
- ▶ Identify self to the team members present. Obtain information from other team members, staff, patient, family.
- ▶ Assume *interim* leadership role only if arrives before the primary service resident or back-up LIP. Involvement in medication orders and interventions is solely at the discretion of the psychiatric medicine resident and should generally occur only after consultation with the primary medical team.
- ▶ Assist with establishing and maintaining a safe situation without risk to self or others. Direct unnecessary persons away from unstable area. Respect patient rights.
- ▶ Working with team, continue attempts to de-escalate the situation (redirection, limit setting).
- ▶ Contribute to the crisis assessment, stabilization plan, interventions, evaluation, post-episode behavior maintenance/prevention treatment plan and team response evaluation.
- ▶ Assist with recommendations for least restrictive interventions appropriate to the situation, including physical and/or pharmacologic interventions, to achieve or maintain a safe situation.
- ▶ Assist team with issues relating to patient capacity, mental health laws, treatment over objection, and psychopharmacologic interventions.
- ▶ Assist primary team with post-episode support plan for patient, family, and unit staff as needed.

Call For Assistance (CFA) Response Actions

Security Staff

- ▶ Physically respond immediately, with appropriate equipment, to a "Call for Assistance" and/or "Call for Security" page.
- ▶ Call for backup/additional support from Security or University Police if indicated.
- ▶ Address safety needs expressed by lead health care professional within Security Department policy and procedures.
- ▶ Establish control of the environment and maintain a safe situation, without risk to self or others. Direct unnecessary persons away from unstable area. Respect patient rights.
- ▶ Working with team, continue attempts to de-escalate the situation (redirection, limit setting).
- ▶ Assist with physical interventions as indicated to achieve or maintain a safe situation.
- ▶ Participate in the brief response evaluation with the responding team.
- ▶ Complete the Security Department Incident Form.
- ▶ Conduct a Threat Assessment after incident as requested/indicated.
- ▶ Communicate the post-episode behavior maintenance and prevention treatment plan to colleagues in the Security Department.

Transportation Staff

Within personal skills set and Transportation Department policy and procedures:

- ▶ Physically respond immediately to a "Call for Assistance" team page.
- ▶ Assist with establishing or maintaining a safe situation under the direction of the lead, without risk to self or others. Respect patient rights.
- ▶ Assist with physical interventions as indicated to achieve or maintain a safe situation.
- ▶ Address stabilization plan transportation needs.
- ▶ Participate in the brief response evaluation with the responding team.

Behavioral Emergency Response Actions Off-Grounds, Non-Contiguous Locations

Team Leader - most senior staff member present

Assume leadership and control of the situation:

- ▶ Initiate or delegate a 911 call - indicate location, situation including number of aggressive individuals, if a weapon is involved or physical contact has occurred, and if injuries requiring rescue squad response exist. Do not hang up until directed to.
- ▶ Request co-worker assistance with the situation and other immediate patient needs.
- ▶ Establish or maintain a safe situation with the assistance of co-workers, without risk to self or others. Direct unnecessary persons away from unstable area. Respect patient rights.
- ▶ Identify/assign a staff member who can meet and brief police at building entranceway if possible.
- ▶ Brief police upon arrival, including events leading to the call and interventions.
- ▶ Continue attempts to de-escalate the situation (redirection, limit setting).
- ▶ Contribute to the assessment, stabilization plan, interventions, evaluation, post-episode behavior maintenance/prevention treatment plan and team response evaluation.
- ▶ Communicate with consultants as indicated (patient representatives, psychiatry, social work, etc.) to identify and develop solutions to resolve underlying issues.
- ▶ Adjust patient multidisciplinary care plan to reflect needs and strategies.
- ▶ Enter a record note documenting all phases of the event including pre-escalation phase factors, assessment and management. Reserve Quality information for the Quality Report.
- ▶ Provide post-episode support to the patient (and family if indicated).
- ▶ Consider initiating a behavioral flag request.

Clinician (Nurse, Tech, other) or Manager

- ▶ Coordinate with Team Leader initiation of 911 call and assignment of a staff member to meet and brief police.
- ▶ Establish or maintain a safe situation with the assistance of co-workers, without risk to self or others. Direct unnecessary persons away from unstable area. Respect patient rights.
- ▶ Continue attempts to de-escalate the situation (redirection, limit setting).
- ▶ Contribute to the assessment, stabilization plan, interventions, evaluation, post-episode behavior maintenance/prevention treatment plan and team response evaluation.
- ▶ Review team leader's event documentation. Enter addendum notes as indicated. Initiate Restraint Flowsheet if indicated. Reserve Quality information for the Quality Report.
- ▶ Complete a brief Quality Report (QR). The record note will support the report.
- ▶ Provide post-episode support to the patient (and family if indicated).
- ▶ Follow-up with staff; evaluate need for FEAP post-episode support.
- ▶ Consider initiating a behavioral flag request.