Team Management Plan: Example

Problem behaviour:
Frequent and unnecessary use of patient call system (give example or note frequency)

Desired outcome:
- A reduction in the frequency of use of the call system
- Patients needs met appropriately.

Options for management

1. Decide whether you want to involve the patient and family in the management plan. Sometimes by informing them of the issues, seeking their cooperation and keeping them abreast of progress your plan has a better chance of success. Alternatively, it might be more productive to include them in the most important aspects of the plans and not bother them with less significant points.

2. In simple terms explain to the patient that the calls are too frequent and often unnecessary. They may not realise that their actions are inappropriate.

3. It might be helpful to give examples of what is and isn’t an appropriate reason to ring a buzzer.

4. Find out if there are any underlying issues why the patient might be displaying this behaviour such as; pain, anxiety, loneliness, poor coping skills. It is important to remember that sometimes there is a genuine need or reason for using the buzzer so often. Try to give the necessary reassurance, pain relief, explanations etc.

5. At the beginning of a shift spend some time with the patient. Tell them that you are going to spend this time period (say 15 minutes) assisting them with their needs. Give them opportunities to ask for help. Try to pre-empt reasons why they might buzz later (tissues, toileting, glass of water, specific questions, personal care issues etc) with a view of leaving the room with most ‘buzzing options’ covered.

6. At the end of the 15 minutes explain that you have other patients to attend to but you will return at a particular time (say ‘9.30’ or ‘in 30 minutes’). Encourage the patient to wait for your next visit rather than buzz for attention in the interim. The exception to this would be if the patient urgently needs something (the toilet, pain relief etc).

7. The patient may buzz in the interim. If this occurs and the issue is not urgent firmly but kindly explain that you will attend to this problem when you return at ‘9.30’. Be prepared to repeat this several times (Broken Record Technique).
8. Make sure you return at the promised time. If you are delayed inform the patient, give reasons and a new time. Avoid this if possible, you are attempting to build trust, reduce anxiety and form new behaviours. Inconsistency will increase your patients anxiety and encourage them to fall back on old and unhelpful ways of coping (maladaptive behaviours).

9. If your patient does not buzz return to the room at the promised time. Thank the patient for waiting. Be friendly, relaxed and attentive. Offer assistance with needs. When you are satisfied that all current needs have been met set another time to return. Essentially, repeat steps 5-9. Calmness, consistency and good communication with your patient will produce better outcomes.

10. Initially your patient might continue to buzz frequently. You may even see an escalation in buzzing. Reasons for this include;
   • Patients’ poor understanding of what is expected of them.
   • Patient might be testing you to see if you really mean what you say.
   • Patient might have increased anxiety about the new plan.
   • There might be an urgent/new issue for the patient that requires your swift and/or frequent attention.
   Be patient. Don’t lose heart. Stick to your plan.

11. Discuss the plan at each handover making sure that all nurses are aware of how important it is to be consistent. Feedback how well you and your patient are coping with the plan at each handover

**Review date**

- Decide on a review date and stick to it.
- Document your progress and any changes to the plan
- On the review date make a decision about whether to carry on with the same management plan, make small alterations or start again with new management options.
- Continue with plan with a new review date set.

Smith J (2008) Prince of Wales Hospital Sydney Australia