Leaders Care: Mitigating Violence against Emergency Department Staff 2012
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Introduction

Leaders Care: Mitigating Violence against Emergency Department Staff 2012

Problem Statement

• Emergency Department (ED) staff felt that support by leaders for mitigation of violence in the ED was lacking and were reluctant to report violent situations in a timely manner. The staff lacked confidence in hospital security systems and security officer skills and abilities.

• In a 2009 study by the Emergency Nurses Association, 25% of registered nurse respondents experienced physical violence greater than 20 times in the previous three years (Gacki-Smith, Juarez, Boyett, Homeyer, Robinson, and MacLean 346).

• Hospital staff may be fearful to report violent incidents for many reasons including performance critique from their managers (Occupational Safety & Health Administration, 2004).

• The Joint Commission identifies that a causal factor in 62% of hospital violence events is leadership related, specific to policy clarity and implementation (JCAHO, 2010).

• Kowalenko, Walters, Khare, and Compton identified a minimum of systems and security officer skills and abilities.

• Our objective was to identify employees’ perceptions regarding environmental security our 29 bed/2 triage-room ED.

• Our findings guided intervention development to maximize environmental security.

Emergency Department Multidisciplinary Violence Committee

Methods

• We used a pre- and post- intervention survey with some open-ended questions to assess staff’s perception about their safety.

• The survey was designed by the Multidisciplinary Committee and administered via Survey Monkey.

• All ED staff, security officers & patient registrars received the survey via email.

• Data was analyzed using Mann-Whitney U tests, due to small sample size, for differences in responses pre- and post-interventions at 0.05 level of significance.

• Initial survey results from 2009 fourth quarter guided interventions from hospital and staff perspectives.

• Repeat survey in 2011 in second quarter to identify significant differences in staff’s perceptions following interventions

Results

• Significant differences were noted in 5 of the 11 questions from the initial to the second send of the survey.

• Significant differences were noted in 3 of the 4 hospital-related questions, and 2 of the 4 staff-related questions. All questions increased as to percentage of positive responses.

• 3 of the 11 questions on training, identification of patients at risk, and confidence in colleagues were strongly positive on the initial survey and not a focus for interventions.

• We used a 95% confidence interval to determine if significance existed.

• Staff perceptions as to safety and security.

Hospital Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Initial</th>
<th>Post</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Resolution of Employee Security Incidents</td>
<td>2.44</td>
<td>2.78</td>
<td>0.34</td>
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<tr>
<td>Quality Service - The Safety of Your Patient</td>
<td>2.99</td>
<td>3.04</td>
<td>0.05</td>
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<tr>
<td>Preventive Practices to Minimize Security Incidents</td>
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<td>2.89</td>
<td>0.21</td>
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<tr>
<td>Physical Security of Patients</td>
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<td>Effective Resolution of Employee Security Incidents</td>
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<td>2.79</td>
<td>0.21</td>
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</table>

Table 1: Hospital Questions

Staff Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Initial</th>
<th>Post</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict Resolution for Staff/Staff</td>
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<td>2.86</td>
<td>0.13</td>
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<tr>
<td>Follow-up of Standardized Patient Procedures</td>
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<td>2.80</td>
<td>0.04</td>
</tr>
<tr>
<td>Follow-up of Environmental Security</td>
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<td>2.81</td>
<td>0.05</td>
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<tr>
<td>Use of Effective Demolition Skills</td>
<td>2.76</td>
<td>2.83</td>
<td>0.07</td>
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<tr>
<td>Communication of Plan of Care</td>
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<td>0.11</td>
</tr>
</tbody>
</table>

Table 2: Staff Questions

Interventions

Mitigation Interventions were identified and clustered into these five categories.

Leadership Commitment

Leaders committed to creating and supporting culture of staff, patients and keeping visitors’ safety, respect, and caring a top priority.

Multidisciplinary ED Violence Committee

• Establish multidisciplinary committee.

• Encourage staff reporting of incidents at earliest opportunity.

• Take immediate actions related to staff concerns.

• Provide education as to metal detection; patient watches and sedation and de-escalation, personal protection and patient detention/takedown techniques.

• Provide format for coding of patients with repeated episodes of violence (Code S); and hospital issued restraining orders presented by police (Code R).

Assessments

• Security Environmental assessment by security consultant.

• Staff perceptions as to safety and security.

Security Excellence Plan

• Update the security officer’s role.

• Adopt the security officer certification program through the International Association of Healthcare Organizations as a required training program.

• Provide security personal protection equipment.

• Establish environmental controls with video system with control center concept.

• Add security officer FTE support with increased presence in ED.

• Conduct reviews of incidents requiring restraint.

Reassessment

• Resurvey to identify next steps.

• Conduct ongoing situation reviews and debriefings.

• Resurvey to identify next steps.

Conclusions

• Ongoing educational initiatives, policy revision, and clarification of roles responsibilities.

• A common language for communication between clinical, clinical, and security staff.

• Timely and thoughtful review of contextual factors contributing to violence.

• Staff reporting of violent incidents.

• Staff role accountability in violent incidents.

• Security Excellence Plan.

• Zero Tolerance Policy.

Next Steps

• Review security video tapes to identify any educational gaps.

• Support staff champions to communicate changes.

• Develop handoff tool for staff and security.

• Remediate staff with trended performance concerns with escalating patients.

• Consider security environment enhancements.

• Trend employee injuries related to violence.

• Keep in contact with staff injured on the job.

• Involve staff in state wide legislative activity to promote regulations.

Bibliography


