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Leaders Care: Mitigating Violence against Emergency Department Staff

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Leaders Care: Mitigating Violence against Emergency Department Staff 2012
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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.

Introduction

- 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 340).
- 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 (TJC, 2010).
- Kowalenko, Walters, Khare, and Compton identified a minimum of 2% of ED physician responders having police officers providing ED security and 9% carrying weapons (344).
- Our objective was to identify employees' perceptions regarding environmental security our 29 bed/2 triage-room ED.

Methods

- We used a pre- and post- intervention survey with some open-ended questions to assess staff perceptions about their safety.
- The survey was designed by the Multidisciplinary Committee and administered via Survey Monkey.
- All ED staff, security officers & patient registrants 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

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.
  - Develop handoff tool for staff and security.
  - Trend employee injuries related to violence.
  - Keep in contact with staff injured on the job.
  - Timely and thoughtful review of contextual factors contributing to violence.
  - Encourage staff reporting of incidents at earliest opportunity.
  - Take immediate actions related to staff concerns.
  - Provide education as to metal detection: patient watches and de-escalation, personal protection and patient detention/handcuff techniques.
  - Provide formal program of coding of patients with repeated episodes of violence (Code S)
  - hospital issued restraining orders presented by police (Code R).

Conclusion

- Ongoing educational initiatives, policy revision, and clarification of roles.
- 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 critique from their managers.
- 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