Nov 7th, 8:00 AM

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, Juanes, Boyett, Homeyer, Robinson, and MacLean 2004).
• Hospital staff may be fearful to report violent incidents for many reasons including performance critique from their managers (Occupational Safety & Health Administration; 2001).
• 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 13% of ED patient/ED staff interactions involving personal violence (2011).
• 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

Interventions
Mitigation Interventions were identified and clustered into these five categories.
• Leadership Commitment
• Proactive Approaches to Security
• Effective Procedures to Maximize Security
• Staff Questions
• Hospital Questions

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.

Hospital Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
<th>Prominence</th>
<th>p-value</th>
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<tbody>
<tr>
<td>Patient counselling: Security One of Highest</td>
<td>2.8</td>
<td>2.98</td>
<td>11.21</td>
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<td>Effective Approaches to Maximize Security</td>
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<td>2.90</td>
<td>11.05</td>
<td>0.007</td>
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<td>3.04</td>
<td>8.63</td>
<td>0.007</td>
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<td>Effective Resolution of Employee Security Issues</td>
<td>2.8</td>
<td>2.97</td>
<td>8.44</td>
<td>0.015</td>
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</table>

Staff Questions

<table>
<thead>
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<th>Post-Survey</th>
<th>Prominence</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow Behavioral Health Patient Procedures</td>
<td>2.7</td>
<td>3.17</td>
<td>11.29</td>
<td>0.003</td>
</tr>
<tr>
<td>Follow Behavioral Health Patient Procedures</td>
<td>2.7</td>
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</table>

Reassessment
• Establish staff champions to communicate with colleagues.
• Conduct ongoing situation reviews and debriefings.
• Re surve the survey as noted.

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 trends of performance concerning 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