Nov 7th, 8:00 AM

Leaders Care: Mitigating Violence against Emergency Department Staff

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Ongoing educational initiatives, policy revision, and clarification of roles
Staff reporting of violent incidents
Keep in contact with staff injured on the job.
Develop handoff tool for staff and security.
Review security video tapes to identify any educational gaps.
Support staff champions to communicate changes.
Timely and thoughtful review of contextual factors contributing to violence
Involve staff in statewide legislative activity to promote regulations.
Trend employee injuries related to violence

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 seclusion and de-escalation, personal protection and patient detention/knocked down 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.

Results
Significant differences were noted in 5 of the 11 questions from the initial to the second round 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.

Introduction
Leaders Care: Mitigating Violence against Emergency Department Staff 2012
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Methods
We used a pre- and post-intervention survey with some open-ended questions to assess staff's 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

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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, Homeroy, 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 57% police officers responding ED security and 9% carrying weapons (344).
• 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

Objectives
To develop a comprehensive, interdisciplinary approach to violence prevention in the ED.
To identify and implement appropriate interventions.
To conduct ongoing evaluation.

Overview
• Staff developed the project and its implementation.
• The project was supported by the hospital’s risk management department.
• The project was well received by stakeholders.

Mitigation Initiatives
We used a pre- and post-intervention survey with some open-ended questions to assess staff’s perceptions about their safety.
We conducted a repeat survey in the second quarter to identify significant differences in staff’s perceptions following interventions.

Bibliography