

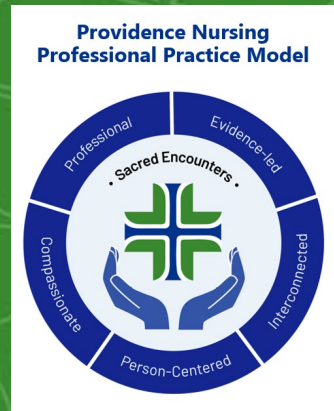


Providence System Nurse Research and Clinical
Scholarship Symposium 2024

Clinical Inquiry: The Catalyst to Nursing Excellence

Preventing and Responding to Workplace Violence in the Emergency Department

Presenting - Stefanie Lai, BSN, RN, CEN | Alicia Rodriguez, BSN, RN
Providence Little Company of Mary San Pedro



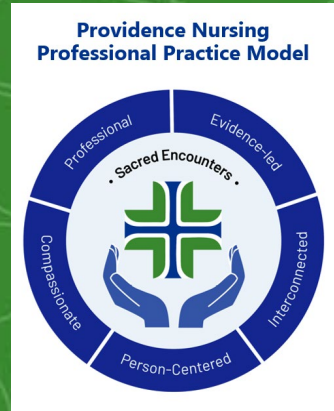


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Clinical Inquiry: The Catalyst to Nursing Excellence

Preventing and Responding to Workplace Violence in the Emergency Department

Janina La Porte, BSN, RN | Stefanie Lai, BSN, RN, CEN | Alicia Rodriguez, BSN, RN
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Background

Workplace Violence





Background

Workplace Violence (WPV) can lead to:

- **Burnout**
- **Job dissatisfaction**
- **Secondary stress (Schablan, et al, 2022)**

Multicomponent interventions can reduce WPV incidents and increase staff perceptions of safety

- **Education**
- **Safety Huddles**
- **Behavioral health rapid response teams**
- **Environmental modifications (Fricke, et al, 2022)**


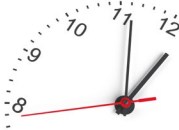



Clinical Question and Project Aims

- In (P) staff that work in the ED, would implementing (I) RN-developed, department-specific, workplace violence prevention and response interventions, compared to (C) no department-specific interventions, (O) increase Code Grey activation rate and decrease perceptions of violence among caregivers and providers surveyed, within (T) 90 days of implementation?
- **Aim #1: To test for changes in Code Grey activation rates from before to after project implementation**
- **Aim #2: To test for changes in self-reported ED staff knowledge of WPV prevention policies, procedures, and expectations from before to after project implementation**
- **Aim #3: To test for changes in ED staff perceptions of violence from before to after project implementation**



Methods

- **Design:** Pre-Post intervention Quality Improvement Project
- **Setting:** 16-bed Emergency Department 
- **Time frame:** 90-days after the project was implemented 
- **Data:** Code Grey Activations per 1,000 ED Visits, Surveys of ED Staff 



Inclusion and Exclusion Criteria and Considerations for Vulnerable Populations

Inclusion Criteria

- All staff and providers 18 years and older
- Must work in the ED

Exclusion Criteria


- None

Considerations for Vulnerable Populations

- Staff will not receive corrective action if declining to participate



Methods

Code Gray Education	
What is a Code Gray?	<ul style="list-style-type: none"> A Code Gray is an urgent request for assistance. It tells the response team that an agitated individual needs help de-escalating.
Who can activate a Code Gray?	<ul style="list-style-type: none"> Any caregiver or provider.
Who Responds to a Code Gray?	<ul style="list-style-type: none"> Security, House Supervisor, and a Mental Health RN from Bridges (when available). The team provides assistance and expertise in de-escalating potentially violent situations.
When should you activate a Code Gray?	<ul style="list-style-type: none"> Activate a Code Gray when a potentially violent situation is first suspected. If a patient or visitor is becoming agitated and you would normally request security. If you feel unsafe in the presence of a patient or visitor.
Why activate Code Grays in the ED?	<ul style="list-style-type: none"> Code Gray activation helps us to gather data on the frequency of encounters with agitated patients. This data will allow us to identify issues, needed resources, and justify additional support, training, or services for the ED.
Why is it important to activate a Code Gray promptly?	<ul style="list-style-type: none"> Delayed activation of a Code Gray can result in increased injuries and injury severity. By activating a Code Gray as soon as possible, you can help to prevent violence, protecting yourself, your colleagues, and your patients.
How do you activate a Code Gray?	<ul style="list-style-type: none"> Dial extension "88" on any hospital phone. If you're in a patient room, use the staff emergency button or your radio. Say "Code Gray" and your location to the ED Charge or Unit Secretary, who will then activate the Code Gray. Press "F9" and "F11" (911) on select computer keyboards throughout the department, which are identified with a <u>red sticker on the monitor</u>. <div style="text-align: center;">  </div>

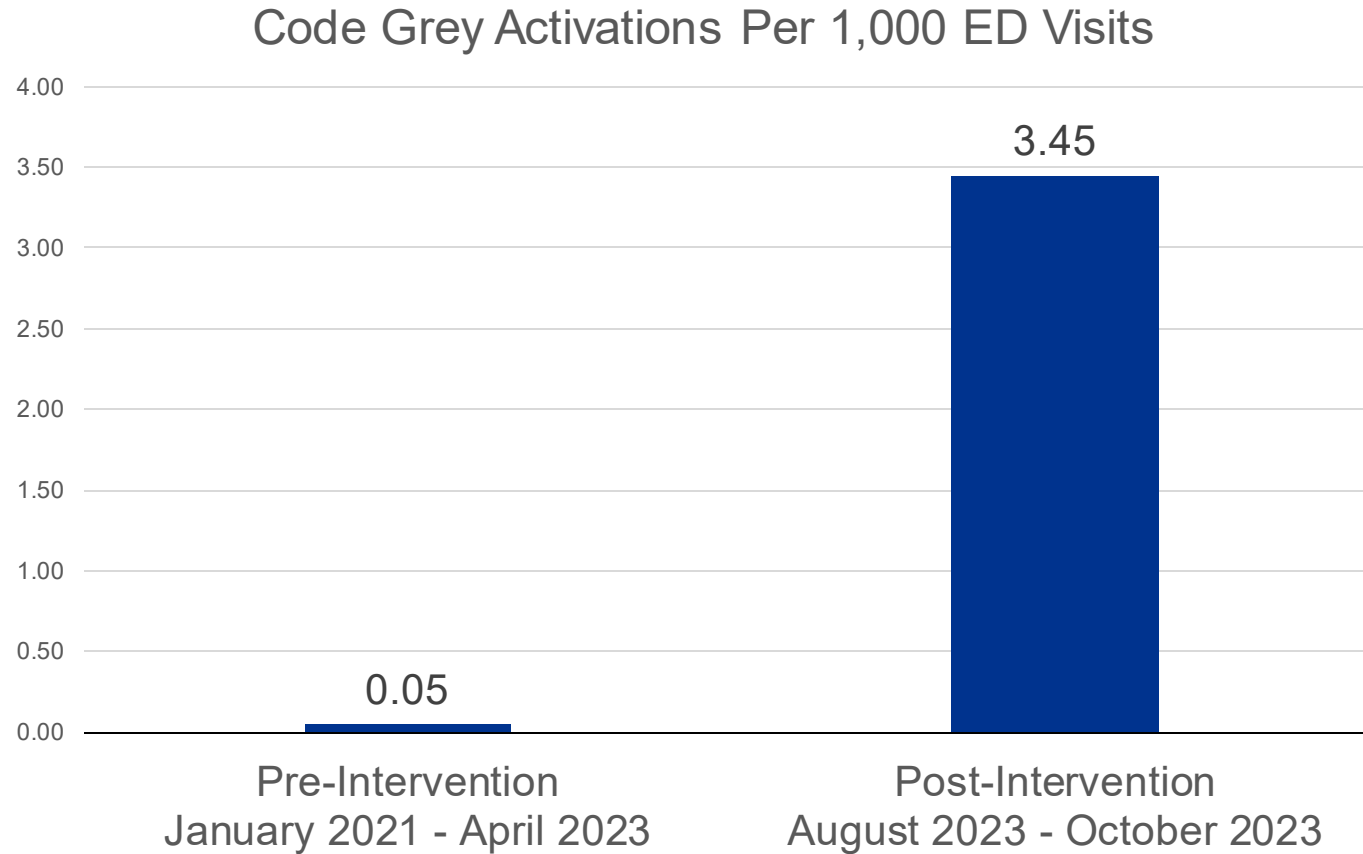


Analysis of Data

- ***Aim #1: To compare Code Grey activation rates from before to after the project implementation***
- ***Aim #2: To compare self-reported staff knowledge of WPV prevention policies, procedures, and expectations from before to after project implementation***
- ***Aim #3: To compare caregiver and provider perceptions of violence from before to after project implementation***



Findings

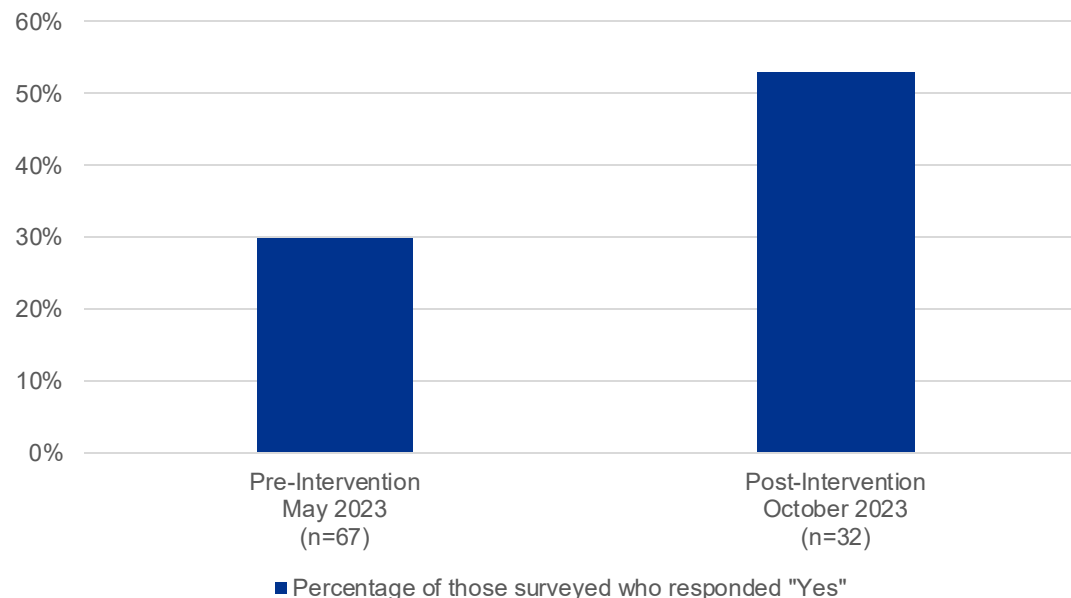


- ***Aim #1: Code Grey activation rates increased from before (0.05 per 1,000 ED visits) to after (3.45 per 1,000 ED visits) the project implementation.***



Findings

Are there clearly established procedures and expectations for violence prevention at Providence LCM - San Pedro?



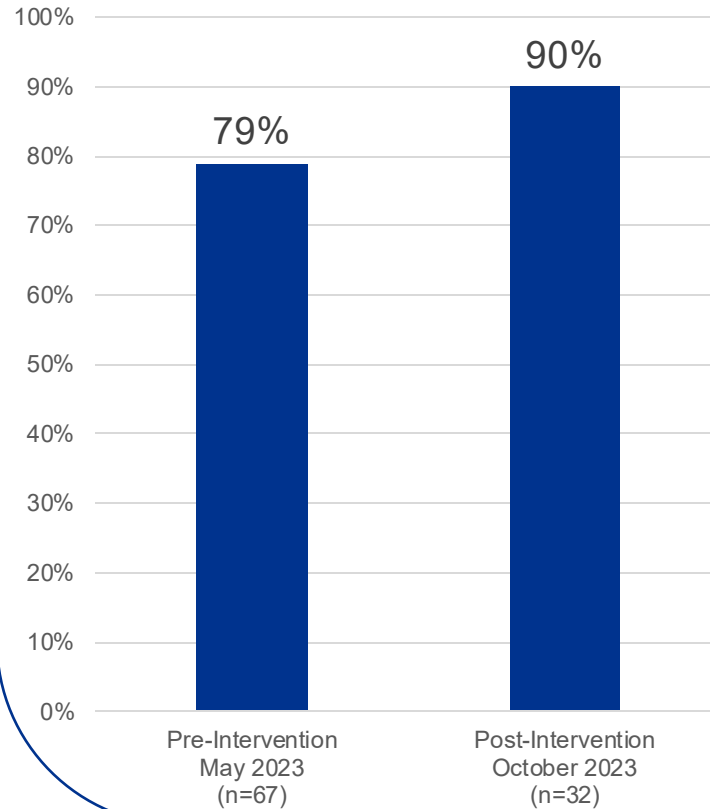
- ***Aim #2: Self-reported staff knowledge of WPV prevention policies, procedures, and expectations increased from before (30%) to after (53%) the project implementation.***

Findings

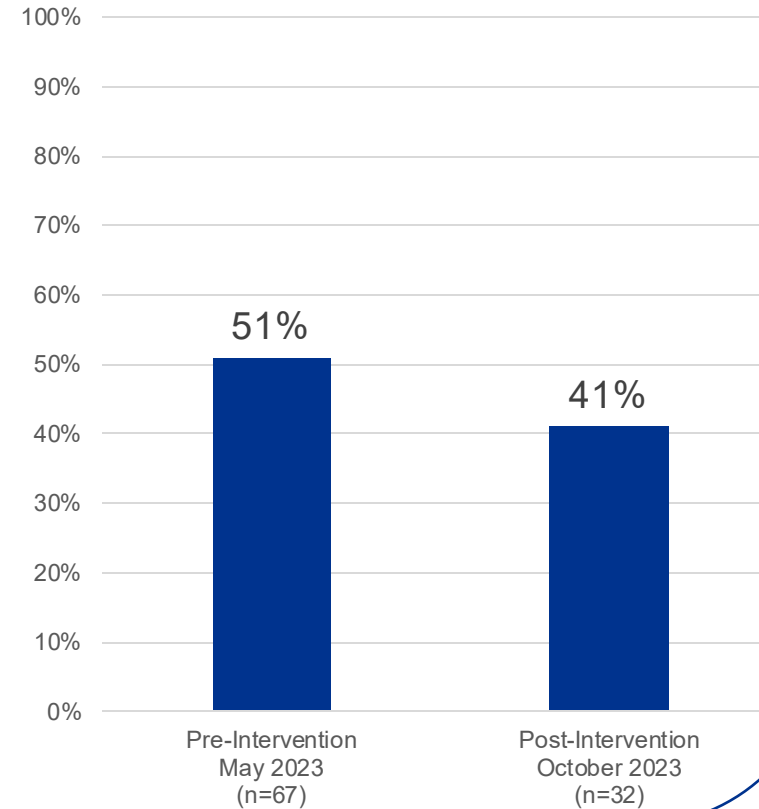


Percentage of Survey Respondents

Experience Verbal Violence
at Work at Least Once a
Week



Experience Physical
Violence at Work at Least
Once a Month



- Aim #3: The percentage of survey respondents reporting physical violence at least monthly decreased from before (51%) to after (41%), while the percentage reporting verbal violence at least weekly increased from before (79%) to after (90%) the project implementation.***



Findings

Post-Intervention:

- When asked "What current processes to prevent workplace violence in the ED are working well?", 47% of survey respondents (n=19) mentioned "Code Grey" and 21% mentioned the Risk For Violence Signs on or near patient doors.



Discussion

Summary of Findings:

- **7,280% increase** in Code Grey activation rates
- **92% increase** in the percentage of survey respondents who reported that there are clearly established procedures and expectations for violence prevention
- **20% decrease** in the percentage of survey respondents who reported experiencing physical violence at least monthly
- **14% increase** in the percentage of survey respondents who reported experiencing verbal violence at least weekly



Clinical Implications

Multicomponent, Department Specific Interventions:

- **Code Grey Education**



- **Visual Cues - Risk For Violence Signs**



- **Safety Huddles**





Clinical Implications

Next Steps

- ED orientation for future staff will include WPV prevention policies and procedures and Code Grey education.
- Quarterly Code Grey data reviews.
- Share results, interventions and tools with other units
- Incorporate a Risk For Violence Screening tool into the Electronic Medical Record.

Questions? Thank you



References

- Banerjee, S., & MacDougall, D. (2021). *Interventions to Address and Prevent Violence Toward Health Care Workers in the Emergency Department*. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK584543/>
- Fricke, J., Siddique, S. M., Douma, C., Ladak, A., Burchill, C. N., Greysen, R., & Mull, N. K. (2022). Workplace Violence in Healthcare Settings: A Scoping Review of Guidelines and Systematic Reviews. *Trauma, Violence & Abuse*, 15248380221126476. <https://doi.org/10.1177/15248380221126476>
- The Joint Commission. (2021). Workplace Violence Prevention Standards. *R³ Report: Requirement, Rational, Reference*. (30). <https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/>
- Kumari, A., Singh, A., Ranjan, P., Sarkar, S., Kaur, T., Upadhyay, A. D., Verma, K., Kappagantu, V., Mohan, A., & Baitha, U. (2021). Development and Validation of a Questionnaire to Evaluate Workplace Violence in Healthcare Settings. *Cureus*, 13(11), e19959. <https://doi.org/10.7759/cureus.19959>
- Larson, L. A., Finley, J. L., Gross, T. L., McKay, A. K., Moenck, J. M., Severson, M. A., & Clements, C. M. (2019). Using a Potentially Aggressive/Violent Patient Huddle to Improve Health Care Safety. *Joint Commission journal on quality and patient safety*, 45(2), 74–80. <https://doi.org/10.1016/j.jcjq.2018.08.011>



References (continued)

Pimentel, C. B., Snow, A. L., Carnes, S. L., Shah, N. R., Loup, J. R., Vallejo-Luces, T. M., Madrigal, C., & Hartmann, C. W. (2021). Huddles and their effectiveness at the frontlines of clinical care: a scoping review. *Journal of General Internal Medicine*, 36(9), 2772–2783. <https://doi.org/10.1007/s11606-021-06632-9>

Wirth, T., Peters, C., Nienhaus, A., & Schablon, A. (2021). Interventions for Workplace Violence Prevention in Emergency Departments: A Systematic Review. *International journal of environmental research and public health*, 18(16), 8459. <https://doi.org/10.3390/ijerph18168459>

Wong, A. H., Combellick, J., Wispelwey, B. A., Squires, A., & Gang, M. (2017). The Patient Care Paradox: An Interprofessional Qualitative Study of Agitated Patient Care in the Emergency Department. *Academic emergency medicine : official journal of the Society for Academic Emergency Medicine*, 24(2), 226–235. <https://doi.org/10.1111/acem.13117>

Workplace Violence in Health Care: A Toolkit for Prevention and Management. Content last reviewed March 2020. Oregon Association of Hospitals Research & Education Foundation, Lake Oswego, OR. <http://www.oahhs.org/safety>