

Characterizing Workplace Violence in the Emergency Department Through Direct Observation of Violent Encounters

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September 25, 2018
Washington State Governor's Industrial
Safety and Health Conference



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Disclosures

- This study was funded by the Washington State Department of Labor and Industries Safety and Health Investments Projects program.
- No conflict of interest to report



Acknowledgements

- Marie Vrablik, MD, MCR (PI)
- Rosemarie Fernandez, MD (Co-PI)
- Nancy Simcox, MS
- Anne Chipman, MD, MS
- Megan Moore, PhD
- Karl Jablonowski, MS
- Ly Huynh, BA
- Sarah Parker, PhD



Workplace Violence (WPV)

"...any physical assault, threatening behavior, or verbal abuse occurring in the work setting"

(National Institute for Occupational Safety and Health, 1996)



**Type 1:
Criminals**



**Type 2:
Customers**



**Type 3:
Employees**



**Type 4:
Related Parties**

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Since 1999 healthcare settings in WA have been required to implement plans to protect employees from WPV (Chapter 49.19 RCW)



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Most ED healthcare workers will experience a physical assault from a patient or visitor



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Barriers

- Understanding the problem:
 - Data collection is often retrospective
 - Reporting is often limited to physical injuries
- Violence prevention (Foley, 2012):
 - Insufficient staffing
 - Inadequate violence prevention training
 - Sporadic management attention to the issue



Study Objectives

- To better describe assaults on healthcare workers in the ED
- To explore ED staff reactions to and perceptions of WPV
- To evaluate anxiety and stress levels in ED staff following a violent encounter



Study Design

- Prospective, observational, mixed methods study (1/2017- 7/2017)
- Emergency departments (EDs) at 3 hospitals
- Direct observations
- Staff interviews
- Psychosocial impact
 - State-Trait Anxiety Inventory (STAI)
 - Stanford Acute Stress Response Questionnaire (SASRQ)



Sites

Harborview Medical Center (Site 1)

Level I trauma

- 413 hospital beds
- 48 ED beds
- 63,218 ED visits (2017)
- 21% admitted
- Median LOS 4.58 hours

University of Washington Medical Center (Site 2)

Tertiary, university

- 450 hospital beds
- 23 ED beds
- 28,758 ED visits (2017)
- 24% admitted
- Median LOS 4.85 hours

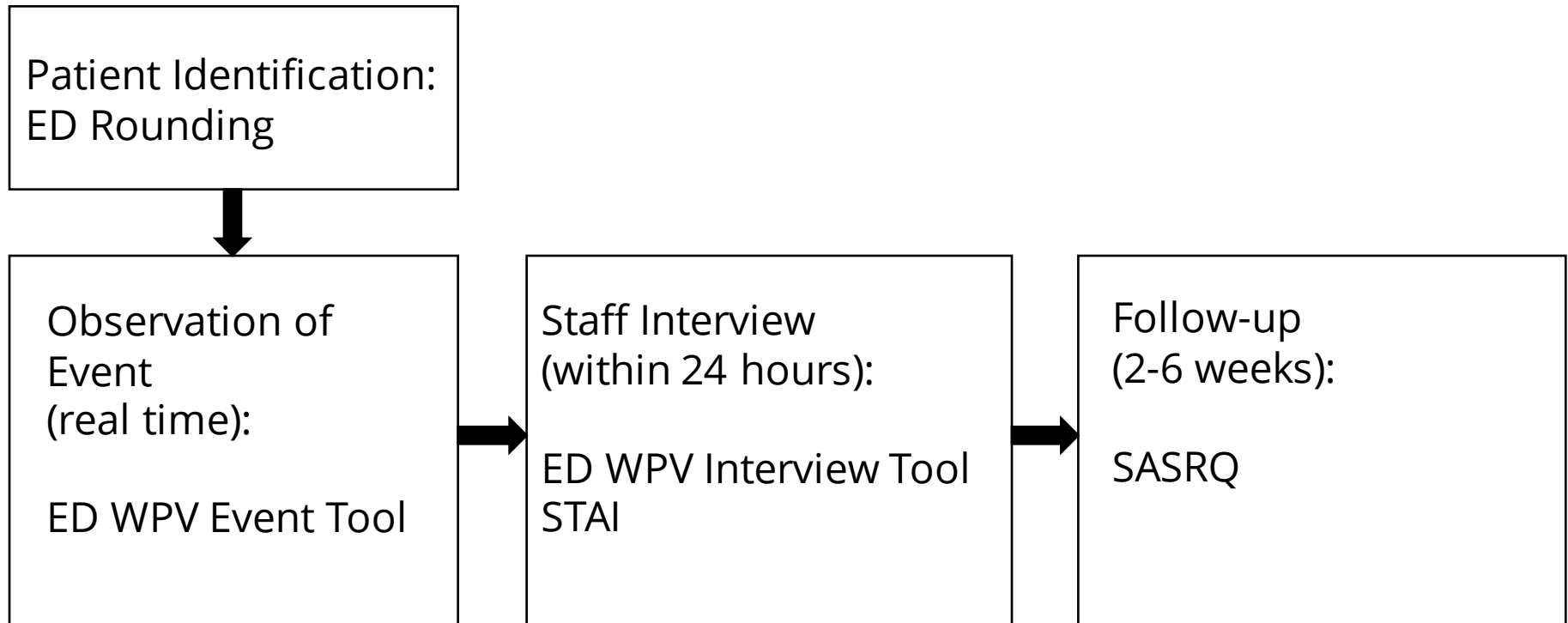
Valley Medical Center (Site 3)

Public, community hospital

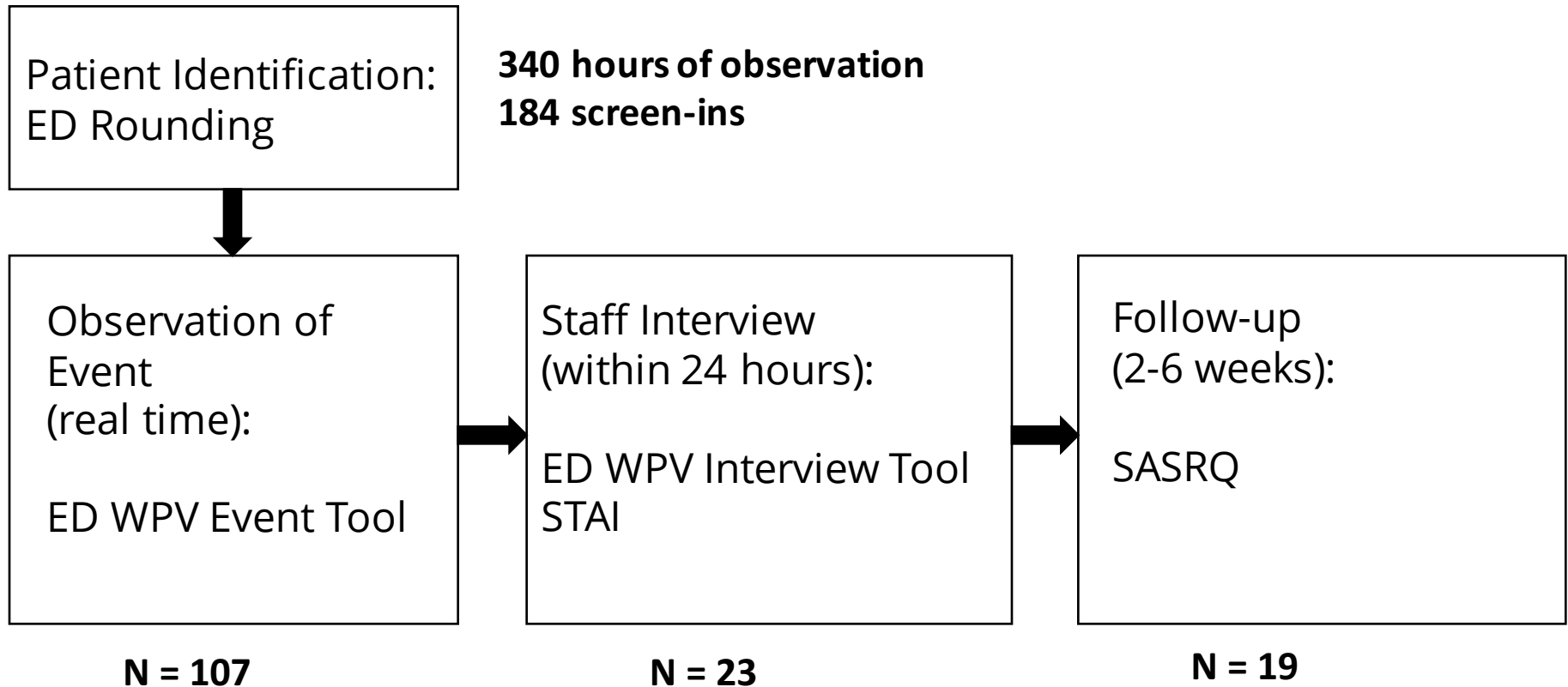
- 303 hospital beds
- 55 ED beds
- 81,539 ED visits (2017)
- 14% admitted
- Median LOS 3.0 hours



Study Design: Outcomes



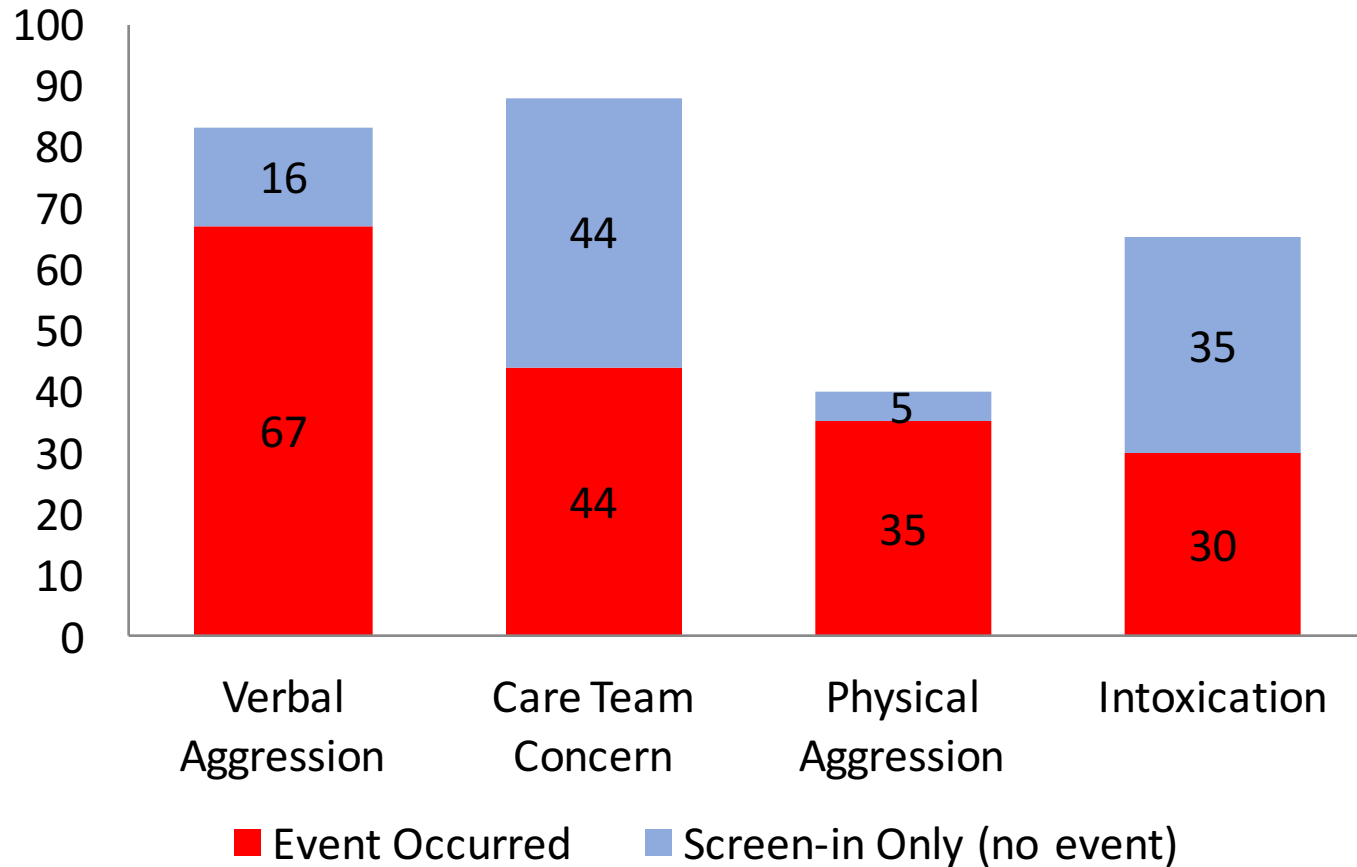
Study Design: Outcomes



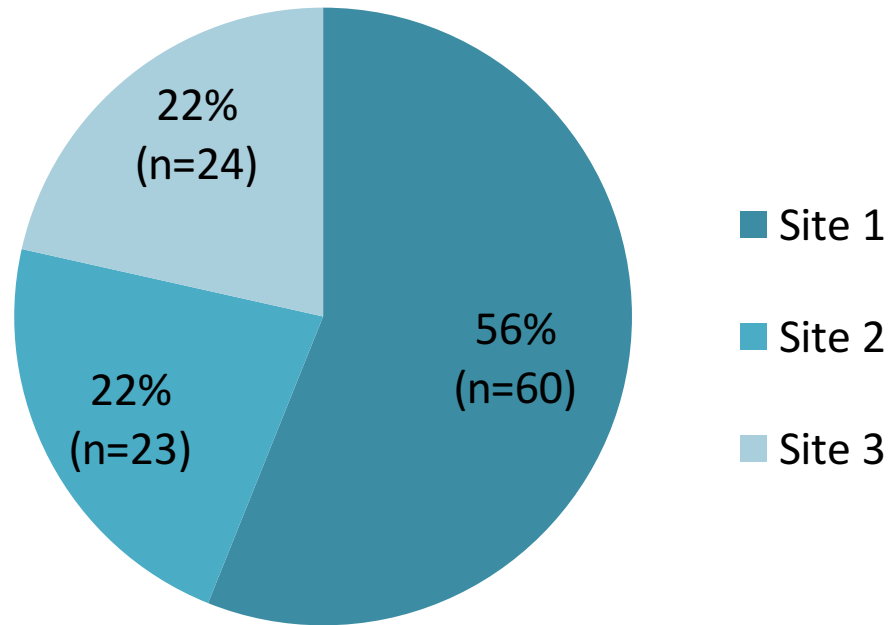
Events reported to the
institution?
4 (3.7%)



Results: Screen-In Triggers



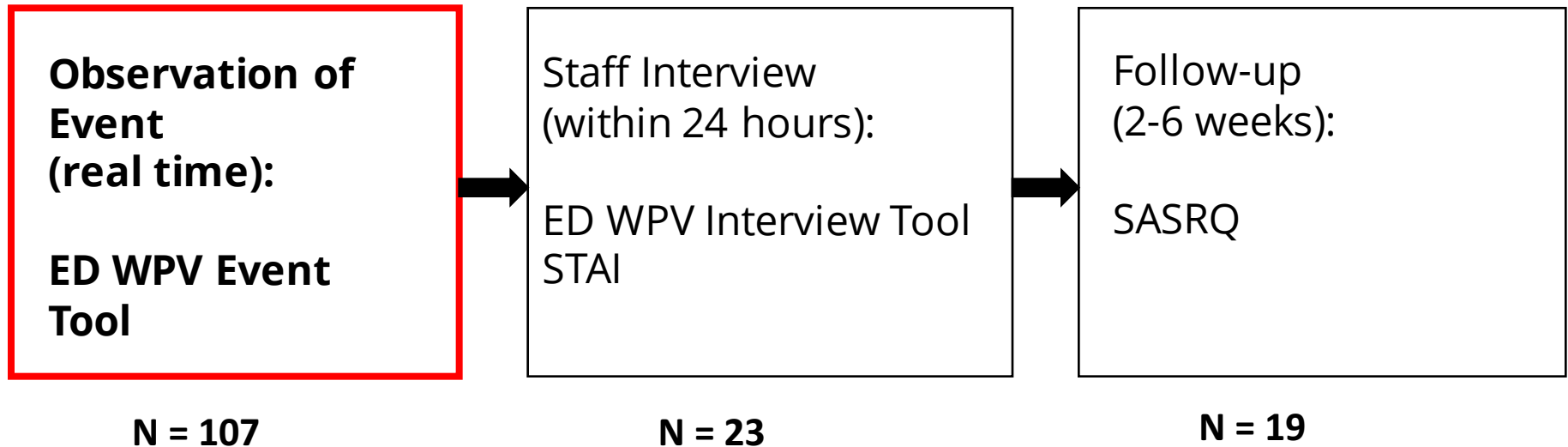
Results: Events By Institution



Site 1 averaged 1 event every 2.4 hours



Outcomes: Event Observations



ED WPV Event Tool

Event ID: _____ REDCap ID: _____ Data Collector: _____

Hospital: HMC UWMC VMC PRMCE Location/Bed: _____

Date/Time Screening Began _____ Date/Time Event Began _____ Estimated? Y/N

Date/Time Screening Ended _____ Date/Time Event Ended _____ Estimated? Y/N

Aggressor Type: Patient Visitor UNK *Screen-in: Verbal Physical Intoxicated Care Team Concern

RA witnessed: Verbal Aggression Physical Aggression Neither

*End disposition: D/C Admit Left ED In ED PES Other _____

Event was:	
<input type="checkbox"/>	Entirely observed by RA
<input type="checkbox"/>	Partially observed by RA
<input type="checkbox"/>	Entirely reported to RA
<input type="checkbox"/>	Partially reported to RA

Aggressor gender:	M	F	UNK
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*Aggressor arrival mode to ED		Day/Time Admitted to ED
Ambulance	Other	
Walk-in	Unknown	

Who experienced initial assault?	
<input type="checkbox"/>	Physician (resident/attending)
<input type="checkbox"/>	Nurse
<input type="checkbox"/>	MA
<input type="checkbox"/>	Security
<input type="checkbox"/>	Paramedic
<input type="checkbox"/>	Environmental Services
<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Unknown

Primary language English?	Y	N	Nonverbal	UNK
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*Restrains placed?		Y	N	UNK
Physical	Before	During	After	UNK
Chemical	Before	During	After	UNK

*Screened/searched before event?		Y	N	UNK
*Weapons found?		Y	N	UNK
*When?	Before	During	After	UNK
*Type(s)	Gun	Knife	Club/bat	Mace
	Taser	Razor	Brass knuckles	Sharp object
Other:				



ED WPV Event Tool

Verbal Aggression	
	Yelling at care provider
	Threatening
	Cussing
	Lewd/explicit statements
	Derogatory statements
	Other:

Physical Aggression	
	Threatening gestures
	Kicking
	Punching
	Biting
	Spitting
	Scratching
	Slapping
	Pushing/shoving
	Flailing
	Sexually inappropriate bx
	Removing IVs
	Staring
	Pacing/refusing to stay in bed
	Leaving assigned care area
	Approaching team repeatedly
	Destroying property
	Cannot clearly define
	Other:

Other: _____

How many of each responded/ were affected?	
	Resident physician
	Attending physician
	APP (ARNP/PA)
	Nurse
	MA
	Security
	Paramedic
	Environmental Services
	Volunteer
	Other:
	Unknown

*Did other patients respond ?	Y	N	UNK

Was aggressor in hallway during event?	Y	N	UNK
Was aggressor in psych area during event?	Y	N	UNK
*How long in bed? <i>Estimated?</i>	H:		M:
*How long in ED? <i>Estimated?</i>	H:		M:

*Response system activated?	Y	N	UNK
*Closed loop?	Y	N	UNK
*Response time? <i>Estimated?</i>	H:		M:

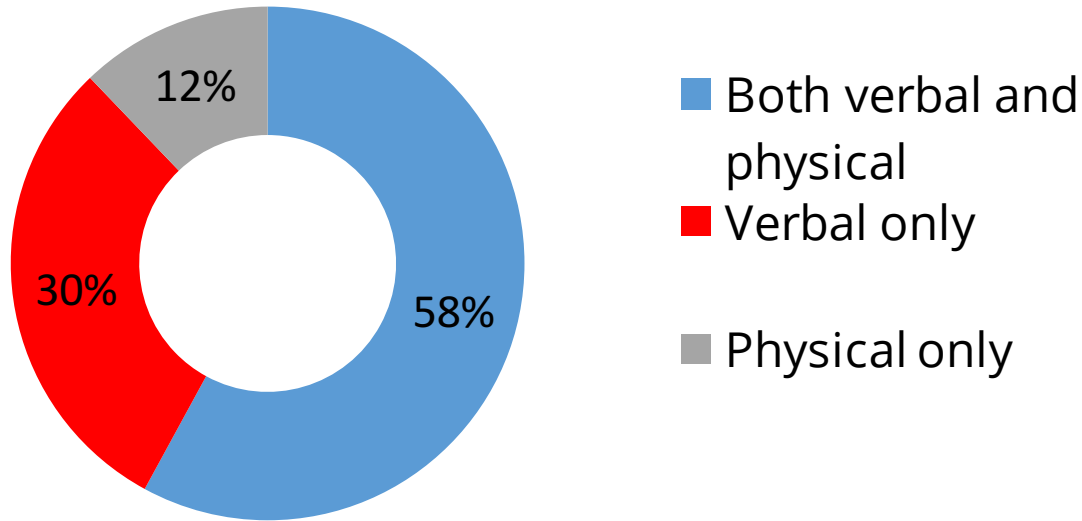
Change in environment 30 minutes prior?	Y	N	UNK

* Ask Care team

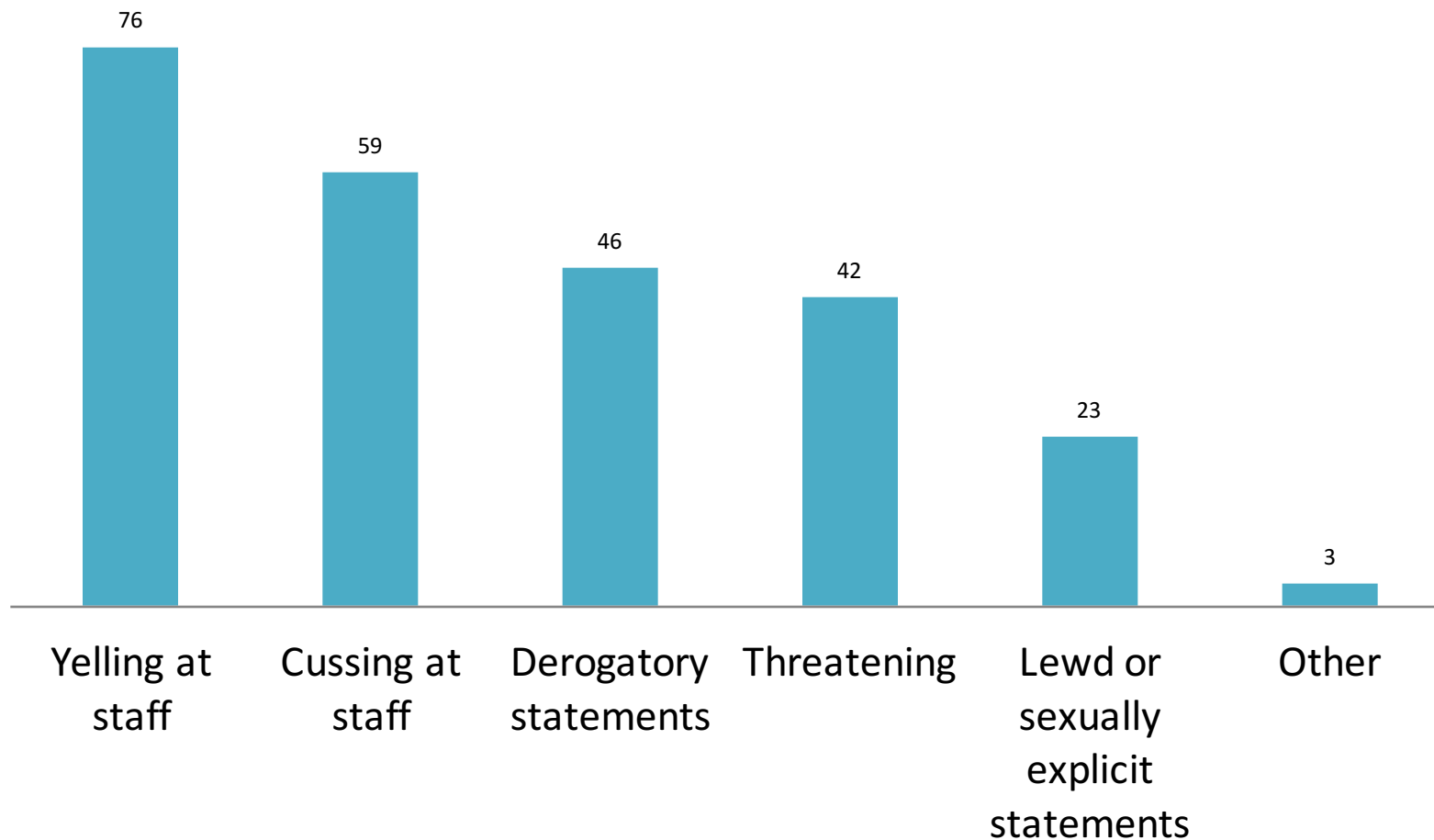


Results: Types of Aggression

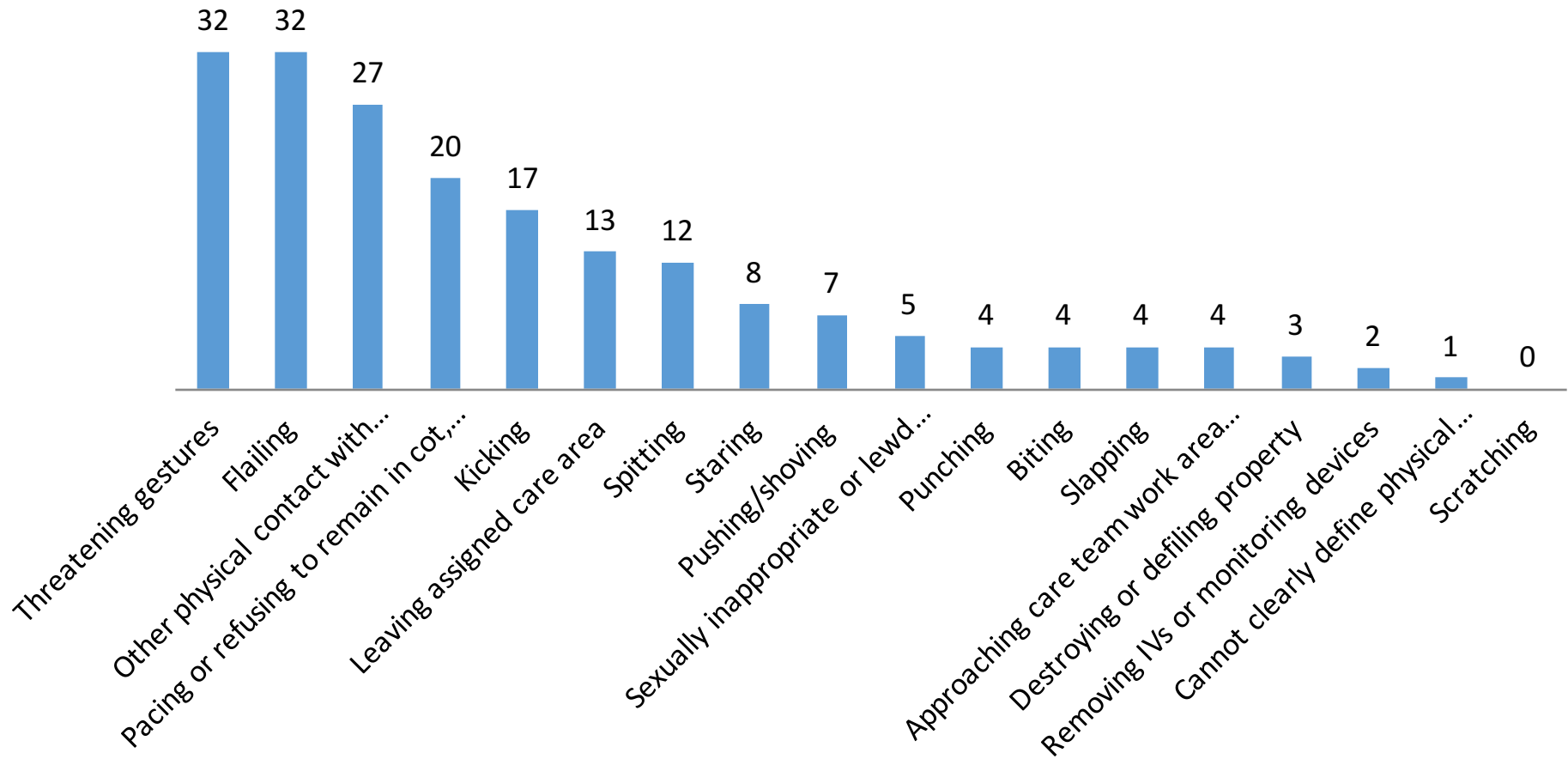
% of subjects exhibiting aggression
(n=107 events)



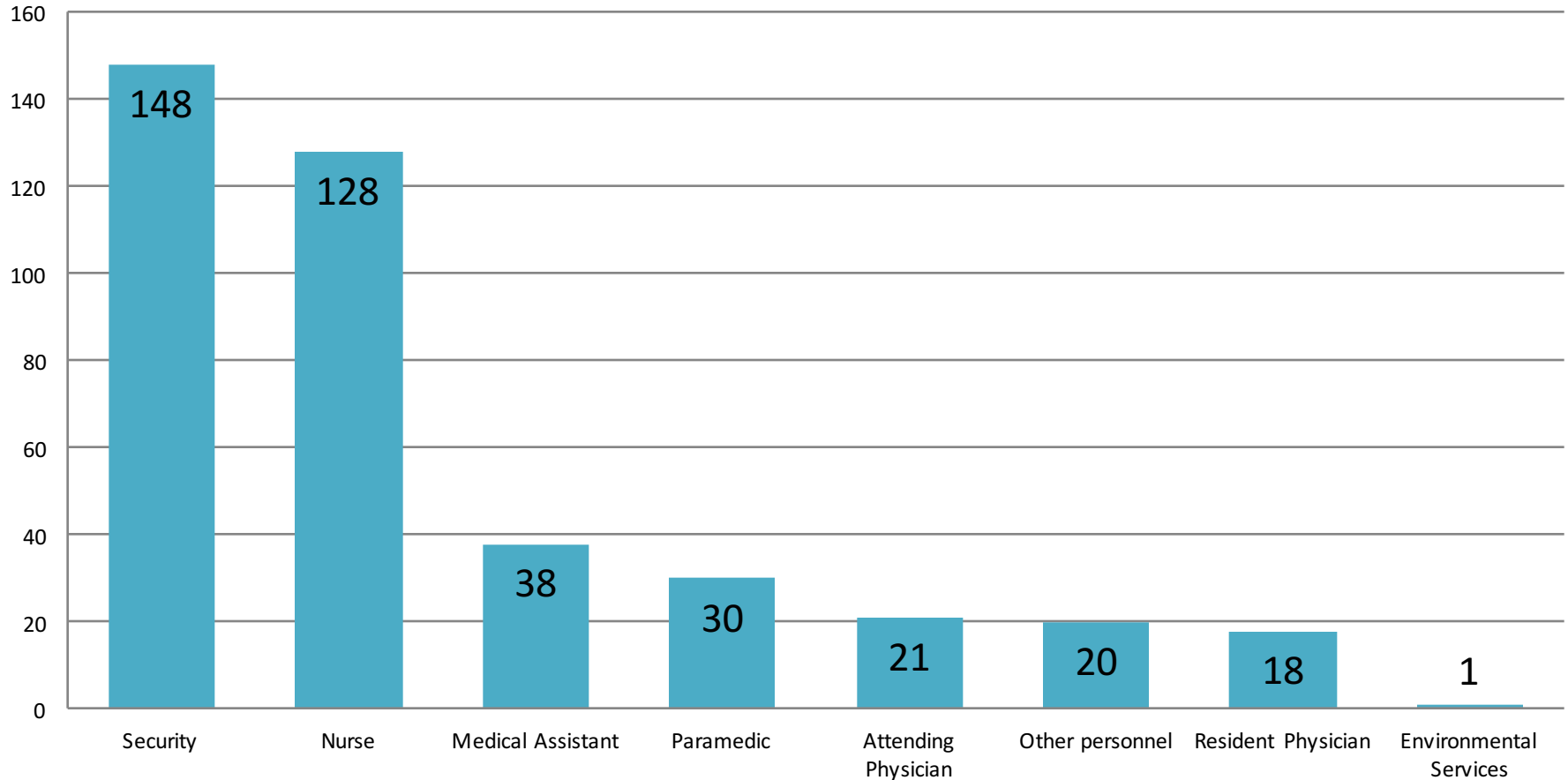
Types of Verbal Aggression



Types of Physical Aggression



Staff Involvement by Profession



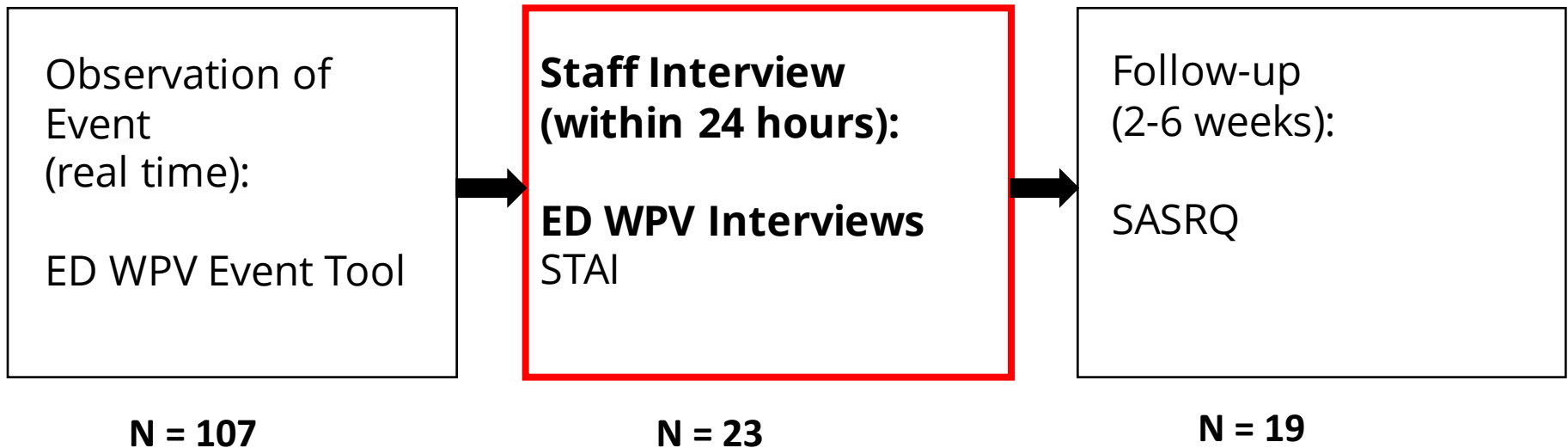
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Outcomes: Staff Interviews



Interviews: Qualitative Analysis

- 23 transcripts from interviews
- Codebook development
- 5 coders
- Double coded and adjudicated



Interviewee Demographics (n = 23)

Male (%)	10 (43)
Female (%)	13 (57)
Age Mean (SD)	35 (9)
Years of Experience in Healthcare Mean (SD)	10 (7)
Years of Experience in Emergency Department Mean (SD)	6 (5)



Interviewee Profession (N = 23)	Number (%)
Nurse	9 (39)
Security officer	5 (22)
Medical assistant	5 (22)
Physician	2 (9)
ARNP	1 (4)
Social worker	1 (4)



Interview Themes

- Normalization of workplace violence

"And I think for me, because it is ER, I have to mentally prepare myself for whatever I might see in the ER. And it's like, hey, it's part of my job. It's what I signed up for. It's what I have to do. " – 19, Security Officer



Interview Themes

- Challenges with team dynamics

“ So I just felt like it was an unclear ... it was not clearly communicated between physicians, nurses and security how we were going to best approach this gentleman.” – 102, Nurse



Interview Themes

- Coping mechanisms – taking a break, talking about it

“Just leaning on my co-workers, essentially. Just talk through it with them and move on.” – 23.1



Interview Themes

- Or not coping

"Honestly, I think the easiest way to cope with things is just to simply just forget about them, kind of like erase it from your memory bank, because I have other patients I've got to take care of. So I think that's my best answer." – 25, Nurse



Interview Themes

- Impact on providers - burnout

“Does it make me think differently about my job? Yeah, it does, actually, it means I don't want to deal with this forever. I don't feel like this is okay. Our goal is to help people and it's just not happening, sometimes, and it makes me want to leave. And it wears you out and makes you burn out.” – 24, Nurse



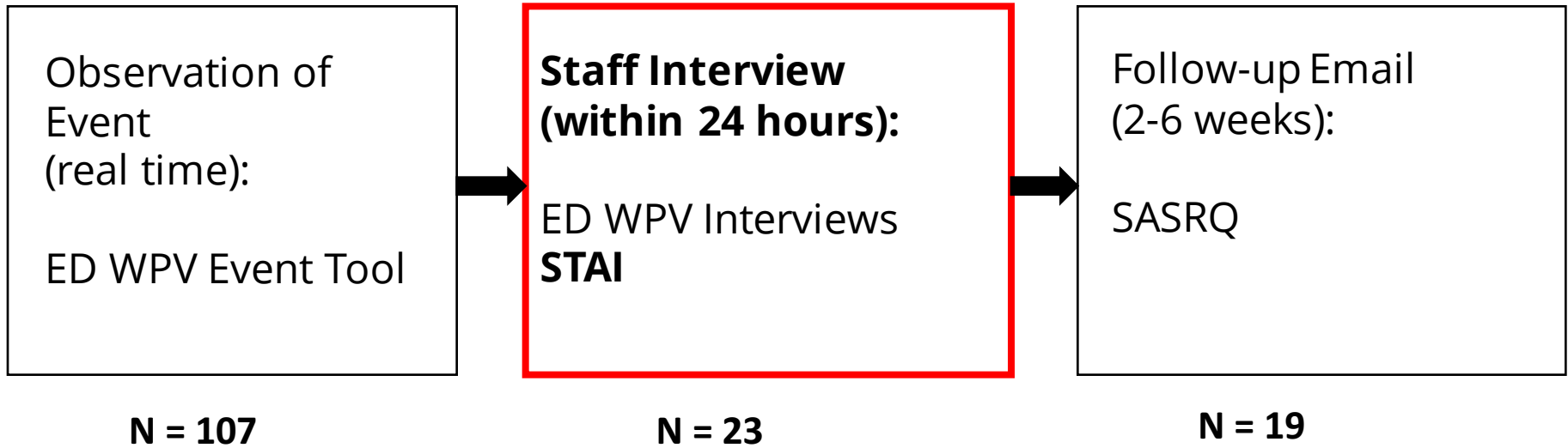
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Outcomes: STAI



STAI: State-Trait Anxiety Inventory

- Frequently used to measure caregiver distress
- Scores range from 20 (least anxious) to 80 (extreme anxiety/distress)

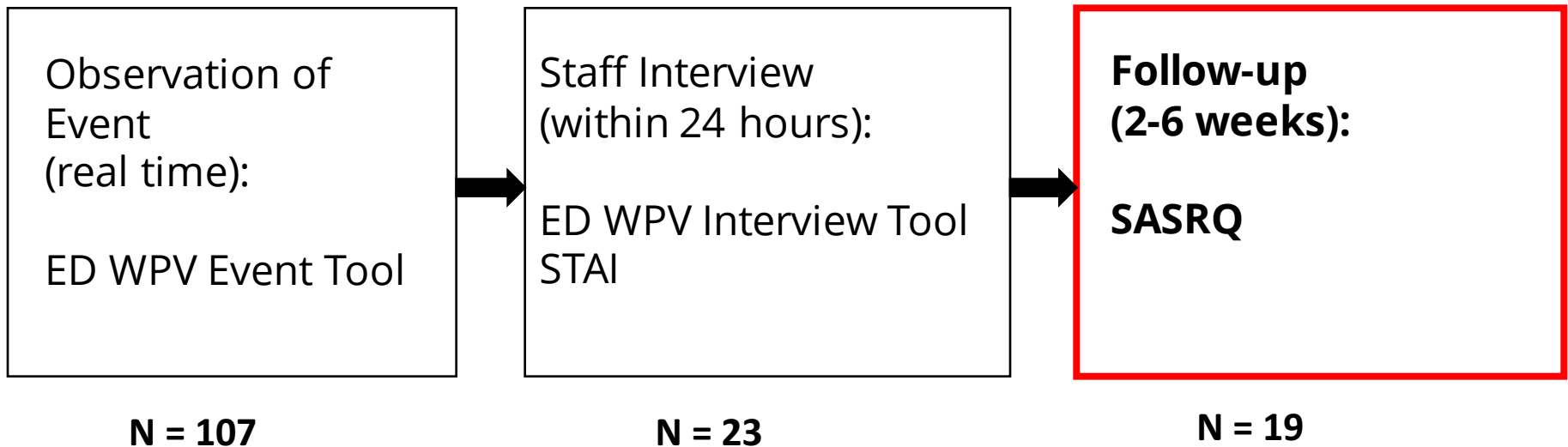


STAI Results

Population	STAI score (IQR)
Random sample of ED staff (n=30)	31 (26-40)
Interviewees (n=23)	36 (28.5-40)



Outcomes: SASRQ



SASRQ: Stanford Acute Stress Response Questionnaire

- Measures stress after a traumatic event
- 30-items



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SASRQ Results

- No participants identified as having an “acute stress response”



Outcomes: Summary

- Violence is grossly underreported
- Physical violence is relatively common
- Anxiety and stress levels were lower than expected
 - Self-selection? Conditioning?
- Interviews identified other potential outcomes
 - Apathy, anger, burnout



Next Steps: Building a Toolkit

- Education:
 - Inter-professional training
- Administrative support:
 - Round tables and walk-through with leadership
- On shift support:
 - Flexible breaks (post-event protected time)
 - Peer counselors for individual de-briefing



Questions?

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