



Improving the emergency experience

Reducing frustrations that can lead to violence and aggression

Mr Phillip Catterson RN NUM
Ms Jodyanne See RN



THE HISTORY AND DRIVE BEHIND THE PROJECT

Nurses punched, kicked and strangled at work as violence escalates in Victorian hospitals

Lucie Van Den Berg



Nurses are under increasing risk of violence. *Source:* Supplied

ALMOST 70 per cent of Victorian nurses and midwives were subjected to violence or aggression in the workplace, a new survey reveals.

Being punched, strangled and kicked are common complaints from frontline healthcare workers, with the prevalence of the drug ice being blamed for an escalation in outbursts.

The new survey of almost 5000 nurses and midwives found patients and their relatives were the most common perpetrators, but colleagues and supervisors could also be to blame.

29 Recommendations
published from a Victorian
Department of Health report
into Violence and Aggression
in the Health Care Sector,
2005

▪

▪
▪

BHS EMERGENCY DEPARTMENT

Recent evidence suggests that improving a patients' knowledge and understanding of their hospital journey can reduce the risk of violent and aggressive behavior in hospitals.



Simple tools such as information signage, brochures and environmental design factors can be used to enhance patients' knowledge, experience and expectations.

THE JOURNEY TO CHANGE

- LEARNING AND UNDERSTANDING, NOT JUST REACTING TO THE SITUATION.
- INVOLVING ALL AREAS OF THE ORGANISATION
- SAFE RESPECTFUL CARE FOR ALL PATIENTS & STAFF



SO..... WHAT NEXT ?

How could we efficiently make this work for us?

We needed to change our perspective regarding how we viewed violence and aggression.

- For Staff
- For the Patient
- For relatives and visitors to Ballarat
- The Organisation as a whole \$ \$

THE SEARCH WAS ON.....



HOW DID WE MAKE THIS HAPPEN...

- VIOLENCE AND AGGRESSION COMMITTEE
(ORGANISATIONAL)
- OCCUPATION HEALTH AND SAFETY
MANAGEMENT
- INNOVATION FUNDING PROJECT REPORT

STRATEGIES FOR CHANGE IN EMERGENCY...

- **MOCA TRAINING** (MANAGEMENT OF CLINICAL AGGRESSION)

MOCA TRAINING

MOCA training prepares staff for management of potentially aggressive patients. A major key to the program revolves around de-escalation of a situation. The program is delivered to all staff in emergency as well as the organization. MOCA compliments the design strategies implemented in our ED.



STRATEGIES FOR CHANGE IN EMERGENCY...

- MOCA TRAINING
- PATIENT BROCHURES

PATIENT INFORMATION BROCHURES

The departments “Welcome to the Emergency Department” patient information brochure provides patients with information about the key stages in an ED patients’ care.

This was developed in collaboration with consumer advocates.

FOOD and DRINK

While you are waiting please do not eat or drink anything without first asking the triage nurse. This is because you may need an operation or tests which require you to have an empty stomach.



VISITORS

Family and friends are welcome. For safety reasons only **one or two visitors** per patient are allowed in the ED at one time. Visitors may be asked to leave the ED during assessment and procedures.

ABORIGINAL & TORRES STRAIT ISLANDER PEOPLE

If you would like the assistance of the Aboriginal Liaison Officer please ask the Triage Nurse.



The Liaison Officer offers support to Aboriginal and Torres Strait Islander people while they are in hospital.

INFECTION CONTROL

Hand hygiene is one of the simplest measures to help prevent the transmission of infection. Hand hygiene stations are located throughout the hospital and in the ED waiting room.

DISCHARGE INFORMATION

When you are discharged home make sure you:

- Understand your care plan and follow up (e.g. medications and appointments).
- Ask about medical certificates, letters etc.
- Understand any community health or hospital service options/support that may be available to you.

VOLUNTEERS

The ED has a number of volunteers who dedicate their own time to supporting patients, family, and friends accessing the ED.



RESPECT FOR OTHERS



We promote a safe environment for all staff, patients and visitors. No one's treatment can be rushed so we thank you for your patience and consideration.

YOUR FEEDBACK

Your feedback helps us to continue to improve our care and services as well as telling us what we do well.

A feedback form can be found on our webpage at www.bhs.org.au or from any member of ED staff.



Emergency Department Patient Information



Welcome to the Emergency Department (ED)

This brochure will help you understand what will happen while you are here.



Ballarat Health Services
Putting your health first

Emergency Department
July 2014
Cat No.702407



Ballarat Health Services
Putting your health first

TRIAGE

You will have seen the Triage Nurse on arrival, who has assessed the urgency of your condition and allocated a triage category.



The triage system has five categories with suggested treatment times based on urgency:

1	Immediate	Immediately life threatening	0 mins
2	Emergency	Imminently life threatening or organ failure	10 mins
3	Urgent	Potentially life threatening or risk to limb	30 mins
4	Semi-urgent	Potentially serious but not life threatening	60 mins
5	Non-urgent	treat when time permits	120 mins

RECEPTION

We require certain information to ensure safe care. This will include your current GP (if you have one) and also up to date contact information just in case we need to contact you after you have left.

AMBULANCE ARRIVALS

Patients with potentially life threatening illnesses and injuries regularly arrive needing our urgent attention. Most of these patients do not come through the waiting area so you may not see them arriving.

This may impact on waiting times.

Patients arriving by ambulance are triaged according to the same five categories as above.



WAITING

After seeing the Triage Nurse you may be asked to wait in the waiting room. How long you wait depends on the number of patients whose condition is more serious than yours and also how busy the department is.

Remember....

If your condition gets worse while you are waiting inform the triage nurse immediately.

PAIN RELIEF

If you are in pain please tell the nurse.

HELP DESK

If you decide that the waiting time is too great and that a GP could treat your health problem, we have installed a 'Find a GP' help desk to assist you to locate an alternative medical care facility.



The touchscreen help desk is located beside the children's play area.

If you decide to seek alternate care please let the ED staff know you are leaving.

INITIAL ASSESSMENT

An ED staff member will begin your treatment and continue to monitor your condition in the waiting room.

A nurse may take you to a private area near the waiting room to ask further questions about your condition, start diagnostic tests or initiate treatment and then ask you to return to the waiting room.



IMPORTANT INFORMATION

As we may not be aware of your medical history you will be asked many questions. Sometimes this needs to be done by more than one health care worker.

To help our assessment and treatment you may be asked about any of the following:

- Any current health problems
- All drugs and treatments that you are having
- Allergies you may suffer from
- If you are pregnant or breast feeding
- Any recent visits overseas
- Home situation and social support
- Any other facts we should know about

TREATMENT

The ED staff work as a team to determine your appropriate care.

FURTHER ASSESSMENT

You may need further medical tests or specialist assessment to help decide what the best treatment for you is.

You will be involved in decisions about your treatment, admission and/or safe discharge.

If at any time you don't know what is happening please ask staff.



ADMISSION

Some conditions require hospital treatment and we will advise you regarding this if we think this is the best option for your care.

As your admission is unplanned it may take some time for a hospital bed to be ready. Until then you will be cared for in the ED.

STRATEGIES FOR CHANGE IN EMERGENCY...

- MOCA TRAINING
- PATIENT BROCHURES
- VIDEO CLIP



TRIAGE

**GO HERE FIRST
TRIAGE NURSE**

**GO HERE FIRST
TRIAGE NURSE**

VIDEO CLIP

A Video clip running in the waiting area describes the experience and hospital journey of three patients in the ED. “Thought bubbles” are used to communicate experiences of waiting, personal concerns and frustrations. Our aim.... To reduce frustration through empathy and a better understanding.




STRATEGIES FOR CHANGE IN EMERGENCY...

- MOCA TRAINING
- PATIENT BROCHURES
- VIDEO CLIP
- INFORMATION & PATIENT JOURNEY SIGNAGE


INFORMATION & PATIENT JOURNEY SIGNAGE

To keep patients informed about the processes they will encounter as an ED patient, signage was developed that provides a description of what to expect in each ED treatment and waiting area. A patient journey map was also developed




Urgent Injuries & illness

These bays are for people who require ongoing observation and treatment





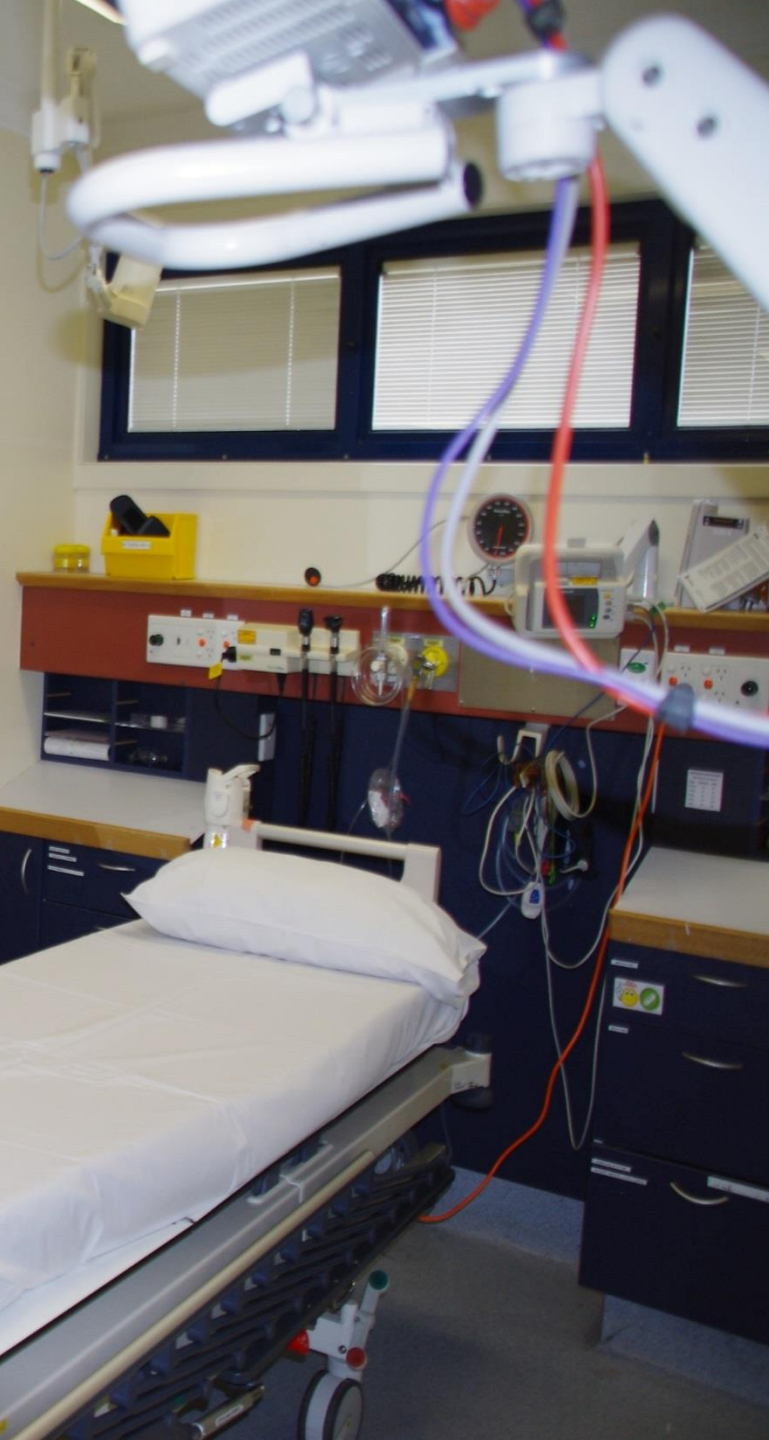
We aim to treat you as quickly as possible. You may receive nursing intervention prior to a Doctor's assessment.

This area is for people who have a more serious injury or illness and need clinical investigations and ongoing nursing care or are waiting specialist medical assessment.



If you are waiting for a bed on the Hospital ward your care still continues in Emergency.







Emergency Department Waiting Area

People in this area may be at different stages of assessment or treatment



The Emergency Department is often very busy. We aim to treat everyone as quickly as possible but the waiting time can be delayed during times of high demand.

We see the most urgent cases first. This means that people who attend after you may be attended to first.

If you think your illness can be treated by a GP, we have a find a GP help desk in the waiting room.



If you decide to leave, please tell us so that we can update our records.

If you are a relative and have been waiting for longer than 30 minutes, please check with staff for an update.

We give priority to incoming injured or ill patients.



SECURITY





Triage Assessment

The triage Nurse will assess the urgency of your injury or illness and talk to you about the type of treatment you may need.



We aim to assess you within 20 minutes after entering the Emergency waiting area.

When the triage Nurse has assessed your injury or illness we will have a good idea of how serious it is and what type of treatment you may need.

We aim to treat the most urgent injuries or illness first.



You will then need to check in at the clerks window before taking a seat.



Relatives may be asked to wait in the waiting room when a patient is being assessed.

To ensure safe patient care, visitors are requested to limit numbers to 2 at a time.



Check in



Assessment

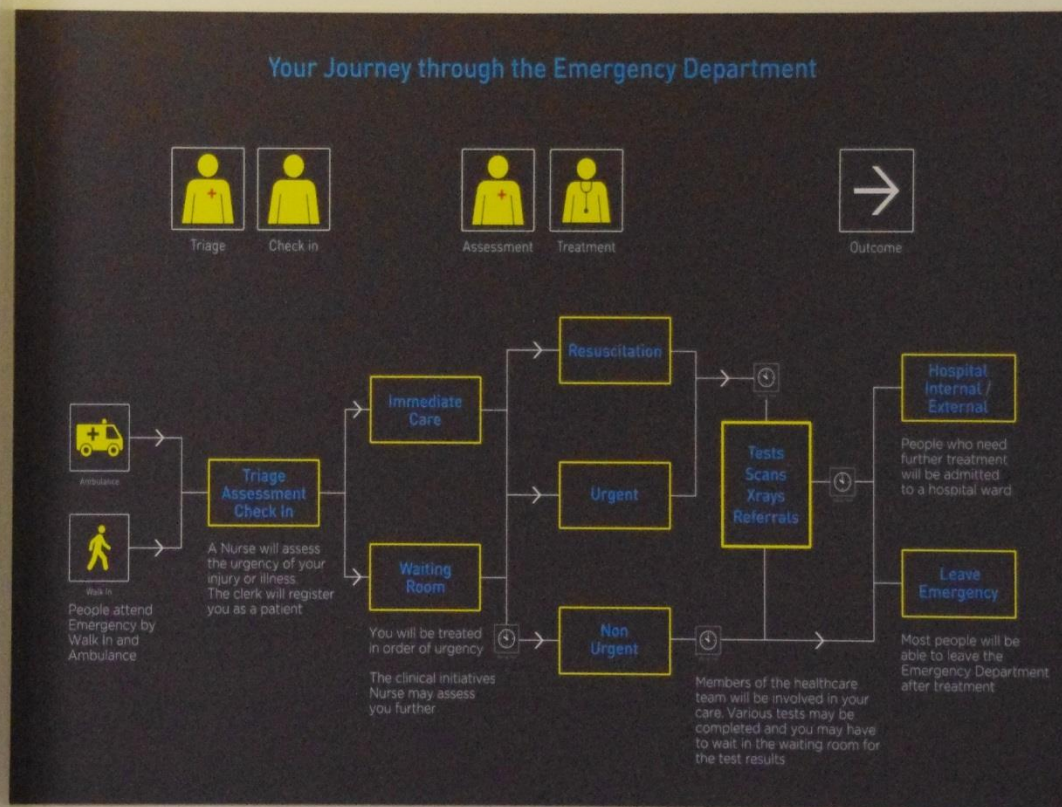


Treatment



Queue

10 43



SHORT STAY
WAITING

SHORT STAY UNIT W

STRATEGIES FOR CHANGE IN EMERGENCY...

- MOCA TRAINING
- PATIENT BROCHURES
- VIDEO CLIP
- INFORMATION SIGNAGE
- BUSYNESS INDICATOR

BUSYNESS INDICATOR

We developed a system that provided waiting ED patients with an indicator of how busy the ED is at any point.

This uses an algorithm that utilized ED capacity, demand and patient acuity in it's calculation.

How Busy is the Emergency Department?



Emergency Waiting Times
An indicator of the Emergency Department's
current waiting time (in hours)

ADMINISTRATION
CLERK

TRIAGE

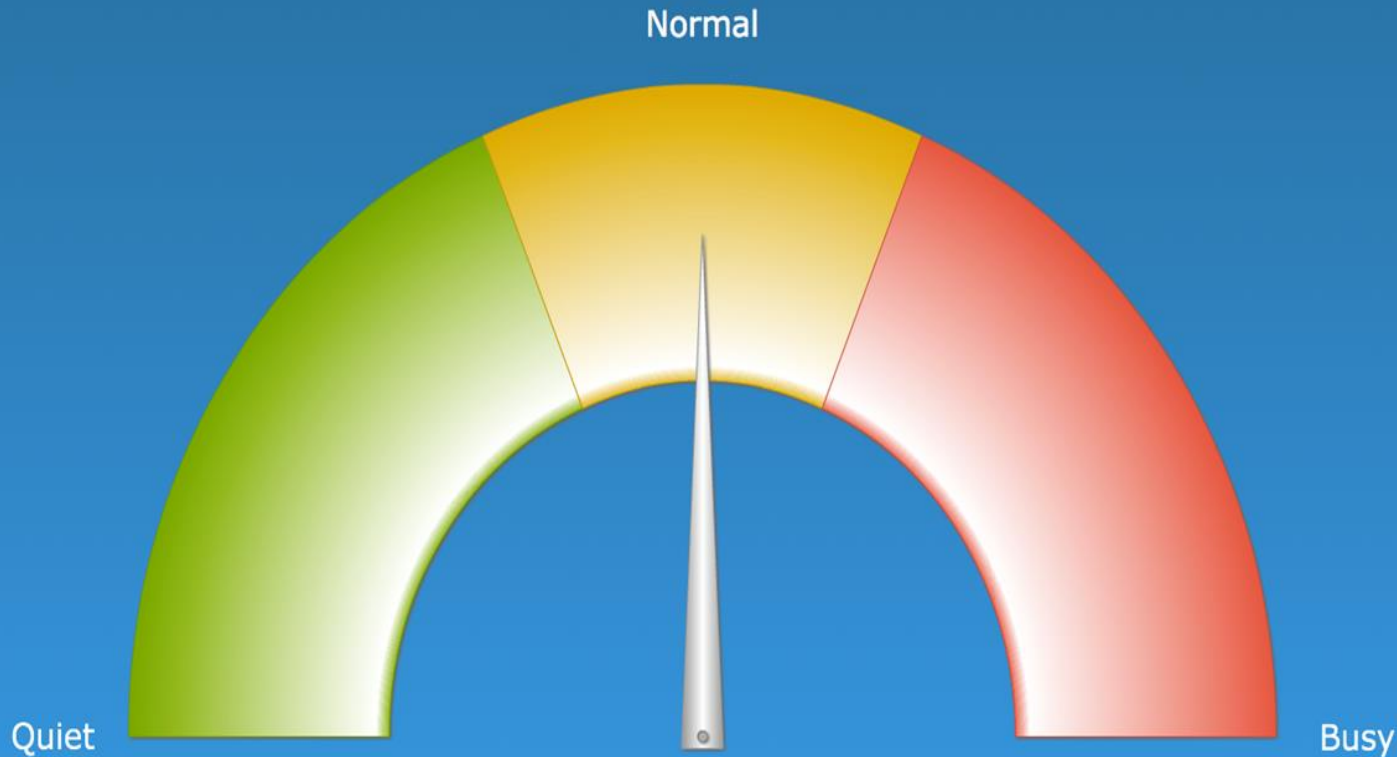
CLERK

CLERK

GO HERE FIRST
TRIAGE NURSE

GO HERE FIRST
TRIAGE NURSE

How Busy is the Emergency Department?



28 Patients in the Emergency Department
0 Patients Waiting to be Seen

PATIENT STATISTICS

In Emergency	29
Resuscitation	1
Waiting to be Seen	1
Waiting for a Bed	1
Category 1	0
Category 2	4
Category 3	10
Category 4	8
Category 5	2

STRATEGIES FOR CHANGE IN EMERGENCY...

- MOCA TRAINING
- PATIENT BROCHURES
- VIDEO CLIP
- INFORMATION SIGNAGE
- BUSYNESS INDICATOR
- GP COMPUTER HELP DESK

GP COMPUTER HELP DESK

Ballarat Health Service partnered with Grampians Medicare Local to provide ED patients with a touch screen and GP-Linked telephone to locate and contact GP's in the local area for non-critical care provision.

.

Find a GP helpdesk



and touch 'walk-in' if they




RESULTS AND KEY IMPACTS

Ethics submission to BHS ethics committee as an initial pilot project to gather post implementation evaluation data.

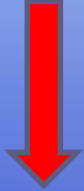
- 30 staff completed the anonymous staff survey
- 30 patients/visitors/relatives completed a short anonymous survey.
- Implied consent for both surveys with a sealed box situated in the handover room for staff and the waiting area for patients.
- We tried to gather similar data to the UK Department of Health for comparative purposes. We used SPSS statistical analysis to generate frequency data.

EVALUATION FINDINGS.....

HOW DID OUR DATA COMPARE WITH THE UK DATA

The UK saw a **23%**  in offensive language and swearing.

30% of staff surveyed at BHS
Emergency said they
had seen a reduction in
offensive language
and swearing.

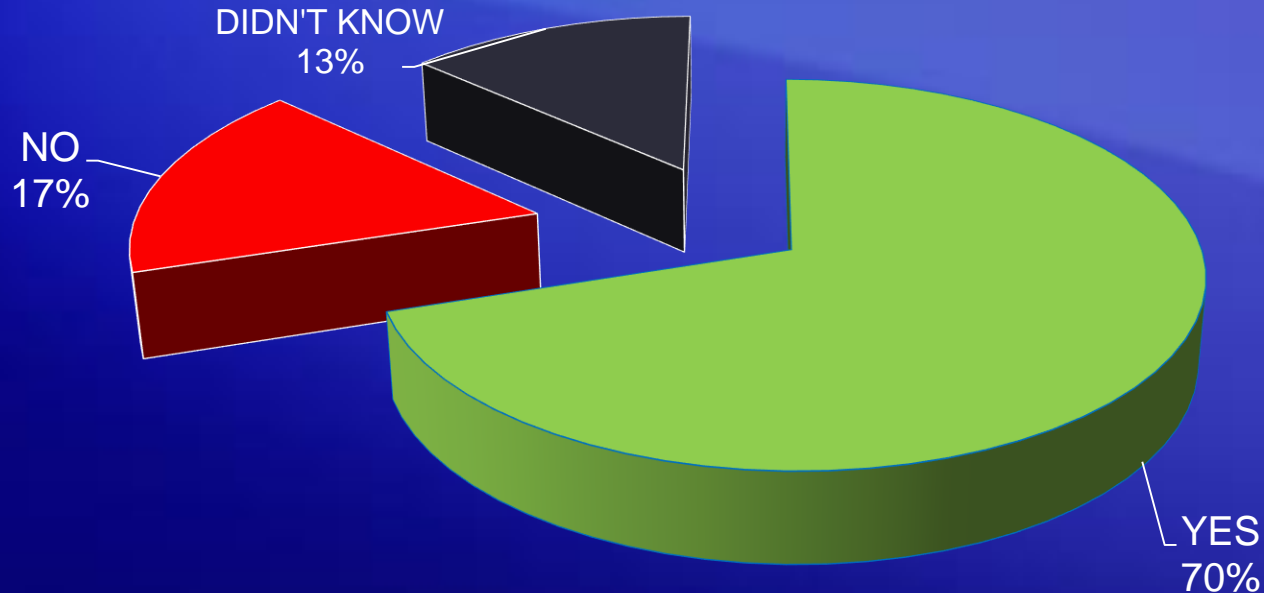
The UK saw a **50%**  in threatening body language or behavior (including offensive gestures and unsuccessful physical assault).

40% of staff surveyed saw a reduction in threatening behavior / assault

26.7% saw a reduction in non physical aggression

86.7% OF STAFF SURVEYED HAD
COMPLETED MOCA TRAINING.

Staff were asked whether they felt less threatened and more equipped to deal with aggression since the strategy introduction?



WE WERE INTERESTED TO SEE WHETHER THE CHANGES
COULD HAVE ANY IMPACT ON HOW STAFF FELT ABOUT
THEIR WORKING ENVIRONMENT.

50% Said the emergency felt calmer and safer
for patients and staff.

66.7% Said the project implementation would
encourage them to remain at BHS ED.

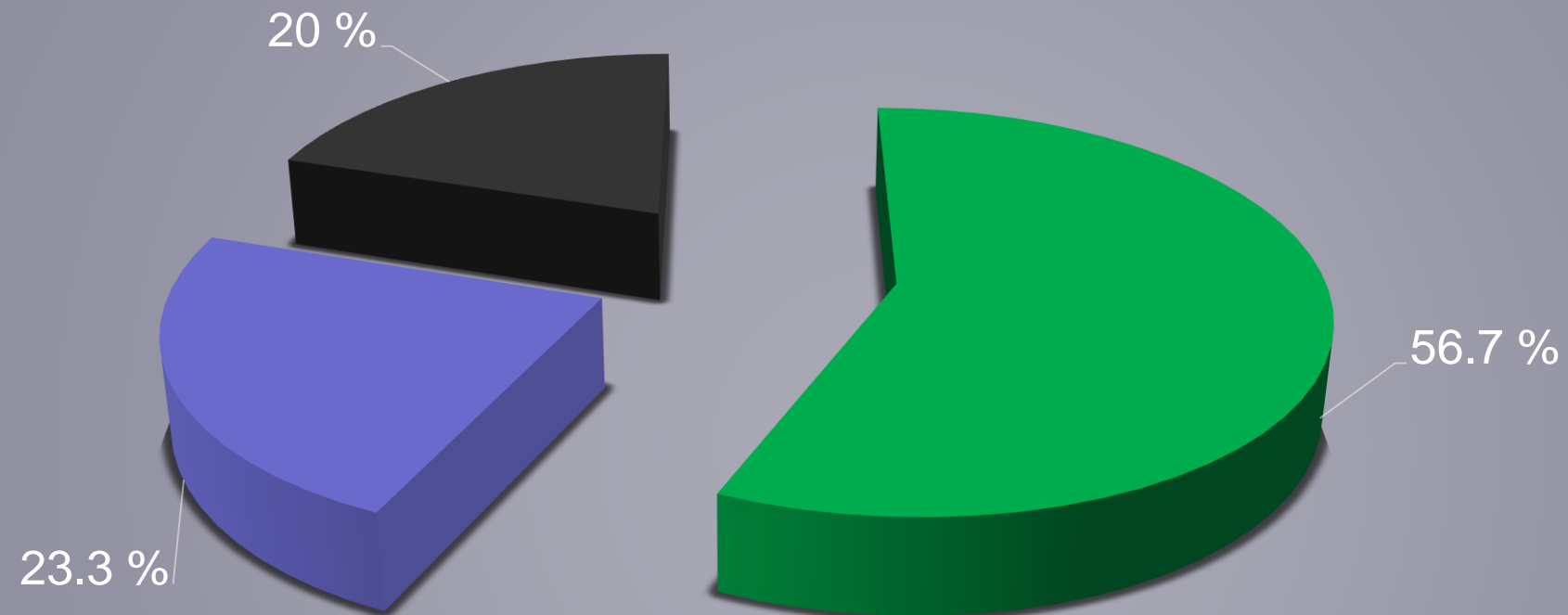
STAFF AT A GLANCE.....

Since the project strategies have been introduced, staff have observed reductions in acts of non physical aggressive behavior, swearing and offensive language and un co-operative behaviors.

Associated improvements in staff morale has been reported with most staff indicating how the strategies would encourage them to remain in their working environment.

The financial impact in cost reduction (cost to upskill new staff and sick leave from injury) is significant enough to encourage an organizational change.

OVERVIEW OF SURVEY PARTICIPANTS....



■ PATIENTS ■ RELATIVES ■ VISITORS

FROM THE PATIENTS' PERSPECTIVE...

HOW DID OUR DATA COMPARE WITH THE UK DATA?

In the UK

82%

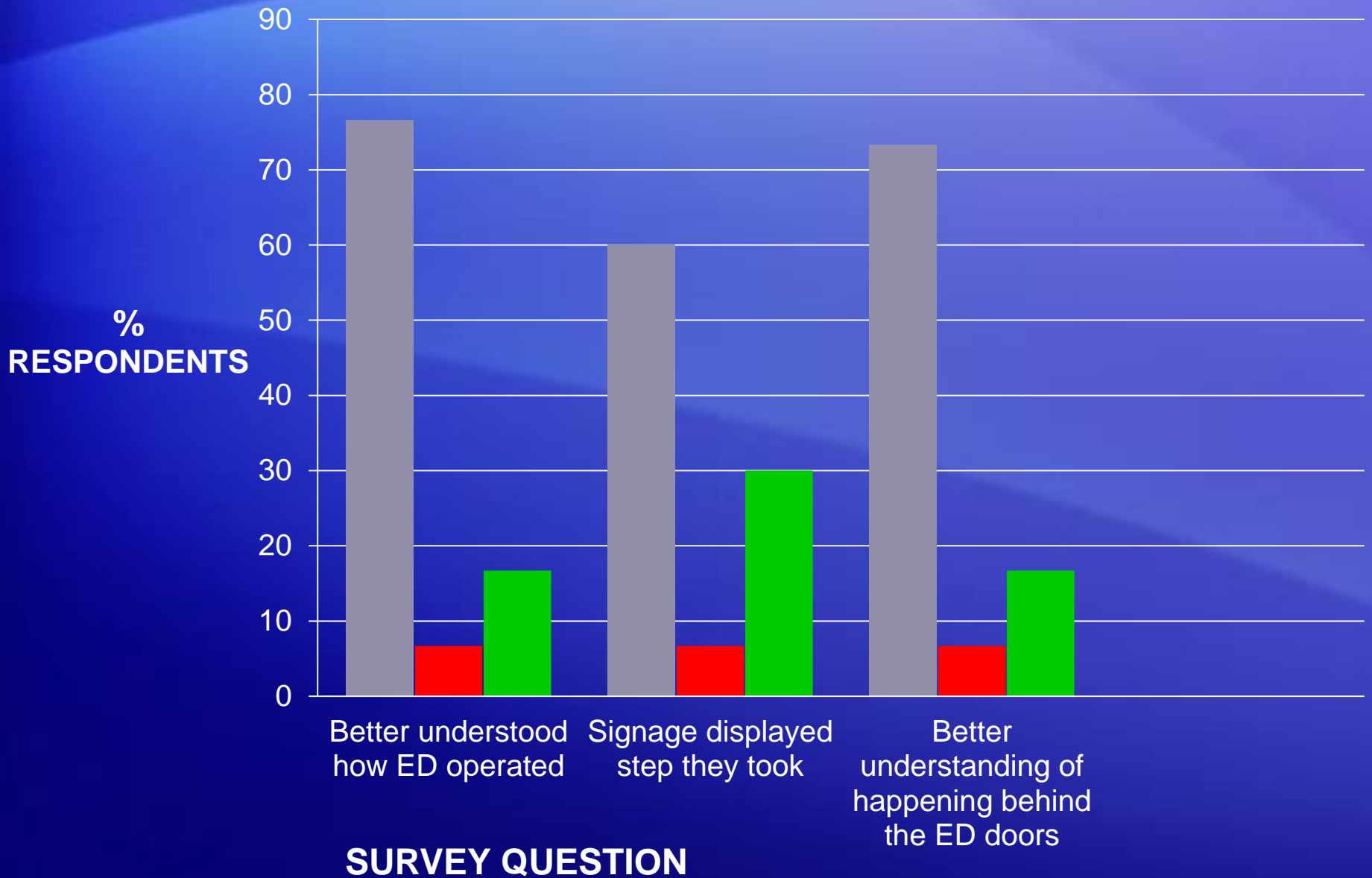
Of participants said the signage displayed the steps they followed during their time in ED

60%

Of participant in our survey thought the signage displayed the steps they followed.

30% of those surveyed were unsure...

PATIENT SURVEY RESPONSE



76.7%

Said that they better

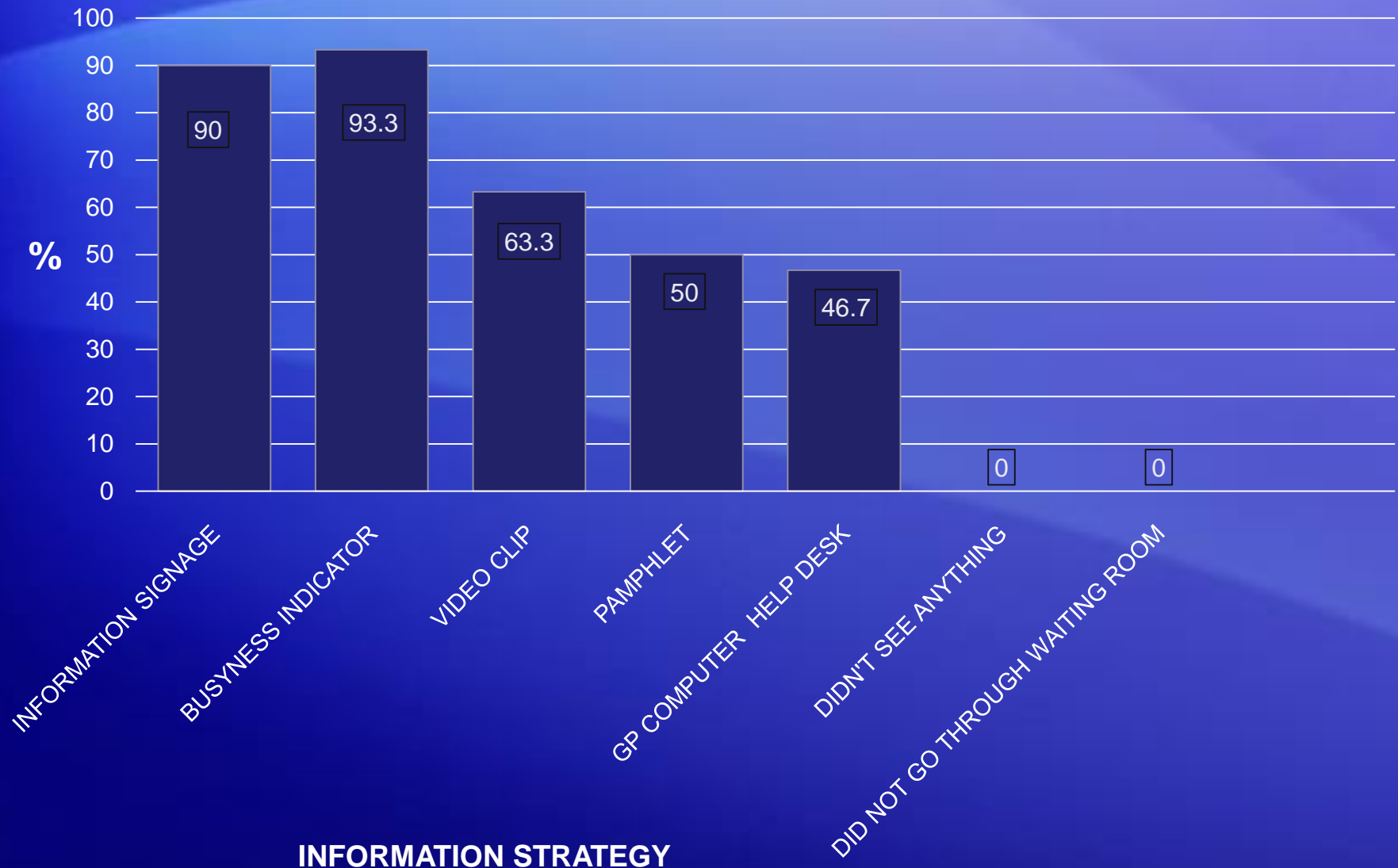
understood how the Emergency
Department operated.

In the UK **75%** said the signs made the wait less frustrating.

73.3% of our participants said the signage made the wait less frustrating..

6.7% witnessed aggressive or violent behavior.

What has been observed in the waiting/treatment areas



In the survey we asked participants to rate their emergency experience on a scale from 0 to 10.
(0 = poor , 10 = excellent)

96.7% AVERAGE AND ABOVE

FREQUENCY TABLE

How did you rate your emergency experience

	Frequency	Percent Valid
poor	0.0	0.0
below average	0.0	0.0
average	14	48.3
above average	13	43.3
excellent	2	6.7
Total	29	96.7
Missing System	1	3.3
Total	30	100.0

PATIENTS/VISITORS/RELATIVES AT A GLANCE.....

The improvements have led to reductions in frustration and therefore a reduction in potential escalation into hostility.....

Improvement in patient experience will not only reduce frustration and tension and hostility, but prevent their potential escalation into more serious incidents, as aggression is often the consequence of accumulated frustration.

CONCLUSION...



Assessment Categories

A specialist Nurse called the triage Nurse will assess the urgency of your injury or illness.



Each person is assessed to determine their level of urgency. These are categorised from 1 (Most Urgent) to 5 (Least Urgent).

Within each priority category we treat the most serious case first. Waiting times can be delayed during times of high demand.

Category 1 Seconds

Category 2 10 min

Category 3 30 min

Category 4 1 hour

Category 5 2 hours

Patients who arrive by ambulance are assessed the same way as those who arrive unassisted. There may be a short wait while the triage Nurse attends to other patients.

Please ensure you have checked



RE SAF... DOOR
DO NOT... CT
NOT KE... EN