Improving the emergency experience

Reducing frustrations that can lead to violence and aggression

Mr Phillip Catterson RN NUM
Ms Jodyanne See RN
Nurses punched, kicked and strangled at work as violence escalates in Victorian hospitals

Lucie Van Den Berg

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

Nurses are under increasing risk of violence. Source: Supplied

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.
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

Learning not reacting
Safe respectful care for all.
Involving all areas of BHS
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 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
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.

Welcome to the Emergency Department (ED)
This brochure will help you understand what will happen while you are here.
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:

<table>
<thead>
<tr>
<th>Category</th>
<th>Treatment Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
<td>Immediately life threatening</td>
</tr>
<tr>
<td>Emergency</td>
<td>Imminently life threatening or organ failure</td>
</tr>
<tr>
<td>Urgent</td>
<td>Potentially life threatening or risk to limb</td>
</tr>
<tr>
<td>Semi-urgent</td>
<td>Potentially serious but not life threatening</td>
</tr>
<tr>
<td>Non-urgent</td>
<td>treat when time permits</td>
</tr>
</tbody>
</table>

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
Treatment starts with the Triage nurse.
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
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.
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.
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 clerk’s window before being seen.

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.
Your Journey through the Emergency Department

Triage Check-in
A nurse will assess the urgency of your injury or illness. The clerk will register you as a patient.

Waiting Room
You will be treated in order of urgency. The clinical initiatives nurse may assess you further.

Immediate Care

Resuscitation

Tests Scans Referrals

Immediate Care

Hospital Internal / External
People who need further treatment will be admitted to a hospital ward.

Leave Emergency
Most people will be able to leave the Emergency Department after treatment.

Outcome

Members of the healthcare team will be involved in your care. Various tests may be completed and you may have to wait in the waiting room for the test results.
STRATEGIES FOR CHANGE IN EMERGENCY...

- MOCA TRAINING
- PATIENT BROCHURES
- VIDEO CLIP
- INFORMATION SIGNAGE
- 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 acquity in it’s calculation.
How Busy is the Emergency Department?

28 Patients in the Emergency Department
0 Patients Waiting to be Seen
STRATEGIES FOR CHANGE IN EMERGENCY...

- MOCA TRAINING
- PATIENT BROCHURES
- VIDEO CLIP
- INFORMATION SIGNAGE
- BUSYNESS INDICATOR
- 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.
RESULTS AND KEY IMPACTS

Ethics submission to BHS ethics committee as an initial pilot project to gather post implementation evaluation 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% reduction 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.
Since the project strategies have been introduced, staff have observed reductions in acts of non-physical aggressive behavior, swearing and offensive language and uncooperative 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:

- **56.7%** Patients
- **23.3%** Relatives
- **20%** 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**

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>% Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better understood how ED operated</td>
<td>80</td>
</tr>
<tr>
<td>Signage displayed step they took</td>
<td>60</td>
</tr>
<tr>
<td>Better understanding of happening behind the ED doors</td>
<td>70</td>
</tr>
</tbody>
</table>

**Survey Questions**

- Better understood how ED operated
- Signage displayed step they took
- Better understanding of happening behind the ED doors
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

<table>
<thead>
<tr>
<th>INFORMATION SIGNAGE</th>
<th>BUSYNESS INDICATOR</th>
<th>VIDEO CLIP</th>
<th>PAMPHLET</th>
<th>GP COMPUTER</th>
<th>HELP DESK</th>
<th>DIDN'T SEE ANYTHING</th>
<th>DID NOT GO THROUGH WAITING ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>93.3</td>
<td>63.3</td>
<td>50</td>
<td>46.7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>How did you rate your emergency experience</th>
<th>Frequency</th>
<th>Percent Valid</th>
</tr>
</thead>
<tbody>
<tr>
<td>poor</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>below average</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>average</td>
<td>14</td>
<td>48.3</td>
</tr>
<tr>
<td>above average</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>excellent</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>96.7</td>
</tr>
<tr>
<td>Missing System</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>
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 in with reception.