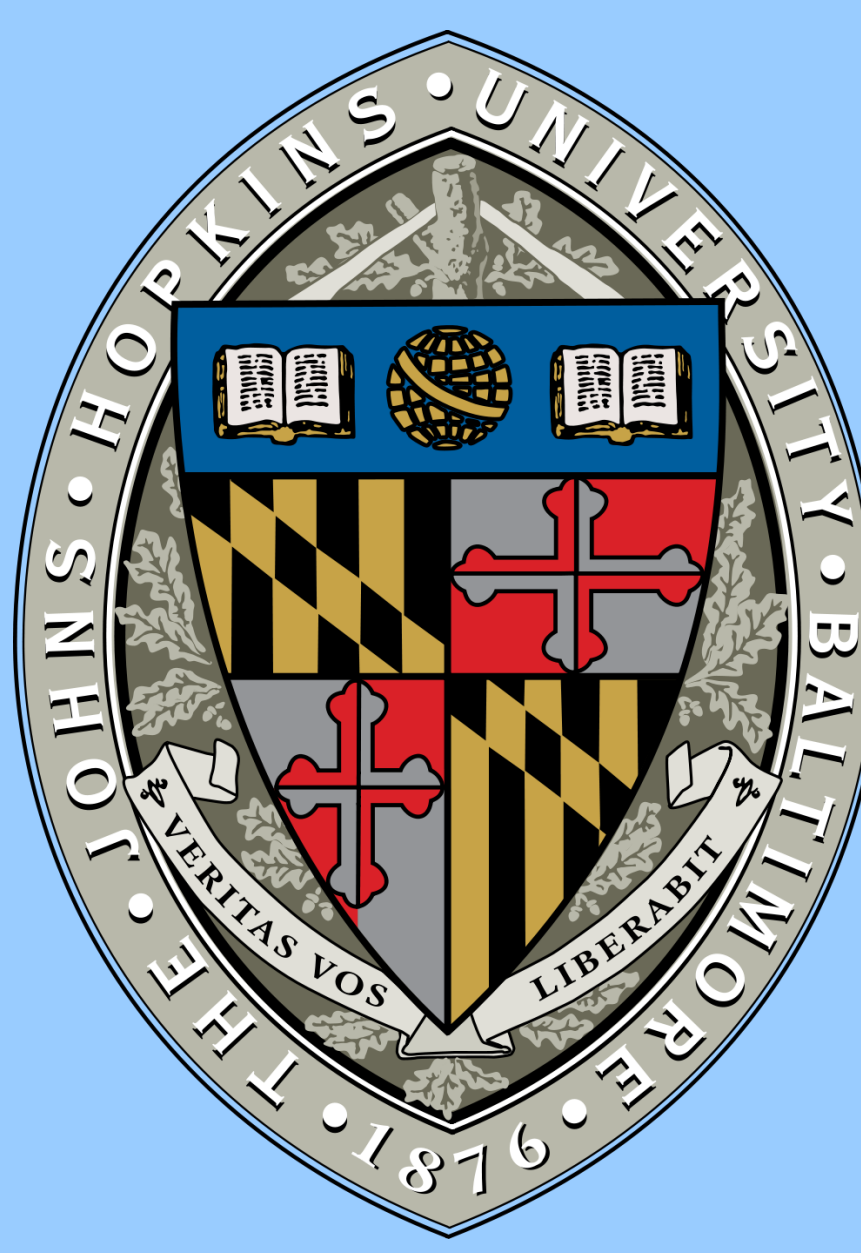


A Review of the Value of a Personal Staff Panic Button in the Emergency Department at Johns Hopkins Hospital

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1 Background

- Healthcare institutions today are experiencing increasing rates of crime, and the emergency department is a particularly vulnerable setting (The Joint Commission, 2010)
- Vigilance of patient, staff, and visitor safety requires increased attention
- The Johns Hopkins Hospital Emergency Department moved to a new clinical setting in 2012 with significantly increased geographical space
- Versus Badges brought on board as new technology for nurse call
- Additional security systems were put in place to accommodate for the larger geographical footprint, but many staff members still felt vulnerable and requested different ways to contact security in the event that they could not reach a panic button
- After approval by departmental and hospital committees, the functionality of using the Versus badge button as a personal panic button was built and piloted in the emergency department in October, 2013
- Once the button is pressed, and alert is sent to all Ascom phones, including security. Security then responds to the situation as soon as the alert is received
- The **purpose** of this project is to determine the value the personal button has for staff members and patients in the Johns Hopkins Hospital Emergency Department

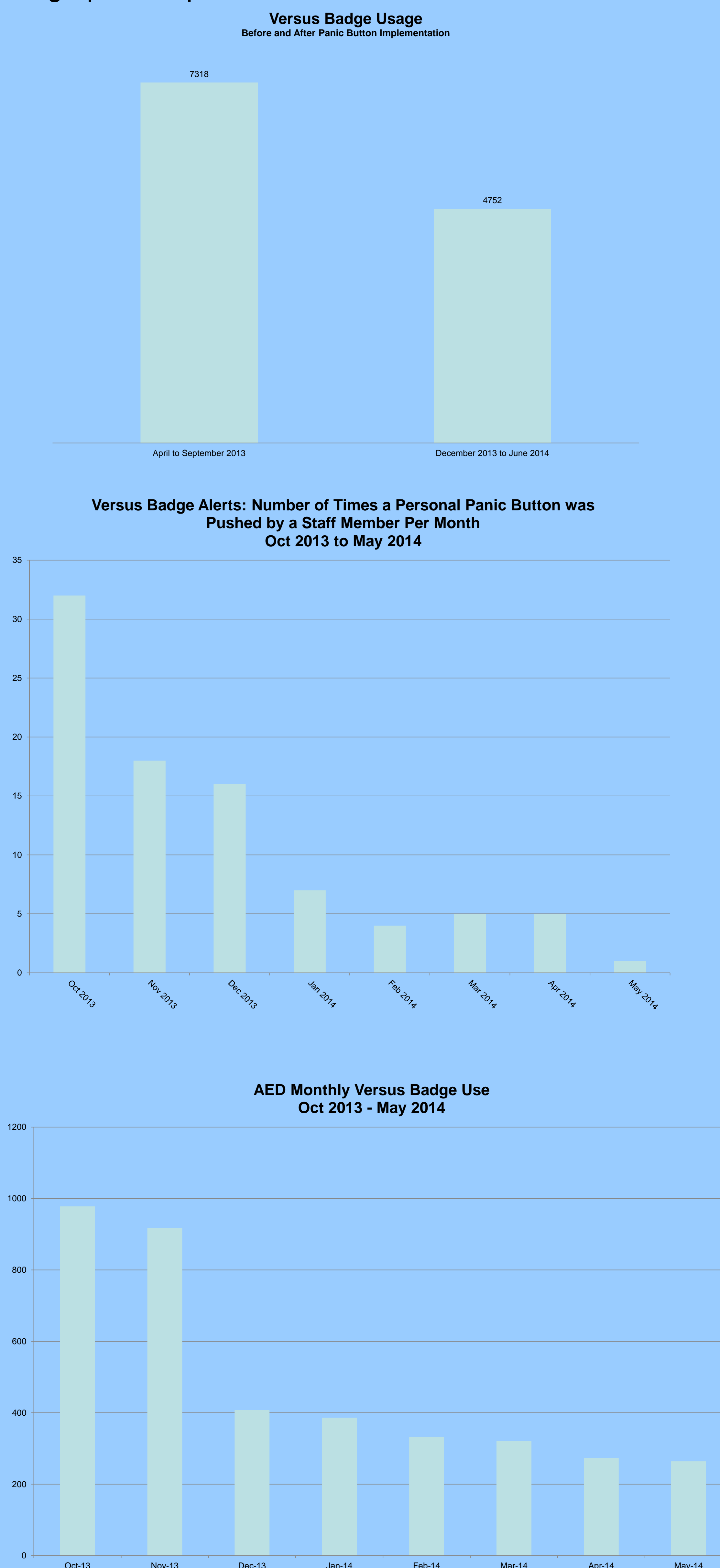
2 Methods

In order to determine the value of the personal panic button, we decided that we need to evaluate the benefits, challenges, and barriers of the staff panic button. Our first step was to analyze data regarding the use of the versus badge both before and after the implementation of the staff panic button. Versus badge use was defined by reviewing the number of times each staff member wore their badge per month. One use was counted for each shift. Shift times were defined as Night (0000-0600), Day (0700-1400), Evening (1500-2200), and Next Night (2300). The pre-implementation data served as a control. We wanted to determine if there was any correlation between staff use of the versus badge and the launch of the personal panic button. An increase in use could signify a potential value of the button, while a decrease in use may indicate the possibility that the staff panic button has challenges and barriers. We hypothesized potential barriers to staff members using the badge.

To determine the specific benefits, challenges, and barriers, we decided to create a proposal for a staff survey to gain information about personal opinions and anecdotes related to the use of the versus badge and staff panic button.

3 Results

The project resulted in the development of a proposal to provide staff members with a survey to determine their personal opinions about the benefits and value of the staff panic button and about some of the barriers that exist in using the panic button. Also, from review and analysis of database information on the use of the panic button and badge use we created three graphs depicting our data. The graphs are presented below.



4 Conclusions

Interestingly, we found the results of the data analysis suggest a decrease in versus badge use after the implementation of the staff panic button. Survey administration is pending, but may determine some possible challenges and barriers to wearing the Versus badge with the staff panic button that could have resulted in this decrease in use.

This project and my time with my mentor has showed me the benefits of focusing on patient safety and improving quality of care. The Emergency Department is an area of particularly high stress situations that increase the chance of patient and staff safety to be jeopardized. Projects like this one aim to find ways to not only make staff members feel more safe and comfortable in their workplace, but they also increase the safety of the entire unit including the patients.

The results of this project will allow for a better understanding of how to make a certain safety feature more effective and valuable for the staff.

5 Future Directions

The future of this project should focus on discovering the reasons for why the versus badge use has decreased. This can be done through surveys, personal interviews, and focus groups. Also, upon follow up on the data related to the number of times per month staff members pushed their panic alarms, we found that the majority of pushes were accidental, and we need to determine if this played a role in the decreased wearing of badges. Once we find out some of the barriers that exist, strategies can be taken to overcome these barriers and improve the badge for the staff.

6 References

The Joint Commission, 2010. *Preventing violence in the health care setting. Issue 45.*

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