A Tool to Support Emergency Department Nurses in Managing Aggressive and Violent Behavior

Carolyn E. Leja, MS, RN, CNM, NE-BC; Dr. Mojgan Azadi, Ph. D, DNP, MSN, RNC; Beth Langenburg, RN, MBA

Purpose: Create, implement, and evaluate standard work for nurse utilization in response to escalating patient behavior.

Background

- 10% of all WPV incidents in the US occur in the healthcare setting. 
- 80% of WPV in healthcare is type II WPV – committed by patients or visitors. 
- Prevalent in US EDs – 91.9% ED RNs in Midwest experienced verbal abuse in last year and 67.3% experienced physical assault. 

Violence in US Nursing

- 40% type II WPV incidents against RNs, 30% against nurse technicians. 
- Majority of type II WPV incidents in EDs. 
- Multi-pronged interventions designed in collaboration with unit leaders are most effective at reducing type II WPV. 
- Proactive tools and algorithms have significant impact on decreasing type II WPV incidents.

Aim 1: Understand baseline rates of type II WPV and level of nurse confidence in managing aggressive behavior.

Aim 2: To assess the use of the standard work.

Aim 3: To assess the impact of the standard work on rates of type II WPV.

Aim 4: Assess effectiveness of standard work on nurses’ confidence in ability to manage escalating and aggressive behavior.

Design & Method

Set up for pre-test/post-test.

Setting

2 community/rural Emergency Departments (EDs)

Sample

Convenience sample of all ED RNs; all type II WPV events at each site.

Ethical Considerations

Johns Hopkins School of Nursing Project Ethical Review Committee (PERC) and waived by site IRB.

Statistical Analysis

Aim 1: Descriptive statistics

Aim 2: Thematic analysis

Aim 3: Mann Whitney U test

Aim 4: Descriptive statistics

Evidence-based Intervention

- Triggers an RN led huddle based on patient behavioral cues
- Education on tool provided to all ED RNs (N=60)
- Plan-Do-Study-Act (PDSA) model
- Weekly rounding to collect feedback
- Feedback used to modify tool and for qualitative analysis
- Clinician Confidence in Coping with Aggression (CCPA) and demographic data collected with pre-test and post-test groups
- WPV reporting tool and security call logs analyzed

Sample Demographics

Pre-Intervention N=23

82.6% Female

95.7% White

69.5% 0-5 years experience ED RN

95.7% exposed to type II WPV in career.

Post-Intervention N=15

73.3% Female

80% White

40% 0-5 years ED experience

86.7% Exposed to type II WPV.

Results

- Increase in total score, not statistically significant: 53.8 pre and 59.4 post (p = 0.149).
- Significant change in nurse sense of ability to physically protect themselves 16.2 pre and 24.57 post (P=0.022).
- Site A: 1.75 pre, 1.37 post
- Site B: 3.5 pre, 0.8 post.

Discussion & Conclusion

- Prompts from standard work regarding de-escalation techniques and calling security for each huddle could have increased RN sense of physical protection.
- Environmental safety is a key factor for type II WPV prevention at these sites.
- Increases in WPV security calls suggest more attention to the problem may have prompted more reporting/calls but remains under-reported.
- Improved reporting and environmental safety are key components of future interventions.
- Framework for understanding type II WPV in healthcare is needed.
- Limitations: staff engagement, unit changes, sample size, ongoing type II WPV prevention efforts.

References