# A Quality Improvement Project to Enhance Emergency Nurse Workplace Violence Reporting

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# Disclaimer

**The views expressed herein are those of the authors and do not reflect the official policy or position of the U.S. Army Medical Center of Excellence, U.S. Army Training and Doctrine Command, Department of the Army, Department of Defense, or U.S. government.**

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# Background/ Significance

- **Workplace violence (WPV)** is defined as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior, occurring in workplace; ranging from verbal threats to physical assaults and even homicide involving employees, clients, customers, and visitors (OSHA, 2016)
- WPV generally falls into four categories:
  - Type I: "Criminal Intent"
  - **Type II: "Customer/ Client"**
  - Type III: "Worker-on-Worker"
  - Type IV: "Personal Relationship"

# Background/Significance

- Healthcare WPV is a pervasive, perpetual, and underreported problem
- Approximately, 2 nurses assaulted/ hour in U.S., mostly in emergency departments (EDs) or psychiatric units (Press Ganey, 2022)
- Roughly 70% emergency nurses and 47% emergency physicians assaulted on the job (ACEP/ ENA, 2018)

# Background/Significance

- WPV leads to nurse absenteeism, job dissatisfaction, burnout, turnover, and intent to leave the profession
  - Nurses suffer PTSD, fear/anxiety of workplace, degraded quality of care
- WPV is huge cost to organization
  - Average cost of one nurse turnover is $58,000
    - Average hospital losing $6.6 – $10.5M/ yr.

# Underreporting of WPV

- WPV is further complicated by **underreporting**
  - True magnitude and scope of WPV goes unknown
- As low as 6.5% and 12% of nurses will formally report WPV (Kvas, 2014;Arnetz, 2015)
- Underreporting is considered a significant barrier to WPV prevention
  - "What goes unreported, goes unfixed" (Vento et al., 2020)
  - Organizational leadership can't address problems that are unknown

# Underreporting of WPV

- **Nurse barriers to reporting WPV**:
  - "part of the job," misconception of what constitutes WPV, anonymity, fear of reprisal, lack of awareness of reporting, belief that nothing will change, lack of leadership support, bullying by peers, and lack of training
- OSHAs *Guidelines for Preventing Workplace Violence…* recommends enhancement of WPV reporting; even capturing "near misses"
- Revised Joint Commission standards (2021) provide a framework to guide hospitals in developing WPV reporting systems, data collection/ analysis, post-incident strategies

# Local Problem

- In an emergency department:
  - 154% increase in reported violent events
  - 36% increase in team member injuries
- Consistently above NDNQI benchmark for

  *Total Assaults on Nursing Personnel Rate*

# Problem Statement

WPV in the ED is creating harm to staff and patients, which has increased by 154% from previous year and consistently above NDNQI benchmarks. WPV becomes more complex due to underreporting, making it necessary to gain a better understanding of the true magnitude and scope of the problem. Nurse and hospital leadership can only appropriately address WPV by accurately knowing the events' background, frequency, severity, time, and environment.

# Review of Literature

**PICO:** What strategies/ interventions can improve reporting of workplace violence by nurses in the emergency department?

**Search Strategy:**

- **Databases:** PubMed, CINAHL, Cochrane Library, PsycINFO, and WOS
- **Keywords:** nurse, emergency department, workplace violence or aggression, incident report or self-report
- **Filters applied**: Published last 10y, English

**Resulted: 207 total records**

- Screening, Inclusion/ Exclusion, Full-text review
- 7 Total Studies
- Grey Literature (4) – 2 Articles, 1 Guideline, 1 Organization Position Statement

**TOTAL: 11 records**

# Synthesis of Evidence

Overall, sufficient evidence suggest use of QI project aimed at enhancing nurse WPV reporting

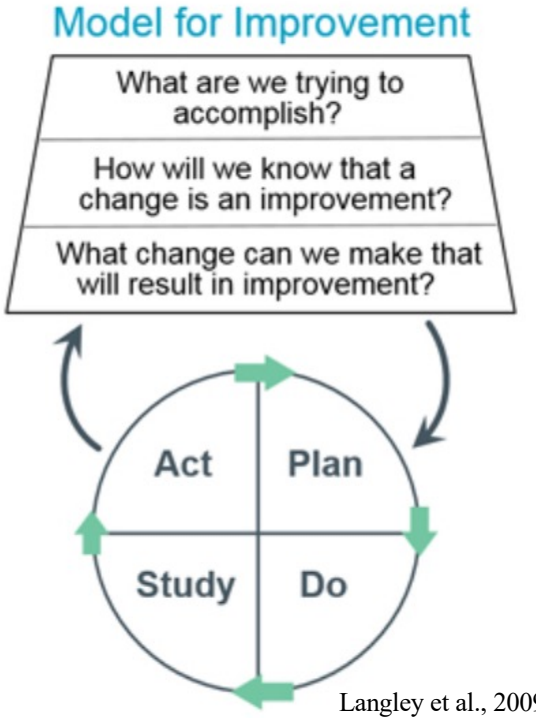
- Address WPV reporting knowledge gap
  (Buterakos et al., 2020; Gillespie et al., 2016; Richardson et al., 2018; Stene et al., 2015, Touzet et al., 2019)
- Multi-interventional approach (Gillespie et al., 2013; Touzet et al., 2019)
- Identify/ address nurse barriers that prevent WPV reporting
  (ANA, 2019; Stene et al., 2015)
- Suggest the use of alternate reporting method

(Aladwan et al., 2022; Ramacciati et al., 2021; Richardson et al., 2018; Stene et al., 2015)

# Purpose

The purpose of this QI project was to accurately capture the full extent of WPV in the emergency department through enhanced nurse WPV reporting.

# Project Structure




Langley et al., 2009

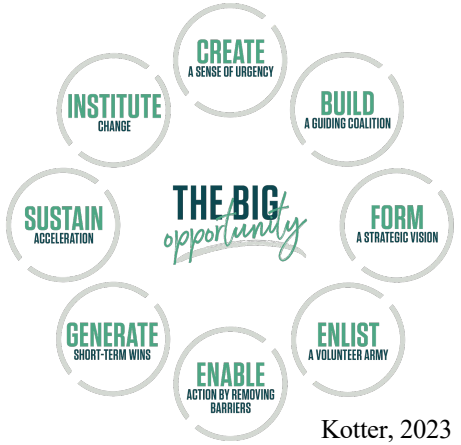
**Evidence-Informed Quality Improvement Project**

**Framework:**

- Plan, Do, Study, Act (PDSA) Model

**Change Model:**

- Kotter's 8-Step Process for Leading Change




Kotter, 2023

# PLAN

Langley et al., 2009

- **Setting:**
  - Urban ED (Level 1 trauma) in academic medical center
  - ~70k patient visits/ yr.
- **Project Population:**
  - Emergency nurses only
- **Project Team:**
  - Nurse Manager, Charge Nurses, Clinical Practice Mentors (2), DNP Advisor, DNP 2nd Reviewer, Statistician, Chief Nursing Officer

# PLAN

Langley et al., 2009

**Multi-interventional approach:**

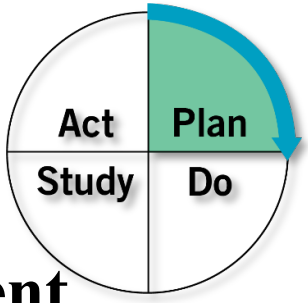
- WPV reporting awareness bundle:
  - Included ink-branded pen, mugs, posters/ flyers
  - Infographics about WPV and WPV reporting
  - Charge nurse huddles for reporting awareness
  - **Charge nurse engagement**
  - Clinical site walkthroughs, F2F time
  - Nurse management support and encouragement


Courtesy of Author


Courtesy of Author

**"REPORT Workplace Violence!"**

# PLAN



Langley et al., 2009

**Newly-created, electronic-based WPV Reporting Instrument**

- Evidence-based; Fast, easy to complete, ~1-2 min
- Not a replacement—abridged version running parallel to hospital's electronic-reporting system
- Secure reporting in Qualtrics$^{XM}$ - High Sensitive Data portal
- Addressed nurse reporting barriers: anonymity, easy access, timeliness
- Allowed full participation by all emergency nurses, regardless or race, gender, or employment status
    - **Inclusive** of other healthcare workers

# Reporting Instrument

- Accessed by QR code
- QR code available on wall flyers in nurse high-traffic areas
- Nurse badge stickers were also distributed


Image Courtesy of Author


Image Courtesy of Author

**Cellphone**

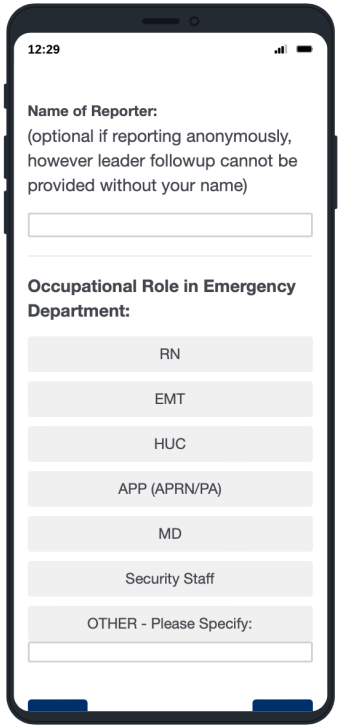



Image Courtesy of Qualtrics, 2024

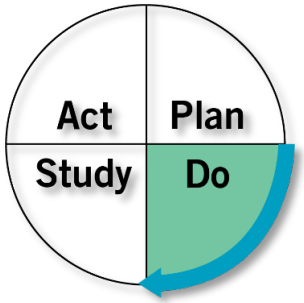
# PLAN

Langley et al., 2009

**Data Collection:**

- Process Measure:
  - Total number of QR code scans of new instrument
  - Location of reports
- Outcome Measures:
  - Total WPV reports using new instrument

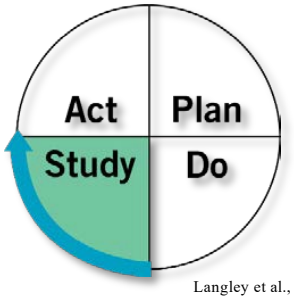
# DO



Langley et al., 2009

- **Do: Implement awareness bundle & reporting instrument**
  - Staff Awareness (October)
    - Education via Infographics, Nursing leadership emails
    - Clinical site Rounds
    - Charge nurse messages @ shift huddles
  - Go-Live Implementation (November-December)
    - Data collection start
    - Reporting instrument GoLive
    - Clinical site rounds, face-to-face, feedback, food
    - **Charge nurse messages @ shift huddles**, WPV progress reports

# STUDY



Langley et al., 2009

**Study:** Analyze and summarize results.

**Analysis of data:**

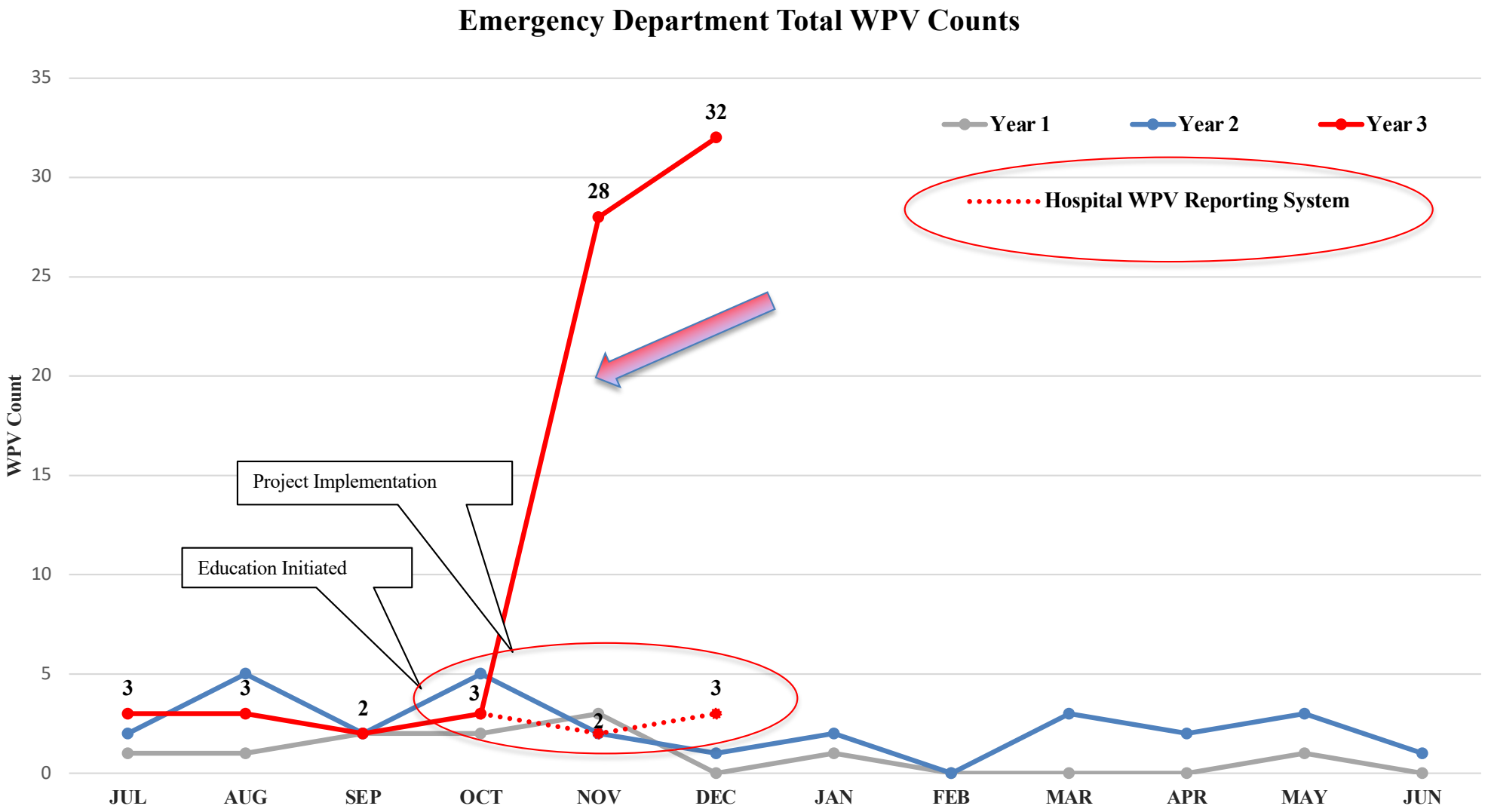
- WPV data was collected within Qualtrics and directly input into hospitals safety reporting system for two months
- Data analysis was conducted in SPSS (IBM Corp)
- No patient health information (PHI) collected; employee data was deleted when data analyzed
- Collaborated with Security and QI committee for situation awareness and further analysis

# Results

- After two months post implementation, the reporting instrument accumulated 94 QR codes scans and **59 WPV reports**, resulting in an overall 1000% increase in ED WPV reporting*
- 47% of WPV reports were filed anonymously
- Five reports (1%) were filed outside geographic location of the hospital

TABLE
**Reporting instrument variable frequencies**

| Characteristic | n | % |
|---|---|---|
| **QR Code Scans** | 94 | |
| **Incomplete Reports** | 35 | |
| **Complete Reports** | 59 | |
| **Occupational Role** | | |
| Registered Nurse | 46 | 78 |
| EMT | 11 | 19 |
| Other (HUC, Security) | 2 | 3 |
| **Types of Violence*** | | |
| Verbal Abuse/ Threats | 49 | 83 |
| Physical Violence | 6 | 10 |
| Physical Violence w/ Injury | 3 | 1 |
| Sexual Assault/ Harassment | 3 | 1 |
| **Perpetrator of Violence** | | |
| Patient | 52 | 88 |
| Patient's Family/ Visitor | 7 | 12 |
| **Location of Event*** | | |
| Treatment Room | 22 | 37 |
| Triage | 17 | 29 |
| Waiting Room | 11 | 19 |
| Behavioral Health Section | 9 | 15 |
| Hallway | 7 | 12 |
| Trauma | 1 | 0.2 |
| **Time of Day** | | |
| 0001 - 0600 | 14 | 24 |
| 0601 - 1200 | 9 | 15 |
| 1201 - 1800 | 27 | 46 |
| 1801 - 0000 | 9 | 15 |
| **Interventions/ Resources Used*** | | |
| De-escalation Techniques | 39 | 66 |
| Security Called | 33 | 56 |
| Provider Team Called | 18 | 31 |
| Pharmacological Restraints | 9 | 15 |
| Physical Restraints | 3 | 5 |


Emergency Department Total WPV Counts
WPV Count
35
30
25
20
15
10
5
0
JUL
AUG
SEP
OCT
NOV
DEC
JAN
FEB
MAR
APR
MAY
JUN
Year 1
Year 2
Year 3
Hospital WPV Reporting System
Project Implementation
Education Initiated
32
28
3
3
2
3
2
3

# Additional Findings

- Overwhelming positive support by emergency nurses, charge nurses, & nurse leaders
- Emergency nurses expressed “feeling heard”
- Given the number of QR code scans in comparison to reports filed, nurse WPV underreporting still likely occurring

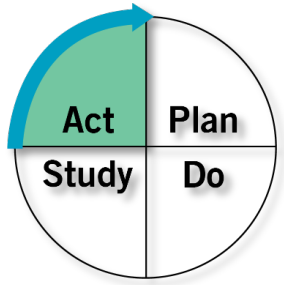
# Conclusion

- WPV reporting using a multi-interventional approach and feasible reporting instrument enhanced emergency nurse WPV reporting
- New reporting instrument reduced nurse reporting barriers; allowed for anonymity and reporting outside geographic location
- Improved collaboration across the ED nursing team (especially charge nurses) and brought attention to WPV awareness, communication, and post-event staff follow-up

# Recommendations

- Increase awareness/access to all ED staff
- Consider nurse leader clinical rounds to foster a safety culture, nurse trust, and address the concerns about anonymity of WPV events
- Create collaborating partnership between ED, Security, UPD, and local law enforcement/ magistrate for more comprehensive, robust ED WPV prevention program
- Develop an WPV Visual Management Board visible to staff

# ACT




Langley et al., 2009

**Act:** Based on lesson learned…

- Adapt, **Adopt**, Abandon
- Act upon emerging data trends from WPV reports
- Sustainability:
  - Project handoff to emergency nurse/ WPV Lead
  - New ED WPV interprofessional committee formed
  - ED Visual Management Board – WPV trends

# Cost-Benefit Analysis

| **WPV Project Costs:** | **(NOTES)** | **UNIT COSTS** | **TOTAL** |
|---|---|---|---|
| **Materials/ Supplies:** | Posters, Flyers, Mugs, Pens, Badge Stickers | -- | $400 |
| **Nurse Staff Time:** | 4 hr./ wk. (192hr/yr.)<br>(Avg. salary ED RN in VA ~$80k/yr.) | $38.46/ hr. | $7,400/ yr. |
| | | **Total Projected Cost/ Year: $7,800/ Year** | |
| **Nurse Turnover Cost Savings:** | **(NOTES)** | **UNIT COSTS** | **TOTAL** |
| **Nurse Turnover:** | Avg. cost **one** (1) RN turnover = $58,000<br>(Adj. inflation 2024)<br>(talent acquisition, hiring, preceptorship, training) | $58,000/ 1 RN turnover | $58,000 |
| | | **Total Cost Savings/ Year: $58,000/ Year** | |
| **Return on Investment (ROI): 744%**<br>(Total Cost Savings/ Total Cost x 100) | | | |

# Ethical Considerations

- IRB determined project to be quality improvement, exempt from oversight
- WPV reporting was completely voluntary from participants
- **Autonomy –**
  - Victims of WPV have right to exercise control over the situation and decision-making process
- **Nonmaleficence –**
  - Leadership should be committed to a safe and healthy workplace for all employees
  - Should be confidential way to report WPV without fear of reprisal/ retaliation

# Dissemination Plan

- Executive Summary to ED, CNO, Security, QI, Research
- Podium presentation @ Emergency Nursing 2024 Conference (Sep 2024)
- Publish manuscript – *Journal of Emergency Nursing*

# Special Acknowledgements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- Dr. David Martin, Clinical Data Research Specialist
- Dr. Richard Ridge, Financial Analysis
- Dr. Kathy Baker, Chief Nursing Officer


*Courtesy of University Communications, UVA

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