

Creating a Safe Haven: Strategies to Mitigate Workplace Violence in the Emergency Department



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Background

- Workplace Violence toward healthcare workers is a global problem. Adams et al. (2024), defines workplace violence as “the act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty”.
- According to the CDC, the four areas at highest risk include geriatric, psychiatric, emergency departments (ED), and waiting rooms (CDC. 2022).
- Workplace violence has a detrimental effect on nurses’ psychological, cognitive, emotional, behavioral, and spiritual well-being, and a negative impact on public healthcare costs, and organizational effectiveness (Luck et al., 2007).
- Teammate safety is a top priority and ED leadership partnered with the Workplace Violence Taskforce to improve teammate safety and mitigate teammate injuries related to workplace violence.
- The aim of this initiative was to identify a process that assesses patients and visitors in the Emergency Department of observable behaviors that have the potential for violence and proactively address them.

Clinical Question

- When compared to standard practice, does implementing the STAMP tool, within an Emergency Department setting, lead to a significant decrease in reported workplace violence incidents and staff injuries over a three-month period?"

Search Strategy

- The Midwest Library was utilized to search CINAHL, Medline Ovid, and PubMed data bases.
- Keywords used included workplace violence, STAMP, emergency department, nurses, emergency department violence, and zero tolerance.
- The search yielded 63 articles, 20 were reviewed and 5 were used.

Synthesis of Evidence

- Five articles were synthesized to determine the definition of workplace violence, the validity of the STAMP tool in the ED and how to proceed when a patient has a positive score.
- The STAMP tool is defined as: Staring, Tone and Volume of Voice, Anxiety, Mumbling, and Pacing.
- The tool identifies observable behaviors in patients and family members in the ED who have the potential for violence behavior.
- The STAMP tool is a practical and easy framework consisting of five component issues and cues to flag the issue and assist nurse to assess violence risk in the ED (Luck et al., 2007).
- Any 1 behavior is a positive screen during the triage assessment or when behavior is identified.
- With a score 3 or higher, the Pre-Escalation Team (PET) would be engaged, consisting of a plain clothed public safety officer and a trauma outreach worker.
- The PET team is a teammate resource focused on prevention of violence towards nurses, ER techs, patients and visitors.

Implementation Plan

- Key stakeholders included: the ED Director, ED Manager, ED Nurse Clinician, Workplace Violence Taskforce, Public Safety Director, Clinical Informatics and Trauma Outreach Manager.
- The STAMP tool was created in EPIC and placed under the triage tab.
- The pre/post analysis model was used in the implementation of the process change in the Emergency Department.
- Education and training were provided on the use of the violence assessment tool in triage and at any point in the patient’s stay in the ED.

Results

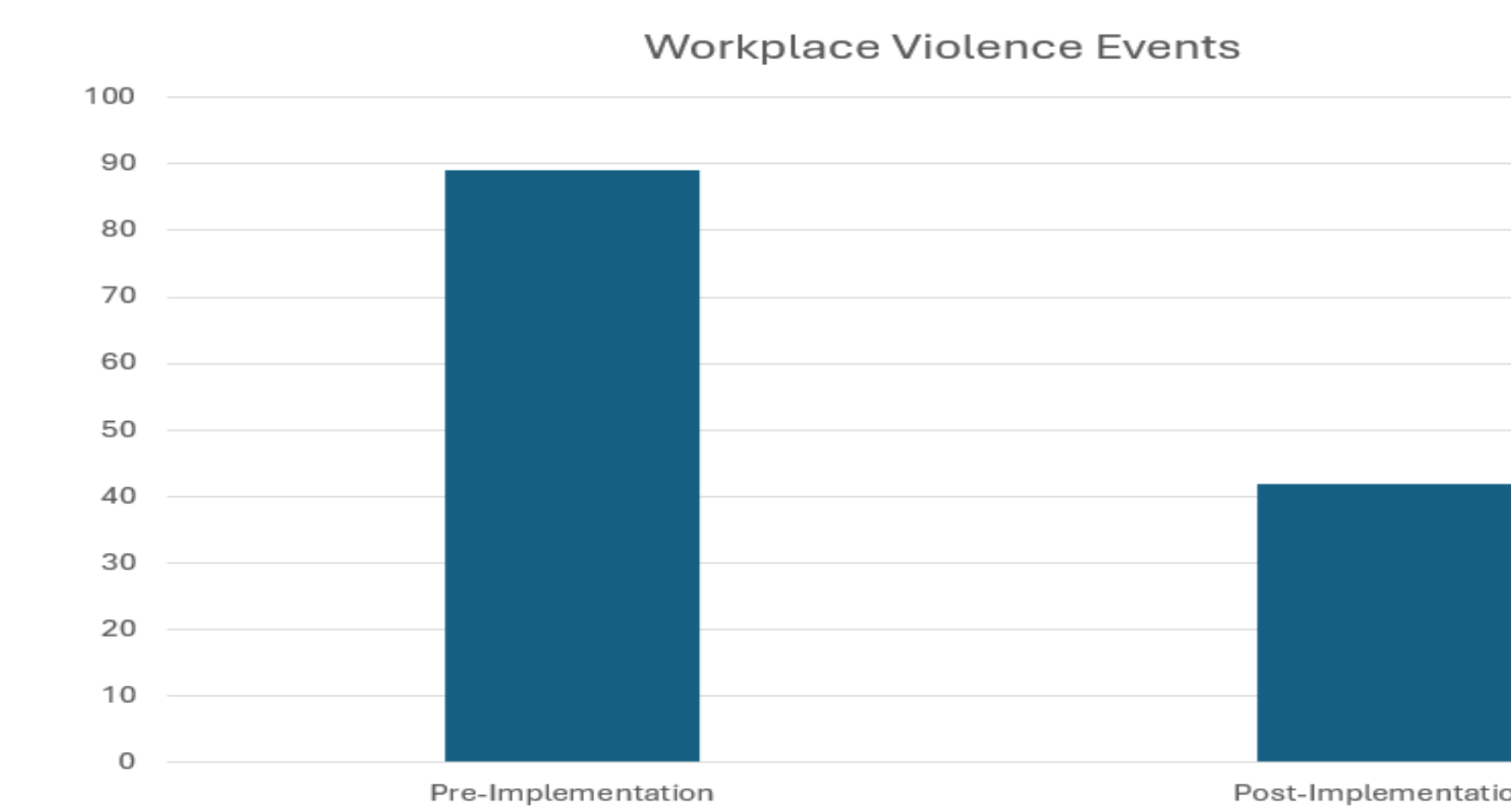


Figure 1. STAMP Implementation (Pre and Post).

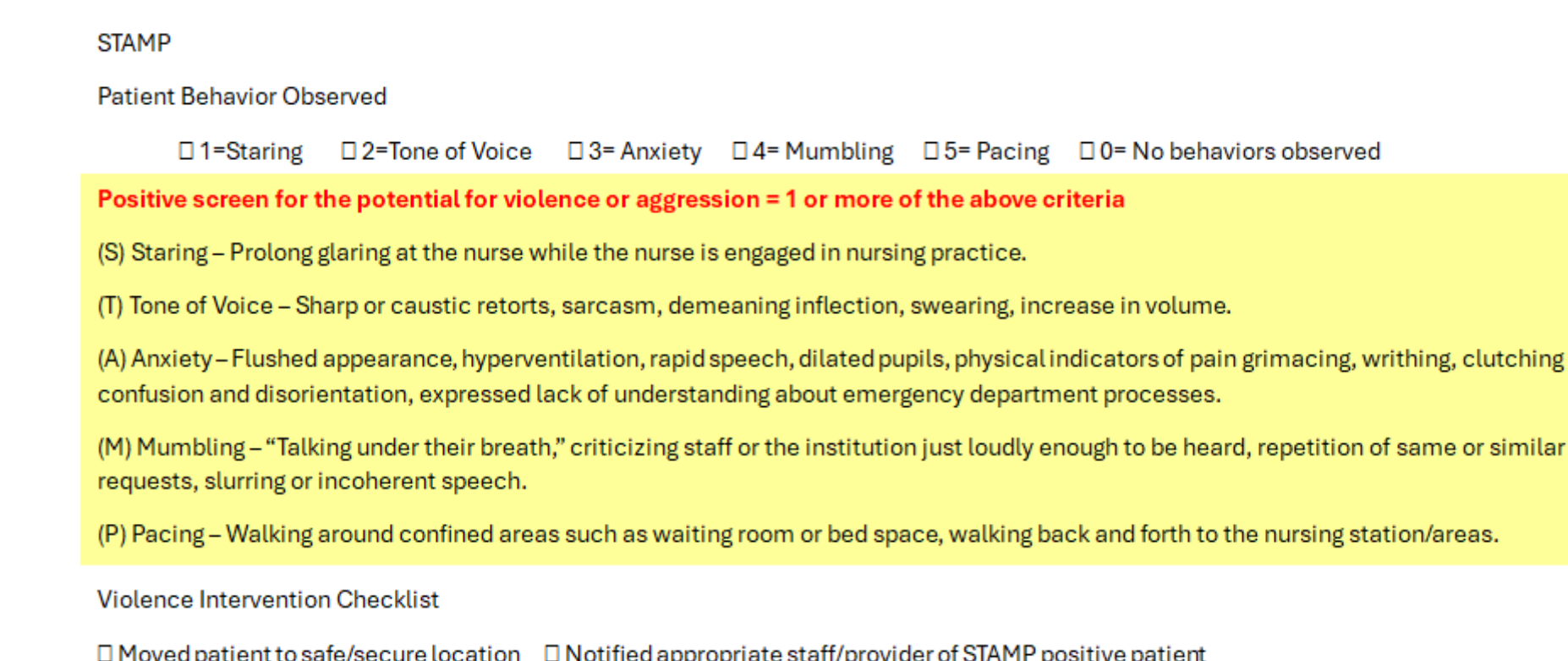


Figure 2. STAMP Tool (Staring, Tone of voice, anxiety, mumbling, and pacing escalation behaviors)

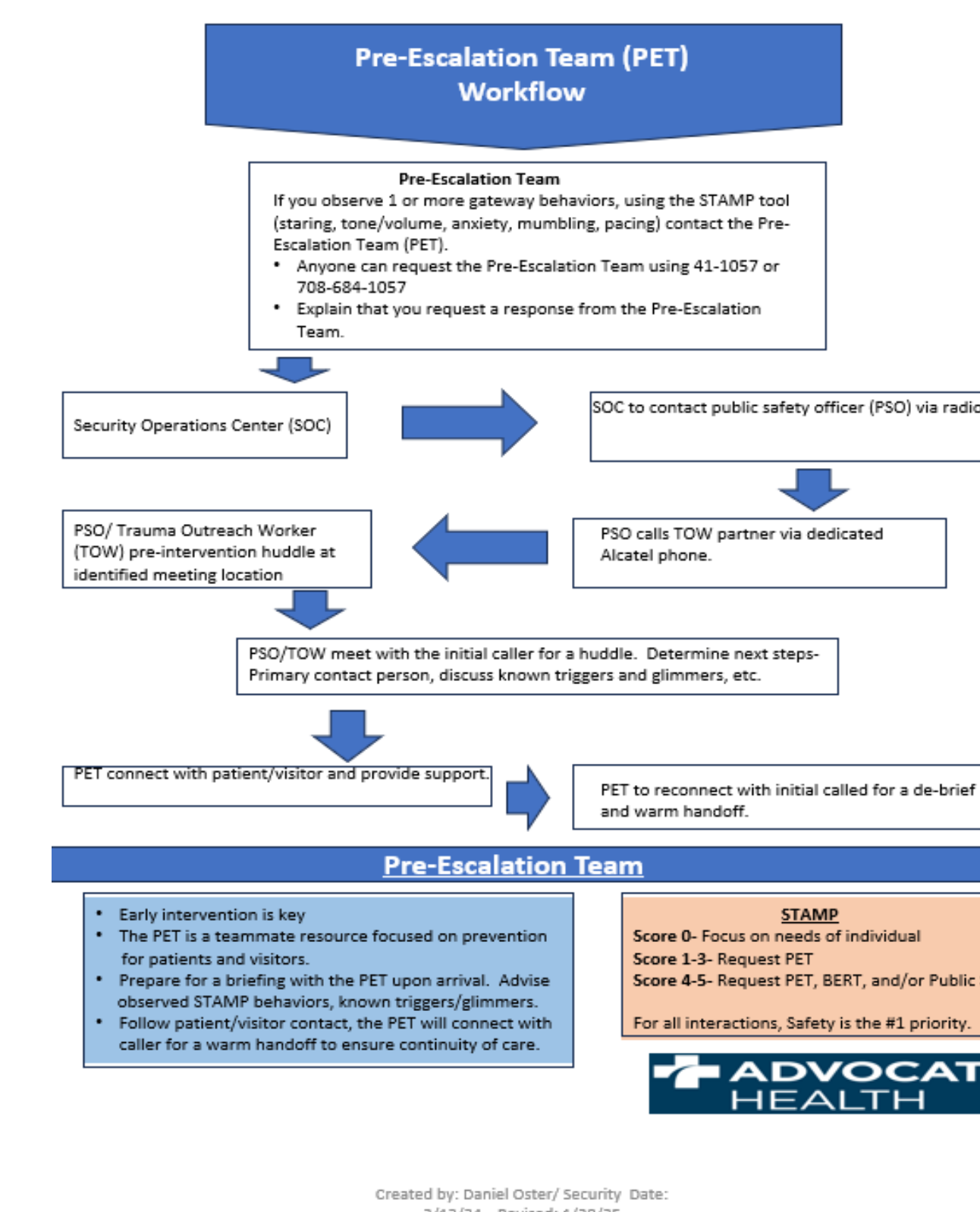


Figure 3. Pre-Escalation Team (PET) Workflow

Outcomes

- Prior to the STAMP tool initiative there were 89 events (January-April 2024). Post-intervention there was 42 events, which was a 47% reduction (May-August 2024).
- The use of the STAMP tool showed a reduction in workplace violence events. The ED’s success in reduction of WPV events engaged inpatient units to look at an effective tool that can be implemented in their units.
- Nursing has had a positive response to the training and use of the STAMP tool, adding a feeling of safety in their workplace.
- Limitations to the study are that this is a single study of one ED, however literature supports the success of a reduction in WPV from use of the STAMP tool in other EDs across the nation.

Implications for Practice

- The development of the STAMP tool in the ED has significantly decreased WPV safety events. Teammates feel safer and supported by their leadership for their well-being.
- Inpatient units have seen the ED’s success and are looking at implementing a similar tool for WPV that has a broader range for healthcare settings.
- Continued research is need to explore best practices and additional security measures designed to support teammates safety and wellbeing. A look at multiple strategies to maintain aggression would be beneficial to not only the ED, but healthcare overall.

References

- Adams, K., Topper, L., Hashim, I., Rajwani, A., & Montalvo, C. (2024, October). Screening and Intervention to Prevent Violence Against Health Professionals from Hospitalized Patients: A Pilot Study. *The Joint Commission Journal on Quality and Patient Safety* 2024, 50, 569-579. <https://doi.org/10.1016/j.jcjq.2024.03.015>.
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- Violence: Occupational Hazards in Hospitals (2002, April). *Centers for Disease Control (CDC)/ National Institute for Occupational Safety and Health (NIOSH)*. <https://www.cdc.gov/niosh/docs/2002-101/>

Acknowledgements

Thank you for the partnership from our Workplace Violence Prevention team, Public Safety, The ED Leadership team, and the support of Executive Leadership at Advocate Christ Medical Center.



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