

Implementation of the “STAMP” Assessment at Triage to Predict Emergency Department Violence
Atrium Health Carolinas Medical Center- Adult Emergency Departments (Main/Mercy/South Park)

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Background

Violence has no place in settings designed to promote health and healing. Workplace violence (WPV) is a grossly underreported, pervasive, and obstinate problem that has been tolerated for decades and continues to evade initiatives designed to combat it. Teammates at Atrium Health are the victims of WPV at an unprecedented rate, with nurses and nursing assistants being victimized at the highest rates. Emergency department (ED) nurses surveyed specifically reported the highest rates of violence, with 100% reporting verbal assault and 82.1% physical assault.

Goal

The primary goal of this project is the pilot implementation of STAMP at 3 EDs as an objective aggression screening tool not biased by patient age, race, ethnicity, socioeconomic status or sex to show a >90% triage nurse completion rate and good or excellent usability. A secondary mixed methods goal is to assess triage nurse perception of safety and utility after implementation relative to their pre-implementation environment. Currently, there is no benchmark for this process as this is a novel approach to the triage assessment where no framework has previously existed.

Improvement Process

A Plan, Do, Study, Act (PDSA) cycle methodology was selected to organize the work to be done.

“Plan”: A multidisciplinary team of bedside emergency nurses, security leaders, emergency physicians, emergency advance practice providers, psychiatric nurses, and leadership in both emergency medicine and psychiatry came together in the fall of 2022 to identify an initiative to implement in the ED focused on decreasing the incidents of WPV.

“Do” phase of the cycle began January 9th with training which included orientation information, user interface introduction and adult simulation scenarios. Teammates were instructed to expedite STAMP + patients to a room and place an orange triangle on their door (or above the hall space in protected plastic sheet if patient in hall) to signal teammates that the patient screened positive for possible aggression.

“Study” cycle, analyses will continue to be performed in conjunction with the Wake Forest University School of Medicine Division of Public Health Sciences, Department of Biostatistics and Data Science. We

anticipate using performance and descriptive statistics. The primary outcome will be percent completion from a weekly random sample and tool usability.

Further evaluation during the “Study” cycle included assessment of the secondary outcome which is triage nurse perception of safety and utility after implementation relative to their pre-implementation environment. Prior to implementation four 30–45-minute sessions were offered to collect nursing opinion regarding safety as a triage nurse.

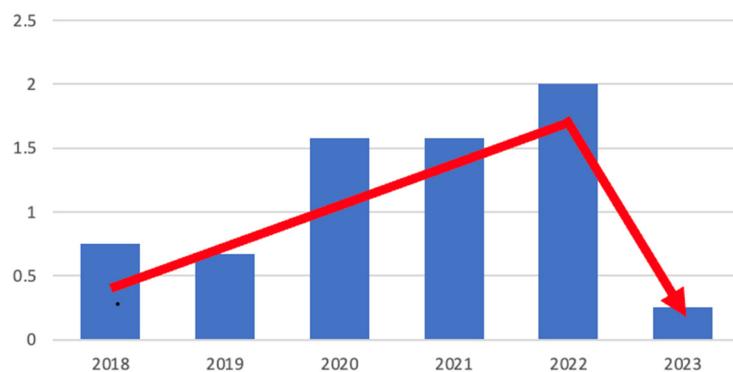
“Act” cycle, we assessed the nurses’ opinions about best next steps to improve teammate safety from violence in the ED. We have begun the formal build process for the STAMP tool in the electronic medical record for use throughout all EDs in the southeast region that share ENCOMPASS, incorporating end user feedback.

Results

As we continue to review data from the pilot implementation of the STAMP assessment tool, we are encouraged by preliminary 2023 WPV data. The significant decrease in physical WPV events see in Figure 2 coincides with our STAMP pilot implementation and certainly provides strong support for our current approach to keep our ED teammates safe from violence.

Figure 3 represents two direct quotes from triage RNs during the post implementation interviews.

Figure 2. Physical WPV Events/month



“STAMP is a new language to talk about patients who might become violent and a better way to communicate with our team, which if we can recognize those people earlier, obviously that would lead to us being safer.”

“Definitely makes communication about risk for violence easier”